

The Role of Higher Learning Institutions in Fighting HIV/Aids: the Case of Addis Ababa University

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Abstract: In 2003, it was estimated that about 40 million people were living with HIV/AIDS globally and out of this about 2.2 million were living in Ethiopia. Even though there is no explicit research on the magnitude of the impacts of HIV/AIDS in Ethiopia, there are various indicators among which the death of productive and reproductive age group (15-49) alone can illustrate. The provision of social services will be the first to be crippled as the epidemic advances. In the generalized prevalence rate of the epidemic, the teaching-learning process in institutions of higher learning would not be exceptional from the impact of the epidemic. Therefore, one can expect that these Institutions are working both internally (in their respective community - Instructors, administrative staff and students) and externally (in the general population) to curb the disease. To this end, a study was made to collect secondary and primary data from literature review, discussions with relevant authorities and key informants. The result showed that except limited works in the area of awareness creation that has been done with the technical and financial assistance of non-governmental organizations, the University has not discharged its responsibility to stop the disease. It is therefore important to intervene as soon as possible with commitment in order to keep up the teaching-learning process healthy and maintain its quality. It is recommended that there is a need for an urgent redefinition of the mission of the University, establishing an office that is responsible for mainstreaming HIV/AIDS activities, revisiting the health protocol of the clinic, designing comprehensive care and support program and establishing partnership with relevant organizations to enable the University discharge its social responsibility.

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Background

The HIV/AIDS epidemic is killing about 6 persons every minute or about 8,640 persons every day in the world. The epidemic has claimed the lives of 3 million people in 2003 (UNAIDS, 2003). The global estimate of people living with the virus has risen to 40 million, out of which 70 per cent are living in sub-Saharan African countries. Of the total estimate, 60 percent goes to females in sub-Saharan Africa. The same source reported that in 2003, about 5 million people, almost 10 persons per minute, were newly infected. The estimate does not show any sign of declining in the coming few years. Rather, it is estimated that an additional 45 million people will be infected with HIV in 126 low-income countries between 2002 and 2010 unless the world increases its prevention effort. The epidemic has proved itself to be a hunter of people in their prime productive and reproductive ages, particularly when the return to education starts to pay off.

The HIV/AIDS epidemic has continued to threaten Ethiopia ever since HIV began to spread in the early 1980s. The first evidence of HIV infection was found in 1984 and the first AIDS case was reported in 1986. At the beginning, the spread of HIV infection was slow. Hence, the prevalence rate was low in the 1980s, but increased dramatically through the 1990s to give an estimated prevalence rate of 3.2% to the adult population in 1993 and 6.6 % by the end of 2001. The situation places Ethiopia as one of the countries highly affected by the AIDS epidemic. It was estimated that 2.2 million people would be living with the virus at the end of 2001, the third in the world next to South Africa and India. The following table gives us an insight on the age and sex distribution of reported AIDS cases in 1997 in Ethiopia.

Table1: Age and Sex Distribution of Reported AIDS Cases

Age Group	Male	Female	Total	Percent
0-4	173	165	338	1.57
5-14	23	25	48	0.22
15-19	256	845	1101	5.10
20-29	4894	4511	9405	43.60
30-39	4846	1949	6795	31.50
40-49	2169	647	2816	13.00
50-59	670	203	873	4.10
60+	160	33	193	0.90
Total	13,191	8,378	21,569	100.0
Percent	(61.2)	(38.8)	(100.0)	

Source: MoH, as cited in Zenabu, 1999.

From the above table, we can learn at least the following facts.

- About 90 percent of reported AIDS cases occur in adults between the ages of 20-49.
- The peak ages for AIDS are 20-29 for both females and males. Since AIDS results from HIV infection can stay without any symptoms for as long as 8 years, the peak ages for new infection would be 15-24.
- More males are infected than females.
- The number of females infected in the 15-19 age group is much higher than for males in the same age group.
- There are few cases of AIDS among children between the ages of 5-14. This is the age group known as “Window of Hope”. This is the age group where a lot of effort should be made in order to keep the generation continue.

In the years subsequent to the above report, there would be no ground to believe for a change of age distribution of reported AIDS cases. If so, it can give us a chance to compare the peak ages for new infections for both males and females with that of the students' age in higher learning institutions. Obviously, it shows the potential

risk of infection by HIV confronting the students' population in higher learning institutions in Ethiopia.

The major avenue of transmission of HIV infection in Ethiopia is heterosexual intercourse and the practice of having multiple sexual partners. Illegal medical practices and harmful traditional practices are also potential routes of transmission. It is believed that 30 to 40 percent of babies born to HIV-positive mothers are likely to contract the virus.

The devastating impacts of HIV/AIDS are unique because it is depriving families, communities and entire nations of their young and most productive and reproductive human resource. The epidemic is deepening poverty, reversing human development, worsening gender inequalities, eroding the ability of governments to scale up and maintain the quality of essential social services, reducing labour productivity and supply, weakening international competitiveness and virtually slowing or stopping economic growth. The education sector is not free from the impacts of HIV/AIDS as presented briefly here after.

The importance of education as a transformative force in social and economic terms is clear. Other things being equal, the provision and growth of quality education is directly linked to positive economic development, emancipation and health dividends. These dividends may also include a demonstrable relationship between high rates of participation in the education system and reduced levels of HIV/AIDS infection. This being so, the malfunction and even collapse of such education systems, together with related social instability in parts of the developing world, may prove to be directly associated with the explosion of the pandemic in these areas. The spread of HIV/AIDS can be seen to affect both the supply of education and the demand for education.

The most crucial effect of AIDS is the decreased availability of experienced teachers. This would be due to high infection rate among

teachers. The ILO defines teachers as workers at special risk. Furthermore, their relatively high socio-economic status and mobility may increase their sexual contact and related risk of HIV infection. As these teachers develop full blown AIDS, the effect of absenteeism and mortality on teacher supply will be felt.

AIDS can indirectly affect teacher supply through other sectors: in some countries, the reduction in teacher numbers is reinforced by the additional loss of teachers who take up non-teaching jobs vacated because of AIDS-related mortality in other sectors of the economy. The desire of teachers to change a profession differs with teaching conditions and overall incentives. The quality of the education provided may suffer due to the psychological stress, trauma and discrimination experienced by teachers infected with HIV, or with HIV-affected household. Furthermore, the quality of education is negatively affected by losses in the administrative and coordination capacity due to HIV-illness and AIDS deaths among management personnel and education planners.

On the other hand, demand for education may also be affected due to HIV/AIDS. The first observable fact is that due to parental illness and death school age children either may drop out of school or never come to school at all. Particularly, this may have greater adverse effect on female students. HIV/AIDS also affects the number of school-age children by decreasing the rate of growth of school-age population, since HIV positive women will have reduced fertility, and mother-to-child transmission of the virus means that child mortality rates are expected to increase.

The critical effect of HIV/AIDS on the characteristics of the school-age population will invariably also affect actual enrolment rate since AIDS mortality of adults is responsible for the dramatic increase in the number of children who are orphans.

Poverty and new family responsibilities as money-earners and caregivers are the major restrictions on orphans accessing schools.

Psychological distress also plays a negative role. Children orphaned by AIDS face the stigma and discrimination associated with HIV. Moreover, in areas where the number of orphans is escalating, extended families and traditional support networks are no longer able to cope, forcing children to the street.

Objectives

The objectives of this study are to understand the socio-economic interaction framework, to visualize the emerging role of higher learning institutions to fight HIV/AIDS, and to assess the interventions so far made and the strategy followed by the Addis Ababa University to curb the spread of HIV/AIDS.

Socio-Economic Interaction Framework

The framework is designed to show the socio-economic multidimensional interaction that may end with sexuality among the university community and outside community in institutions of higher learning. The framework addresses sexuality because the dominant mode of HIV transmission in Ethiopia is heterosexual contacts.

The framework is constructed based on the personal experience of the writer and keen observation of the real world.

The framework has put the University community on one side and the outside community on the other side. The purpose of such an artificial demarcation of the inseparable commune is to help us understand the complexity of interactions in a simple way.

The term social interaction in this context is used to reveal the true love that takes place between the partners and the term economic interaction is to depict the relationship based on give and take and/or the sexual return made for any type of economic favor. In both cases, as far as the University community is concerned, the interaction is

believed to be dominantly covert except for very few official cases that may end up with marriage.

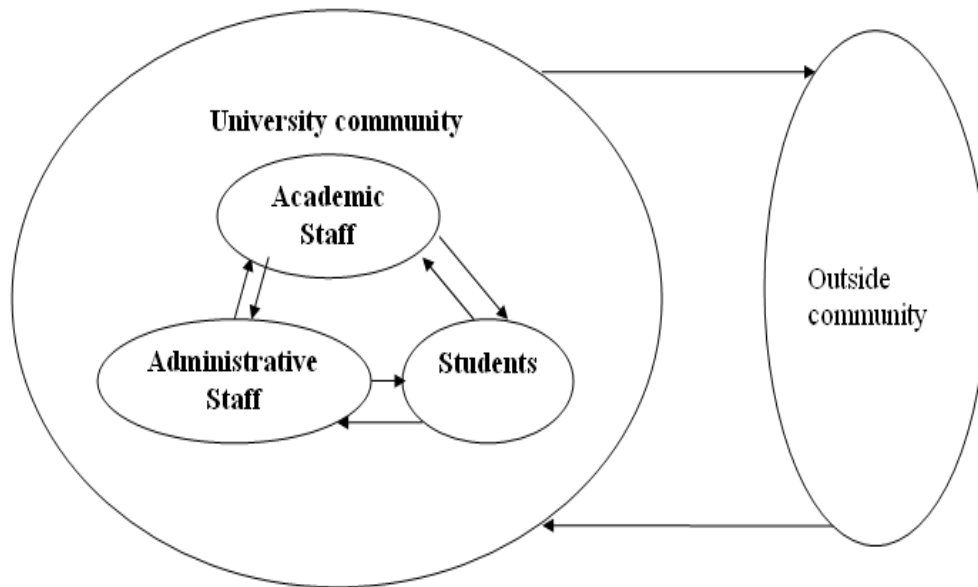
The University community is represented by three groups: Academic, Administrative and Students. The interaction in this community is believed to be dominated by intra-group and followed by inter-group. Whichever way the direction of the interaction goes, as far as the student group is involved in the circuit, the interaction would be undertaken secretly. The risk factor is thus, the more secretive the affair is, the lesser the probability to have safe sex. Therefore, such a risky sexual practice has a danger to end up with contracting the virus or even in spreading it.

The interaction with the outside community which might be possibly overt, still may have secretive nature especially when someone thinks of 'Sugar Dads' and 'Sugar Moms', training grounds for the beginners and/or source of finance for the needy. The outside community is more risky to the students because it is believed that a significant number of male students may visit commercial sex workers. In addition to this, the widely used chat (drug) and alcohol by the youth may intensify the spread of the virus. The possibility of pre-university infection of a student/s should not also be ignored.

The multidimensional interaction between the two communities has a greater potential in facilitating multiple sexual partners to happen, the worst part of the story for the speedy spread of the HIV virus.

Understanding of such hidden interaction that would end up with risky sexual practice will help the policy makers of the University to design effective intervention strategy.

**SOCIO-ECONOMIC INTERACTION FRAMEWORK THAT WOULD END WITH SEXUALITY
AMONG THE COMMUNITY IN THE HIGHER LEARNING INSTITUTIONS**



The framework shows the multidimensional socio-economic interaction that may end with sexuality within the community in the Institutions of Higher Learning and with the outside community.

The Role of Higher Learning Institutions in Fighting HIV/AIDS

Fighting HIV/AIDS and mitigating its socio-economic and political impacts is not the responsibility of one or two organizations or institutions in a given nation. The so far registered successes in some countries advocate for the multi-sectoral approach. In this regard, institutions of higher learning have a responsibility to save their community from HIV infection (students, instructors and administration workers) by drawing an appropriate, sound and sustainable in-house program. This may need re-defining the mission of the institution and mainstreaming HIV/AIDS interventions through a well-organized and planned way. Special attention must be given to students for two basic reasons. Primarily, an infection of a student means that the investment so far made is going to be wasted since the supply of trained human resource will be adversely affected and at the same time the institutions themselves may fail to recruit the required staff from graduates to accomplish their mission leave alone to talk about quality of education. Exerting all efforts to save the lives of the students today means saving the future generation. Secondly, since these institutions have the agenda of serving their society, it is a critical time to make an environmental analysis and pick up a global and national issue such as HIV/AIDS. In this regard, they are expected to assist the national and regional efforts through the comparative advantage that they have. Most importantly, they could assist in building the capacities of the national and regional HIV/AIDS Prevention and Control Offices (HAPCO) in their respective regions or as appropriate at a federal level.

In the situation of generalized epidemic, there is no guarantee for the quality of education to be HIV immune. The potential that higher learning institutions have to fight against HIV/AIDS is immense, and if mobilized systematically will be a most effective and reliable force.

This study has put the Addis Ababa University the case of its analysis due to the following important reasons. The first reason is that it is easy to access information to conduct the study. Secondly, it is one of

the oldest institutions of higher learning, which has a rich experience to deal with big national issues. Finally, the population of the Addis Ababa University constitutes about one fourth of the overall population in the higher learning Institutions. As to the Education Statistics Annual Abstract 1995 E.C. (2002/03), 21 higher learning institutions had a total population (students, academic and administrative staff) of 64,073 out of which 15,402 were in Addis Ababa University.

Methods of the Study

The study has conducted a literature review and employed secondary and primary data collection. Qualitative method of data collection and analysis has been used to collect the primary data. This has been actualized through the discussions made with selected pertinent authorities, offices and individuals. Guiding questions were prepared to carry out discussions. Key informants, personal observations and experience were utilized for data collection and analysis to strengthen the study.

The Result

To meet the objectives of this study, pertinent offices of the University and internal stakeholders (the Students Union and Anti-HIV/AIDS Movement) were interviewed.

In general, as compared to its broader societal responsibilities, the Addis Ababa University has made limited and uncoordinated efforts in fighting the HIV/AIDS epidemic.

The highest governing body of the University, the Senate, did not so far discuss the issue and included it in the broader mission of the University. Redefinition of the mission of the University enables the executive body to draw workable strategy and mainstreaming HIV/AIDS issues across faculties, departments and offices. Such kind of institutional move also necessitates the establishment of a fully

responsible coordinating office. In the mean time, the Students Guidance and Counseling Office, which operates under the Students Dean Office is acting as a coordinator of HIV/AIDS activities in the University. However, the coordination of the office is limited to look after the HIV/AIDS clubs established by students only. This office does not have any responsibility to coordinate HIV/AIDS activities among the academic and administrative staffs.

The performance of the Students Guidance and Counseling Office, as a coordinating body of the HIV/AIDS, has been assessed and found out that it does not have its own plan of action for the current year as it did not have in the past years. The explanation given for this was that the Office doesn't have annual budget. A similar response was obtained from the University clinic for the failure of preparing plans in the past as well as for the current budget year. The head of the clinic, knowing the would be negative response of the Students' Dean Office on the budgetary issue ahead, was discouraged to plan any activity on HIV/AIDS, even if the clinic understands that the disease is a threat to the University's teaching-learning process. As the same time, the clinic reported that it is suffering from critical shortage of human power and important equipment and essential materials needed in order to undertake a broader activity in the area. It is the belief of the clinic to have an urgent placement of a timely health protocol that responds to the problem on hand, since the existing health protocol of the clinic was drafted and placed at a time when everything was quite okay.

On the other hand, the University officials are turning down the above claim on budget problem in the University as baseless since no office so far has presented formally its plan including budgetary requirements.

As one segment of mainstreaming, curriculum revision at faculty and department levels in the University is not yet a point of discussion, let alone to be functional. In addition, no one will tell you about the

magnitude, depth and findings of research in the University as related to HIV/AIDS.

The collaboration of the University with other governmental and non-governmental organizations is very much limited to the point of saying it does not exist. The bigger expectation of the society was that the University has picked the critical and contemporary agenda at global and national level, such as HIV/AIDS, before any body did so. But the University, as the socially responsible teaching and research Institution, did not yet attempt such a move to put itself ahead to assist the national response in the fight against the disease. It can be mentioned here that the National HIV/AIDS Prevention and Control Office (HAPCO) is suffering from capacity limitation to mobilize the national resources, both human and financial. This comment could not target individual initiatives of the University community who are rendering consultancy services to the outside organizations.

However, this is not to deny the limited efforts made by the units of the university. The University clinic has very loose work collaboration with Addis Ababa Health Bureau and Addis Ababa HAPCO where they are giving Voluntary Counseling and Testing (VCT) service to the students outside campus. Of all things, VCT service requires a well organized ongoing counseling and referral system and must be backed by comprehensive care and support service.

The second unit, relatively active in the area is the students' Anti-HIV/AIDS Movement. This body, given due collaboration by the University, would be the backbone of the community in fighting the epidemic. Currently, the attention given to it by the University is marginal. The movement is suffering from lack of proper office and furniture. The members do not have proper training to deal with the issue. Telephone and internet services are not available to solicit current information for the community. There is no assistance from relevant departments to strengthen their effort. In general, absence of such interdepartmental collaboration is the outcome of the non-existence of the office to coordinate the overall effort. The exemplary

proof of the efforts of the movement was the publication of the Amharic newsletter, *Kendil*, which has appeared only once and should have been encouraged and sustained. Still the possibility to reactivate the initiative is wide. However, currently the movement is working with a non-governmental organization known as Integrated Service for AIDS Prevention and Support (ISAPSO). At least, to report the success story of the collaboration, this study could not find any document. Nevertheless, it has been learnt from the students Guidance and Counseling Office that ISAPSO is assisting the movement in financing the intervention which is usually limited to awareness creation.

The most popular collaborative intervention made in the summer of 1995 E.C., between Action Aid Ethiopia (NGO), the Addis Ababa Youth Forum and the Movement, which was the single success story registered though it happened without the knowledge of the University. The project has mobilized one thousand university and secondary school students in six towns in the country addressing the timely theme of “Stop Stigma and Discrimination Against the Affected and Infected Persons by HIV/AIDS”. The opinion collected from different groups has confirmed the success of the campaign. However, no one has designed a strategy to use these students after their return to the University for continuous intervention, because the students would have been used as peer educators in the community. It would be a lesson that usually such projects, initiated from outside, could not have sustainability and continuity of interventions.

All respondents, who were asked about the future potential of HIV/AIDS as being a threat to the teaching-learning process of the University, have responded with conformity that a loss on lecture hours and research that ought to be conducted by an infected instructor, working hours lost by an administrative staff and inability of an infected or affected student to attend his/her class properly and regularly are simple indicators to show the coming danger. Some of the respondents underlined their deeper concern and fear that if the epidemic could not be controlled very soon, coupled with the

alarmingly high outflow of trained human resource, which are normally HIV negatives, would facilitate for a faster and total socio-economic crises of the country given its already fragile economy.

Conclusion and Recommendations

Conclusion

AIDS epidemic is a chronic disease; neither curative medicine nor vaccination is so far at hand. Death by HIV/AIDS is seen not only as a single death but as of double one. First of all, the patient will get ill for longer period of time life and secondly the person will die by depleting the meager asset that he/she has through financing his/her medication and food and the children and/or dependents are eventually left destitute.

At a national level, the impact is by far larger than can be said in words. An economy in a generalized prevalence of AIDS, such as ours, if it remains unchecked, the socio-economic crises would be uncontrollable. HIV/AIDS, coupled with brain drain, will result in an overall crises in poor countries.

The institutions of higher learning could not be exceptional from the coming crises unless they work on it today. Investment on education is praised due to its multiplier effect from individual benefit to the society's return and these days to the larger world through globalization. Equally true is that ensuring the quality of education in the era of HIV/AIDS, in these institutions, demands extra ordinary effort.

The effort made by the Addis Ababa University, as a socially responsible institution, to fight the epidemic has been found to be extremely low. Since the declaration of the National HIV/AIDS intervention program, the University has not made any strategic intervention activities, except limited meetings held at various times on awareness creation, organized by the Students' Anti-AIDS

Movement assisted by non-governmental organizations. Even the said interventions lack sustainability as they are not internally initiated and financed.

This conclusion can be substantiated by numerous facts among which one is that the policy making body of the University, the Senate, had never discussed HIV/AIDS issue as a threat to the teaching - learning process of the University in its regular meeting. If the level of intervention in other institutions of higher learning in the country is low as that of the Addis Ababa University, the consequence of the epidemic will be beyond expectations.

The delay in redefining the mission of the University, absence of an assigned responsible office to plan and coordinate the overall activities pertinent to HIV/AIDS, delay in curriculum revision of relevant courses by departments, even failure of the existing structure (Students Guidance and Counseling Office and the clinic) to plan anti-HIV/AIDS activities due to "budgetary shortage", failure to revise the health protocol of the clinic, lack of initiatives to assist the Students Anti-HIV/AIDS Movement by the University are the major gaps identified in this study.

The University was expected to play a leading role in assisting those organizations who are responsible to coordinate the national effort, such as the Federal HIV/AIDS Prevention and Control Office at least by rendering advice to build its capacity to manage the national effort.

The overall weakness that was shown by the University may not be without a reason. Students would stay in the University for less than the incubation period of the HIV and those students who were infected during their stay in the University will leave the campus before the virus reaches the stage of full blown AIDS. Under such circumstances, the magnitude of the problem would be invisible to the University community and policy makers. The extent of death after graduation from the universities in the country would be one of the study areas for an interested body in order to complete this study.

Probably it is such concealed nature of the epidemic that made the University to perceive as if it is clean from the virus and, failed to react timely.

Recommendations

The University, in order to compensate for the lost time and to curb the problem very rapidly, should act very urgently. The coming years would be the years of challenge for the University to remain the leading teaching and research institution in the society. Therefore, the following recommendations are made for the success of the mission of the University and the achievement of the desired quality of education in the era of HIV/AIDS.

- The Senate should re-define the mission of the University acknowledging that HIV/AIDS is a potential threat to teaching-learning process of the institution and to fight it. This would create a fertile environment for any subsequent interventions.
- An office must be established with well-defined duties and responsibilities that would be responsible for mainstreaming HIV/AIDS activities in the University.
- Revisiting the health protocol of the University clinic should be given priority. In this regard, the following points must be given due attention: establishing user friendly and confidential Voluntary Counseling and Testing (VCT) service, treatment of opportunistic infectious diseases such as TB, management and treatment of STIs and other related issues.
- Comprehensive and sustainable care and support program must be drawn for both infected and affected community members.
- Based on critical stakeholders' analysis, establishing partnership with relevant governmental and non-governmental organizations on a well defined protocol adds value for effective intervention.

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