

20 ANOS UNIVERSIDADE CATÓLICA DE MOÇAMBIQUE - 10 ANOS UCM NA LUTA CONTRA O SIDA

20 YEARS CATHOLIC UNIVERSITY OF MOZAMBIQUE - UCM 10 YEARS IN THE FIGHT AGAINST AIDS

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Resumo

Segundo vários estudos (ONUSIDA, 2006, 2013, Boutayeb, 2009, Whiteside & Barnett, 2006), a epidemia do HIV&SIDA constitui um obstáculo ao desenvolvimento socioeconómico, que afecta todos os sectores. Sendo Moçambique um dos 10 países do mundo com as mais altas prevalências, a UCM viu a necessidade de se envolver na prevenção e mitigação do impacto, como uma obrigação nacional e uma responsabilidade Cristã. O artigo vai ilustrar o contexto duma instituição de ensino superior em Moçambique, descrever o historial do combate ao HIV na UCM, e desenvolver perspectivas para um envolvimento, com base nos princípios éticos e morais da Igreja Católica. A UCM iniciou as primeiras actividades pontuais de HIV, em 2002. O processo da institucionalização do compromisso da UCM foi se concretizando, na fundação de núcleos estudantis de HIV, nas Unidades Básicas, na contratação de um assessor do Reitor para a área HIV, e na aprovação das políticas de HIV&SIDA, e de Assédio Sexual e de Género. Outros marcos importantes do compromisso foram o estabelecimento de Gabinetes de Aconselhamento e Testagem, em todas as UBs, e a introdução no curriculum de uma Disciplina transversal obrigatória de Habilidades de Vida, Género e HIV. Metodologias inovadoras e interativas caracterizam as intervenções intra- e extracurriculares da sensibilização da UCM. O artigo enfatiza a simbiose efectiva entre a Igreja e a Universidade, com um potencial forte, para o combate ao HIV/SIDA; o papel do ensino superior, na estimulação da mudança de comportamento, no seu meio, e nas comunidades, e na formação de futuros líderes sensíveis às causas e estratégias multifacéticas de resposta à epidemia. A experiência da UCM é única em Moçambique, e foi premiada como boa prática. Serão ainda apresentadas algumas perspectivas para o futuro: a intensificação das actividades nas comunidades, a integração da pesquisa científica, a inclusão de pessoas a viver com HIV, a amplificação da abordagem e actividades inovadoras.

Palavras-chave: Papel das Universidades Católicas no desenvolvimento, boa prática, HIV&SIDA, Género

Abstract

According to several studies (UNAIDS, 2006 & 2013, Boutayeb, 2009, Whiteside & Barnett, 2006) the HIV & AIDS epidemic is a barrier to socio-economic development involving all sectors. Mozambique being one of the ten countries in the world with the highest level of HIV-prevalence, the Catholic University of Mozambique (UCM) saw the need to engage in preventing and mitigating the impact as a national duty and Christian responsibility. This article illustrates the context of a higher education institution in Mozambique, describing the history of the fight against HIV at UCM, and develops prospects for involvement in conformity with the basic ethical and moral principles of the Catholic Church. UCM began its first specific HIV activities in 2002. The University's commitment to an institutionalization process materialized in the formation of student HIV activist groups in the faculties, in hiring an HIV advisor to the Rector and in the approval of the HIV & AIDS, Sexual Harassment and Gender policies. Further milestones of the commitment were the establishment of Counselling and Testing Offices in all faculties and the introduction in the curriculum of a compulsory cross-discipline module on Life Skills, Gender and HIV. The article emphasizes the effective symbiosis between the Church and the University with a strong potential to combat HIV/AIDS, the role of higher education in behaviour change stimulation in the university environment and among communities, and the training of future leaders sensitive to multi-factor causes and strategies of response to the epidemic. The experience of UCM is unique in Mozambique and has been recognized as a best practice. The article presents some prospects for the future: the intensification of activities in the communities, the integration of scientific research, the inclusion of people living with HIV, the extension of the approach, and innovative activities.

Keywords: The role of Catholic Universities for development, Best Practice, HIV&AIDS, Gender

Introduction

According to several studies (UNAIDS, 2006 & 2013, Boutayeb, 2009, Whiteside & Barnett, 2006) the HIV & AIDS epidemic leads to the slowing down of socio-economic development in all sectors. As Mozambique belongs to the ten countries in the world with the highest HIV prevalence, the Catholic University of Mozambique (UCM) saw the need to engage in preventing and mitigating the impact as a national duty and Christian responsibility.

This article illustrates the context of the response to the epidemic in a higher education institution in Mozambique, describes the history of the HIV interventions at UCM and develops prospects for using the alliance between the University and the Catholic Church in the fight against HIV and AIDS on the basis of the ethical and moral principles of the Catholic Church.

Context

Health and gender issues in Mozambique

HIV/AIDS is the major cause of death in Mozambican adults. HIV infection mainly affects the young and economically active and most new infections occur in young people. The latest reported national HIV prevalence rate is 11.5% with regional differences, due to different geographical, socio-cultural and historical factors. HIV prevalence is lowest in the northern provinces of Cabo Delgado, Niassa and Nampula (average of 6%) and highest in the southern provinces (19%), followed by the central provinces of Sofala, Manica, Tete and Zambezia (12.6%) (INSIDA, 2010). Beira, the capital of Sofala, reports the very high prevalence rate of 34% (Dubé K., et al., 2014). In 2015 the number of Mozambicans living with HIV is estimated at 1.5 million.

As in other African countries, gender inequalities as well as cultural beliefs which allow multiple partnerships for men, premature marriage boosting early sexual debut, and traditional practices such as widow cleansing, contribute to the rapid spread of the HIV epidemic. Poverty often leads to transactional and trans-generational sex. After the devastating civil war the health system with scarce and under-capacitated health professionals was too weak to respond efficiently to the overwhelming burden posed by the AIDS epidemic (Audet et al, 2010).

Sexual health requires a positive approach to human sexuality and mutual respect between partners. Freedom from fear, shame, guilt, discrimination, and false beliefs as well as from disease, injury, coercion, violence or risk of death constitute the main elements of sexual health. Reproductive health implies the right of men and women to informed, responsible choices of parenthood and access to safe, effective, affordable and acceptable methods of family planning.

A number of factors pose a threat to SRH and to HIV prevention: gender relations, social norms and socio-economic factors put women, especially young women, in a weak position to negotiate safe sexual practices and resist coercion.

The Catholic Church and the HIV/AIDS Epidemic

The Catholic Church plays a key role in the AIDS response, not only because it delivers a good part of it, but also because of its unwavering focus on justice, compassion and inclusion. In doing so it is following the teaching and example of its Founder, Jesus Christ, whose heart went out to the people when he saw them in their need and who used his unique qualities to bring them healing, solace and guidance.

What the Church wishes to do is to respond comprehensively to HIV and AIDS. This means that the Church wants to do everything possible to help those who are not infected to remain uninfected; to provide counselling and testing services for as many as possible; to ensure that those who are infected have access to the necessary antiretroviral medications and treatment; to provide care and support for those badly affected by the epidemic, particularly children who lose one or both parents; to extend a range of services to older people who must take up child-rearing responsibilities; to work vigorously against all forms of HIV-related stigma and discrimination; to change the structures of society so that greater equality can prevail between women and men; and to educate the public on the disease in an informative and relevant manner. Since the outbreak of the epidemic in the early 1980s the Catholic Church, in Mozambique as elsewhere, has been involved in almost all of these areas and has distinguished itself in several of them.

No one should die of AIDS because they do not have access to the life-saving medicines and services that exist today. And the Church works resolutely to make sure that these medicines are available to all who need them. Worldwide, the Church offers 25% or more of AIDS services and in Africa this figure probably rises to at least 40%. And since HIV-testing and VCT are now recognized as such an important part of the response to the epidemic, the Church also endeavours, through its clinics and hospitals, to offer testing services and encourages people to have themselves tested.

But HIV-and-AIDS is not only an infection or sickness. It is also an enormous cultural, personal, family, social and spiritual problem. So in its response, the Church addresses the whole person and not just the infection. Hence an HIV-positive person can look to the Church for a wide range of care and support that can be summed up as being accepted as a person and encouraged to continue to live as fully as possible and for as long as possible, and not to allow the diagnosis that one is HIV-positive become a death sentence. Much of this support from the Church is provided through Home-Based Care programmes that have become such a strong feature of Catholic parishes and without which the AIDS response in many countries would be in serious difficulties.

From time immemorial, Catholic teaching has promoted abstinence outside of marriage and fidelity to a single partner within marriage as the norms for a practicing Catholic. In the climate of HIV and AIDS, Catholic teaching has continued to promote the same principles of abstinence and fidelity as the surest way of preventing the sexual transmission of HIV. However, promoting abstinence and fidelity as the only sure way of preventing the sexual transmission of HIV has been subject to enormous criticism. And because Church policy does not expressly promote condom use, it is sometimes denounced as contributing to an increase in the incidence of HIV.

This is not the place for a full discussion of the ethics of condom use. But three clarifications are in order. First, there is deep reluctance on the part of a significant proportion of people in Africa to use a condom. The sentiment is widespread that sexual intercourse is so intimate an activity that it should be conducted without the intrusion of a barrier. Because of this, promoting abstinence and fidelity is clearly more in keeping with local cultural values and is more readily accepted than any policy that focuses strongly on condom use. Second, where a reduction has occurred in the transmission of HIV, this has been attributed principally to changes in sexual behaviour and not to condom use. Third, Catholic moral principles, such as that of the lesser-of-two-evils, allow for condom use when the intention is to protect life and avoid spreading a disease. In fact, there is no formal Catholic teaching that prohibits the use of a condom in circumstances where one wants to prevent the transmission of a disease.

A final question is how the Church sees itself in relation to the HIV epidemic. Recent research (Fleischer et al., 2015) suggests that, although the Church provides numerous excellent HIV-related services, it seems to see itself as an external agency untouched by HIV, rather than as an organisation which is itself affected by the epidemic. There may be considerable reluctance to acknowledge that some priests and religious are living with the disease. There is even greater reluctance to acknowledge the full implications of the great words of St. Paul (1 Cor. 12:12): "For just as the body is one, and has many members, and all the members of the body, though many, are one body, so it is with Christ", and hence to say forthrightly that since many members of the Church are HIV-positive then the Church itself, the body of Christ, has AIDS. This distancing of itself from the epidemic is also seen in the policy that obtains in many dioceses and religious congregations of denying admission as seminarians or novices to candidates who are HIV-positive. To date, the Catholic Church has been very AIDS-active. It seems that it is now being called upon to match this by becoming at the same time more AIDS-sensitive.

Literature review: The impact of HIV on development

Jonathan Mann (1994), the first director of WHO's global programme on HIV and AIDS, will always be remembered for relating HIV/AIDS to human rights and societal issues and for highlighting the interactions between the epidemic and poverty, gender inequality and social exclusion.

In its Global Report on the Epidemic in 2006 UNAIDS affirms that:

- AIDS tends to heavily affect the poor and vulnerable and marginalized groups in society.
- Stigma and discrimination have severe consequences and present obstacles to HIV prevention, care and treatment.
- Women in sub-Saharan Africa are infected more often and earlier in their lives than men, a fact which highlights the vulnerability of young women and girls and unequal power relations.

The impact of HIV on development has been widely acknowledged. UNAIDS (2006) states that the social and economic effects, particularly the erosion of human capital, will grow for many years even after prevalence begins to fall. In his paper on the impact of HIV on human development in African countries, Boutayeb (2009) points out that HIV clearly is not a crisis for the health sector only, but a development question. The epidemic can reverse the social and economic gains in African countries, being at the same time a cause and consequence of poverty and underdevelopment.

Short-term shocks like the death of a father or mother, or of a qualified member of staff, produce immediate effects in a family or company, whereas the slow erosion of resources and resilience results in the gradual accumulation of impacts. The impact of HIV is felt at community and national level when HIV/AIDS affects the general, economically active, population, as is the case in a general epidemic like the one in Mozambique (Whiteside & Barnett, 2006).

The epidemic has radically transformed the world, including the world of education. According to Kelly (2000a), in a world with HIV/AIDS the contents, structures and programmes of education that worked satisfactorily in a world without AIDS no longer suffice. The epidemic must be taken into consideration by educational institutions at all levels, including the tertiary. Education can be a powerful ally to tackle HIV/AIDS and related areas like sexual and reproductive health and gender by helping to translate information into behaviours and social (cultural) norms that promote a healthy state of mind, body and spirit (Kelly, 2000b, 2000c).

A review of 10 years of HIV activities at UCM

The beginning

Institutional background

UCM was created to give higher education to more young Mozambicans especially those coming from the central and northern part of the country in order to promote peace and development. Human resources and funds were directed towards this dream. Mozambican families, the Church and donors from all over the world put their efforts together to make it become a reality. The HIV epidemic has endangered this collective dream. Unhappily, the sad story of a young man dying of AIDS not even one year after graduating in law was not an exception.

Testing facilities were still scarce in Mozambique and treatment was not available at the height of the epidemic in the early years of the new millennium. The need to do something if we did not want our students to die became very obvious.

Early interventions

As in many countries at the time, HIV/AIDS was understood mainly as a health problem and dealt with through the health system. This is probably part of the reason why UCM's first activities started in the Health Science Faculty. In the beginning, lectures to transmit knowledge about transmission and risks as well as the disease and its complications were held on demand at the faculty and in the community. Students and staff participated in activities promoted on World AIDS Day.

In 2004 the first student activist group (Nucleus) was founded and trained at the Health Science Faculty. The group gave itself a structure and a name: Pabhodzi, which means "together" in one of the languages spoken in Beira. During the first year, activities were implemented at no extra costs, as students paid their own public transport to the schools where implementation of activities occurred. It was really only by chance that US embassy members got to know about "Pabhodzi" and offered some funding to the group, which helped to expand the activities.

The experience that some students liked to be activists as well as the clearly devastating consequences of HIV/AIDS in the surrounding communities were the driving forces to expand activities to other faculties and help to initiate activist groups and train future leaders sensitive to HIV. Interacting with others in the prevention area and understanding more the complexity of the epidemic and its causes made it obvious that just increasing knowledge about the disease would not be sufficient to prevent infections. Hence, topics such as gender inequality, transactional sex and discrimination against PLWHA, were included in the awareness raising activities.

Around this time (2006) it became obvious that HIV prevention at UCM needed to become institutionalized and could not depend any longer only on the good will of a few students and faculty. Hence, the directorate of UCM employed an HIV advisor in 2007. The main task for the advisor was to create an HIV as well as a Sexual Harassment policy for the institution (2008) and empower its implementation in all faculties.

Intensification

Intensification of activities

The intensification of activities is closely linked with their expansion to all faculties. The key strategy was the creation in all the faculties, under the guidance of HIV Focal Points (lecturers), of student activist groups called Nuclei.

Since 2008 the following partners have provided external funding for the HIV programme at UCM:

- the Ford Foundation,
- the Ministry of Education of Mozambique,
- German Development Cooperation (GTZ),
- the Embassy of the United States.

The cooperation with the Ford Foundation has had the highest impact on the development of a long-term programme. The partnership with the Ford Foundation also enabled UCM to participate in HIV and Sexual and Reproductive Health programmes in the region (at the University of KwaZulu-Natal in Durban and Saywhat in Zimbabwe).

A great step forward was taken in 2010 to broaden the programme and integrate Sexual and Reproductive Health and Rights (SRHR) and gender issues into the HIV awareness-raising activities in both the university and external communities. As the evaluation of the HIV Mainstreaming Project had shown that activities were focused on communities or schools, the SRHR programme set out to prioritize activities on campus, for students and staff, while continuing the outreach to communities.

Capacity building:

Focal points who are active and HIV-, SRH- and gender-knowledgeable are the most important factor in making the student Nuclei work. Capacity building is therefore extremely important. National training meetings of focal points/HIV-coordinators, chaplains, student representatives and counsellors have taken place annually. The national training workshops are then replicated in the Nuclei at the faculties. Nuclei are encouraged to hold regular internal refresher trainings for old and new members.

Table 1: National Workshops and their training focus

Year	Focus	External Speakers
2009	HIV and the Church: Root causes of the epidemic, stigma and discrimination, HIV prevention. The ABCD approach.	Bishop Kevin Dowling, South Africa, Prof. Dr Fr Michael Kelly, SJ
2010	Training of SRH Champions: The Tchova Tchova Method	Gildo Nhapuala, Nweti, Maputo
2011	HIV and social norms. Changing social norms: Force Field Analysis	AJAN (African Jesuit AIDS Network), Nairobi: Fr Paterne Mombe, SJ, Fr Dr Jacquineau Azetsop, SJ
2012	HIV, Gender and Human Rights	Panelists from Muleide and Government
2013	Project launch and planning workshop	-
2014	Theatre of the Oppressed	Antonio Sarmiento, Drama for Life

Awareness-raising has more impact on attitude change when participatory activities are used. These participatory activities include Bridges of Hope, Tchova Tchova video debates, Men as Partners and Women as Partners sessions conducted by members of the Nuclei for students. On an average each of the 10 Nuclei has 20 to 30 members, though some greatly exceed this number. Awareness-raising reaches out to the communities through Nuclei partnerships with secondary schools, visits to parishes, and conducting sessions for vulnerable groups such as prisoners, the handicapped, and orphans.

Information, Education and Communication Material (IEC) is a complement to the awareness-raising sessions. This comprises printed material such as posters, leaflets, booklets, DVDs, an annual calendar, postings on social media like Whats App and Facebook and radio programmes.

Advocacy campaigns: These represent an innovative and extremely popular activity.

- **Right2Respect Campaign** in 2011: A total of 350 change-makers committed themselves to implementing campaign activities, living up to and being role models of the campaign principles: dialogue, consent and respect. Nine campaigns reached out to approximately 4,000 students, lecturers, and support staff. Three thousand four hundred pledges were signed.
- The **Gender Equality and Diversity Campaign, “Different but Equal”**, in 2014 was characterized by intensive activities; during two weeks at 10 campuses, 4,000 pledges were signed and the whole academic community was involved. The campaign has since been taken to external communities and to secondary schools.

In all its activities, the HIV programme can count on the support of UCM senior managers and Deans of the Faculties through the provision of lecture time for the launch campaign, for the weekly Video – Debate – Sessions and for the capacity building workshops.

The new focus of the programme is on education for a sustainable lifestyle, promotion of a culture of peace, non-violence, responsible citizenship and cultural diversity.

At national level, the programme has been acknowledged as a **best practice** by CNCS/GIZ/SAfAIDS.

HIV in the Curriculum

Integration of comprehensive sexual education into the curriculum: The Life Skills Discipline

The starting point was the HIV policy of UCM which foresees the introduction of what it called a “Basic Module on HIV” in the courses of UCM.

In February 2010, HIV Focal Points (lecturers) from five faculties of UCM, the university chaplain, technical advisors and student representatives (HIV activists) developed the curriculum and manifold participatory methods activities. Two didactic manuals, a Student’s and a Facilitator’s Manual, were designed and tested.

Table 2: Objectives and content of the study units of the Life Skills Discipline

Unit	Objective	Content
1	Enhance the understanding of one’s personality and foster self-esteem	Personality and its development, tempers, self-esteem, Culture, Gender
2	Make safe choices of sexual and reproductive health and promote relationships that respect gender equity	Sexual and Reproductive Health and Rights. Characteristics of healthy relationships.
3	Increase protection against HIV infection and adherence to treatment, combat stigma & discrimination	The basics of HIV transmission, prevention, treatment, stigma & discrimination
4	Identify choices and strategies to overcome vice and dependencies	Vice and dependencies, causes and effects of drug and alcohol abuse
5	Deal effectively with demands and challenges of everyday life	My plan for Life, Life skills: Time, Money, Conflict Management

The discipline (with three ECTS) was introduced in 2012 by decree of the Rector in all of the courses of UCM. Training workshops for lecturers from each faculty/centre/delegation of UCM were held in 2012, 2013 and 2015.

Lessons were monitored at seven of the ten faculties of UCM by the staff of the HIV Department of the Rectorate. Generally, the quality of the lessons was satisfactory. The major constraints for

quality and impact of the discipline were the very large classes (sometimes 60-100 students). This issue was addressed by the Rector who ruled that the number of students be reduced to 30 per class.

In 2014 a peer review was conducted and the manuals were revised. The students' general comments about the discipline were overwhelmingly positive. Eighty percent of the responses of students said that the discipline was very educative and motivating and helped in solving problems and changing attitudes.

The discipline is an example of the successful integration of values-based HIV and sexuality education into the curriculum. It bears all of the characteristics of effective programmes of Comprehensive Sexuality Education as defined by Kirby (2007).

Blended Learning Courses on HIV&AIDS and Health: Starting in 2010, UCM through the Faculty of Health Science and the Centre of Distance Learning offered three types of online courses related to HIV, the first of their kind in the country. To date 94 students have participated in the BHons course on Interdisciplinary Studies in HIV & AIDS and Health (70% graduated), 20 students are finalising their dissertations for the Master's Course on HIV & AIDS Management, and 66 students completed non-academic online courses of short duration (2.5 months).

Institutionalization

Policies: The policies that guide the HIV interventions are strong evidence of UCM's commitment to dealing robustly with the epidemic at an institutional level. The HIV Policy and the Sexual Harassment Policy of 2008 were followed in 2014 by the Gender Policy.

Organizational structure: HIV Department at Central level with permanent staff and with a representative at each faculty as HIV Coordinator and Counsellor. UCM has taken over ownership and supports the costs of these human resources as well as the salaries of the lecturers for the Life Skills Discipline. UCM also contributes 50% of the running costs for the activities of the HIV Department. The Department's **Strategic Plan 2014-2018** was discussed and approved by peers.

Counselling Services were expanded from six VCTs with professional counsellors in 2010 to VCTs at ten faculties in 2015. MoUs are in place with the provincial Health Directorates which provide the tests for the VCT services. Besides HIV tests, some VCTs offer tests for syphilis and malaria. Counselling corners serve an average of 80 clients per month per faculty.

To attract more clients to VCTs, so called "counselling teas" (debates) are facilitated by student activists and counsellors - for students, administrative staff and lecturers.

Research

Evidence base of the HIV interventions: Three studies that informed the HIV programme should be mentioned here:

1. A KAP study in 2008 gave information about the level of knowledge and attitudes and helped design awareness-raising activities and services.

2. A Gender Audit in 2010 (400 respondents) provided results on the perceptions of gender equality, gender-based violence and multiple sexual partners.
3. A Risk Behaviour Study in 2012 (950 respondents) showed a high level of risk behaviour among university students and staff, but a low level of risk perception.

The Centre of Investigation of Infectious Diseases of the Faculty of Health Science of UCM undertook studies on HIV incidence in women at higher risk in Beira (Dubé et al, 2014 and Meque et al, 2014a) as well as on the willingness to participate in future HIV prevention trials (Meque et al, 2014b).

In her PhD thesis on barriers to access to antiretroviral treatment, Posse (2010) compares the perception of patients and health personnel in a rural and urban setting.

A study was made in 2008 by Miguel Benjamin António at the Faculty of Agriculture of UCM in Cuamba on the survival strategies and discrimination of people living with HIV.

Church and university

The HIV/AIDS epidemic has seen the development of a strong symbiosis between the Church and science in their objective of making this a better world. Both have invested a great deal in their efforts to overcome the epidemic and reduce its harmful consequences. Both seek to reduce HIV transmission, provide effective medication for those who are HIV-positive, help in every possible way those who are infected, and provide care for those whose lives have been thrown into turmoil by the disease. This partnership between science and the Church finds very concrete expression in universities which adopt a strong anti-AIDS response and which seek in every way possible to undermine the dominance of the disease and mitigate its impacts.

This has been the pattern at UCM in recent years. The awareness-raising of the student activists groups, the integration of comprehensive sexual education into the curriculum, the provision of VCT services, the introduction of special degrees on HIV/AIDS and Health, the introduction of the HIV and Sexual Harassment Policy and more recently of the Gender Policy, and the extensive involvement of staff and students in activities for the benefit of those infected or affected by the disease are clear manifestations of a broad-based institutional programme against the disease. But they are also manifestations of a vigorous Christian understanding finding practical outlets for the great command to love and care for one another. What UCM is doing is what the Catholic Church wants to see every institution doing; and equally it is what the world of higher learning wants to see every university doing. Tensions and differences of approach may arise in some areas, but the overall picture is of the University and the Catholic Church walking hand in hand, each of them determined to fight against HIV and AIDS, each of them keen to strengthen and support the efforts of the other.

Discussion

Challenges

In a society in which “AIDS kills” is still a strong belief it is not easy to nourish a positive attitude towards people affected or infected and to create a non-discriminatory environment. As HIV and

AIDS are strongly related to issues around sexuality the topic tends to be taboo. Awareness-raising implies talking openly about sex which continues to be difficult, even more so in religious environments. Condom use in HIV-prevention continues to be a problematic topic within a Catholic institution.

Lessons learned

Interactive and edutainment activities that stimulate lively debates are well accepted by students and staff, especially the closer the contents are to the reality of the participants. Case studies, theatre pieces or films produced by the students themselves are also very effective.

Addressing various issues with the same group over a period of time, such as the life skill module, or women-as-partners/men-as-partners activities, have more impact on attitude change than single interventions. Therefore integration of awareness activities into the curriculum is important. For the activities in the communities (parishes, schools etc.) long-lasting partnerships are highly recommended.

Well-trained and motivated student activist groups depend heavily on an enthusiastic and knowledgeable coordinator.

Commitment towards the HIV programme from the leadership of the University and the faculty is essential for success.

Perspectives for the future

Integration: Mainstreaming HIV and gender into the curriculum, integration of new topics like Sexual and Reproductive Health and healthy and sustainable life styles based on Christian values, are essential.

Innovation:

- Participatory awareness-raising, edutainment, and use of social networks should be intensified.
- Advocacy campaigns with new topics should be a periodic intervention in all faculties.
- Blended learning courses on HIV (BHons, Master's, short courses) should continue.

Inclusion: Combating stigma and discrimination, inclusion of marginalised groups (PLWHA, prisoners, handicapped and sexual minorities), and the involvement of staff and lecturers in the activities are important.

The impact of interventions and increase of knowledge through research need to be improved. The symbiosis of Church and University should be used to its full potential.

The institutionalisation of the HIV response needs sufficient long-term resources to ensure the sustainability of the interventions.

Capacity building and research in HIV related topics require reliable funding.

Conclusion

The motto of UCM is quality and innovation. During recent years the University has expanded in many ways, including opening more faculties and new courses in different regions of the country.

The HIV programme followed the University motto by improving greatly the quality of interventions and developing innovative awareness-raising methods. Expansion of UCM was accompanied by scaling up the number of activities and target groups.

The example of the commitment of UCM to respond to the HIV epidemic shows that the symbiosis between the Church and the University has strong potential to effectively stimulate and promote behaviour change in the academic environment and in communities and thereby in society at large. The contribution of the Catholic University of Mozambique to provide a holistic education to future leaders who are well informed and sensitive to the multi-factor causes of the AIDS epidemic and able to develop strategies of mitigation cannot be underestimated. The experience of UCM is unique among the universities in Mozambique. It is a best practice that can inspire other tertiary education institutions to replicate it.

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Abbreviations

AIDS	<i>Acquired Immune Deficiency Syndrome</i>
BHons	Bachelor of Honours (Equivale a licenciatura em Moçambique)
CNCS	Conselho Nacional de Combate ao HIV &SIDA = National AIDS Council
ECTS	European Credit Transfer and Accumulation System
GIZ (GTZ)	Gesellschaft für Internationale Zusammenarbeit (German Agency for International Cooperation), formerly German Technical Cooperation
ICT	Information and Communication Technologies
INSIDA	National Survey of Prevalence, Risk Behaviours and information about HIV and AIDS in Mozambique
HIV	<i>Human Immunodeficiency Virus</i>
MoU	Memorandum of Understanding
PLWHA	Person(s) living with HIV and AIDS

SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
UCM	Universidade Católica de Moçambique
UNAIDS	Joint United Nations Programme on HIV&AIDS
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

List of tables

Table 1: National Workshops and their training focus

Table 2: Objectives and content of the study units of the Life Skills Discipline