UWI HARP

The University of the West Indies
HIV/AIDS Response Programme

The Caribbean HIV/AIDS Epidemic

14-point proposal for priority curriculum and programming responses by UWI

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EXECUTIVE SUMMARY

The problem to be addressed

1. The Caribbean region and its institutions are threatened by the HIV/AIDS epidemic that shows little sign of going into abeyance. The epidemic presents serious consequences for society and economy, if containment is not achieved. Of the 12 countries in the Americas with the highest HIV prevalence, nine are Caribbean nations. An estimated one half million Caribbean citizens are infected with the human immunodeficiency virus (HIV), and the acquired immune deficiency syndrome (AIDS) is now the leading cause of death in the 15-44 year age group in the Caribbean.

2. The health arms of CARICOM and national governments have been leading HIV/AIDS preventive campaigns, but the leaders of the health sector are now saying that a multisectoral approach is essential if all of the ramifications of the epidemic are to be tackled successfully.

3. UWI has been contributing to the fight against HIV/AIDS at the level of individual academics and departments for several years. However, there is now a growing recognition that the institution needs to become more proactive and organized in combating the epidemic, for the benefit of its own community of 50,000 (including campus and non-campus students and staff) and for the benefit of the population of its contributing countries of more than five million.

4. As one of the pre-eminent institutions in the multi-language Caribbean region of 34 million people, UWI may also play a leadership role in this wider grouping of countries and territories through its membership in a newly created Pan-Caribbean partnership against AIDS, which has been sanctioned by regional Governments.

5. The UWI community has itself been at risk for 20 years, and has started to acknowledge that it has experienced HIV/AIDS casualties. As the epidemic continues to trend upward, unless immediate steps are taken in research, education and training that lead to appropriate behaviour changes, UWI may well expect that several hundreds of its own staff and students will contract the virus in the coming years.

6. HIV positive members of the UWI community, like those in general Caribbean society, have been stigmatised, ignored or actively discriminated against, and African experience suggests that until such attitudes are changed, the fight against the epidemic will be half-hearted.

7. UWI has agreed that its capacity for action and leadership in response to the HIV/AIDS epidemic needs strengthening, and has accepted initial assistance from the EU to this end. This assistance targets curriculum development, among other areas, and this report makes proposals on priority needs to be addressed with this initial support.

Curriculum development priorities

8. Through a consultation process, the present report identifies fourteen curriculum development priorities for UWI (see section 3 of the main report).

9. The report argues that, for a number of reasons, it would be most prudent to implement curriculum developments in response to HIV/AIDS within the existing UWI institutional structure of administrative units and departments, building on expertise that has already been developed. The authors recommend that the HIV/AIDS Response Programme coordinating unit be viewed as facilitative and supportive, serving to direct funding to units, departments or work teams within UWI based on proposals made by those entities.

10. We have identified a set of curriculum development priorities that are *inward looking*, aimed at modifying the behaviours of the UWI community, and other activities that are *outward looking*, aimed at preparing appropriately skilled professionals to contribute to prevention of HIV infection and mitigation of the effects of the epidemic on individual and society. These priorities are summarised in Table 1.

11. Section 4 of the report gives the justification for including each of the above objectives in the priorities list. Section 5 recommends six over-arching strategies (based on findings set out in Section 3) that will ensure effectiveness of curriculum investment. Section 6 proposes outline designs for each of the proposed 14 curriculum activities to be launched by mid 2002, although these are merely indicative and it is anticipated that they will be improved considerably when developed by the owner's institution.

12. Table 4 (see main report) demonstrates that the 14 proposed curriculum priorities are consonant with all six priority areas identified in the year 2000 in CARICOM's Regional Strategic Plan of Action in response to the HIV/AIDS epidemic. The synergy between CARICOM and UWI priorities will be mutually beneficial to both regional institutions.

13. The report makes recommendations on implementation that include an equitable distribution of activity between centre and campus institutions (see Table 6) and the authors hold that certain Faculty members who will be appointed under the terms of the SIRHASC project must be directly involved in curriculum development and implementation (see Table 7). An indicative time frame for the development of curriculum components is given at the end of section 6, and recommendations made about immediate follow up actions desirable before the end of June 2002 (see section 8).

14. A critical recommendation is that ownership of each curriculum activity resides with a nominated department or administrative unit (see #7, above and section 5 of the main report). An implication is that, with assistance from the HARP coordination unit (CU), the owner will make a formal proposal to HARP on the implementation of a specific activity (see Appendix 5 for an outline of the owner's proposal to the HARP-CU), and that the HARP campus committees will select small teams to appraise such proposals prior to endorsement and funding (see Appendix 6).

Table 1. The 14 Suggested Priorities in Curriculum Development

Cross Cutting Priorities

1. For all UWI academic staff of all faculties and institutes on all campuses and NCC centres: Increase sensitisation to the HIV/AIDS epidemic and to the response required of the university.

2. Ensure that every person in the UWI community has knowledge and behaviours to protect herself/himself from contacting HIV.

3. Ensure that institutional and individual behaviour toward people living with HIV/AIDS (PLWHA) is dignified and humanitarian.

Health/Life Sciences Priorities

4. Ensure that new-generation of health care practitioners graduate fully able to contribute to HIV/AIDS prevention and care. (Reference to health care practitioners includes medical doctors, dentists, all categories of nurses, medical social workers and persons in the allied health professions.)

5. Ensure that older-generation health care practitioners become HIV/AIDS-capable.

6. Prepare a cadre of epidemic prevention and mitigation managers to augment the leadership of regional and national programmes of HIV/AIDS prevention and control.

7. Ensure that among graduating life scientists there is a cohort with in-depth knowledge of HIV/AIDS, who are willing to contribute to research, training of other professionals and public education.

8. Prepare a cadre of nurse educators and administrators to facilitate national delivery of training for nursing assistants to care peripatetically for terminally ill home-based patients.

Social Sciences/Law Priorities

9. Ensure that new-generation law graduates are sensitive to reforms in Caribbean legislation that will contribute to the containment of the HIV/AIDS epidemic.

10. Provide new undergraduate/graduate courses in psychology and behaviour change and new courses focussed on international/Caribbean consequences of the HIV/AIDS epidemic for economies, societies, security and governance.

11. Develop a new certificated course for HIV/AIDS Infection Prevention and Support Counsellors, to include trainees who are HIV positive.

Communication Priorities

12. Develop degree programmes in health communication. This should include the stimulation and encouragement of research to develop in-depth knowledge and new insights to replace or enrich traditional approaches to communication for behaviour change.

13. Develop and publish instructional resources for effective promotion of HIV/AIDS prevention behaviour among upper primary level students.

15. Develop a curriculum on Theology, Epidemics and the Role of Faith Based Organisations.

16. Another critical recommendation to HARP, and proposed 'owner' institutions, is that partnerships be established for each and every curriculum development activity. Partners will be identified from within the university (faculties and departments, other campuses, unions and guilds, administrative units) and, where necessary, from outside UWI (regional partners in the EU project, national and non governmental organisations, and individuals).

17. There is willingness to develop and maintain partnerships in HIV/AIDS activity among UWI faculty, and this should be nurtured and protected to establish high quality curriculum development outputs.

18. On the other hand, during our consultations with senior university personnel we recognized gaps in awareness of the facts concerning the HIV/AIDS epidemic. Consequently, there seemed to be different levels of acceptance of the need to develop and implement HIV/AIDS curricula as an immediate priority. The views of senior management will be a major determinant of the success or failure of the present UWI HARP SIRHASC initiative. We strongly urge senior managers to take the epidemic seriously to the current initiative.

19. The appendices to this report include two background documents prepared by the consultant (Michael Morrissey) that provide additional depth of analysis in selected areas. These are on the institutional and financial structure of HARP and its project management role (Appendix 4) and on the desirability of publishing instructional materials to support HIV/AIDS curriculum initiatives (Appendix 7). The latter provides part of the rationale for proposed Activity 13 (see Table 5) whose output will be of direct benefit to school-level students in the wider Caribbean community as well as to UWI education specialists.

ACRONYMS AND ABBREVIATIONS

ACP	African, Caribbean and Pacific group of countries
ADEA	Association for the Development of Education in Africa.
AIDS	Acquired Immune Deficiency Syndrome
APN+	Asia Pacific Network of People living with HIV/AIDS
CAPNET	Caribbean Publishers' Network
CAREC	Caribbean Epidemiology Centre (Port-of-Spain, Trinidad)
CARICOM	Caribbean Community (12 independent countries and one UK dependency in the Caribbean)
CARIFORUM	The Caribbean Forum of the ACP, comprising the 13 independent countries of the Caribbean Community, Dominican Republic and Haiti, with responsibility for the allocation of EDF funds with the Lome IV convention.
CARIMAC	Caribbean Institute for Media and Communication (Mona Campus, UWI)
CDRC	Chronic Diseases Research Centre (Cave Hill Campus, UWI)
CGCED	Caribbean Group for Cooperation in Economic Development
CHARES	Centre for HIV/AIDS Research, Education and Services (UHWI, Jamaica)
CHRC	Caribbean Health Research Council
CIDA	Canadian International Development Agency
CMSE	Centre for Medical Sciences Education, Faculty of Medical Sciences, Mount Hope, St Augustine, UWI
CPEC	Caribbean Regional Human Resource Development Programme for Economic Competitiveness
CRN+	Caribbean Regional Network for Persons Living with HIV/AIDS
CULP	Caribbean University Level Programme (EU financed project)
CUN	Caribbean University Network (proposed)
DANE	Department of Advanced Nursing Education (Mona Campus, UWI)
DFID	Department for International Development (Government of the UK)
EDF	European Development Fund
EU	European Union
FBO	Faith Based Organisation
FMS	Faculty of Medical Sciences
HARP	HIV/AIDS Response Programme (a UWI initiative)
HEU	Health Economics Unit, Department of Economics, St Augustine, UWI
HFLE	Health and family Life Education
HIV	Human Immuno-deficiency Virus
IIEP	International Institute for Education Planning (UNESCO, Paris)
MERU	Medical Education Research Unit, Mount Hope, Trinidad
MOU	Memorandum of Understanding
NCC	Non-Campus Country
NGO	Non Governmental Organisation
OBUS	Office of the Board of Undergraduate Studies
PAHO	Pan American Health Organisation
PANCAP	The Pan-Caribbean Partnership against HIV/AIDS
PLWHA	Persons living with HIV/AIDS

SALISES	Sir Arthur Lewis Institute for Social and Economic Studies, UWI
SCS	School of Continuing Studies, UWI
SIRHASC	(CARICOM/EU Project for) Strengthening the Institutional Response to HIV/AIDS/STI in the Caribbean
STI	Sexually Transmitted Infection
TORs	Terms of reference
UHWI	University Hospital of the West Indies, Mona, Jamaica
UNESCO	United Nations Educational, Scientific and Cultural Organisation
USAID	United states Agency for International Development
UWI	The University of the West Indies
UWIDEC	University of the West Indies Distance Education Centre

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"*No single step will suffice to curb the relentless spread of the HIV/AIDS epidemic in the countries of the Caribbean. What is needed is a balanced combination of advocacy, incentives, disincentives, funding and policy support. The overarching goal of support [for the Caribbean] should be to help every country at risk establish a national HIV/AIDS programme comprising basic prevention, basic treatment and basic care.*[a] *It should be clear, however, that while costly drugs area available to a small percentage of the world's people, behaviour change is the only way to safeguard against infection in most of the world.*" The 2000 World Bank Issues Paper on HIV/AIDS in the Caribbean (see reference section).

1 THE PROBLEM FACING UWI

1. UWI is faced with a direct and serious threat to its community as the HIV/AIDS epidemic continues in inexorable growth. UWI is also challenged to provide leadership to the Caribbean region as countries explore strategies to arrest the epidemic and to deal with its consequences. UWI is one of a few key institutions with capability to respond to the epidemic. The imperative to respond comes from the fact that, according to the World Health Organization, the Caribbean is in the unenviable position of being the region with the second highest prevalence rate of cases of AIDS in the world.

2. In this report, we present a 14-point proposal for priority curriculum and programming responses by UWI in response to the HIV/AIDS epidemic, based on a university-wide consultative process in March-April 2002. As a preface to the proposal, we highlight the current status of the HIV/AIDS epidemic globally and in the Caribbean region, the response of the international community to the reality of HIV/AIDS and the response of the Caribbean region to date. We also consider the role of Caribbean regional institutions in the response to the epidemic and the European Union's decision to encourage an enhanced role by regional institutions such as UWI.

[a] In the view of the authors of the present report, it is vital to add *research* to the list of components of national and regional prevention, treatment and care programmes, if the Caribbean is to make steady headway in the lengthy struggle against HIV/AIDS.

2. BACKGROUND: THE HIV/AIDS EPIDEMIC

The World and the Caribbean

3. Over the last 30 years or so, it is estimated that HIV has infected over 40 million people, including five million in 2001. In 2001 alone, some three million persons died as a result of the virus. In sub-Saharan Africa over 20 per cent of the adult population is now infected; in the Caribbean just over 2 per cent. Experience in Africa has been that HIV prevalence rates may increase from 2 per cent to 20 percent within a specific country within a single decade. Research to date has not produced an effective vaccine nor a cure for the disease. In addition, the virus has been able to mutate successfully against many of the antiretroviral drugs developed to slow the advance of AIDS-related complications in individual patients.

4. The Caribbean region is not only second in the world in terms of prevalence of AIDS, but also continues to demonstrate sustained growth trends in numbers of cases. Of the 12 countries in the Americas with the highest HIV prevalence, nine are Caribbean nations. While figures for the northern and southern continental areas of the Americas have slowed, the overall figures for the Caribbean archipelago and the English and Dutch speaking countries on the mainland have shown no sign of reduction in growth. It is estimated that there were 0.5 million infections in the region in 2002, in a regional population of 35 million. It has not possible to obtain projections for 2010 or 2015 for the Caribbean region, but it is evident that there is a strong likelihood that the epidemic, if unchecked, could reach levels of some of the sub-Saharan African countries.

5. The HIV prevalence rate in the countries to which UWI is directly accountable is estimated to vary from a high of over 5 per cent (Bahamas) to a low of under 1 per cent (St Lucia). By comparison, Cuba's rate is the lowest in the region, at about 0.03%; Haiti's is the highest, at over 6%. One must exercise caution in making precise interpretations of these rates because of variable levels of under-reporting of HIV/AIDS. Actual prevalence rates may be higher than estimates derived from a range of surveillance mechanisms.

6. AIDS is now the leading cause of death in the 15 to 44-year age group in several Caribbean countries. If the epidemic continues to expand, it will reduce the average life expectancy at birth for Caribbean countries and erode the gains made over the years in the health status of our populations.

7. Table 2 (below) presents some alarming statistics on the Caribbean sub region (the independent Caribbean islands together with Guyana, Suriname and Belize) compiled from Rebecca Voelker, Bilali Camara, UNAIDS, and other sources given in Appendix 1.

8. One of the problems of the Caribbean sub-region is the complex array of cultures that are represented among its peoples. As a result, the HIV/AIDS problem in the Caribbean is far from being a single epidemic, but a 'mosaic of epidemics' - each with different, though sometimes overlapping, characteristics and risks. The mosaic complicates the response to prevention and care required by individual Caribbean countries and their institutions.

Table 2. Selected data on the HIV/AIDS epidemic, with a special focus on the Caribbean

- More than 90% of the 14,000 new HIV infections worldwide every day in 2001 were of persons in developing countries. 2000 of these new infections are in children under 15 years of age. Of the remaining 12,000 (among 15-49 year olds), 50% worldwide are women and 50% worldwide are aged 15-24 years old.
- An estimated 500,000 Caribbean adults and children (out of 34 million) were living with HIV and resulting illnesses at the end of 2001. The prevalence rate for the 15-49 years age cohort was 2.2%. 50% of HIV positive Caribbean persons are women.
- The level of prevalence in the Caribbean makes the region second in the world, after sub-Saharan Africa. In several Caribbean countries, AIDS is now the leading cause of death.
- An estimated 65,000 adults and children in the Caribbean region were newly infected with the HIV virus in 2001.
- An estimated 10% of adult Haitians in urban areas and 6.6% of the Haitian population is HIV positive. 160,000 Haitian children have lost their mothers to HIV/AIDS. 13% of pregnant Haitian women tested positive for HIV in 1996.
- 25% of residents of St Vincent began sexual activity before age 14. 50% were sexually active by age 16.
- Of young sexually active persons in Trinidad and Tobago, fewer than 20% always use condoms. 67% never use condoms.
- For sexually transmitted infections treated in Jamaica in 2000, young people aged 15-24 comprised 32% of syphilis cases, and 40 % of genital ulcers cases.
- Of sex workers surveyed in Georgetown, Guyana, 45% were living with HIV/AIDS. More than 67% of these did not use condoms with their clients.
- Of live births in Belize, 15 per1000 are HIV positive as a result of mother-to-child transmission.
- In the absence of interventions, child mortality in the Caribbean could rise by 60% by 2010 as the result of mother-to-child transmission of HIV.
- Estimated macro-economic effect of the epidemic on Jamaica by 2005 (compared with a no-epidemic situation) has been projected to be a reduction in GNP by 6%, a drop in savings by 24%, a drop in investment by 17%, reductions by over 5% in labour supply and employment, and increased HIV/AIDS related expenditure of 35%.
- As of 2002, there is no vaccine against the HIV virus and no cure for AIDS. Because people who become infected show no signs of infection for many years, the potential for spreading the virus knowingly and unknowingly is very high.

Changing emphasis in the global response to HIV/AIDS

9. The HIV/AIDS epidemic was initially viewed simply as a medical problem. However, increasingly over the last few years, the world has realised the massive devastation to economies and societies that has resulted from high levels of prevalence.

10. The epidemic is now viewed as one of the most serious of developmental issues facing the world in 2002. The development banks have found it essential to enter the discourse on the

HIV/AIDS epidemic along with bilateral and multilateral donor agencies and the banks have become more definitely involved in strategizing and offering grants and loans to several countries.

11. Yet, the world is still in the learning curve. There are still many loans and grants developed that are apparently unappraised for their contribution to the reduction of the epidemic; there is still the tendency not to view development holistically and to view HIV/AIDS as a temporary phenomenon that will not affect mainstream investments. There is the tendency on the part of some donors and national institutions to view the epidemic as the 'flavour of the day' and to assume it will soon be replaced in importance by new issues.

12. In contrast, at the World Education Forum held in Dakar in April 2000, the international community reaffirmed the need to combat HIV/AIDS as a matter of urgency. This key Forum on Education for All adopted a Framework for Action that, inter alia, included the goal that educational institutions and structures worldwide "should create a safe and supportive environment for ... young people in a world with HIV/AIDS, and strengthen their protection from sexual abuse and other forms of exploitation. Curricula based on life-skills approaches should include all aspects of HIV/AIDS care and prevention. Teachers must be adequately trained in providing HIV/AIDS education, and teachers affected by the pandemic should be supported at all levels." Subsequently, in 2001, UNESCO published its own strategy for HIV/AIDS preventive education as an institutional priority.

The development of a Caribbean response

13. At first, the Caribbean public and its institutions were slow to respond to the epidemic. What has been referred to as a 'conspiracy of silence' surrounded the disease. For nearly two decades HIV/AIDS was the focus of interest of a few Ministries of Health, a limited number of medical activists, who braved public scorn, and of NGOs that clamoured for recognition and action. The stigma attached to the disease has been as resistant as the virus itself, and many persons in the Caribbean continue to view HIV/AIDS as a disease not of the general population and not warranting general concern. The response of the public health authorities in Cuba to HIV/AIDS represents an exception to this general pattern in the Caribbean and the case of Cuba warrants special study, which is outside the purview of the present report.

14. Beginning in the mid 1990s, Governments in the English-speaking Caribbean, mainly through their Health Ministries, started to formulate the first cycle of five year plans to arrest the spread of the epidemic and deal with its consequences. Jamaica has recently released its second five-year plan.

15. Until recently, not many Caribbean political leaders associated themselves with the epidemic and the fight against it in the way that some African leaders had done. A change began to happen among the top political leadership in late 2000. With the increasing realisation that the epidemic has come to stay and that its effects could be disastrous, top Government officials began to be more proactive. They began to respond to economic arguments provided mainly by the HEU at UWI and pressure from donor agencies and began to declare

HIV/AIDS as a priority requiring urgent and organized action. As an example of his Government's new level of commitment, the Prime Minister of Barbados has placed the Office of AIDS within his own portfolio.

16. Important stirrings were happening before 2000, however. In 1998, CARICOM contributed to the creation of a coalition, including PAHO, CAREC, CRN+, World Bank, and bilateral agencies such as EU, DFID, CIDA and French and German aid agencies. A task force, which emerged from that coalition focussed on prevention, policy development and the strengthening of national and regional institutions involved in the response to the epidemic. One of its major outputs was the *Caribbean Regional Strategic Plan of Action for HIV/AIDS*, released in 2000. Another result is the EU funding to UWI for institutional strengthening that is the focus of this report.

The Caribbean Regional HIV/AIDS Strategic Plan and beyond

17. The six priority areas articulated in the *Caribbean Regional Strategic Plan of Action* are (i) advocacy, policy development and legislation, (ii) care and support for people living with HIV/AIDS, (iii) prevention of HIV transmission, with a focus on young people, (iv) prevention of HIV transmission among especially vulnerable groups, (v) prevention of mother to child transmission, and (vi) strengthening of planning and managerial capacity for HIV/AIDS programmes at the national and regional levels. The Caribbean Community (CARICOM) is currently reviewing the priorities of the 2000 Plan of action, with assistance from DFID.

18. The response to the reality of HIV/AIDS in the region gained momentum at the CARICOM Heads of Government meeting held in Nassau, Bahamas in July 2001. The assembled prime ministers declared that they recognized "the critical role of health in economic development of our people" and they were "overawed by the prospect that our current health problems, especially HIV/AIDS, may impede such development through the devastation of our human capital." The meeting endorsed the role of the CARICOM Secretariat in supporting the development of the Pan-Caribbean Partnership against HIV/AIDS (PANCAP), which had been launched in March 2001. This partnership is designed to include French, Dutch and Spanish speaking countries of region and CARICOM countries in strategies to contain the epidemic and in identifying resources from sources such as The Global Fund.

19. Some national responses have lagged behind the direction provided by regional consortia. So, for example, a 2002 review of Trinidad and Tobago's response to the HIV/AIDS epidemic (part of a current review of UNAIDS role globally: see Georges Tiendrebeogo in Appendix 1) stated that (i) the country's response remained rooted within the health sector, (ii) after 20 years, the country is not positioned for an expansive response, (iii) political commitment has been sporadic, (iv) there has been an unwillingness to learn from the African experience. One respondent commented to the evaluation team that there was "growing rhetoric, rather than growing commitment."

20. At the time of preparing this document, the CARICOM Council for Social and Economic Development is meeting in Georgetown, Guyana with several Ministers of Health present

and HIV/AIDS is high on its agenda.

Strengthening the role of regional institutions in the Caribbean for a more coordinated response to HIV/AIDS

21. In the English-speaking Caribbean up to recently, Ministries of Health and a few NGOs carried out most HIV/AIDS activities at national institutional level. At a regional level, the Caribbean Regional Epidemiological Centre (CAREC), was early to recognise the significance of the epidemic and has been the leading agency in collating data gathered from the countries to which it relates. In 1995, CAREC was instrumental in bringing together a panel of regional clinicians to discuss approaches to clinical care of PLWHA and has since published two editions of guidelines for clinical care of HIV/AIDS. CAREC has also been effective in HIV-related advocacy and communication. In addition, staff of that institution has built important bridges with PLWHA, including the leaders and members of CRN+.

22. In 1999, the European Union (EU), which favours regional approaches to common problems in preference to separate national approaches, surveyed the role being played by Caribbean regional institutions and concluded that there was potential to build regional capacity to respond to the epidemic. The survey, which was conducted with the assistance of two Caribbean-based experts, resulted in the development of a programme to assist six Caribbean regional institutions to strengthen their capacity to respond to the epidemic. The institutions concerned are: the secretariat of the Caribbean Community (CARICOM), the Caribbean Epidemiology Centre (CAREC), the Caribbean Network of People living with HIV/AIDS (CRN+), the Caribbean Office of the Joint UN Programme on HIV/AIDS (UNAIDS), the Caribbean Health Research Council (CHRC) and the University of the West Indies (UWI). The CARICOM Secretariat was named as principal grantee on behalf of the other five regional institutions and given responsibility for overall project management.

23. The project is titled *Strengthening the Institutional Response to HIV/AIDS/STI in the Caribbean* (SIRHASC). Financial and technical resources are being provided through CARIFORUM under the 8th European Development Fund (EDF) allocation to the ACP group of countries. The financial contribution to UWI over the four-year life span of the project will be Euros 2.7 million (currently US$2.4 million).

24. The institutions included as partners in this project comprise ones established for regional coordination in health and other sectoral policies, regional coordination of surveillance for infectious diseases, regional intellectual leadership, health policy research, and – in the case of UNAIDS – the coordination of donor responses to the epidemic in the region. Together the six institutions have the potential to contribute formidably to the response to the epidemic in the region.

25. One of the challenges of the consultancy of which this report is the output, is to contribute to UWI *ownership* of this project.

3 INSTITUTIONAL CONTEXT

Positioning of UWI in the Caribbean Region

26. UWI was established as an external college of the University of London, England in 1948 (called the University College of the West Indies at the time), and became an independent institution in 1962. Although it began with a small Faculty of Medicine, it has expanded to become a multi-disciplinary institution, offering educational programmes and conducting research in Arts, Dentistry, Education, Engineering, the Humanities, Law, Life Sciences, Media and Communication, Medical Sciences, Social Sciences and Tourism/Hospitality. There are three major campuses: Mona in Jamaica, St. Augustine in Trinidad & Tobago and Cave Hill in Barbados, a small campus in the Bahamas and several small extra-mural facilities scattered throughout the Caribbean, including the Central American country of Belize.

27. UWI draws students mainly from the English-speaking Caribbean. It is supported by, and accountable to, sixteen English-speaking political entities in the Caribbean, each of which is now affected by the HIV/AIDS epidemic. Since its establishment, UWI has been the main Centre for tertiary education and research in the Anglophone Caribbean. In view of this, the authors believe that UWI, as a regional institution, has a serious responsibility to be proactive in education and research in areas such as HIV/AIDS.

28. The current population of the university is nearly 50,000. Student enrolment is estimated at 25,000 (Mona 9,000, Cave Hill 4,000, St Augustine 7,000, off-campuses 5,000, and about 20,000 enrolled in School of Continuing Studies (SCS). Approximately 10,000 new students register on the three major UWI campuses and about 10,000 in the SCS each year. There are approximately 1,200 academic staff, 1,500 administrative, clerical and technical staff, and 700 ancillary workers.

29. UWI's renown has spread beyond the geographical boundaries of the countries that finance it. The UWI Vice-Chancellor is the current President of UNICA, an association of about 25 Caribbean universities that spans the French-, Dutch-, and Spanish-speaking territories of the region.

30. Under an EU-financed *Caribbean University Level Programme* (CULP), a relationship has been developed in the development and delivery of Masters programmes involving UWI and universities in Haiti and the Dominican Republic. UWI also worked collaboratively with the University of Guyana under the Consortium Social Science Project (1986-96). It has been proposed that before the closure of CULP in mid-2003, a *Caribbean Universities Network* will be established involving the existing seven universities in the CULP partnership, and possibly extended to include others.

The numerical significance of the UWI community in the context of the present report

31. The population of UWI is, at any one time, larger than that of some of the smaller territories of the Caribbean. And it is likely that the UWI population viewed cumulatively will exceed 200,000 over the coming decade, even assuming incremental rather that expansionist growth. A conservative estimate is that over the next 20 years, near 0.5 million will have been direct members of the university community. If one adds dependents and family members to this number, the size of the university population would be increased three or four-fold.

32. The extent of the UWI community is estimated for three reasons. First, UWI can consider itself as large as St Lucia (over a decade) or Barbados (over two decades). This raises the question of whether the UWI 'Government' should be as proactive in combating the virus as national governments, and develop its own strategic plan for combating the epidemic. Secondly, the cumulative population must be taken into consideration in planning measures that are inclusive of the entire community. Thirdly, we could speculate that if we apply the current average Caribbean HIV prevalence rate estimate of 2.2 percent to the university population, then it is possible that over 1,000 members of its population are currently infected with HIV.

33. The university has targeted an annual growth rate of 3.6% for the period 2002 and 2007. This will result in a student population (UWI and SCS combined) by 2007 of near 60,000, and a total UWI community of 65,000. If the Caribbean HIV prevalence rate continues to rise, to say near 4 percent by 2007, a crude estimate is that there will then be 2,500 persons in the UWI community living with HIV on entry to the institution, or contracting the virus during their tenure as students.

34. It is possible that applying regional norms to a university will grossly underestimate the likely numbers of infected persons, that is, without effective intervention to prevent or limit the spread of HIV. This is because the majority of the community is within the 15 to 24-year age cohort where prevalence is highest because of high risk of exposure to the virus and other STIs.

35. These observations argue for an urgent and sustained response by UWI to the current epidemic, with systematic curriculum development and implementation being a vital part of the response.

UWI's response to the HIV/AIDS epidemic to date

36. Up to the year 2000, a few members of the academic staff at UWI were involved in HIV/AIDS-related work either as individuals or as small work teams. Some persons provided important consultancy services to Governments and NGOs, while others were involved in education, advocacy, and in pioneer research on the clinical front, in health economics and in the behavioural sciences (see Appendix 8 for an indication of areas of personal engagement in HIV/AIDS by members of staff).

37. Until 2000, however, the university as an institution did not appear to have been proactive in recognising the HIV/AIDS epidemic as a major threat. In that year, the Vice Chancellor, Professor Rex Nettleford made the first deployment in the HIV/AIDS field by identifying Brendan Bain, Professor of Community Health and Infectious Disease specialist, as the sole focal point for liaison with the CARICOM Secretariat on the implementation of the UWI component of SIRHASC.

38. March 2001 saw the staging of the first inter-campus multi-disciplinary workshop aimed at accelerating the response of the University to the HIV/AIDS epidemic. The meeting was opened by the Vice-Chancellor and was addressed by the Dean of Graduate Studies and Research, Professor Errol Morrison and the Dean of the Faculty of Medical Sciences at Mona, Professor Owen Morgan. All three senior executives gave full endorsement to the activity. Selected delegates from the three major campuses, partner institutions in SIRHASC, and other governmental, non-governmental and donor representatives were in attendance. The workshop report identified possible roles of UWI in response to the epidemic, including curriculum development and established priorities for immediate, medium- and long-term action. This led eventually to the launching of UWI HARP.

39. The Principal's Report to Mona Council on the 2001-01 academic year, published in March 2002 sought to demonstrate how the Mona Campus's "fundamental mandate to be responsive to the development needs of the region" had been actioned by its departments, and recorded Mona's role in contributing to improved health in the Caribbean region and to the management of HIV/AIDS.

40. Paradoxically, in early 2002, as the University and its campuses drafted their strategic plans for the period 2002-07, the HIV/AIDS epidemic seemed to have been overlooked, as none of these documents made special reference to the epidemic or to planned responses. In the university's draft strategic plan, for example, there was no reference to the grant received from the EU to strengthen UWI's capacity to respond to the HIV/AIDS epidemic.

41. Despite the absence of written references to HIV/AIDS in major University documents, we have been careful to note that senior administrators at central and campus levels have begun to discuss the epidemic. Gradual evidence of high-level commitment is emerging. Examples of this commitment come from Mona, where permission has been granted to appoint two persons to form the nucleus of an executive team to operationalize Mona HARP, and from St. Augustine, where the campus Principal, Dr Bhoendradatt Tewarie, has accepted the invitation to chair the St. Augustine HARP.

42. In 2001, Professor Michael Kelly, of the University of Zambia was invited by UWI to inform its community of the African experience and to advocate roles of universities and education systems in the Caribbean in response to the epidemic. Professor Kelly made his round of lectures and meeting across all campuses in February and March 2002 and spoke via UWIDEC to several members of the non-campus community. Together, this and other actions in 2001-02 signalled a change in heart of 'the university as a whole' in respect of the epidemic.

43. In 2001, a preliminary survey was undertaken of UWI activity at Mona by a short-term consultant, Mavis Fuller. HARP intends to conduct an in-depth situation analysis of cumulative effort on all UWI campuses shortly.

State of readiness of UWI to mount a comprehensive HIV/AIDS response

44. In respect of the readiness of the UWI community to respond to the HIV/AIDS epidemic we seemed to encounter a mixture of attitudes, beliefs and preparedness for action. The realisation that an active, coordinated response is an urgent necessity and responsibility has yet to trickle through all levels of senior administration.

45. Our discussions revealed that some academics and administrators were less than fully informed that in several Caribbean countries the epidemic has spread so quickly and unyieldingly into the general population. Some campus leaders still appeared to relate the disease to 'at-risk' populations that characterised its early transmission and spread, and found it difficult to accept that the disease is now spreading even among university staff, students and workers. For this reason, in the data collection exercise for this report considerable time was spent presenting data pertaining to HIV/AIDS in the region and advocating a proactive institutional response.

46. It is likely that without a concerted realisation among senior leadership that the epidemic is, in the words of the Principal of the St. Augustine campus, "the most serious crisis facing the university for the next decade", the university's response may continue to be patchy and inadequate.

The beginning of a coordinated UWI HIV/AIDS Response Programme (UWI HARP)

47. As was mentioned in paragraph 37 (above), the first multi-campus, multi-disciplinary meeting on HIV/AIDS was held at the Mona campus in March 2001, funded under SIRHASC, bringing together committed UWI faculty members, partners in SIRHASC and other stakeholders. Following that meeting, the acronym *HARP* was coined to encompass UWI's "HIV/AIDS Response Programme." It was agreed that HARP committees would be established on each campus. The Mona committee was established in August 2001, and committees at Cave Hill and St Augustine in March 2002.

48. Considerable progress in implementing SIRHASC has been made since March 2001. A full time coordinator for the UWI component of SIRHASC was approved and appointed (in March 2002), position descriptions for academic staff appointments developed and advertised, and decisions on the award of initial postgraduate scholarships reached. A consultant (M. Morrissey) was hired in March 2002 to assist with the formulation of the curriculum development component.

49. The 'P' of HARP, the university's *programme* of response, is yet to be defined. It is agreed that UWI's component of SIRHASC, and the total breadth of its own HARP programme are not synonymous. SIRHASC is limited in resources and is intended merely as a catalyst for

institutional strengthening and programme implementation. The concept of a UWI strategic plan in response to the epidemic has yet to be endorsed.

Implications of UWI's institutional structure for curriculum development

50. The authors believe that curriculum development has to *be firmly anchored within the institutional structure of the universit*y if it is to be effective.

51. Historically, taught programmes at UWI have been developed by individual departments and faculties, and approved by academic boards. With the decentralization of the university, each of the three major campuses has exerted increasing autonomy in academic programming and common programmes or courses taught in more than one campus have become the exception rather than the rule.

52. Boards of Undergraduate Studies and Postgraduate Studies have been established with cross-campus missions in quality assurance and standards, but their terms of reference do not necessarily include standardisation of curricula. There have been occasional top-down attempts in cross-campus curriculum development, including the recent efforts to increase teaching in common foundation courses, gender studies and the environment.

53. The implication for HIV/AIDS-related curriculum development is clear. If there is no standard mechanism or tradition for top-down imposition of curriculum changes, development activities will have to be spawned and facilitated at the department and faculty levels. Since there is no automatic mechanism for a new curriculum developed and piloted on one campus to be used on another, it will be necessary for the project management team to broker cooperative agreements between faculties and/or departments on two or more campuses, in order that investments focussed on one will have benefits for all. The project management team and the staff involved in curriculum development (see next two paragraphs) will also need to appraise the readiness for utilisation of curricula throughout UWI. As with other areas of curriculum development, staff must be given the resources and support to develop and implement HIV/AIDS curricula. Persons who develop innovative approaches to HIV/AIDS education, should be rewarded by the university's assessment and promotion committees.

54. In selecting curriculum development priorities, we favour the following approach: (i) ideally, there should be one department or faculty on one campus that is committed to change in the existing curriculum and that is willing to invest the necessary effort to design the new course or programme, develop instructional materials and plan for its implementation within the shortest possible time-frame, and (ii) there should be equivalent departments or faculties on other campuses that agree to participate and are committed to implement the new course or programme, though not leading the curriculum development activity.

55. To describe the proposed approach from a different angle, a department or faculty would undertake to improve its own programme offerings in response to the HIV/AIDS epidemic, and in cooperation with other campuses. *The emphasis during the current project should not be on deliverables to CARICOM or the EU, but on reforms undertaken on the basis of*

commitments by identified delivery units of UWI. The locus of responsibility for curriculum development must therefore be the faculty, institute or department and not the HARP committee.

4 THE CURRICULUM PLANNING CONSULTATIVE PROCESS

Proposal Preparation

56. The consultation process that provided the basis for findings and recommendations in this report was conducted jointly by Professor Brendan Bain, Head of the Department of Community Medicine and Psychiatry, Mona Campus, who is the sole focal point for UWI in its dealings with CARICOM on the SIRHASC project, and Michael Morrissey, a former Head of the Department of Educational Studies, Mona Campus. Mr. Morrissey has been engaged as a short-term consultant to the SIRHASC project for 32 person-days over the two-month period ending April 30, 2002. His terms of reference are given in Appendix 3.

57. It was agreed that the consultation process would involve Professor Bain and Mr. Morrissey jointly, as it was perceived that there was a need for information sharing and advocacy alongside the technical task of determining the way forward on the curriculum development component. Thus, several consultative meetings with senior university administrators (see Appendix 2) involved both Dr Bain and Mr. Morrissey.

58. The timing of the exercise was dictated in part by the EU project cycle. The implementation of the UWI component of the SIRHASC had been somewhat delayed, and the UWI project management team had given no prior consideration to the shape of the curriculum development component. It was determined to deadline the completion of this proposal at the end of the first (extended) financial year of SIRHASC, April 30, 2002. The data collection process had to respond to the urgent need for a final report by this date.

Data Collection: Method and Coverage

59. The majority of information was gathered through a series of face-to-face interviews/discussions with key informants. Most meetings involved (i) an explanation of the recent establishment of HARP, (ii) a discussion of what such a programme might in the future comprise, and (iii) brainstorming on possible curriculum development initiatives to be undertaken without delay under SIRHASC.

60. Early in the consultation, it became clear that the processes of information sharing concerning the need for a response by the university community to the epidemic and data collection regarding perceived priorities in terms of the university's educational programming could not be separated. In fact, only a few respondents had predetermined ideas on curriculum development priorities and few seemed ready at short notice to make concrete proposals on this theme.

61. It was decided to include as wide a range of senior administrators and policy makers in the advocacy/data collection net as was feasible. The persons chosen included Pro-Vice-Chancellors attached to centre positions, the campus principals and their deputies, deans, selected heads of department, and faculty members who had shown special interest in the medical, social or economic aspects of the epidemic.

62. The three campuses were given roughly equal time in the fact-finding process, with about three days of meetings allocated to each of Mona, Cave Hill and St Augustine. We also had face-to-face meetings with Professor Lawrence Carrington, Pro-Vice-Chancellor for non-campus territories and Dean of the SCS and Professor Badri Koul, in charge of Distance Education. In addition, we were able to communicate via UWIDEC and by E-mail with a few Regional Tutors from the non-campus territories. Finally, we held meetings with representatives of partner organisations in the SIRHASC institutional strengthening project, and with representatives of selected donor organisations. The full list of persons met in the course of the consultative process, in March and April 2001, is given in Appendix 2.

63. A multi-campus meeting of students was convened on April 10, with the assistance of UWIDEC and student services managers on the three major campuses. The University Centre in Grenada also participated. This consultation involved about 50 students, who expressed their ideas and opinions on how UWI should respond to the epidemic - with a particular focus on the development of curricula for self-protection training, including delivery methods. A synopsis of comments was prepared by Mrs Maxine Ruddock-Small, HARP Project Administrator (see list of documents).

Review of the initial version of this report

64. The initial draft of this report was circulated, in mid-April, 2002, to each of the three existing HARP committees, and to representatives of selected NCC UWI centres, for feedback before the final draft was prepared.

5 PROPOSED PRIORITY CURRICULUM AND PROGRAMMING NEEDS

Preamble: Curriculum development options

65. The process of consultation brought into focus several priorities for curriculum development and new programming by UWI in response the HIV/AIDS epidemic. To facilitate the reader, these are presented in the next section of the report with a statement of each critical 'need' that was identified, followed by a succinct justification based on the current situation.

66. Curriculum development options under consideration include the following: (i) development of HIV/AIDS-specific taught Masters programmes, (ii) development of HIV/AIDS-specific Masters-level courses for inclusion as requirements/options of existing Masters-level programmes, (iii) development of HIV/AIDS-specific Bachelors/Diploma/Certificate-level courses for inclusion as requirements/options of existing programmes, (iv) revision of existing courses at Masters/Bachelors/Diploma/Certificate levels to increase content relevance in an era where HIV/AIDS prevention/mitigation is of crucial importance to the region, (v) upgrade of existing *ad hoc* 'uncertificated' courses related to HIV/AIDS to UWI diploma or certificate level, (vi) design of short 'capacity building' courses for delivery by UWI departments to specific target groups (on a self-financing basis) and (vii) identification of selected courses (from the above categories) for development for distance delivery.

67. Due to the focus of SIRHASC on three broad areas of intervention (Health Sciences, Social Sciences, Communication), the priorities outlined in the next section comprise activities within these areas. Law has been treated as falling within the social sciences, life sciences alongside health sciences, and theology and education as falling within communication sciences.

68. It is recognised that the humanities, management sciences, tourism and hospitality, and other areas can equally provide for curriculum development activities that will contribute to the university's response to the HIV/AIDS epidemic, but these did not emerge as areas of readiness during the consultation process. Follow up work is recommended to involve these other disciplines to plan for their own contribution to HARP. It is anticipated that such a process should throw up a more comprehensive set of needs than can be attempted in this report.

'Inward' and 'outward looking' needs

69. The March 2001 HIV/AIDS workshop at Mona summarised the action that should be taken as two fold: *What UWI should do about UWI*? (inward looking activities) and *What UWI should do beyond its walls?* (outward looking activities). Professor Michael Kelly endorsed this formula in his own recommendations to the university.

70. In his *Crafting a Response* presentation to UWI, Kelly proposed that the university's response must comprise those two dimensions. "One dimension looks *inward* and relates to the concern that the university should have to maintain itself as a functioning institution when it is already experiencing HIV/AIDS within itself. HIV/AIDS does to institutions what it

does to the human body: it undermines the capacity to defend itself against what would otherwise be relatively tractable problems. Ultimately it destroys the potential to function and deliver mandated services. The university needs to take full cognisance of this and hence to take whatever steps are necessary to ensure that, notwithstanding HIV/AIDS, it keeps itself in good working order. The second dimension is *outward looking* and relates more strongly to the university's core functions of teaching, training, research, engagement with society, and service to the community."

71. In order to include a need as a 'priority' herein, the authors used the following set of yardsticks: (i) a significant university population, including students and staff in NCCs, will be affected by the result of the investment in curriculum development, (ii) teaching programmes on all campuses will be affected simultaneously, (iii) the curriculum reform will be implemented and results observable within the time-frame of SIRHASC, and (iv) non-UWI tertiary institutions in the Caribbean will be potential beneficiaries of strengthened UWI capacity in each area of curriculum investment.

72. The list of priority needs identified through the consultation process, are categorised therefore as inward and outward looking priorities. The latter (outward) are further categorised by discipline. It should be noted, however, that the numbering of priorities is for convenience in discussing findings and recommendations of this report, and do not constitute any kind of ranking.

73. This is an ambitious assessment of needs. In comparison, the University of Botswana, in a social environment which is the most disastrous in the world, with 40% adult prevalence, produced a draft strategic plan for 2000-05 that could be characterised as almost entirely inward looking (Barnabas Otaala, 2000). As curriculum proposals to UWI (below) are reviewed, university committees will need to consider the implicit assumption of this report that inward needs of the institution, and outward needs of Caribbean society, be both addressed with urgency contemporaneously.

'Inward looking' priorities

74. **Priority 1** (Cross Cutting). **For all UWI academic staff of all faculties and institutes on all campuses and NCC centres: Increase sensitisation to the HIV/AIDS epidemic and the response required of the university.** The consultation process found a great deal of ignorance and unpreparedness among academic leaders and staff. Also there was little knowledge of the existence of UWI's 1993 policy guidelines on HIV/AIDS. It is essential that the task of preparing staff for the epidemic and its potential results be viewed as a pre-condition for widespread support for the curriculum development process. The development of a curriculum and delivery strategies for such an information/advocacy programme is an urgent priority. The opportunity will also be used to orientate staff to the new policy document that is being developed by the HARP committees.

75. **Priority 2** (Cross Cutting). **Ensure that every person in the UWI community has knowledge of and is encouraged to practise behaviours to protect**

herself/himself from contacting HIV. A critical priority is to ensure that every member of academic staff, every student and every support worker of the university is 'HIV/AIDS competent', and is empowered to make choices based on accurate information supported by quality counselling services. This applies to the current population, and future intakes, probably for the coming decade at minimum. Individuals have to strengthen their personal and partner skills, and develop a responsibility toward (i) personal safety and (ii) public safety (how their behaviour endangers others). This is consistent with the *Caribbean Charter for Health Promotion*, adopted in 2002 by CARICOM's Ministers of Health, which endorsed as a major regional strategy, the concept of education for personal health at all stages in life, including the inculcation of self discipline.

76. It was recognized at the March 2001 workshop that there needed to be a minimum HIV/AIDS awareness package for all categories of university staff. The justification for investment in developing such a curriculum and delivery system is that no such training currently exists. Any preparation of students has, to date, been spasmodic, voluntary, localised and unsustained. Academic and ancillary staff of UWI have never been targeted for HIV/AIDS education. A Cave Hill Dean wondered whether "the awareness of the HIV epidemic fostered in Barbadian high schools" was being adequately maintained when students entered the UWI campus. Student opinion was vocal that such an orientation programme be designed and implemented.

77. One Pro-Vice-Chancellor expressed the view that this need was so critical that a means would have to be found to make it mandatory for all members of the university community - "similar to a driving test." For the student population, the requirement could be in the form of one or two credit requirement mandatory for movement from year 1 to year 2 courses. For staff, Deans could track successful completion of the course. In the context of the current crisis, it seems logical to consider adjusting university temporarily (until such time as vaccines are developed or the epidemic wanes) requirements for graduation at undergraduate and postgraduate levels to include HIV/AIDS competency. How this would be linked to condom distribution, facilitating HIV testing, and providing antiretroviral drug support for HIV positive members of the UWI community will have to be worked out. (The Namibia strategic plan includes reference to the provision of two condoms per day to every university student).

78. A critical task for the 21st century will be to improve life expectancy by addressing culture and lifestyles and behaviour-related diseases, which are now the major cause of death worldwide. It is rational that, as part of a university student's foundation programme, the university (on behalf of the funding Governments) should make maximum effort to influence lifestyle and behaviour decisions of students, and in so doing to maximise economic returns of tertiary education.

79. **Priority 3** (Cross Cutting). **Ensure that institutional and individual behaviour toward people living with HIV/AIDS (PLWHA) is dignified and humanitarian.** The need is to ensure that every member of the UWI community has a rational and caring attitude toward HIV positive persons, makes every opportunity for their inclusion in all university activity, and involves them actively in the fight to contain the AIDS epidemic,

consistent with human rights and internationally promoted norms.

80. Information gathered suggested that taboos and stigma associated with HIV/AIDS in the wider Caribbean society applied equally to the university community. The university has to date not been institutionally providing active leadership within Caribbean society in respect of the human rights of persons living with HIV/AIDS, in spite of its own internal HIV/AIDS policy guidelines drafted in 1993. There has generally been silence about the issue, and individual staff and students suspected of being HIV positive have tended to be marginalised.

81. This need may be met in part through a special curriculum addressing Priorities 2 and 3 together, and also through the infusion of new objectives and content into one or more of the foundation courses. The inclusion of a module on *Lifestyle and Behaviour-related Diseases* in the Science, Health and Technology Foundation course currently under re-development has been discussed with academics responsible (Professor Ronald Young, Dr Peter Whiteley) with a positive response. Textbooks such as AIDS, Science and Society (Hung Fan, Ross Conner, Luis Villarreal, 3rd edition, 2000) with its update website link, are available internationally to support the teaching of the subject to non-specialist undergraduates.

'Outward looking' priorities: preparation of health professionals

82. **Priority 4** (Health/Life Sciences). **Ensure that new-generation medical practitioners graduate fully able to contribute to HIV/AIDS prevention and care.** There is a need for every future medical practitioner and health professional who graduates from UWI in the future to be fully prepared informationally and attitudinally to contribute to HIV/AIDS prevention, diagnosis, treatment and care, and prepared to treat HIV+ patients and colleagues with equal compassion and care that characterises relationships with persons having other medical conditions. This was one of the curriculum development priorities identified at the March 2001 strategic planning meeting at Mona.

83. Information gathered suggested that the current medical curriculum, pre-clinical and clinical, is based largely on pre-HIV/AIDS epidemic norms, and does not prepare the medical practitioner for a Caribbean world in which this virus has become a leading cause of death. Medical students generally, like other students in the UWI society, have been influenced to view the virus as one largely limited to selected 'at risk' populations and therefore not of central concern to them as medical practitioners. The newly revised three-year medical curriculum at Mona has not specifically integrated HIV/AIDS as a special concern, although the curriculum infrastructure exists for this to be done subsequently. Windows of hope have been opening, however, as pre-clinical students at St Augustine, for example, have adopted an orphanage for HIV positive children as their major volunteer action theme.

84. Now that the faculties at Mona and St Augustine are poised to consider collaborative action to agree to common end objectives for the first three years of medical training to culminate with a B Med Sc degree, it is a good time for the curriculum planners to consider how to

include specific learning objectives to do with HIV/AIDS/STI across the new curriculum. It is likely the final two years of general medical training on the UWI campuses will similarly shift to standard requirements for graduation, re-establishing a degree of commonality across the campuses that has not existed in recent years. This also is an opportune time for systematic inclusion of HIV/AIDS-related learning objectives in the clinical curriculum.

85. For the Mona programme, such a theme can be integrated in its recently modernised curriculum infrastructure as a *special theme*, in the same way that ethics and nutrition have been integrated. At St. Augustine, with a well-staffed Medical Education Centre at Mount Hope, the HIV/AIDS theme can be similarly woven into the three and five year programmes.

86. **Priority 5** (Health/Life Sciences). **Ensure that older-generation health care practitioners become HIV/AIDS-capable.** Graduates of UWI's medical faculty provide the backbone of the health services across the countries of the Caribbean. It is estimated that at least 60 percent of doctors in the contributing territories are UWI graduates. Other doctors were trained in Cuba, the UK and North America. Most UWI-trained doctors who graduated before 2003 will not have been systematically prepared to cope with HIV/AIDS (the date 2003 is given on the assumption that UWI will ensure that 2004 graduates are HIV/AIDS-proficient). A critical need is to develop a programme of continuing education. There is a need to plan for the empowerment of all certified health care practitioners to be fully responsive to the HIV/AIDS epidemic through a specially focussed continuing education programme.

87. Such a continuing education curriculum, while based on objectives formulated for new-generation practitioners (see priority 4 above), will have to be cognisant of the varied ages and backgrounds of practising doctors, their scattered location, and the need to upgrade the knowledge, skills and attitudes as quickly as practicable. The new curriculum should build on prior experience in retraining health personnel for the HIV/AIDS era, for example the pilot programme in Jamaica led by Professor Bain in 1989-90 (see Appendix 1). Distance delivery is clearly an approach that will have to be considered, and the programme could be certified by UWI in order to maximise its attractiveness and interest registrars so that the programme could become a requirement of re-registration, should the latter become the norm in Caribbean countries. (We recognize that the latter recommendation is futuristic, because continuing education for medical doctors is not mandatory in the English-speaking Caribbean at present.) This issue too will affect the curriculum requirements, delivery strategies and assessment mechanisms.

88. Other health professionals, including nurses, pharmacists and dentists will need similar retraining. As the curriculum is being designed, options should be developed for other such categories of health professional.

89. **Priority 6** (Health/Life Sciences). **Prepare a cadre of epidemic prevention and mitigation managers to provide leadership for regional and national programmes of HIV/AIDS prevention and control.** Governments across the region are developing, with assistance from CAREC and UNAIDS, five year strategic plans for containing and mitigating the effects of the epidemic (see for example the Jamaica Plan for 2002-07), but

there are few public health managers trained specifically to effectively address the multi-sectoral demands of the epidemic. Ministries of Education in the region have no health managers, despite the critical role of this sector in containing the epidemic (see Michael Kelly's papers on the role of the education sector).

90. The task may be to review the existing curriculum of the Masters in Public Health to determine whether it fulfils the need. Options may be (i) strengthening the existing Masters to meet the needs referred to above, (ii) developing a specialised option of the existing programme for HIV/AIDS field managers, or (iii) developing a new specialised programme focussing on HIV/AIDS prevention and mitigation.

91. Support for participation in this programme may be accommodated under the UWI postgraduate scholarships component of SIRHASC; this gives a rationale for this priority to be acted upon with alacrity so that a suitable programme can be developed for delivery in Semester 1 of 2002-03, and scholarships can be protected for this purpose in years 2, 3 and 4 of SIRHASC.

92. **Priority 7** (Health/Life Sciences). **Ensure that there are among graduating life scientists a cohort with in-depth knowledge of HIV/AIDS.** The taught programmes of pure and applied sciences have not been reviewed to include or to increase coverage and depth of HIV/AIDS knowledge where appropriate, although it is these graduates, in the main, who will contribute to the search for scientific solutions to the epidemic in the region.

93. Programmes and courses related to Genetics, Molecular Biology, Microbiology, Medical Microbiology, Virology, Population Biology, and other subjects require urgent review to consider (i) changes to curriculum outline, and/or (ii) use of HIV/AIDS models in teaching existing syllabuses. In some cases, simply employing HIV/AIDS models as exemplars may strengthen existing courses. The result will be to open young scientists to the idea of research and applications related to HIV/AIDS, and stimulate staff involvement in HIV/AIDS research through involvement in teaching. To support staff delivery of new material, the development of quality print and multimedia instructional material needs to be considered as an element of the curriculum development exercise.

94. **Priority 8** (Health/Life Sciences). **Prepare a cadre of educators and administrators to facilitate national delivery of training for nursing assistants to care peripatetically for terminally ill home-based patients.** There is a need to care at home for patients with opportunistic illnesses resulting from AIDS. Arguments for this approach have been made, for example, in the chapter 14 of *The Caribbean AIDS Epidemic* (see Marcia Brandon and Paul Brown 2000).

95. This need is predicated on the expectation that over the next decade or longer, Caribbean countries will have to find cost-efficient and quality caring mechanisms to deal with increasing numbers of terminally-ill AIDS patients. Hospitals will be unable to provide accommodation on a long-term basis for the anticipated quantum of patients. Hospices are few and far between in the region; most of them are for orphans or abandoned children with HIV/AIDS. Some have had to be closed due to lack of financial support. The norms of

hospital or hospice care associated with more developed counties may not be economically feasible to Caribbean Governments.

96. UWI should provide leadership in proposing a home-based systems of care for the AIDS-affected, through developing a curriculum for training nursing assistants, by creating suitable instructional materials, and by delivering training to nursing educators on how to effectively deliver the locally-based training programmes and monitor the results.

'Outward looking' priorities: preparation of social science professionals

97. **Priority 9** (Social Sciences/Law). **Ensure new-generation law graduates are sensitive to reforms in Caribbean legislation that will contribute to the containment of the HIV/AIDS epidemic.** Several senior respondents view stigmatisation of and discrimination against HIV positive persons as not only a human rights violations but also a major impediment in the prevention effort. Caribbean's laws in respect of human rights, sexual rights, HIV/AIDS status, homosexuality, prostitution, and the terminally ill are considered, by some legal and non-legal experts, to be outmoded in comparison with international norms and to contribute to the continued spread of the HIV/AIDS epidemic. A 2001 study for example by a legal firm, McNeil & McFarlane, on legal, ethical and human rights issues in Jamaica in relation to the HIV/AIDS epidemic, demonstrated the wide gap between 'constitutional' rights and legislation to support such rights, and the implications for the HIV infected and for effective prevention programmes.

98. UWI needs to provide leadership, within the region's legal fraternity, for changes to legislation and judicial practice. One way it can do so, is to require that as part of legal training, students compare Caribbean and international practice in human rights, sexual rights, and HIV/AIDS status. This can provide the basis of comparative research, and for research-based advocacy on changes needed to existing legislation. The development of such a course may benefit from complementary support under the proposed CIDA-supported *Caribbean Regional Project on HIV/AIDS Ethical, Legal and Human Rights*, due to be inaugurated through a regional workshop in June 2002, under the auspices of the CARICOM Secretariat/Pan Caribbean Partnership.

99. **Priority 10** (Social Sciences/Law). **Provide new undergraduate/graduate courses focussed on international/Caribbean consequences of the HIV/AIDS epidemic for economies, societies, security and governance.** In discussion with Deans of Social Sciences on the campuses, there appeared readiness for the development of special HIV/AIDS-related courses for undergraduate and postgraduate levels.

100. At undergraduate level, a course was proposed covering several Social Science fields (economics, sociology, demography, government, and management). Such a course could be a requirement in selected undergraduate programmes and as an option in others. Such a course would sensitise future public servants, businessman, and academics as to the impact of HIV/AIDS on society, and spawn research activities among undergraduates on social and economic impacts of the epidemic.

101. At the postgraduate level, the time appears ripe for development of a course in health economics, built partly on the work of the Health Economics Unit at St Augustine. Such a course could be taught in Masters programmes, and could be one of the requirements of the proposed HIV/AIDS-focussed option for the Masters in Public Health, referred to above as Priority 6.

102. **Priority 11** (Social Sciences/Law). **Develop a new certificated course, designed to include trainees who are HIV positive, for HIV/AIDS Infection Prevention and Support Counsellors**. This responds to one of the priorities for curriculum development originally identified at the March 2001 regional workshop held at Mona. Concern was expressed at that forum that (non-UWI) programmes and standards for the preparation of Counsellors in the region was variable, and there was a need for quality improvement and certification. UWI's involvement, through the School of Continuing Studies (SCS), could address this issue in developing a cadre of key professionals whose academic background may make entry into university-level programmes problematic. It should be noted that SCS programmes do not require matriculation requirements at the level of UWI programmes.

103. Further, it has been increasingly realised that persons who have been infected with the HIV virus can realise several years of productive life and can make significant contributions to society, including in campaigns to reduce the spread of HIV itself. Students at the consultative teleconference (April 2002) called for a 'face to HIV', bringing infected persons into the open world so that infected and uninfected can work together. African experience has demonstrated the critical importance of involving HIV-infected person in mobilising action to halt the spread of the epidemic.

104. One of UWI's partners in SIRHASC, CRN+, is involved in conceptualising a training programme to employ HIV positive persons in Guyana as HIV/AIDS Infection Prevention Counsellors. The UWI School of Continuing Studies expressed strong interest (through PVC Carrington) in contributing to HARP and in delivering HIV/AIDS prevention and mitigation training to NCCs (as well as to campus territories). Additionally, the Distance Education Centre (though its Director) indicated readiness to contribute to the conceptualisation of HIV/AIDS programmes in 'fourth generation' distance delivery technology.

105. It would seem that an opportunity is presented to involve SCS (as lead agency), linked to CRN+, other national HIV/AIDS NGOs, UWI Guilds of Students and the DEC, in developing a region-wide training programme in HIV/AIDS prevention counselling, including applicants for training whose HIV status is positive. UWI registered students may themselves enrol for this training and - after certification - provide services to the community (both to the UWI community and the broader community) as an element of community service during their years on campus.

'Outward looking' priorities: preparation of communication professionals

106. **Priority 12** (Communication). **Develop degree programmes in health communication.** CARIMAC's research and short programme delivery in the areas of HIV/AIDS and the press, provide a basis for the development of degree and diploma

programmes in health promotion through mass communication, incorporating HIV/AIDS together with other lifestyle related health issues. These programmes can be developed in collaboration with the Health Promotion arm of the Department of Community Health & Psychiatry and the Behavioural Sciences arm of the Department of Sociology and Social Work. The curriculum content would include training in the use of alternative and small-scale media and that identifies a wide range of target audiences, including NGOs and grassroots organizations.

107. One SIRHASC staff position has been assigned for a Health Communication Specialist, one of whose duties will be the development of multi-disciplinary undergraduate and graduate degree programmes in Health Communication. This presents UWI with an opportunity for continued collaboration between CARIMAC and CAREC, and for working with other SIRHASC partners, namely CHRC and CRN+, in curriculum development for these new programmes.

108. **Priority 13** (Communication). **Develop and publish instructional resources for effective promotion of HIV/AIDS prevention behaviour among upper primary students.** The need for the university to be involved in promoting safe behaviour among future generations of enrolees goes without saying. However the need of the education sector generally are too great to fold into this initiative, which strengthens the university's own capacity as an institution. Nevertheless, the School of Education at St Augustine has been intimately involved in the development, piloting and promotion of Health and Family Life Education (HFLE), and this provides a vehicle that could simultaneously prepare next-generation teachers and initiate AIDS competency training into the formal curriculum of primary and secondary schools.

109. Current difficulties are (i) lack of depth given to HIV/AIDS in the current HFLE curriculum, (ii) absence of published instructional resources dealing with HIV/AIDS, and (iii) lack of confidence on the part of teachers in dealing with this stigmatised subject, particularly in the absence of textbooks and workbooks.

110. The March 2001 workshop recognised that UWI needed to shift teaching on sexuality from a focus almost exclusively on 'family planning' to a broader focus that includes heath and safety promotion, family life and values. St Augustine's role in HFLE (supported in the NCCs by School of Continuing Studies consultant, Dr Phyllis McPherson Russell, and by individual education faculty members at Mona and Cave Hill) is a window of opportunity where this shift in thinking is already beginning to occur.

111. In addition, one of the authors of this report (Morrissey) conducted in early 2002 (independently of this UWI consultancy) a survey of opinion on whether textbooks on HIV/AIDS should be published for Caribbean schools. A discussion paper was produced based on survey responses, that was made available to HARP committees. The paper is included in this report as Appendix 6. The findings of the paper give support to the propositions that (i) teaching about HIV/AIDS be included in a subject such as HFLE, and that (ii) published instructional resources were urgently needed to support such teaching.

112. A 2001 reader edited by Barbara Dicks gathered together research and experience on HIV, children and attitudes in CARICOM countries (with data from Antigua, Barbados, Grenada, Jamaica, and Trinidad & Tobago). Material such as this provides a necessary research basis for developing quality instructional resources for children in response to HIV/AIDS. Such research provides an understanding of the cultural barriers in respect of young people to behaviour change. Earlier UWI work, such as that on adolescent pregnancies (George Nicholson 1994), also provides a culturally relevant research basis for the difficult task of developing effective school textbooks for HIV/AIDS competency.

113. It is proposed therefore that UWI contributes to the review and strengthening of the HFLE curriculum for the upper primary level (the most critical point in a child's development) to ensure that HIV/AIDS competency will be achieved in respect of 10-12 year olds. This exercise can be done in close collaboration with UNICEF and other HFLE partners, and may not require SIRHASC resources. Second, through the Schools of Education, possibly led by St Augustine, the university contributes to the development of a textbook/workbook on the HIV/AIDS elements of the revised HFLE curriculum to facilitate teacher delivery and student learning.

114. While such a prototype manuscript could be developed and piloted by the School of Education, as an element of its programmes, the work can be done in close collaboration with a commercial publisher so that the final output (a manuscript) to facilitate accelerated publication. The resulting textbook, including teachers' guide, will contribute both to HFLE training within School of Education programmes (on all campuses) and provide for the first time a published resource for one of the levels of basic education.

115. **Priority 14** (Communication). **Develop a curriculum on Theology, Epidemics and the Role of Faith Based Organisations**. The critical role of faith based organisations (FBOs) in concert with government, non-governmental and educational agencies, in the fight to contain the epidemic, were brought into focus during consultations led by Professor Michael Kelly. Many students raised questions on the link between religion and prevention, including participants in the consultative teleconference of April 10, 2002 (see report of students' suggestions prepared by Maxine Ruddock-Small).

116. It is understood that there is a need to inform FBO leaders of Christian, Hindu, Moslem, Rastafarian and other faiths of the epidemic and of the role they need play in its containment. Feedback suggests that even in the highest levels of FBO leadership there exists considerable ignorance of the HIV virus, the nature of AIDS, and the significance of the epidemic. African experience in Senegal, Uganda and elsewhere was that multi-religion and multi-denominations coalitions in fighting the epidemic reaped sound results. Building such coalitions in the Caribbean has not begun, and religions and denominations currently promote widely differing perspectives on the epidemic and attitudes toward those infected.

117. This is a major agenda, and to date this issue has hardly been broached. Some FBOs in the region are confrontational when health-promoters urge use of infection prevention measures during sexual activity. To develop a curriculum for endorsement by as many FBOs as possible will require research, advocacy, negotiation and piloting. The United

Theological College and St Michael's Catholic Seminary at Mona are associated with UWI, and this provides an appropriate opportunity for initiating curriculum development in this area. Such a curriculum could be used both in initial training of Christian leaders, but, more importantly perhaps, in the continuing education of FBO trainers more generally, both Christian and non-Christian, who in turn could disseminate information and advocate FBO responses at national and district levels.

Consistency of Priorities with the Caribbean Regional Strategic Plan of Action

118. The above 14 priorities were identified through the consultative process within the UWI community and the university's partners. When compared, however, with priorities identified in the *Caribbean Regional Strategic Plan of Action* (2000), there is full consistency. Table 4 provides a comparison of the CARICOM and UWI priorities.

119. The proposed 14 priorities are also consistent with World Bank 2000 conclusions on HIV/AIDS investment focus in the Caribbean: prevention and capacity building. Prevention is enhanced through several of the 14 curriculum priorities listed, and other curriculum reforms will enhance the quality of leadership exiting UWI to contribute to the development, implementation and monitoring of regional and national programmes for prevention, treatment and care.

Table 3. Caribbean priority Areas compared with the UWI 14 point Curriculum Development proposal

Priority Areas in the Caribbean Regional Strategic Plan of Action	**The 14 Priorities identified for Curriculum Development at UWI.**
1. Advocacy, policy development and legislation	**Priority 1 (Cross Cutting).** For all UWI academic staff of all faculties and institutes on all campuses and NCC centres: Increase sensitisation to the HIV/AIDS epidemic and the response required of the university. **Priority 3 (Cross Cutting).** Ensure that institutional and individual behaviour toward people living with HIV/AIDS (PLWHA) is dignified and humanitarian. **Priority 7 (Health/Life Sciences).** Ensure that there is among graduating life scientists a cohort with in-depth knowledge of HIV/AIDS. **Priority 10 (Social Sciences/Law).** Provide new undergraduate/graduate courses focussed on international/Caribbean consequences of the HIV/AIDS epidemic for economies, societies, security and governance. **Priority 12 (Communication).** Develop degree programmes in health communication **Priority 14 (Communication.)** Develop a curriculum on Theology, Epidemics and the Role of Faith Based Organisations.
2. Care and Support for People living with HIV/AIDS	**Priority 4 (Health/Life Sciences).** Ensure that new-generation medical practitioners graduate fully able to contribute to HIV/AIDS prevention and care. **Priority 5 (Health/Life Sciences).** Ensure that older-generation health care practitioners become HIV/AIDS-capable. **Priority 11 (Social Sciences/Law).** Develop a new certificated course, designed to include trainees who are HIV positive, for HIV/AIDS Infection Prevention and Support Counsellors.

Priority Areas in the Caribbean Regional Strategic Plan of Action	**The 14 Priorities identified for Curriculum Development at UWI.**
3. Prevention of HIV transmission, with a focus on young people	**Priority 2 (Cross Cutting).** Ensure that every person in the UWI community has knowledge and behaviours to protect herself/himself from contacting HIV. **Priority 13 (Communication).** Develop and publish instructional resources for effective promotion of HIV/AIDS prevention behaviour among upper primary students.
4. Prevention of HIV transmission among especially vulnerable groups,	**Priority 2 (Cross Cutting).** Ensure that every person in the UWI community has knowledge and behaviours to protect herself/himself from contacting HIV.
5. Prevention of mother to child transmission	**Priority 4 (Health/Life Sciences).** Ensure that new-generation medical practitioners graduate fully able to contribute to HIV/AIDS prevention and care. **Priority 8 (Health/Life Sciences).** Prepare a cadre of educators and administrators to facilitate national delivery of training for nursing assistants to care peripatetically for terminally ill home-based patients.
6. Strengthen Planning and managerial capacity for programmes at the national and regional levels	**Priority 6 (Health/Life Sciences).** Prepare a cadre of epidemic prevention and mitigation managers to provide leadership for regional and national programmes of HIV/AIDS prevention and control. **Priority 9 (Social Sciences/Law).** Ensure new-generation law graduates are sensitive to reforms in Caribbean legislation that will contribute to the containment of the HIV/AIDS epidemic.

6 STRATEGIES FOR EFFECTIVE CURRICULUM DEVELOPMENT

120. Findings outlined and priorities proposed (in sections 3 and 4) suggest a number of strategies to maximise the effectiveness of investment in curriculum development under HARP. An underlying principle is that it is the university's own responsibility to reform its programming in response to contemporary social priorities such as the HIV/AIDS epidemic.

Six strategies

121. The strategies proposed herewith are intended to maximise ownership, effectiveness, cost-efficiency, and sustainability objectives. It is important to address each of these objectives in order to make most beneficial use of both UWI and SIRHASC resources to challenge existing curriculum structures and to develop more appropriate alternatives in the context of the HIV/AIDS epidemic.

122. Six strategies are recommended:

(i) UWI acknowledges that its community has been for many years threatened, and continues to be increasingly threatened, by the HIV/AIDS epidemic. By recognising and disseminating information and projections of this reality, UWI will grow in maturity and status as a regional institution, and empower itself to more aggressively address the threat and endeavour to contain it.

(ii) UWI should initially focus on the reform of its own curriculum and programming (to be appropriately responsive to the HIV/AIDS epidemic) prior to offering assistance to other regional, national or community institutions - the strategy of 'getting one's house in order first'. For this reason, the 14 proposed priorities apply exclusively to UWI's own programmes and own institutional strength, with the exception of instructional materials development proposed in Priority 13, which will simultaneously benefit both education majors and students at primary level. This strategy is deliberate; once UWI has established its own capacity, it can then become a service provider to other regional and national institutions.

(iii) The curriculum development effort should be viewed holistically by UWI as an institutional response, promoting collaborative approaches that involving all campuses in activity implementation, and plans to utilise output of each activity across all campuses. Development tasks will utilise readiness and strengths on each campus, and HARP output overall will be maximised through the sharing of effort. Contemporaneously UWI will embark on curriculum development for both the inward and outward looking perspectives.

(iv) Concomitantly, HARP recognise decentralised UWI structures and

traditions in planning implementation of curriculum development targets, and ensure autonomy to individual campuses and institutions in operationalising implementation of agreed tasks. HARP will empower campuses and faculties to develop and pilot new curricula structures, through devolved responsibility to campus HARP committees, deans and bursaries. The role of the central HARP/SIRHASC office will become facilitative, supportive, and focus on monitoring and problem resolution, rather that overseeing implementation.

(v) To this end, dialogue should be accelerated between HARP/SIRHASC and management teams of faculties and other institutions identified for implementing the 14 curriculum development priorities, to ensure full ownership at outset and long term devolved accountability for output and outcome. Further, formulate mechanism will be developed to confirm operational agreements between HARP and the faculties/institutions that have responsibility for action, binding both parties to specific undertakings and deadlines.

(vi) Partnerships should be brokered by the owners of individual curriculum activities, supported by the central HARP/SIRHASC where required. Partnerships will be both within and beyond the university, continuing the partnership approach that has characterised HIV/AIDS responses over the last two decades, and bringing to bear widest experience possible to ensure quality of each curriculum output. As an integral element of each curriculum development plan, the partner institutions - regional and national, governmental and non-governmental - will be identified and recognised by UWI.

'The HARP approach'

123. These six strategies comprise what may be referred to 'the HARP approach' to curriculum development, and the activities outlined in section 6, and immediate follow up actions recommended in section 7, assume acceptability of these six strategies to the university and its development partners inclusive of CARICOM and the EU.

7 PROPOSED CURRICULUM FOCUS

The 14-point Plan

124. The fourteen priority needs outlined in section 5 forms the basis for recommendations herewith on curriculum activities to be implemented by UWI with financial support under SIRHASC. Table 4 lists the 14 activities, together with the proposed output of curriculum development investment. The outcome column indicates what will result. Resources for implementation to reach these targets will need to be sourced separately: implementation, except on a pilot basis, is not part of the curriculum development exercise. One UWI institution is earmarked as the potential 'owner' of the curriculum development activity. The final column gives an indication of some key partner institutions that would be involved in development.

125. Each element of the table is presented to facilitate discussion by the university on its priorities and on its curriculum development programme in response to HIV/AIDS. While each results from consultation by the authors, none is cast in stone. At this stage it would be premature to cost the 14-point proposal, prior to review and endorsement by the university. It is not expected that this plan will be accepted in totality, and the university may prefer to limit the quantum of new activities commencing in 2002.

126. Once broad priority activities are agreed by UWI, it is proposed that focus institutions/owners prepare an implementation plan, cost resource requirements, and seek funding from SIRHASC and other potential financing partners.

Output, input and process

127. Each of the 14 proposed activities is elaborated below. For each activity, we give a *very preliminary* indication of anticipated inputs and processes of curriculum development envisaged. Some inputs will require SIRHASC support, while it is suggested that the respective focus institutions will provide some inputs from their own resources or from complementary donated sources. These initial ideas provide a starting point for the faculties/departments proposed as focal points to commence detailed planning. *The ideas presented are not intended to be viewed as concrete plans.*

128. The proposed activities are presented under two broad clusters - inward looking and outward looking. Inward looking curricula, as defined in Section 4, are those intended to influence attitudes and personal and group behaviour of every member of the university community. Outward looking curricula are those designed to renew the university's educational programme offerings to reflect current HIV realities of Caribbean society.

Table 4. Summary of proposed activities, outcomes, focus institutions and selected partners

Activity	Purpose	Expected Output	Anticipated Outcome	Proposed focus institution or owner	Potential Partners in Curriculum Development
	Cross Cutting				
1	For all UWI academic staff of all faculties and institutes on all campuses and NCC centres: Increase sensitisation to the HIV/AIDS epidemic and the response required of the university.	A prototype curriculum inclusive of power point and audio-video support as basis for one or two days information/ advocacy workshops for administrative and academic units	By mid 2003, all UWI administrative and academic staff fully informed on HIV/AIDS epidemic and contributing to design of their own unit's HIV/AIDS response	HARP-CU (Coordination Unit) on behalf of the Vice Chancellor	CAREC, CARIMAC, HARP committees, National AIDS committees, and Instructional Development Units (IDUs) of each Campus.
2	Ensure that every person in the UWI community has knowledge and behaviours to protect herself/himself from contracting HIV.	AIDS-competency curriculum for every member of the UWI community. Indicatively web-based instruction supported by focus groups, condom distribution, counselling services, and computer-based assessment. Single system in place for entire UWI community.	By 2003, access to AIDS-competency training linked to counselling services available to every member of the UWI community. By 2004, competency score required of every staff and student.	Student Services Managers (SSMs), in consultation with staff personnel departments, of the campuses. One centre PVC given responsibility for system, and the SSM of one campus assuming lead responsibility for the system's development and renewal.	HARP committees, ICT coordinators on each campus, campus medical and counselling services, etc.
3	Ensure that institutional and individual behaviour toward people living with HIV/AIDS (PLWHA) is rational, dignified and human rights oriented.	(I) Inclusion of objectives in activity 2 (AIDS competency for all) to foster positive attitudes of entire UWI community toward PLWHAs. (2) Inclusion of an in-depth HIV/AIDS module for undergraduates registered for the Science University-wide Foundation course	By commencement of the 2003-04, both (I) and (II) achieved. For the Foundation course, distance-delivery sensitive instructional materials to support the HIV/AIDS module available to all students. From 2004, modules revised annually.	Ownership of (I) assumed by the PVC and campus SSM proposed above for activity 2. Ownership of (II) assumed by BUS and the team assigned responsibility for the Science Foundation course.	For (I) partnership with NGOs that have successfully achieved stigma and discrimination reduction, and UWI communication and behavioural change experts. For (II), UWI and CAREC experts involved in scientific aspects of the epidemic.

Activity	Purpose	Expected Output	Anticipated Outcome	Proposed focus institution or owner	Potential Partners in Curriculum Development
	Health/Life Sciences				
4	Ensure that new-generation medical practitioners graduate fully able to contribute to HIV/AIDS prevention and care.	Theme curriculum for HIV/AIDS, with objectives for end of 3 and 5 year programme, references to support teaching/learning of each objective, suggestions on inclusion of each theme objective into current curriculum structures at Mona, Cave Hill, Mount Hope and Nassau. Instructional materials to support specific elements of the theme as agreed by FMS on the campuses.	Theme incorporated for all beginning medical students from commencement of 2003-04 academic year. All graduates from 2008 fully prepared as medical practitioners in an HIV/AIDS environment.	MEC of the FMS, St Augustine.	FMS at Mona and St Augustine, TMRU, CDRC, the UK-based MRC, the US-based CDC, and Ministries of Health of all contributing territories
5	Ensure that older-generation health care practitioners become HIV/AIDS-capable.	Based on Theme Curriculum (Activity 4 above) design of a continuing education curriculum with specialised options for health professionals, irrespective of original training institution, to include doctors, pharmacists, dentists, senior nurses, and other groups, to be delivered and assessed by distance.	Delivery of HIV/AIDS continuing education programme commences early 2003 to health professionals in all UWI countries, and to students first registered in UWI up to 2002 (who will not benefit from Theme curriculum introduced for new entries from 2003). All older-generation health professionals re-trained by 2007.	Joint development of curriculum by FMS on 4 campuses, including Nassau, coordinated by one campus to be designated. Development of options for specialised health audiences distributed across 4 campuses according to strengths, as indicatively proposed in Table 6.	As for Activity 4, but including in addition national registrars for health professionals, and national/regional professional associations.
6	Prepare a cadre of epidemic prevention and mitigation managers to provide leadership for regional and national programmes of HIV/AIDS prevention and control.	New Masters programme or new option of MPH programme.	New Masters delivered implemented 2003-04, with SIRHASC bursaries for each CARICOM candidate accepted into initial cohort. Programme available for candidates in other CARIFORUM countries.	DCHP, Mona	FMS at Cave Hill and St Augustine. Involvement of universities in other CARIFORUM countries (Guyana, Suriname, Haiti, and DR) through CULP.

Activity	Purpose	Expected Output	Anticipated Outcome	Proposed focus institution or owner	Potential Partners in Curriculum Development
7	Ensure that there are among graduating life scientists a cohort with in-depth knowledge of HIV/AIDS.	Selected Science courses revised to increase HIV/AIDS content or utilisation of HIV/AIDS exemplars in delivery.	Life science graduates from 2007 have increased understanding of scientific aspects of HIV/AIDS	FPAS, Mona	Science faculty at Cave Hill and St Augustine.
8	Prepare a cadre of educators and administrators to facilitate national delivery of training for nursing assistants to care peripatetically for terminally ill home-based patients.	Approved new training of trainers programme at Diploma level for part intramural (Mona) and part distance delivery via UWIDEC	Initial batch of UWI trainers graduate in 2004. Initial batches of country-based trainees in home-based care of AIDS patients graduates (with local certification) in 2005.	DANE, Mona	Regional and national NGOs with experience in hospice-based and home-based care of terminally ill AIDS patients. National professional associations of nurses. Coalition of medical professionals involved in Activity 4 (above).
	Social Sciences/Law				
9	Ensure new-generation law graduates are sensitive to reforms in Caribbean legislation	Approved new comparative (international/Caribbean legislation and judicial practice) in Human Rights, Sexual Rights, HIV/AIDS status and Discrimination.	New course a requirement of law programmes from 2003, and available as an elective for students in other faculties (including FMS and Faculty of Law) also from 2003. All Law Schools graduates from 2007 sensitised to links between existing Caribbean legislation and HIV/AIDS mitigation	Faculty of Law, Cave Hill	Law faculty on other campuses and the Bahamas; proposed CARICOM/CIDA legislation reform project.

Activity	Purpose	Expected Output	Anticipated Outcome	Proposed focus institution or owner	Potential Partners in Curriculum Development
10	Provide new undergraduate/ graduate courses focussed on international/ Caribbean consequences of the HIV/AIDS epidemic for economies, societies, security and governance.	One new Social Science course approved for undergraduate level, one for graduate level ready for 2003-04 academic year,	Inclusion of new courses as requirement in some programmes and option in others. Increased expertise of selected Social Science graduates of all campuses from 2004 in significance of HIV/AIDS epidemic to Caribbean economies, societies and governance.	FSS, Mona, for undergraduate course, FSS (and HEU), St Augustine, for graduate course	FSS faculty of the three major campuses, based on interest and expertise. National planning agencies of CARIFORUM member countries.
11	Develop a new certificated course, designed to include trainees who are HIV positive, for HIV/AIDS Infection Prevention and Support Counsellors	Curriculum, instructional materials, and certification procedures for new SCS programme approved by end 2003. Tutors trained for commencement of programme delivery in all campus and non-campus countries in January 2004. First batch of SCS certificated Counsellors graduate end 2004.	Improvement to counselling services at national level in all UWI member countries from early 2005. Contribution of SCS trained counsellor to prevention and care from mid 2005, including UWI students who access training for initial application within UWI community.	SCS HQ, Mona	DEC, CRN+, national NGOs and education institutions with experience in training HIV/AIDS counsellors, and counselling units of Ministry of Education and Health
	Communication				
12	Develop degree programmes in health communication.	One new diploma programme and one new Masters programme in health communication approved for delivery in 2003-04. Individual courses available as requirements or electives in other programmes, including Masters programmes outlined in Activity 6 and 10 above.	More effective use of public and commercial media, including web-based media, for communication of health safety information and behaviour from mid-2004	CARIMAC, Mona	CAREC, CHRC, CRN+. Individual UWI and U Tech faculty members with expertise in health communication. UWI member countries' Ministries of Health IEC (Information Education Communication) units

Activity	Purpose	Expected Output	Anticipated Outcome	Proposed focus institution or owner	Potential Partners in Curriculum Development
13	Develop and publish instructional resources for effective promotion of HIV/AIDS prevention behaviour among upper primary students.	HIV/AIDS textbook/workbook for upper primary level and complementary teachers guide published commercially for Caribbean schools and teachers, January 2004, for the 2004-05 school year.	All UWI education faculty graduates (diploma, bachelor and Masters levels) from 2004 trained in use of textbook with HFLE or other school curriculum openings. Grade 5-6 primary students across region access quality information on HIV/AIDS from the 2004-05 school year. Primary teachers more competent/ confident to deliver HIV/AIDS instruction due to availability of text.	SOE, St Augustine	Selected Arts/Education faculty members at Mona and St Augustine. Selected teachers colleges and national NGOs (such as Ashe in Jamaica) with expertise in developing instructional materials and teachers' guides related to HIV/AIDS.
14	Develop a curriculum on Theology, Epidemics and the Role of Faith Based Organisations	Approved new course prepared for intramural delivery from the 2003-04 academic year. Adapted versions of course approved by other FBO training institutions for internal use from 2004.	UTC graduates from 2006 recognise role in HIV/AIDS prevention and mitigation. Involvement of FBO leadership in course development initiates broader dialogue of role in epidemic control.	UTC, Mona	Other FBO training institutions (all Christian denominations and other major religions) in UWI member countries.

'Inward looking' curriculum development: Cross Cutting

129. **Activity 1: UWI staff sensitisation in HIV/AIDS epidemic issues.** The planned **output** is curriculum and instructional support material for a prototype advocacy seminar designed for use with a number of different UWI audiences - management, faculty leadership, departments, WIGUT, unions, guilds, alumni associations, etc. Its purpose is to sensitise all UWI staff on all campuses and NCC centres to the HIV/AIDS epidemic, and to prepare the academic community for leadership roles in response to the epidemic. Anticipated **input** includes expertise from HARP committee members, instructional development units, and HIV/AIDS specialists. Consulting services may be needed to accelerate and finalise the seminar design. The curriculum development **process** involves clarification of needs and desired outcome, workshops on seminar design and materials development, training of seminar resource persons for all of the campuses and the NCCs, and piloting the prototype.

130. **Activity 2: UWI community HIV/AIDS personal safety training.** Proposed **output** is a curriculum outline, instructional content, delivery mechanisms, and design of linked elements for a system to deliver essential HIV/AIDS-related information and skills to all members of the university community. The system will be designed to ensure that every individual in the UWI community has information, skills and assistance readily available to make behaviour choices that are safe *vis a vis* HIV/AIDS infection. The design includes an assessment system to verify AIDS competency. Anticipated **input** includes expertise from HARP committee members, instructional development units, HIV/AIDS specialists, and ICT managers and technicians on all campuses. Dedicated staff time or consultancy services will be required to establish this system, for a period of at least six months. Lessons learned from, and instructional materials developed for, university systems in both the North and the South will be assessed at the outset of the curriculum development **process**. The system will be designed for cost-effective delivery to 50,000 persons in Year 1, and 20,000 per year thereafter. Considerable technical and human resources will need to be marshalled by UWI in order to achieve this target.

131. It should be borne in mind, in this context, that currently discussions are on-going as to a role UWI could play as coordinating hub for development of Caribbean regional training capacity for delivery of short-term focused training for governments employees and others in areas related to HIV/AIDS containment and care. UWI's potential role in such a major regional undertaking will have to be borne in mind as other initiatives, such as those under SIRHASC, are discussed. It is crucial to ensure that faculty resources dedicated to this area are not hopelessly overstretched and resultantly ineffective.

132. **Activity 3: PLWHA-inclusion behaviour development for the UWI community.** planned **output** is approved modules and courses that will influence a wide cross-section of each cohort of university students to treat HIV infected persons, both on and off campus, with dignity, concern and care, through an understanding of the virus, epidemic, consequences and combat strategies. Subject to further dialogue this may be achieved (i) through elements of the AIDS competency system outlined above (Activity 2), and (ii)

through the introduction of appropriate content into selected UWI Foundation courses. Anticipated **input** includes UWI committees responsible for foundation course curricula and support materials, supported as required by HIV/AIDS specialists. The curriculum development **process** for the foundation courses involves clarification of objectives and content, *vis a vis* foundation courses as a group, a consensus on which courses will include HIV/AIDS material, revision of curriculum for targeted courses, and the development of instructional materials as deemed necessary to ensure effective implementation.

'Outward looking' curriculum development: preparation of Health/Life Sciences professionals

133. **Activity 4. New-generation health care professional HIV/AIDS competency development.** planned **output** is (i) a framework of objectives to be addressed with the structure of medical programmes, including those to be achieved at the end of the three-year curriculum leading the B Med Sc, and those to be achieved at the end of the fifth year in preparation for the award of the M D, and (ii) instructional material to support the infusion of new thematic content in the medical curriculum. Anticipated **input** will be selected medical faculty members of all campuses, including Nassau (and possibly non-UWI medical faculties in UWI member countries), regional curriculum development workshops, contracts to resource persons for the development of instructional modules. The curriculum development **process** will involve consensus seeking on the HIV/AIDS theme involving the four campuses. UWI's UK associate MRC has included HIV/AIDS in its 2002 cooperation agreement with UWI (involving TMRI and CDRC) and MRC's contribution to this curriculum development process will be negotiated.

134. Activity 5. Older-generation health care professional continuing education for HIV/AIDS competency. Proposed **output** will be an HIV/AIDS-focused continuing education programme, consistent with the theme objectives of Activity 5, but taking into account variation of clients in terms of era and institution of original training and current focus of services delivered as health professionals. It is anticipated that the programme will be structured as a number of modules, and an individual's programme will be tailored from these modules to suit his or her requirements. Anticipated **input** includes health professionals of each campus, regional workshops, instructional materials development, and dialogue with national registration systems for health professionals. The curriculum development **process** takes into account the wide audience, the modular system, and the need to deliver at a distance, so that the output of the process will facilitate an early start-up in delivery. Potentially the curriculum has immediate benefits for non-UWI CARIFORUM countries, and UWI may wish to consider the involvement of other UNICA institutions in the development process.

135. **Activity 6. HIV/AIDS epidemic prevention/mitigation leadership development**. planned **output** is a specialist option of the Masters Degree in Public Health that focuses on the preparation of country, regional and district managers of HIV/AIDS prevention and mitigation measures. Anticipated **input** includes regional curriculum design workshops, possibly including CULP partners or other CARIFORUM universities, and contracted instructional materials development for selected elements of the

new curriculum for which published resources are not available.

136. **Activity 7. Life scientist HIV/AIDS competency development.** Proposed **output** is revised course outlines for selected Science faculty courses, such as Genetics, Molecular Biology, Microbiology, Medical Microbiology, Virology and Population Biology. Anticipated **input** will be inter-campus curriculum development workshops for the Science faculty to develop joint recommendations on (i) course changes, and (ii) delivery strategies for existing approved courses for enhanced HIV/AIDS content.

137. **Activity 8. Nurse educator capacity development for HIV/AIDS home-based care training**. The output will be an approved training of trainers programme to increase regionally the number of home-based nursing assistants available to cope with caring for the terminally ill (with a focus on HIV/AIDS related illnesses). Anticipated input will include workshops to include partners (see Table 5), distance delivery dialogue, contracted instructional materials development, and regional consultations with Ministries of Health and AIDS-care NGOs via UWIDEC. The first programme delivery in 2003 will be viewed as pilot (part of the curriculum development process), and the programme will be evaluated and revised before delivery to the second batch in 2004.

'Outward looking' curriculum development: preparation of social science/law professionals

138. **Activity 9. Legal professional human rights sensitisation.** The planned **output** will be a new course within the undergraduate law programme to compare international legislation and current practices in human rights, sexual behaviour and HIV/AIDS status, with the legal environment in the Commonwealth Caribbean. Anticipated **input** will be a regional curriculum development workshop, involving UWI faculty and other partners, to design the course and plan its delivery.

139. **Activity 10. Social science professional HIV/AIDS competency development.** The planned **output** is new (i) undergraduate and (ii) graduate courses, focussed on international and Caribbean consequences of the HIV/AIDS epidemic for economies, societies, security and governance. Anticipated **input** will be two regional curriculum development workshops, one undergraduate, one graduate, each involving UWI faculty and other partners, to design the two courses and plan for their delivery.

140. **Activity 11. HIV/AIDS Prevention and Support Counsellor training.** The planned **output** is a new certificate programme for HIV positive persons and others to be trained as HIV/AIDS Counsellors and Prevention Assistants to be employed by NGOs, education sectors, and National HIV/AIDS prevention programmes as grassroots prevention and care professionals. Anticipated **input** and **process** include a number of curriculum development consultations and meetings, including some via UWIDEC, to formulate course objectives, delivery mechanisms and assessment procedures (within the SCS framework), development of instruction materials for use by trainers and trainees, and the training of SCS tutors to deliver the new programme.

'Outward looking' curriculum development: preparation of communication professionals

141. **Activity 12. Health communication professional HIV/AIDS competency development.** planned **output** is diploma and masters degree programmes in health communication. Anticipated **input**, other than a dedicated faculty appointment for 3 years, is expected to be a regional curriculum design workshop involving SIRHASC and other partners. The curriculum development process will involve the entire faculty of CARIMAC, and programmes are expected to be ready for delivery in early 2003.

142. **Activity 13. Primary level HIV/AIDS instructional material development.** planned **output** is a textbook or workbook targeted on students in upper primary grades for effective promotion of HIV/AIDS prevention behaviour among upper students aged 9-13, together with a manual for training teachers for classroom utilisation of the textbook/workbook. Anticipated **input** includes curriculum and instructional materials development workshops (national), editorial support, piloting at upper primary level in four countries, textbook publication (this to be provided through the commercial publisher that wins publication rights), and a regional consultation. In order to ensure quality books, the development, piloting and manuscript finalisation **processes** will take 18 months (to January 2004) with publication scheduled for June 2004. Education students of the SOE on the three major campuses would participate in the piloting of the primary textbook and development of the teachers' manual. It is anticipated that this would be the first student textbook focussed on HIV/AIDS education published for the Caribbean. The publisher could explore possibilities of Dutch, French and Spanish language editions for other CARIFORUM countries.

143. **Activity 14. FBO leader HIV/AIDS competency development.** Proposed **output** is an approved course and instructional materials on Theology, Epidemics and the Role of Faith Based Organisations, for the UWI students. This course may be modified after piloting to provide a continuing education programme in HIV/AIDS for religious leaders of all faiths and denominations. Anticipated **input** includes a curriculum development workshop and contracted materials writing. The **process** includes a regional multi-faith consultation to review the proposed course and consider the need for delivery on a continuing education basis for FBO leaders in all the UWI member countries, potentially involving other TLIs.

Proposed curriculum development process

144. In order to implement each of the curriculum development activities agreed, it is recommended that project management proceed along the following steps:

(i) Sensitisation/policy dialogue with potential 'owner',

(ii) Full identification of the proposed activity,

(iii) Appraisal by project management of the detailed curriculum development proposal submitted by the activity owner,

(iv) Agreement between by project management and activity owner on monitoring and evaluation benchmarks, and

(v) Agreement on an output and outcome evaluation plan.

145. Step (i), **sensitisation/policy dialogue with potential 'owner',** will involve HARP/SIRHASC to dialogue with the proposed focus institution (or owner) of a specific curriculum development activity (whether faculty, department, institute or other management unit).

146. Step (ii), **full identification of the proposed activity,** will involve the owner supported by HARP/SIRHASC, clarifying the curriculum development activity. Identification will include type of programme, course, or module, target group(s), entry prerequisites, type and level of certification, number of credits, delivery mechanisms, delivery institutions, level of detail anticipated in final curriculum document, approval process and time-frame, complementary instructional materials or systems to be developed, anticipated initial delivery, anticipated target population by end 2004.

147. Step (iii), **the appraisal by project management of the more detailed curriculum development proposal** submitted by the activity owner, will include appraisal of the sufficiency of cross-campus participation, and a review of budget and disbursement proposals made by the owner. Budget approval may involve dialogue with the CARICOM Secretariat if the estimate exceeds the financing available for the component. A draft appraisal checklist, to be reviewed and further refined by HARP committees, is given at Appendix 6.

148. Step (iv), **agreement between by project management and activity owner** on targets, time-frame, budget and monitoring and evaluation benchmarks, will effectively devolve day-to-day responsibility for implementation to the activity owner, and for financing disbursements to the relevant Campus Bursary. An *aide memoire* will be signed by HARP and the owner on agreed roles, time frame and steps. The agreement will identify key contact officers, as well as accountable officers, of both parties to the agreement.

149. Step (v), **output and outcome evaluation plan**, will be programmed at outset, and will include an independent review of the programme designed or course developed, inclusive of its goals, aims, objectives, content, instructional approaches, course materials, core reading, and the role of the project in the preparation of essential pre-delivery requirements, such as instructional materials, instructor training, piloting, etc. Actual outcomes will be compared to those proposed by the 'owner' at planning stage. The principle purpose of the evaluation will be to further contribute to the development of the new curriculum, and to guide UWI and its development partners on further investments in response to the HIV/AIDS epidemic.

Distribution of Proposed Focus Institutions/Owners

150. The initial proposal for the allocation of curriculum development responsibilities is summarised by campus in Table 5. Allocation is based on the readiness of identified institutions to move ahead quickly with specified curriculum developments, based on expertise, personnel and prior involvement in HIV/AIDS efforts. As outlined earlier, the focus institution will be expected to work collaboratively with parallel institutions on other campuses, although it is proposed that accountability for resource utilisation and output will reside with the focus institution.

Contribution of SIRHASC academic appointees.

151. Academic appointments under SIRHASC will coincide with the beginning of implementation of curriculum development in mid-2002. It is proposed that the university articulate these two elements of EU support. It is proposed that together the six appointees provide support for the 14 curriculum activities. Curriculum development responsibilities may be specified in contracts of the six appointees (in addition to other duties), and their roles evaluated in part on their contribution to curriculum process and output. Table 6 provides an indicative allocation of academic positions to curriculum activities, and like Table 5, is subject to discussion and refinement.

Table 5. Proposed institution for lead role in development each curriculum activity

Activity	Focus	Site				
		Centre NCCs	**Cave Hill**	**Mona**	**Nassau**	**St Augustine**
1	UWI Staff sensitisation in HIV/AIDS epidemic issues	HARP-CU				
2	UWI community HIV/AIDS personal safety training	HARP-CU				
3	PLWHA-inclusion behaviour development for the UWI community	HARP-CU				
4	New-generation medical practitioner HIV/AIDS competency development					MERU, FMS
5	Older-generation health care professional continuing education for HIV/AIDS competency		SCMR (Doctors)		SCMed (Nurses)	
6	HIV/AIDS epidemic prevention/mitigation leadership development			DCHP		
7	Life scientist HIV/AIDS competency development			FPAS		
8	Nurse educator capacity development for HIV/AIDS home-based care training			DANE, CHARES		
9	Legal professional human rights sensitisation		FL			
10	Social science professional HIV/AIDS competency development			FSS (Undergrad)		HEU FSS (Graduate)
11	HIV/AIDS Prevention and Support Counsellor training	SCS/ CHARES				

Activity	Focus	Site				
		Centre NCCs	**Cave Hill**	**Mona**	**Nassau**	**St Augustine**
12	Health communication professional HIV/AIDS competency development			CARIMAC		
13	Primary level HIV/AIDS instructional material development					SOE
14	FBO leader HIV/AIDS competency development			UTC		

Key CARIMAC = Caribbean Institute for Media and Communication; CDRC = Chronic Diseases Research Centre; CMES = Centre for Medical Sciences Education; CHARES = Centre for HIV/AIDS Research, Education and Services; DANE = Department of Advanced Nursing Education; DCHP = Department of Community Health and Psychiatry; FL = Faculty of Law; FMS = Faculty of Medical Sciences; FPAS = Faculty of Pure and Applied Sciences; FSS = Faculty of Social Sciences; HARP-CU = HIV/AIDS Response Programme Coordination Unit; HEU = Health Economics Unit; DE = Department of Economics; MERU = Medical Education Research Unit; OBUS = Office of the Board for Undergraduate Studies; SCS = School of Continuing Studies; SCMed = School of Clinical Medicine (Nassau); SCMR = School of Clinical Medicine and Research (Cave Hill); SOE = School of Education; SSM = Student Services Management; UTC = United Theological College.

Table 6. Indicative allocation of SIRHASC-supported faculty positions in respect of the proposed 14 curriculum activities

Activity	Focus	Health Comm-unication	Infectious diseases	Behavioural Psychology	Health Econ	Health Econ
	Campus base for new position →	Mona	Mona	Cave Hill	Cave Hill	St. Augustine
1	UWI staff sensitisation in HIV/AIDS epidemic issues	**X**				
2	UWI community HIV/AIDS personal safety training	**X**				
3	PLWHA-inclusion behaviour development for the UWI community		**X**	**X**	**X**	
4	New-generation medical practitioner HIV/AIDS competency development		**X**			
5	Older-generation health care professional continuing education for HIV/AIDS competency		**X**			
6	HIV/AIDS epidemic prevention/mitigation leadership development	**X**				
7	Life skills HIV/AIDS competency development	**X**	**X**			
8	Nurse educator capacity development for HIV/AIDS home-based care training		**X**			
9	Legal professional human rights sensitisation			**X**		
10	Social science professional HIV/AIDS competency development				**X**	**X**
11	HIV/AIDS Prevention and Support Counsellor training			**X**		
12	Health communication professional HIV/AIDS competency development	**X**				
13	Primary level HIV/AIDS instructional material development	**X**				**X**
14	FBO leader HIV/AIDS competency development	**X**		**X**		

Implementation time frame and project management role

152. It is proposed that the 14-Point Plan be reviewed by university and campus committee in the period **May-June 2002**, resulting in endorsement and/or modification of the plan, and authority to HARP/SIRHASC to proceed with implementation. Parallel with university and campus review processes, the project coordinator will initiate dialogue with administrative units, faculties and unit proposed as focal institutions for curriculum implementation, in order to reach agreement in principle agreement on this role (subject to university and campus endorsement).

153. The period **July-September 2002** will involve the 'owner' of each curriculum development activity preparing a costed proposal for its activity (with assistance from the SIRHASC project team as necessitated). There will need to be negotiation with each owner in order to ensure that its resource requirements can be met through SIRHASC sources. By the end of September *aides memoire* will have been signed between project and owner outlining expectations of both parties, including the time frame for each activity.

154. The period **October-December 2002** will see the start up of all 14 curriculum development activities, with each owner reporting progress and expenditure by end of 2002 (half way through the 4 year EU project). Project management will have to be supportive of each unit over this inception period, and be prepared to act in as catalyst and problem solver. After this period, it is anticipated that owners will implement curriculum activities more independently.

155. This leaves a two-year period, **January 2003 through December 2004.** Individual exercises will have varying completion dates, dependent on their complexity. Project management should negotiate at *aide memoire* stage to have activities implemented as quickly as appears feasible. There should be a staggered completion framework with, say, three completed by June 2003, a further six by December 2003, the next three by March 2004, and the final four by June 2004. Incentives should be put in place to stimulate units and individual academics and administrators to meet the scheme of deadlines (promotion, awards, publicity, increment, etc). The project coordinator will have to review progress of all activities on a monthly basis and seek solutions in cases where activity is laggard. A web-based management tool should be developed in partnership with owners for the period July 2002 to December 2004 to facilitate on-going monitoring that will be demanded by this component, and enable all partners to monitor progress.

156. Over the 2003-04 period, project management and HARP committees will have to install mechanisms for quality assurance (possibly in concert with BUS), monitoring approval mechanisms for new curricula, monitoring implementation on pilot or final basis, evaluating each activity, its output and outcomes, and identifying related or new curriculum development needs in response to HIV/AIDS. By mid 2004, HARP management and campus committees should have in place a new set of curriculum development priorities, if needed, to commence in early 2004 with new financial support. It is highly unlikely that this initial 14-point plan will address all UWI curriculum needs related to the HIV epidemic, and a continuation of activity, at least to 2007 should be anticipated with resources for this

identified by early 2003.

157. Some of the 14 proposals have significant cost implications for delivery once curriculum development is completed. From as early as July 2002, HARP will have to commence dialogue on the resourcing implications. New curricula, without a determination to implement and resources to enable this, are of no value whatever. HARP must continually focus on outcomes rather than outputs, and proactively engage owners and campuses on implementation plans even at the initiation of the development work.

8 ADDITIONAL OBSERVATIONS

HARP/SIRHASC Institutional and Financing Issues

158. The curriculum planning consultant, in a preliminary report (see Appendix 4), presented a number of issues related to the establishment of HARP and the implementation of the UWI's element of SIRHASC. That report raised issues on institutional and financial structures all of which are pertinent to the implementation of the curriculum development component. There has not been adequate time for UWI, HARP and other interested agencies to consider the issues raised and recommendations made. Nevertheless, recommendations on the design of the curriculum component assume the acceptability of several of the recommendations.

159. In summary, institutional and financial recommendations made in that paper that are particularly pertinent to the design of the curriculum component are: (i) curriculum investments **be made through the existing institutional structure of the university** (see recommendations 5, 8, 9, 10, 11, 12 and 15), (ii) curriculum investments made on one campus **be designed to benefit taught programmes university-wide** (see recommendations 2, 3, 4 and 7), (iii) the spread of investment in curriculum development **be demonstrably multi-disciplinary** (see recommendation 6), and (iv) UWI strive to ensure that all institutional strengthening investments under SIRHASC (personnel, postgraduate scholarships and curriculum) **be coordinated to maximise capacity for curriculum reform** (see recommendation 16 and the related matrix table). Recommendations made later in this report assume general acceptability of these four principles to UWI's management (and also to CARICOM and the EU).

Prospects for collaboration via SIRHASC

160. SIRHASC focuses on (i) the six Caribbean regional institutions referred to above, (ii) 15 ACP countries, 13 independent members of CARICOM, Haiti and the Dominican Republic, and (iii) four years of support from 2001 to 2004. Over that period, it is intended that these six institutions will have strengthened individual capacities to deliver effective responses to the HIV/AIDS epidemic.

161. Although the project document allocates specific roles to each of the six institutions, and does not promote interaction between them in individual capacity strengthening activities, it seems wise to seek synergies across the project components, and find complementarity in activities and strategies. In planning for curriculum development, collaboration between UWI and CAREC, CRN+ and CHRC has been explored and will be pursued. The project has allocated considerable funds in project management and coordination, and the CARICOM-based PIU and the various regional meetings can be used, in part, to facilitate development of joint operations between UWI and other SIRHASC grantees.

162. Under the SIRHASC grant agreement, UWI has committed to "address the needs of all the major language groups within the Caribbean" through its activities, and this undertaking will have to be taken into consideration in the planning of curriculum activities. The

existence of UWI relationships with other Caribbean universities developed under the CULP and Consortium, and UWI's lead role in UNICA, provides avenues for further exploration in extending the benefits of UWI curriculum development investments to other CARIFORUM (or Pan-Caribbean Partnership) institutions.

Other possible collaborative approaches

163. What was evident from consultations with UWI faculty who have been active in the HIV/AIDS arena, is that partnerships on an individual basis had already been established with Government Ministries, National AIDS committees, regional and international organisations, NGOs and other agencies. Retired UWI professors have continued to provide services both through the university and through external agencies. In the absence of a strategic response by the university as a whole, it has been grass-roots collaboration and engagement with society (outreach) by individual academics that has given the university a degree of readiness to move forward toward a position as a key regional leader in addressing this epidemic.

164. Several non-UWI agencies have been engaged in curriculum development and piloting for various levels of training. Governments have been active in developing and delivering courses for technicians and counsellors, and four key CARICOM governments (Bahamas, Barbados, Jamaica and Trinidad) are currently pursuing the concept of establishing a regional training facility to deliver a range of specific pre-university level HIV/AIDS-related skills. The four individual country proposals have been consolidated into a single multi-country request for assistance by a US-based consulting team, and the draft is now under review by regional and national players.

165. SIRHASC partners CAREC and CRN+ have developed and delivered training programmes. CRN+ is currently developing a package for training HIV positive persons as counsellors. National organisations for persons living with HIV/AIDS, such as the Jamaica AIDS Support (JAS), based in Kingston, have also been involved in training. In addition, links have been established between individual UWI departments and faculty members with extra-regional universities and agencies that have developed expertise in HIV/AIDS and have demonstrated a willingness to share with UWI.

166. Clearly, the tradition of informal partnerships between UWI and external agencies should be sustained as UWI undertakes a formal curriculum development programme. There are recent precedents for this in areas such as the curriculum renewal in Caribbean Culture, Gender and Development, and Environment Sustainability. As UWI departments plan curriculum development activities to respond to the HIV/AIDS epidemic, they should consider how to involve non-UWI agencies in the process and incorporate their experience.

167. Partnerships should also be considered with other universities in the CARICOM region, inclusive of the University of Technology Jamaica, Ross (Medical) University in Dominica, St. Georges University in Grenada, and the recently established University of Belize.

9 RECOMMENDED TIME LINE FOR ACTION

168. It is recommended that over the three-month period, May-June 2002, the following actions are accomplished:

a. **Institutional and financing issues** raised in Appendix4 be reviewed by HARP and University management by end May, in consultation with the CARICOM Secretariat, and decisions taken on how best to strengthen the institutional and financing framework for HARP and SIRHASC.

b. **The proposed initial 14 curriculum development activities** under HARP/SIRHASC, presented in this report, be reviewed by key university and campus committees, and direction given to the HARP/SIRHASC director by the Pro-Vice-Chancellor responsible by end May.

c. Dialogue be undertaken with HARP committees and campus registrars of the three major campuses by end May on the role of the **six academic appointees** under SIRHASC, to revise allocations in Table 7 presented above, and to ensure appropriate reference to curriculum development responsibilities in contracts of new appointees.

d. Discussion advanced with the 14-20 institutions identified preliminarily in Table 5 on **proposed ownership of specific interventions**, so that by mid-June this table can be modified and endorsed by those units proposed as accountable for initial HARP curriculum development activities.

e. By end June, based on feedback from actions (iii) and (iv) above, **preliminary costing** will be undertaken for all endorsed activities for the 2.5 years remaining for EU support under SIRHASC.

Appendix 1

DOCUMENTS

Published

Asia Pacific Network of People living with HIV/AIDS (APN+). October 1999. **Lifting the Burden of Secrecy. A manual for HIV-positive people who want to speak out in public**.

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Michael J. Kelly. February 2002. **The AIDS epidemic - Why must the education sector respond?** Prepared for delivery as a UWI Distinguished Lecture.

Michael J. Kelly. February 2002. **Crafting the Response of a University to HIV/AIDS**. Paper prepared for presentation to senior management of UWI and to selected UNICA members.

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Georges Tiendrebeogo, Sarah Robens and Claudette Francis. March 2002. **Trinidad and Tobago Country Visit Aide Memoire: report of a visit to Trinidad and Tobago as part of the Five Year Evaluation of UNAIDS.**

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HIV/AIDS continues its rise in Caribbean. December 2001. Linda Hutchinson-Jafar, Caribbean Today, Miami.

UWI establishes HIV/AIDS Response Programme. Press Release. November 2001. See Jamaica Gleaner, November 7, 2001.

Appendix 2

PERSONS MET

UWI Individuals/Groups met

UWI Centre Institutions

Pro Vice Chancellor Errol Morrison, Postgraduate Studies (Mona Campus)
Pro Vice Chancellor Marlene Hamilton, Administration and Special Initiatives (Mona Campus)
Pro-Vice-Chancellor Hillary Beckles, Undergraduate Studies (Mona Campus) *(briefly)*
Professor Badri Koul, Director, Distance Education Centre (Cave Hill Campus)
Mr Carlyle Greaves, Director, Office of Planning and Development (St Augustine Campus)
Dr Peter Whiteley, Quality Assurance Unit, OBUS (Mona Campus)
Mr Anthony Perry, OBUS (Mona Campus)
Ms Edith Allen, UWI Representative, Dominica

Multi Campus Consultation

50 Student representatives of Cave Hill, Grenada, Mona and St Augustine, by UWIDEC (April 10, 2002)

Cave Hill Campus

Pro Vice Chancellor Sir Keith Hunte, Principal
Dr Wayne Hunte, Deputy Principal
Mr Maurice Webster, Campus Bursar
Professor Henry Fraser, Dean, School of Clinical Medicine and Research, and Chair of the Campus HARP Committee
Emeritus Professor E R Walrond, School of Clinical Medicine and Research
Professor Elsie Le Franc, Director, SALISES
Professor Frank Alleyne, Dean, Faculty of Social Sciences
Professor Leo Moseley, Dean, Faculty of Science & Technology
Dr Alan Cobley, Dean, Faculty of Humanities and Education
Dr Arthur Richardson, Director, School of Education
Members of the Board, School of Clinical Medicine and Research
Mr John Steward, Curriculum specialist (via e-mail)

Mona Campus

Pro Vice Chancellor Kenneth Hall, Principal
Professor Elsa Leo-Rhynie, Deputy Principal
Professor Barry Chevannes, Dean, Faculty of Social Sciences
Professor Gordon Draper, Mona School of Business; Adviser to the Campus Principal on Strategic Planning
Professor Joseph Michael Brandy, Department of Surgery, Faculty of Medical Sciences
Professor Ronald Young, Dean, Faculty of Pure and Applied Sciences
Professor Aggrey Brown, Director, CARIMAC
Professor Trevor Jackson, Director, School of Graduate Studies, Mona
Professor Wilma Bailey, Department of Geology and Geography
Ms Lorna Murray, Mona Planning Officer

Mrs Fay Rodgers-Jenkinson, Dean, United Theological College, Mona
Dr Blossom Anglin-Brown, Director, University Health Services, Mona
Dr Marjan de Bruin, Senior Lecturer in Communication, CARIMAC
Mrs Hermi Hewitt, Lecturer in Advanced Nursing, Department of Advanced Nursing Education (DANE)
Visiting Professor Joy Fraser, Centre for Nursing and Health Studies, Athabasca University, Consultant to DANE
Mona Campus HARP Committee

St Augustine Campus

Pro Vice Chancellor Bhoendradatt Tewarie, Principal; Chair, Campus HARP Committee
Mr William Iton, Campus Registrar
Ms Lylla Rose Bada, Campus Bursar
Mr Carol Keller, Deputy Dean (Education), Faculty of Arts and Education
Dr Phyllis Pitt-Miller, Dean, Faculty of Medical Sciences (FMS)
Professor Karl Theodore, Coordinator, Health Economics Unit; Coordinator, Campus HARP Committee
Dr Althea La Foucade, Assistant Coordinator, Health Economics Unit
Mr Roger McLean, Research Officer, Health Economics Unit
Ms Deborah-Ann Lee, Education Officer, Centre for Medical Sciences Education
Dr Joan Rawlins, Lecturer, Public Health and Primary Care Unit, FMS
Professor Charles McDavid, Dean, Faculty of Agriculture and Natural Sciences
Dr Patrick Watson, Dean, Faculty of Social Sciences
Dean and Heads of Department, Faculty of Medical Science

Donors, HIV/AIDS organisations, other institutions, consultants

Ms Joan Atkinson, USAID, Kingston (pan Caribbean responsibility in HIV/AIDS)
Mrs Joy Braithwaite, UNICEF, Trinidad and Tobago (HFLE Project Officer) (by telephone)
Mr Alwyn Bully, Programme Officer for Culture, UNESCO Caribbean Office, Kingston, Jamaica
Mr Roger Cunningham, Senior Education Adviser, DFID, Barbados
Dr Ruben del Prado, UNAIDS Caribbean Regional Adviser, Trinidad & Tobago (by telephone)
Ms Cynthia Eledu, Regional Adviser, Pan Caribbean Partnership Against HIV/AIDS, CARICOM Secretariat (met in Kingston)
Ms Claudette Francis, Executive Director, CARE, Trinidad and Tobago
Dr Nancy George, Director of Curriculum, University of Technology, Jamaica
Ms Helene-Marie Gosselin, Director, UNESCO Office for the Caribbean, Jamaica
Dr James Hospedales, Director, CAREC, Prot-of-Spain, Trinidad & Tobago
Jamaica Consultation Group, proposed CIDA-financed Caribbean Regional Project on HIV/AIDS Ethical, Legal and Human Rights (meeting at Ministry of Health, Jamaica, April 2, 2002)
Mr Jones Madeira, Information Adviser, CAREC Special programme on Sexually Transmitted Infections, Trinidad & Tobago
Ms Paulette Mitchell, Caribbean Regional Human Resource Development Programme for Economic Competitiveness (CPEC, CIDA-financed), Kingston, Jamaica (by telephone)
Ms Yolanda Simon, Executive director/Regional Coordinator, Caribbean Regional Network for Persons Living with HIV/AIDS (CRN+), Trinidad & Tobago
Mr John Steward, Curriculum Specialist, Barbados

Appendix 3

CONSULTANT'S TERMS OF REFERENCE

Specific services to be delivered by the specialist will be to:

1. Review available documents pertinent to HIV/AIDS epidemic priority capacity building and training needs, inclusive of reports from within the UWI, the CARICOM Secretariat, key CARICOM Governments, CARIFORUM, selected donor agencies, United Nations agencies, and non-Governmental organizations active in HIV/AIDS/STI policy, training, research, advocacy, prevention and care.

2. Dialogue with the UWI centre offices that are responsible for undergraduate and graduate studies, distance teaching, planning and special initiatives, on perceived priorities for curriculum development and implementation in HIV/AIDS/STI policy, training and research.

3. Dialogue with the administrations, offices that are responsible for undergraduate and graduate studies, faculties, and HARP committees of each Campus, on priorities for curriculum development and implementation in HIV/AIDS/STI policy, training and research, and on the locus of responsibility for curriculum development activities to be supported under the EU/CARICOM project.

4. Review proposals for the implementation of all components of the EU/CARICOM project which have a bearing on university educational programmes to determine present and future synergies.

5. Dialogue with donor agencies whose medium term investment portfolios pipeline support for HIV/AIDS epidemic mitigation, in order to promote a coordinated approach to investments in the capacity of UWI to carry out curriculum development and implementation.

6. Prepare a fully justified proposal for priority areas for curriculum development and implementation, to be supported by the EU/CARICOM project from 2002 to 2004, based on an analysis of data gathered in TORs 1 to 5 above. The proposal will include relevant recommendations, which will be sensitive to the need for: cost-efficiency; ownership by departments, faculties and campuses that will have delivery responsibility; full integration into the university's long term programming; and provision for curriculum monitoring and evaluation.

Appendix 4

THE UNIVERSITY OF THE WEST INDIES HIV/AIDS RESPONSE PROGRAMME: INSTITUTIONAL AND FINANCING ISSUES

Prepared by Michael Morrissey, Curriculum Planning Consultant, March 20, 2002
Reviewed Professor Brendan Bain, March 21, 2002

1. This note presents a number of issues (as questions) on aspects of the establishment of UWI HARP, and the implementation of the CARICOM/EU project, that have broad management implications (and therefore have implications for the detailed design of the curriculum component that this consultant has been tasked to develop). The success of any investment in curriculum development rests, to a large extent, on broad positioning and implementation approaches of the project overall.

2. The consultant was engaged for the period March-April 2002 under the provisions of the CARICOM/EU Project for Strengthening the Institutional Response to HIV/AIDS/STI in the Caribbean (2001-2004). The consultancy was funded under the UWI Strengthening sub-component of the Regional Institutions Capacity Enhancement component of the CARICOM/EU Project. This note has been prepared following an initial orientation visit by a HARP team to the three major UWI campuses between March 11 and 15, 2002. The team comprised the UWI staff member given sole focal responsibility for management of the university's sub-component (Professor Brendan Bain), the sub-component's Administrative Officer, Mrs. Maxine Ruddock-Small, and the Curriculum Planning Consultant.

3. In the presentation of issues and recommendations that follows, the role of Professor Bain is referred to as 'project manager', although this title has not been used to date by the university administration, CARICOM or the EU. The sub-component of the overall EU/CARICOM project that has been allocated to UWI is referred below as 'the project', as other elements of the overall agreement are not the subject of analysis and discussion herein.

4. The UWI 'project' referred to herein comprises approximately US$2.5 million of financial resources granted to the university by the EU through the CARICOM Secretariat, and is (as far as this consultant has ascertained) untied funds. This implies that there is no conditionality related to the use of these funds that gives preference to the citizens, firm or suppliers of the European Union.

5. It is assumed that UWI will, in the near future, be seeking additional resources from the EU and other donors and lending agencies to strengthen its response to the epidemic. The consultant's view of issues therefore takes into consideration the longer term and not merely the immediate requirement for efficient implementation of the EU/CARICOM sub-component. The project management capacity and modalities for HARP is therefore discussed in the expectation of multiple financing sources in the longer term and the need for the effective coordination of multiple inputs.

6. The consultant is responsible for both the list of issues and the recommendations that follow, although both have resulted from discussions that involved senior administration and members of the three existing HARP committees, with a little input from persons working in the NCCs.

Key Issues in respect of HARP development and implementation

1. Is the proposed strengthening of UWI's capacity to more effectively respond to the HIV/AIDS epidemic (as supported through EU financing) consistent with the institution's strategic goals and objectives for its next programming/development cycle (2002-07)?

2. Where within the university and individual campuses should responsibility for HARP be located?

3. How will the university ensure that capacity is developed in respect of its non-campus countries?

4. How will UWI position project management arrangements to provide equity in terms of benefits for the campuses and NCCs? Concomitantly, how will UWI position project management to avoid 'Campus-led' criticism (to the detriment of the presumed project goal to strengthen all elements and campuses of the institution)?

5. To whom is the project manager accountable (for the effective and efficient management of resources granted)? Which university office should review and authorise the project manager's proposals and reports to the coordinating agency (CARICOM) and donor (EU)?

6. How will HARP and the project contribute to reducing the lingering perception within UWI that HIV/AIDS is primarily a medical matter?

7. How should conflict of interest be minimised? For example, how should the impression be avoided that project management will give undue attention/resources to his own campus?

8. To which UWI centre and campus boards should the project manager report?

9. How will UWI ensure that project resources are utilised for the sustainable strengthening of the institution's capacity (rather than just for meeting EU/CARICOM short term output requirements for numbers of studies, persons hired, curricula created, scholarships granted, etc)?

10. How will complementary resources, pledged from other donors to further contribute to institutional strengthening in HIV/AIDS response capacity, be managed by UWI?

11. How will administrative and financing arrangements for the implementation of UWI capacity development activities (utilising EU and subsequent grants) simultaneously reflect (i) decentralisation and devolution of responsibility, (ii) the need for cross-campus improvements from all (campus-based) investments, and (iii) the university centre's

accountability to CARICOM Heads of Government and to the EU for its effective utilisation of resources granted?

12. How will UWI maximise ownership and sustainability of investments under the project?

13. How can the beneficiary (UWI) ensure that unutilised resources granted (by the EU) but unspent (due to unanticipated delays in project effectiveness) are reprogrammed?

14. How much of the project manager's effort (what proportion of his time) need to be dedicated to this project for effective implementation and cross-campus coordination?

15. Should each project investment (through staff hiring, postgraduate studies, and curriculum development) irrespective of campus of implementation be coordinated to ensure (i) integration and (ii) pan-university benefits?

16. How will project resources be utilised to contribute to capacity development in the three streams of the university's mandate (knowledge enhancement and generation, education programme delivery, engagement with society)?

17. How will UWI collaborate with other institutions supported by the EU/CARICOM project to mutually benefit the goal of 'regional capacity strengthening through selected lead institutions'?

18. How will UWI benefit from the capacity development in project monitoring provided to CHRC?

Recommendations for senior management consideration

1. Urgent **dialogue with Campus and Centre strategic Planners be initiated** to ensure that capacity development in response to the HIV/AIDS epidemic is agreed as a critical university priority. Note that at draft stage, there is no reference to an HIV/AIDS response in 2002-2007 strategic plans for Mona or the University (and in all likelihood not in the Cave Hill and St Augustine draft plans). If the HIV/AIDS priority is not recognised and articulated by the university, potential donors (including the EU) will find it difficult to support university development in this area, and will criticise the university for its silence and lack of regional leadership.

2. **HARP be treated as a university-wide programme** coordinated by the Vice Chancellery. Campus HARP committees be treated as campus-wide programmes, accountable to Campus principals and campus management teams. The Principal, St Augustine, has assumed the chair of his Campus HARP committee; Principals of other campuses need to formally appoint chairpersons to their HARP committee.

3. The PVC for NCCs consider the **establishment of a HARP committee for the 12 non-campus-country members** of the university community, building on the recent multi-country HIV/AIDS teleconference implemented via UWIDEC.

4. **Project management be located institutionally within UWI's central services**. As the project's coverage is multi-campus, multi-function, multi-discipline, and multi-level, the project manager be accountable directly to the Vice Chancellor. The University Bursary is the logical location for holding the project account, and for making disbursements to the campuses and to the office responsible for NCCs.

5. The Vice Chancellor and **the university's senior management determine which PVC will have oversight of HARP and the CARICOM/EU project**. At the time of writing, the project manager has not been advised of reporting requirements within UWI in respect of his recently assumed project management role.

6. UWI treat the **physical location of HARP offices** with sensitivity. Personnel and temporary office locations on Mona and Cave Hill are largely associated with the medical faculty. UWI should consider (i) the physical location of the project manager and administration in a Centre office, and (ii) the physical location of the Mona HARP office in a non-Medical faculty. Such sensitivity will be noticed not only by UWI personnel but also by donor agencies. At St Augustine, the HARP office is temporarily housed in the Faculty of Social Sciences, and at Cave Hill in the Faculty of Medicine. To demonstrate the involvement of as many faculties as possible, it might perhaps be prudent to find physical accommodation for the Mona HARP office in another Faculty, say, either the Faculty of Arts and Education, or the Faculty of Natural Sciences.

7. The project manager be viewed as the **university-wide project manager** and should distance himself from related campus positions. The interim situation is, as of writing, that the project manager was assumed the role of convener of the Mona HARP committee in 2001. The Campus Principal should now appoint a Mona HARP chair for the two-year period 2002–2003. The project manager should be able to join Mona HARP meetings (and HARP meetings on other campuses) in a supernumerary capacity.

8. The project manager be required to **report quarterly through the VC to all relevant University and Campus Boards**. The Office of the PVC given responsibility for HARP should be charged with the synthesis of comment and issues arising from discussion of reports and proposals, and will be charged with providing feedback and guidance to project management. This reporting function is distinct from that required by coordinating/donor agencies, although the project manager should find a mechanism to dovetail both reporting requirements into a single framework.

9. The project manager and HARP committees should **appraise all major expenditure proposals to determine contribution to sustained strengthening of the institution's capacity** (as well as meeting short term output goals). For example, to give scholarships for existing postgraduate programmes might make little change to the university (although it may in the long run strengthen other CARICOM institutions); the hire of short time staff to undertake contracts for external agencies similarly might make little difference to UWI's permanent capacity (although it would in the short term benefit a partner institution/contributing country).

10. UWI's management arrangements for HIV/AIDS-related institutional strengthening be **to channel resources through a single management unit and efficiently coordinate** to prevent duplication, waste and mixed signals. Arrangements currently being designed for the management of EU financing be predicated on the assumption that additional resources will be available in the near future from agencies such as DID, SAID, UNAIDS, UNESCO, UNICEF and the development banks. UWI should provide leadership to the Caribbean region not only in technical areas of the response to the epidemic, but also by demonstrating creative management of multi-donor resources (see for example the complexity of financing HIV/AIDS responses, as demonstrated in the March 2002 Kenya study).

11. Budgets for this and future 'projects' should **reflect the centre/campus structure of the university**, and be agreed by the university and campus bursars. Budget structures should reflect the right of campuses to make decisions within agreed guidelines without formal approval from Centre. The structure should also ensure that Centre assumes responsibility for spending control for elements of the project that are multi-campus in focus. The NCCs should be separately provided for from the outset and financial provision made for decision-making and expenditure by the university division responsible for inclusion of NCCs in university operations.

12. To maximise ownership, project **activities be channelled through UWI's existing institutional structures and systems**, and project resources utilised only for additionality. For curriculum development activities, for example, UWI's own curriculum review and development structure will be fully utilised, and resources provided to accelerate processes and to introduce technical skills and knowledge where these are absent.

13. **UWI be proactive in seeking the reprogramming of unutilised Year 1 resources.** The university bursar should provide explanation for low expenditure in Year 1, and make a proposal to the CARICOM Secretariat for reprogramming unutilised funds across Years 2 to 4. This should be done in the context of EU procedures for reallocation of unexpended grant funds. If a requirement is that such a submission be made prior to the end of a financial period/year, this should be done before April 30, 2002, and estimates of unspent allocations to that date should be provided to CARICOM/EU. Proactivity will gain UWI the respect of the coordinating agency and the EU, and develop a positive climate for future negotiations. It will also demonstrate the university's commitment to strengthen its capacity to respond to HIV/AIDS. It is suggested that the university propose a revised Years 1 to 4 budgets allocations, and append (for information only, not approval) its internal allocation to centre and campuses.

14. In view of the above proposals, the university **take a decision on the effort to be expended by its project manager** (i) initially, to accelerate the start up of the CARICOM/EU sub-component, and (ii) in 2003 and thereafter, as additional financing partners are added to the equation. Unless sufficient quality effort is dedicated to the operation, UWI's performance in project implementation, and therefore its abilities to (i) respond to the HIV/AIDS epidemic, and (ii) to attract additional support for its capacity

strengthening ambitions, will suffer.

15. The university needs to determine whether CARICOM/EU project resources are to be allocated to discrete beneficiaries (campuses, faculties, departments, individuals, etc) in the hope of stimulating scattered capacity development, or **whether it wishes to see a coordinated approach** (with staff appointments contributing to curriculum development and postgraduate training, postgraduate allocations utilised to pilot new HIV/AIDS-focussed teaching/learning programmes (curricula), and research (of new staff) contributing to materials development for programme delivery. If a coordinated approach is determined, emphasis in project implementation will have to be given to cross-campus involvement in the review/consensus on the duties/TORs of all staff appointments (and the ongoing evaluation of staff inputs and outputs), utilisation of financial support for postgraduate training and research, and the selection of campus, faculty and department to support in curriculum development priorities. If agreed, the approach would be multi-campus multi-faculty partnership in university-wide development rather that allocation of resources to individual units.

16. The project management team and HARP committees **keep in sight a matrix of the three streams of the university's mandate** in planning the utilisation of CARICOM/EU resources and in seeking additional support from client governments and donors. In respect of the project, the matrix could reflect all the three components of the UWI component of SIRHASC as shown in Table 7.

Table 7. Recommended integrated utilisation of SIRHASC resources in institutional strengthening

Institutional Strengthening	Personnel hired	Scholarships awarded	Curricula developed
Capacity in knowledge generation	TORs of 6 positions	Focus of research of scholars	International research in behavioural modification strategies and treatment strategies that are effective and cost-efficient within curriculum development activities
Capacity in curriculum development	TORs of 6 positions	Utilisation of knowledge generated in HIV/AIDS-responsive taught programmes	TORs of curriculum development teams and curriculum consultants
Capacity in engagement (policy dialogue, leadership provision, etc)	TORs of 6 positions	Selection of scholars for roles during/subsequent to period of financial support	Support for curriculum development activities of partner institutions in this area

17. UWI **work proactively and collaboratively with CAREC, CAN+** and other regional agencies to seek opportunities for joint capacity building of the beneficiary institutions,

acting on this both bilaterally as well as through the CARICOM Secretariat. The UWI project manager should seek synergies across other elements of the EU and other development programmes to maximise benefits of resources made available.

18. UWI **collaborate with CHRC in the joint design of monitoring mechanisms** for the UWI component, and seek reporting by CHRC to the Vice Chancellor as well as to CARICOM/EU. The benefits to be derived from systematic external monitoring and evaluation of investment should be maximised by UWI, rather that viewing the function as a threat.

Appendix 5

INDICATIVE CONTENT OF PROPOSAL TO HARP/SIRHASC FROM A CURRICULUM DEVELOPMENT ACTIVITY 'OWNER'

This list suggests content for a form to be developed for distribution to each unit proposed to be responsible for a HARP curriculum development activity. Based on the form, the unit will submit a detailed proposal to HARP management at campus and centre levels for review, endorsement and funding. While Section 6 of this report provides a basis for development of the proposal, it is anticipated that the owner will considerable modify the indicative activity outlined.

Name of unit
Officer in charge and title
Unit's supervisory faculty or office
Purpose of proposed curriculum development activity
Justification for investment in this activity
Contribution to CARICOM HIV/AIDS Plan of Action
Consistency with UWI Strategies 2002-05
Contribution to strengthening UWI capacity to provide regional leadership in HIV/AIDS
Prior experience of unit in this field
Officer proposed with direct responsibility for activity implementation
Expertise of key staff proposed to lead activity
Anticipated benefits for other campuses of UWI and the NCCs
Anticipated annual direct beneficiaries from 2003
Anticipated indirect beneficiaries from 2003
Proposed output
Anticipated outcome
Proposed process
Proposed UWI partners in development process
Proposed extra-UWI partners in development process
Resources to be provided by the owner's institution
Resources sought under HARP/SIRHASC
Preliminary costing of HARP/SIRHASC requirements, for 2002, 2003, 2004
Additional resources to be subsequently sourced related to output/outcomes outlined
Proposed key deadlines 2002-04

Appendix 6

HARP/SIRHASC APPRAISAL CHECKLIST

This draft checklist provides a basis for HARP committees to appraise curriculum proposals submitted for approval and financial support.

- Its contribution to the promotion and dissemination of effective HIV/AIDS preventive strategies throughout the region.
- Its contribution to health promotion for, and the well being of, infected persons throughout the region.
- Its contribution to a multi-disciplinary multi-institutional effort to arrest the epidemic.
- Its potential impact for taught-programmes on all campuses of the university.
- Its potential impact for university distance-delivered programmes to NCCs.
- Clear definition of responsibility for development of the programme within the institutional structure of UWI.
- Predisposition of the faculty, department or institute accepting responsibility to accelerate the development and subsequent delivery of its new or reformulated course or programme.
- Consistency with the priorities of the CARICOM regional strategic Plan.
- Consistency with the UWI Centre and Campuses strategic plans for 2002-07.
- Acceptability of the specific initiative to (i) contributing Governments and (ii) clientele of the university (institutions and individuals).
- Coordination of the specific initiative with related activities of other institutions and donors.
- Outputs/outcomes defined achievable in the context of UWI resources committed and project resources to be provided.

Appendix 7

SHOULD CARIBBEAN PUBLISHERS CONTRIBUTE TEXTBOOKS TO THE FIGHT AGAINST THE HIV/AIDS EPIDEMIC? A HARP DISCUSSION PAPER

Findings of an informal survey of opinion conducted by Michael Morrissey

EXECUTIVE SUMMARY

1. Respondents were unanimous that there was a need for educational materials to be developed for all levels of education as part of the response to the HIV/AIDS epidemic. While a role for textbooks was recognised, many concerns were voiced about their effectiveness unless the curriculum policies of governments, universities, faith-based organisations (FBOs) and examination bodies are developed to provide a meaningful context for a long-term publishing industry response.

2. Nevertheless, there was recognition of the need for an immediate effort as well as longer-term solutions, and, in the urgency to stem the spread of the epidemic, it may be necessary to act prior to consensus on an ideal policy environment. This suggests that publishers may need to consider embarking on textbook development without further delay. In the longer term, integrative approaches were viewed as essential, and the ideas raised are synthesised in concluding the report. Three follow-on steps to this survey of opinion are proposed, and an important one is to learn from the lessons of Africa in its fight against the spread of the epidemic and the mitigation of its effects.

INTRODUCTION

Background

3. Over the last two to three years, increasing public awareness has developed of the scale and potentially disastrous impact of the HIV/AIDS epidemic in the Caribbean region, a region in which the prevalence of the disease is second only on a global scale to that which is decimating the population of sub-Saharan Africa. As part of its response to the epidemic, *The University of the West Indies* (UWI) invited, in early 2002, Professor Michael Kelly of the University of Zambia - a leading advocate of the need for education systems to respond to the epidemic - to visit all of the UWI campuses. His mission was to sensitise all levels of university personnel of the need for a comprehensive response by the university and the wider education sector.

4. Professor Kelly's lectures and other recent publications on HIV/AIDS and the education sector may be downloaded and printed fee of charge from the web page: http://www.uwicentre.edu.jm/lecture/. The author of this discussion paper, aware that textbooks responding to the HIV/AIDS epidemic in the Caribbean were non-existent, took the initiative to undertake an opinion survey of selected Caribbean education, health and

publishing specialists. The survey's purpose was to gather opinion, and provide (through this report) a platform for discussion of whether HIV/AIDS-specific textbooks should be developed as one potential strategy of the Caribbean region's overall response.

5. Both the *Caribbean Publishers Network* (CAPNET) and the *University of the West Indies' HIV/AIDS Response programme* (UWI HARP) showed considerable interest in this survey and this report was therefore prepared for dissemination to the membership of these two organisations as a discussion paper. CAPNET is about to embark on the formulation of its own strategic goals for the coming five-year period, and regional publications related to HIV/AIDS could potentially be part of this plan. The University of the West Indies is preparing its broad strategic plan for the period 2002-07 and HARP is planning its specific HIV/AIDS-response priorities. The development of textbooks for UWI programmes, and for primary and secondary schools in the Caribbean community, will no doubt be considered as UWI priorities are discussed.

The survey

6. An informal sample of selected informed professionals was used. Data was collected via an e-mailed opinionnaire of seven questions. Respondents were asked to respond by email. The opinionnaire was initially sent in mid-February 2002 to 70 professionals. Four of the addressees forwarded the opinionnaire to other specialised address lists, and some of this 'secondary' sample provided responses. A total of thirty responses were received by early March, and these responses provided the data for this report. Respondents are listed at the end of the discussion paper.

7. The collective expertise of respondents includes teacher education, tertiary education, curriculum development, teaching at primary and secondary levels, education sector planning and management, Caribbean publishing, health sector planning, medical practice, the social sciences, and HIV/AIDS advocacy and response planning. The totality of responses was rich in experience and wisdom, based on years of involvement in the development of the region's education and health systems and its publishing industry.

8. The synthesis that follows does not present responses on a question-by-question basis but rather tries to 'pick sense out of nonsense' as Jamaicans say. The findings attempt to summarise the range of ideas, concerns and proposals generated through this informal survey. The author is alone responsible for 'picking the sense' out of all the responses he received, and for deciding what should be emphasised in the paper.

FINDINGS

On whether the HIV epidemic provides justification for dedicated teaching/learning materials

9. Not a single respondent denied the seriousness of the epidemic and the need for a response by the education sector. One respondent said "National AIDS programmes should work

with Ministries of Education to systematically target primary and secondary schools in a sustainable way." Yet many respondents commented on the distance between the communication of knowledge and information and the achievement of behaviour modification.

10. There was, however, a diversity of opinion on whether dedicated textbooks would be an appropriate answer. The majority said yes, textbooks should be part of the response. In addition to traditional textbooks, respondents suggested the publication of literature selections, short stories, workbooks, and other forms of print material. One respondent felt that textbooks would not be the best option, due to the time lag: "By the time textbooks are published, the whole landscape will have changed. I prefer *Action Packs* for teachers using multi-media multi-disciplinary approaches. Such packs can be added to over time."

11. There was some uncertainty about the term 'textbook' itself. A textbook specialist said: "The books needed are not textbooks. Rather what should be published are highly illustrated, accessible reading and activity books that should be given to students at the end of the school year to take home so that their brothers and sisters and parents can use them too. Some of the activities could be, for example, recording the level of knowledge at home. There must be a lot of family-based activities, so that what's initially provided in the classroom will have greater impact. All this implies, however, that Government and NGOs must be prepared to buy the books for distribution free of charge in schools every year."

12. A curriculum specialist suggested that the Caribbean region should try to learn lessons from African countries which have demonstrated success in holding back the epidemic or forcing it into retreat (Senegal and Uganda being key examples), in order to determine what role textbooks have played in successful strategies of such countries. At least one international publisher (Macmillan UK) is known to have been involved in publishing HIV/AIDS materials for African countries. A respondent whose involvement in Mathematics education spans sub-Saharan Africa and the Caribbean pointed out that HIV/AIDS material had been infused in teacher training texts in Kenya (*Health into Mathematics*, 1991) "despite the state of denial that prevailed in Kenya at the time."

13. The extent, however, to which such publications have contributed to the stemming the epidemic, is presently unknown in the Caribbean. As in Africa, a large proportion of the target group in the Caribbean have low literacy skills. Perhaps CAPNET's links with APNET (The *African Publishers' Network*) could facilitate an exchange between Africa and the Caribbean, with the Caribbean benefiting in this instance from lessons learned in Africa?

14. Several respondents, even some of those who generally supported the publication of suitable books, recognised the lack of 'sexiness' of textbooks and feared that "by institutionalising HIV/AIDS through curriculum and textbooks, there is a risk of making it seem 'bookish' and unrelated to daily life."

15. Another respondent raised the important issue of the lack of homogeneity of the HIV/AIDS epidemic - that its characteristics vary from country to country: prevalence levels, high-risk groups, social attitudes (e.g., to condom availability and use), the views of faith-based

institutions, etc. His conclusion was that textbooks would have to be regionally/nationally specific, "or be in danger of being non-relevant." The epidemic may also change characteristics very rapidly, so books published in 2002 may quickly become dated as the situation changes.

16. A medical doctor, long involved in the diagnosis and treatment of students who have contracted HIV, was less than optimistic as to whether textbooks would be effective: "Textbooks will not really influence the secondary and tertiary students. We really need the help of behaviour modification specialists in controlling the spread of this scourge, a fact often missed by leaders." If it is accepted that textbooks are one way forward, perhaps 'behaviour modification' specialists should be centrally involved in the planning and development of manuscripts?

Complementary teaching/learning strategies

17. Many suggested that textbooks should be one element in multi-media approaches. In addition to print publications, respondents suggested action-movies, soap operas, and interactive computer-based programming to be developed for use alongside textbooks. It is, as one respondent called it, the "visually-oriented generation" that needs to be reached.

18. One respondent suggested that books be integrated into a schools broadcasting strategy using radio, with trained teacher-broadcasters from the Ministry of Education, and radio sets in every school to receive lessons at specific times, and for specific grades. It was proposed that schools be given lesson guides and workbooks, complete with diagrams, etc., to help teachers prepare the children before the broadcast, and to reinforce the lesson afterward. Posters, videos, fact sheets, etc., could also supplement radio lessons. Youngsters and adults with HIV could tell about their lives and how they cope within the radio-centred series. However, this respondent felt that a pre-requisite would be a massive campaign of principal, school board, and parent preparation, for all those principals and parents who do not understand the amount of experimenting their 'loved ones' are doing from an early age, and for those board members who in righteous indignation do not find it necessary to expose children to such 'facts of life'.

Stand alone HIV-AIDS education or a broader behaviour development package?

19. Some respondents, while highly supportive of an HIV/AIDS initiative, expressed equal concern about other contemporary social issues that have a major potential impact on the future of Caribbean societies (violent crime, addictive drug use, obesity, road accidents, etc). A Trinidadian teacher said: "I am in favour of a bigger package of 'behaviour responsibility' into which HIV/AIDS awareness can fit."

Textbooks should not be published in a policy and consensus vacuum

20. A few respondents said no, that dedicated 'HIV/AIDS textbooks' outside of the examined curriculum would not be effective and would not be sustained in print or in use. One respondent felt that the training of teachers and the development of textbooks for teacher

trainees would have to await policy development. Another agreed that the subject would have to be "an essential part of the teacher certification programme to be worthwhile." An experienced publisher recognised the necessity for the epidemic to be addressed in the classroom, but stressed the importance of incorporating necessary content into Social Studies, Health Education and Language Arts material, as Ministries of Education and schools would not include dedicated HIV/AIDS books on the required book lists.

21. Several respondents expressed the opinion that in an examinations-centred school and university environment, the formal curriculum had to be tackled first, and necessary HIV/AIDS knowledge, skills and attitudinal development included. Suriname, we were informed, has already responded to the epidemic by including and examining primary level students on elements of this infectious disease, but its textbooks have not been revised in response to the new elements of the curriculum.

22. One respondent said: "The curriculum is exams-driven. This means that governments and their agencies have to be more honest, open and serious about HIV/AIDS by including Health Studies (with HIV/AIDS) as a core subject throughout basic education." Another said "I don't see school systems 'giving up' any time from mainstream curriculum to a special project. It would be a tough idea to sell. Parents would bawl at having to buy an extra book, especially unrelated to exams, and would start out resenting the programme." A university Social Scientist said, passionately: "I cannot tell you **how** to use such texts, but I can tell you **how not** to use them. They should not be marginalized into the hands of Guidance Counsellors. HIV/AIDS is **not** a guidance and counselling matter only." A doctor from Suriname agreed: "It will be a waste of time if schools do not include such material in the formal curriculum, and it will have a great positive impact if they do."

23. The following comment of a curriculum specialist is helpful in summarising these trains of thought: "There will need to be a clear statement of policy from a country's Ministry of Education about the role of AIDS education in the curriculum - it may have to become part of the compulsory curriculum."

24. Potential opposition from the church was cited. The respondent said that some churches would wish that textbooks promote abstinence as the sole preventive approach for young people, and may oppose textbooks that promoted other measures. This suggests a need for a consensus involving governments and FBOs if textbooks are to be universally accepted.

25. One commercial publisher opined that a commercial and competitive approach to the need for action might not be suitable. She viewed consensus among constituencies essential from the outset, and coordination among responsible ministries of government, FBOs, NGOs, donors and universities. Such consensus would have to be brokered by a regional organisation or governments. CARICOM has already begun the task of bringing regional policy makers together through consensus on a *Caribbean Action Plan*, but the education sector and textbook publishing are not highlighted in this initiative. On the other hand, a respondent with global experience in textbook publishing and sustainability emphasised that "books must be published by the private sector", and not governmental or non-

governmental organisations.

26. There was not, therefore, unanimity on whether investment in textbook publishing would effectively contribute to stemming the epidemic and forcing it into retreat. All comments on policy context, sector consensus, curriculum and examinations reform are valid. However, educators recognise how long policy and curriculum reform processes can take, and to include an appropriate HIV/AIDS response in the general primary and secondary curriculum across the region could take a decade. By then the epidemic could have reached the levels experienced today in sub-Saharan Africa. Perhaps there needs to both short-term and longer-term approaches by the publishing community?

Levels of an education system that need to be included

27. Irrespective of responses given on the desirability of dedicated textbooks or not, respondents were in general agreement on the need for resources (including textbook material) for all age and ability levels in an education system. This was generally expressed as upper primary students, lower secondary students, upper secondary students, and tertiary level students including those at universities.

28. However, one respondent expressed the need for pre-school and lower primary levels to be included, and suggested that messages "To Keep Me and My Friends Safe" be added to UNICEF/CARICOM efforts to improve the curriculum at these levels. Many respondents singled out teacher trainees as a priority target group for textbook publication. Another voiced the opinion that materials should be separately developed for young adults with learning disabilities and other adult non-readers.

Utilising HIV/AIDS textbooks in current curriculum structures

29. Despite the reservations, there were also many suggestions from respondents as to how textbooks, if developed and published, could be used in the current curriculum environment.

30. At the primary level, it was proposed variously that text and other media could be utilised within the science and/or the health and family life curricula and/or morals and values education (the latter strong in Trinidad and Tobago). And also, through stories, literature and drama, messages may be infused into language teaching and reading programmes.

31. At the secondary level, it was proposed that a dedicated text could be used in the 'form period' or the 'personal development period'. At the university level, a respondent proposed that the HIV/AIDS textbook published should be used for one of a university's compulsory Foundation courses, providing that all students be exposed to its content.

The need for integrated approaches in the long term

32. To summarise many of the opinions voiced by respondents, it can be said that *an integrated approach* was viewed as a pre-condition for success. Various integrated approaches were voiced. The various ideas gathered through this survey could be synthesised as the need

for:

- The integration of the HIV/AIDS response into the policy framework of regional, national and faith-based policy frameworks.

- The integration of HIV/AIDS education in the formal curriculum at every level from primary through tertiary

- The integration of HIV/AIDS education into the established general curriculum framework, perhaps into several subject areas, and the incorporation of necessary content into (i) the resource materials used in general curriculum delivery, (ii) the assessment/examination mechanisms used, and (iii) into systems for the preparation of teachers for all levels

- The integration of HIV/AIDS together with other social issues threatening the security and future of Caribbean societies.

- The integration of textbooks with other print, audio and visual media, and through information and communication technology (ICT) approaches.

How will published textbooks reach all students, including the poor and vulnerable?

33. Respondents were more tentative and less certain on how to get textbooks, if published, into the hands of children and young adults. There was a realisation that there was a range of textbook provision policies across the Caribbean, and that the revision of existing textbooks to take account of curriculum changes (to address HIV/AIDS issues) would take a considerable length of time. The issue of book affordability was raised, and this is particularly important in the context of the close link between poverty and HIV prevalence across the world. It was also recognised that textbooks that are not integral to success in key stages of schooling, and books supported on a one-off basis by donor funds, would not be sustained in use or in print.

34. There was recognition that the donor community pays "extreme lip service" to HIV/AIDS, its control and mitigation, and that donors may be willing to support governments in the development, production, purchase and distribution of such books, if the matter became one of national or regional policy. However, one respondent opined, "Such a venture would be a waste of resources unless teaching/learning in this area is compulsory and perhaps a requirement for graduation." Another felt that donors would support text publishing, if this were one part of a far-reaching public awareness campaign.

35. A member of the CAPNET executive proposed "a well funded Caribbean regional plan to develop basic text material in four languages, followed by tendering by publishers in each country to publish for their own markets." The respondent further recognised that unless Ministries of Education came on board from the outset, there would be no chance of getting such textbooks prescribed for school use, and they would then be unviable as publications. He felt that the chances of getting the thirty or so Ministries of Education in the region to

act urgently would be close to zero, and that national AIDS foundations would have to be brought on board or they would view the publishing of textbooks as a threat and a rival. His conclusion was that to move forward would require "a formidable lobbying operation."

36. A former Chief Education Officer proposed a joint CARICOM-OECS project, with donor funding, to spearhead the development and publication of suitable textbooks.

An extraordinarily difficult challenge

37. There was no lack of recognition that the epidemic presents an enormously complex challenge to the Caribbean region, and effective responses and solutions will be difficult to develop.

38. A Trinidad-based publisher expressed it thus: "This will be a tough sell. It seems to me that (outside a small elite and the NGOs) nobody in the Caribbean wants to talk seriously about sex, sexual habits, sexual infections or diseases at all. Everyone wants to pretend the problem isn't there, or is exaggerated or dramatised. Even when issues are discussed in seminars or on radio, it is always within an easily identifiable 'do-good' ethos (like a sort of moralists' ghetto) that allows people to pay lip-service (often passionately) and then totally disregard the matter in practice. This is ingrained in the culture, especially in predominantly Catholic countries. In Trinidad, for example, even if the Ministry of Education and the National AIDS Foundation came on board, there would be howls of protest from the Catholic Church, which already goes into convulsions at any mention of the word *condom* or the term *safe sex*."

39. Textbooks are merely one element of the complex equation: the instruction capabilities of teachers and the necessary learning resources available for students and teachers alike. It is near impossible to make sound decisions in a policy vacuum, and without planning how the topic will become part of the curriculum at various levels? Who will tackle the subject? And how will it be tackled? Unless policy decisions are made by governments on the use of schools and instructional time to combat the epidemic and to deal with its consequences, publishers (whether public sector or commercial) will be attempting to respond in an environment of uncertainty and opposition.

40. Perhaps the note of warning provided by a senior regional educator, who devoted two decades in a mission to raise Caribbean educators' consciousness of another approaching disaster is apt. I quote from this respondent at length:

> I agree wholeheartedly that the epidemic is serious and warrants drastic measures to bring this to the attention of the general public, and to get their commitment to the fight, reminding them that HIV is no respecter of persons. I doubt, however, that the publication of textbooks will bring the desired learner awareness in schools or anywhere else. We do **not**, as a people, read anything, much less anything we do not want to hear. I write out of the experience of many years of work, which seems to have gone to nought, in developing good materials - materials that are never used, once the 'project' is over.

> Who uses all the massive amount of good information from the programme that I supported? Certainly not Jamaica. I doubt that the Ministry of Education can find copies of the over 40 useful books put out - because the 'powers that be' had neither the vision, interest, money or facilities? - to take these from the national to the individual institution level. I agree that there has been some heightened awareness, but **no commitment**, and no full understanding of the totality of the approaching disaster. In brief, what I am saying is that materials have to be prepared, but the type and approach to getting the information across to the target audience needs to be different from the 'textbook' if we are to hope for some sort of return from effort.

Resource persons for textbook development

41. Several respondents offered themselves and proposed many experienced others in the processes of Planning and/or of writing textbooks that respond to the HIV epidemic. The many suggestions made are not included in this discussion paper, but may be obtained from the CAPNET Secretariat in the event that publishing projects are developed.

CONCLUSION

42. There are no books on HIV/AIDS for the Commonwealth Caribbean, except for one academic reader published by the UWI Press. Certainly there are no books or workbooks on the subject for schools, except those piloted by NGOs and not widely available to the education sector in general. To date, it is safe to say that little on the epidemic and the prevention of infection and the mitigation of effects (for both individual and society) have crept into primary, secondary or tertiary textbooks.

43. The survey gives some support to textbook development as one element of a multifaceted response to the epidemic. Responses raise many concerns and issues about the effectiveness and sustainability of publications. Findings point to the need for textbooks to be published in the context of national policy and with support from national Ministries of Education, in concert with FBOs, school boards, AIDS organisation, and so on.

44. As a publishing project, this would be a complex one, and one difficult to sustain over the years. It must, however, be borne in mind that the epidemic is itself a complex one, one that is relentlessly advancing into every country and community in the region. For the educational publishing fraternity in the region to set aside the need for the development of quality instructional materials in face of the complexity could be viewed as dereliction of corporate duty.

45. The publication of texts to combat this epidemic is a new concept; it is hoped that this discussion paper will open a debate and result in creative and effective responses.

46. Next steps could include (i) conduct of a systematic survey of the response of the education sector in the Caribbean region to the HIV epidemic, (ii) collaborative research involving Caribbean and African universities on the effectiveness of print material and other media in

educational institutions in stemming the advance of the HIV epidemic, (iii) collaboration among CAPNET members, possibly in concert with international and African publishers experienced in the publication of HIV/AIDS-related textbooks, in the development of a publishing programme for the Caribbean as its contribution to the war against the epidemic, and (iv) consideration by the HARP committees as to the priority to be given to textbook development in the formulation of UWI's overall response.

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Appendix 8

SUMMARY OF UWI CONTRIBUTIONS TO HIV/AIDS PREVENTION AND MITIGATION UP TO 2001

Discipline	**Research areas**	**Taught Programmes**	**Engagement with Society**
Medical Sciences / Public Health	Epidemiology of HIV/AIDS Testing of diagnostic method Patient care Behavioural studies	Selected HIV/AIDS content utilised in existing taught courses	Active in the campus territories with Governments, NGOs, etc. in selected areas of policy, Planning, community outreach, etc.
Media and Communication	Media behaviour		Short courses for journalists delivered
Social Sciences	Sexual practices Health economics	Selected HIV/AIDS content utilised in existing taught courses	Policy studies undertaken for several countries
Education/Continuing Studies			Contribution to HFLE curriculum development, including limited reference to HIV/AIDS

Appendix 9

LIFTING THE 'BURDEN OF SECRECY'

A manual for HIV-positive people who wish to speak out in public, *Lifting the Burden of Secrecy* (APN+ 1999), proposes that the primary aim of public disclosure by individuals is "to share the reality of living with HIV, challenge perceptions about who can and cannot become infected, and to reduce the distance between those with and without the virus". It is, in essence, a key strategy in the prevention effort, and a key strategy in contributing to the quality and productivity of lives of those infected by the HIV virus.

The concept of public disclosure applies to institutions as well as to individuals, and for the same reasons. The situation for UWI in early 2002 could be characterised as one still 'burdened by secrecy.' Not a single staff member, student or worker of the UWI community of 50,000 persons has to date felt sufficiently secure about public reception that he or she has declared his or her medical condition openly. Although many academics and administrators are aware of individuals whom they believe died as a result of AIDS, the institution has not publicly recognised the existence of the problem or its scale.

The first shift from this tradition of silence occurred in March 2002 when the Principal of St Augustine, at the opening ceremony of his campus HARP, intimated to a public audience of Government Ministers, businessmen, academics and journalists at the Trinidad Hilton that HIV/AIDS was a most serious problem on his Campus. The Trinidad & Tobago press treated this first public 'disclosure' by the university without sensationalism.

Medical officers caring for the university community are believed to have an increasing caseload of infected students who require testing, counselling and treatment. However, UWI has not volunteered hard data on the prevalence of the disease within its own constituency or projections about future prevalence based on current trends. The impression gained during the consultation process is that the general university community may not realize that past and present known HIV positive cases could be 'the tip of the iceberg.' It is also likely that most members of the community are unaware of their HIV status.

Curriculum development investment decisions have to be justified the context of recognised priorities. The development of an 'HIV/AIDS competency curriculum' proposed in the report as a necessity for university staff, students and workers needs to be articulated in the context of a policy shift on the university's openness about the epidemic in its midst. It will be difficult for the university to justify investment and delivery of HIV/AIDS prevention programmes for its own community unless it informs itself, its stakeholders and clients about the potential of the problem, the need to reduce the infection rate within its own community, and the need 'to ensure the quality and productivity of the lives' of those in its community who have become infected.

Professor Michael Kelly's visit to UWI this year came close on the heels of the publication of his findings on the situation and response of seven universities in six sub-Saharan countries. An overriding finding of all seven African case studies in 2001 was that universities sampled lacked

quality information on the HIV/AIDS situation on their own campuses. Kelly concluded: "A thick cloak of ignorance surrounds the presence of the disease in the universities. The cloak is lined with layers of secrecy, silence, denial, and fear of stigmatisation and discrimination".

Kelly proposed in his address to UWI senior management (*Crafting the Response of a University to HIV/AIDS*) in March 2002, that:

> "One of the first elements of a university response to HIV/AIDS is the honest recognition that it confronts a major problem and challenge - a problem that could entail its own ability to survive as a functioning institution, a challenge to what it perceives as its core business in the AIDS-affected circumstances of society. No university is an AIDS-free enclave in a society where HIV is on the rampage. Quite the contrary, the university may well be more severely affected than the surrounding society. This is because the great majority of those who form the university community are young, in their late teens or early twenties, ages where the prevalence of HIV infection is particularly high. The risks for a university are also heightened by the liberal atmosphere that tends to be characteristic and by campus cultures that may be open to activities and life-styles that facilitate HIV transmission. In crafting its response to the AIDS epidemic it is necessary, therefore, for a university to recognize that HIV/AIDS is a matter of vital concern that demands a coordinated university response."

In parallel with the curriculum development process the administration of UWI must revisit its written policy concerning HIV/AIDS. A revised policy should include more openness about the status of the epidemic within the UWI community, while promoting the maintenance of respect and confidentiality for individual staff or students who may be HIV-positive.