



CIEE Global Institute – Cape Town

Course name:	HIV/AIDS Policy, Politics and Ordinary Lives in Southern Africa
Course number:	PUBH 3101 CTSA
Programs offering course:	Cape Town Open Campus
Open Campus Track:	Global and Community Health
Language of instruction:	English
U.S. semester credits:	3
Contact hours:	45
Term:	Spring 2019

Course Description

In this course students will be exposed to the political history of HIV/AIDS response in sub-Saharan Africa and the current HIV/AIDS policy health care strategies being implemented to deal with the epidemic. The course will also give an overview analysis of how ordinary lives are affected; identify key vulnerable groups and identify key factors underlying the higher HIV/AIDS incidence rate in the region. It also explores human rights and gender issues related to the epidemic in the region with the highest prevalence rate in the world

Learning Objectives

By completing this course, students will:

- Become familiar with the status of HIV/AIDS in the sub-Saharan region and be able to compare this with global trends.
- Evaluate the political history and events that mark the HIV/AIDS response patterns in the region with key focus on South Africa.
- Discuss challenges to developing and implementing HIV/AIDS programs and identifying key institutional players.
- Assess key cultural, economic, and social and human rights factors that increase the vulnerability of individuals to HIV/AIDS
- Evaluate the socioeconomic and political impact of the epidemic to the lives of ordinary people.



Course Prerequisites

This course is suited to someone who has some familiarity with the field of public health or medical anthropology.

Methods of Instruction

The course is taught through a combination of lecture, group discussions, guest speakers, site visits, networking activities, skills development workshops, small group collaboration, and student presentations. Learning will involve in-class exercises, active reflection, discussion, readings, short lectures, and out-of-class activities that challenge students to actively engage with HIV/AIDS issues in the sub-Saharan context. Guest speakers will also be utilized.

Assessment and Final Grade

1.	Group Presentation:	20%
2.	Quiz:	15%
3.	Debate:	20%
4.	Final Discussion Paper:	25%
5.	Class participation:	20%
	TOTAL:	100%



Course Requirements

Group Presentation

The presentation of about 15 minutes (excluding class discussion) should show a good understanding of a selected topic and the ability to put it in perspective; furthermore, it should be presented in a concise yet comprehensive manner. Content (40%), handout (20%), form of presentation (both slides and the presentation itself, 20%) and response to queries (20%) will influence the grade. Topics will be assigned at the beginning of the course.

Quiz

In Week 2 students will complete a short 20 minute quiz in class testing their comprehension of the main themes covered in class and in the readings up to this point.

Debate

Students engage to debate on controversial topics in the course from gender, global response to the epidemic in sub-Saharan Africa, issues of human rights and African practices, and government response patterns. Students will debate in paired teams. Assessment criteria include presentation style (10), logic of facts (30), and demonstrated knowledge of the topic under debate (50).

Final Paper

A 1,600-word discussion paper will be required. This paper should cover a specific topic of the student's choice and needs to show a solid understanding of and reflection on the topic



chosen. The Late submissions will lead to a mark reduced by at least one grade level. Grading is based on formal correctness (20%), logical coherence of the outline and quality of reasoning (30%) and content (40%). The paper must demonstrate scholarly communication skills (10). Inappropriate citation will Students be advised to propose a topic by end of week 2. Submission deadline is in the last week of the course.

Participation

Participation is valued as meaningful contribution in the digital and tangible classroom, utilizing the resources and materials presented to students as part of the course. Meaningful contribution requires students to be prepared in advance of each class session and to have regular attendance. Students must clearly demonstrate they have engaged with the materials as directed, for example, through classroom discussions, online discussion boards, peer-to-peer feedback (after presentations), interaction with guest speakers, and attentiveness on co-curricular and outside-of-classroom activities.

Attendance Policy

Regular class attendance is required throughout the program, and all unexcused absences will result in a lower participation grade for any affected CIEE course. Due to the intensive schedules for Open Campus and Short Term programs, unexcused absences that constitute more than 10% of the total course will result in a written warning.

Students who transfer from one CIEE class to another during the add/drop period will not be considered absent from the first session(s) of their new class, provided they were marked present for the first session(s) of their original class. Otherwise, the absence(s) from the original class carry over to the new class and count against the grade in that class.



For CIEE classes, excessively tardy (over 15 minutes late) students must be marked absent. Attendance policies also apply to any required co-curricular class excursion or event, as well as to Internship, Service Learning, or required field placement. Students who miss class for personal travel, including unforeseen delays that arise as a result of personal travel, will be marked as absent and unexcused. No make-up or re-sit opportunity will be provided.

Attendance policies also apply to any required class excursion, with the exception that some class excursions cannot accommodate any tardiness, and students risk being marked as absent if they fail to be present at the appointed time.

Unexcused absences will lead to the following penalties:

<i>Percentage of Total Course Hours Missed</i>	<i>Equivalent Number of Open Campus Semester classes</i>	<i>Minimum Penalty</i>
Up to 10%	1 content classes, or up to 2 language classes	Participation graded as per class requirements
10 – 20%	2 content classes, or 3-4 language classes	Participation graded as per class requirements; written warning
More than 20%	3 content classes, or 5 language classes	Automatic course failure , and possible expulsion



Weekly Schedule

Week 1 Orientation Week

Class 1:1 Introduction to class

Students will familiarize with course requirements and update on class aspects. Key learning objective will be to give an introductory overview of the status of HIV/AIDS in sub-Saharan Africa by looking at the following aspects:

- Overview of HIV/AIDS globally and in sub-Saharan Africa - Drawing from global and country HIV/AIDS statistics students explore the magnitude of the epidemic in sub-Saharan Africa.
- Assessing sub-Saharan Africa as the global epicentre of the epidemic- Furthering the discussion on how sub-Saharan Africa compares with other regions of the world as the most severely burdened; and how this has impacted on the ordinary lives of people economically and socially.
- Reflection of policy initiatives in selected countries in sub-Saharan Africa (South Africa, Zimbabwe)- an analysis of responsive action to mitigate the effects of the epidemic in different countries with key focus on South Africa and Zimbabwe.
- Is HIV/AIDS a prioritised disease among other competing health care needs in sub-Saharan Africa?: - students will reflect on how HIV/AIDS increased the public health burden on already weak health systems in the region by answering these questions.

GLOBAL AIDS UPDATE UNAIDS 2016

http://www.unaids.org/sites/default/files/media_asset/global-AIDS-update-2016_en.pdf



HIV and AIDS in East and Southern Africa Regional Overview Available online at:
<https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/overview>

Human Sciences Research Council of South Africa. (2004). An Audit of HIV/AIDS Policies in Botswana, Lesotho, Mozambique, South Africa, Swaziland, Zimbabwe.

Mooketsane, K. S., & Phirinyane, M. B. (2015). Health governance in Sub-Saharan Africa. *Global Social Policy*, 15(3), 345–348. <http://doi.org/10.1177/1468018115600123d>

Week 2

Class 2:1 Politics and HIV/AIDS in sub-Saharan Africa

Students will trace the connection between HIV/AIDS and government political activism in sub-Saharan Africa. Learning focuses on exploring the contributions of political decision making and actions HIV/AIDS severity and also intervention progress. The discussion will focus on the following key political milestones in the history of the epidemic in sub-Saharan Africa:

- A case of HIV/AIDS denialism in South Africa and HAART roll out (largest in the world)- discuss the initial resistance by the South African government to provide antiretroviral treatment to people living with HIV/AIDS as public health policy; quantify the human and economic losses related to the resistance; role of civic society in demanding government accountability to provide HIV/AIDS health services
- AIDS levy in Zimbabwe: exploring political financing innovation to meet HIV/AIDS treatment demands in a country with limited health budget; finance as a challenge to the overall health system in sub-Saharan Africa.



- Was Mbeki Wrong?- polarised debate on irresponsible political leadership, failed political leadership - behavioural and policy failures.
- Exploring examples of harmful political role modelling practices (polygamy - South Africa, reed dance-Swaziland)

The question to answer is: Whose responsibility is it to tackle the epidemic – triad role of government (public health), business (workplace policies) and civic society (advocacy)? Through a deconstruction of Adorno's criticisms of popular music, this lecture will demonstrate to students the multiple and significant meanings and representations found in the popular music industry. Students will learn how the popular music industry shifts between being considered a creative industry and an executive-driven market.

Bhat N, Kilmarx PH, Dube F, Manenji A, Dube M, Magure T. (2016). Zimbabwe's national AIDS levy: A case study. SAHARA J. 2016; 13:1-7. Available online on: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4762022/>

Heywood M (2004). The Price of Denial - Treatment Action Campaign. Available online at: www.tac.org.za/Documents/PriceOfDenial.doc

Atun R, Silva S, Ncube M, Vassall A. (2016). Innovative financing for HIV response in sub-Saharan Africa. Journal of Global Health. 2016 Jun; 6(1):010407. Available online on <https://www.ncbi.nlm.nih.gov/pubmed/27231543>

Flint, A. (2011). HIV/AIDS in Sub-Saharan Africa Politics, Aid and Globalization. Palgrave Macmillan

Fenton L. (2004). Preventing HIV/AIDS through poverty reduction: the only sustainable solution. Lancet 2005; 364(9440):1186-1187.



Class 2:2

Class 2:3

Week 3

Class 3:1 Theme: Ordinary lives and HIV/AIDS

Students will analyse social, cultural and economic factors explaining why HIV/AIDS has become so severe in sub-Saharan Africa looking. Particular attention will be drawn towards understanding poverty as a context increasing vulnerability and promoting risky behaviours among ordinary people. Learning will proceed on looking at the following key issues:

- Assessing vulnerability factors of key populations (women, children, sex workers etc)-
- Factors fuelling the epidemic in the sub-Saharan region: cultural, legal, social, economic and political factors that create a fertile environment for higher transmission rates
- Impact of HIV/AIDS on ordinary lives- deaths, orphans, unemployment
- Poverty as a context of the epidemic in sub-Saharan Africa - explore the association between poverty factors (unemployment, lack of education, low disposable income, corrupt governance) in the region and how they increase vulnerability of ordinary people to HIV/AIDS
- Understanding culture and HIV/AIDS in sub-Saharan Africa- a dissenting view

Guest Speaker: To be advised



Hunter, M. (2010). Chapter 10: The Politics of Gender, Intimacy, and AIDS in “Love in the time of AIDS: inequality, gender, and rights in South Africa” , Indiana University Press

Nandoya S. (2014). Sociocultural factors influencing the spread of HIV/AIDS in Africa
<https://www.linkedin.com/pulse/20140916193747-107857132-sociocultural-factors-influencing-the-spread-of-hiv-aids-in-africa>

Konkel, R. (2010).Poverty and HIV/AIDS in Sub-Saharan Africa: Alternative Formulations and Integrated Intervention Strategies Available on <http://www.progressive-economics.ca/wp-content/uploads/2010/06/konkel.pdf>

Sovran, S. (2013). Understanding culture and HIV/AIDS in sub-Saharan Africa. Sahara J, 10(1), 32–41. <http://doi.org/10.1080/17290376.2013.807071>

Class 3:2

Class 3:3

Week 4

Class 4:1 Theme: Health Policy Strategies and Implementation Challenges

Students will explore existing health policy strategic policies drawn to manage HIV/AIDS epidemic and their consequent implementation challenges. In the course of this exercise students will interrogate concurrency of the human rights based HIV/AIDS testing policies and the ART programs to people's beliefs and alternative traditional health delivery systems.



- Public health HIV/Testing and Counselling programs (mobile testing, workplace testing, public health centres; PMCT)- discussing the roll out plans and tactics to expand access for all vulnerable communities being implemented.
- Challenges to expanding access to HIV/services in resource rural areas and vulnerable groups- specifically ART coverage figures
- Infrastructure, funding, resources and manpower challenges in health systems to deliver HIV/AIDS services in resource limited countries - explore how resource limitations negatively impact on efforts to expand coverage of health services to people living with HIV/AIDS
- Alternative traditional health services and HIV/AIDS - opportunities to integrate traditional health systems to the main system; people's beliefs and preference of traditional cure.

Co- Curricular Activity: Site Visit- Sonke Gender Justice/ Treatment Action Campaign

Schneider, H., Blaauw, D., Gilson, L., Chabikuli, N., & Goudge, J. (2006). Health Systems and Access to Antiretroviral Drugs for HIV in Southern Africa: Service Delivery and Human Resources Challenges. *Reproductive Health Matters*; 14(27):12–23 Available Online at: <http://www.ehrn.co.za/publications/download/61.pdf>

Section 27 Organisation (Health & Democracy). Traditional and alternative health care Chapter 7: Available online: <http://www.section27.org.za/wp-content/uploads/2010/04/Chapter7.pdf>

Doherty, T., Jackson, D., Zarowsky, C & Sanders, D. (2009). HIV and Health Systems in Southern Africa: School of Public Health , University of the Western Cape Available on https://www.hivaids-uwc.org.za/docs/wrking_paper_no_1.pdf



Vermund, S. H., Sidat, M., Weil, L. F., Tique, J. A., Moon, T. D., & Ciampa, P. J. (2012). Transitioning HIV care and treatment programs in southern Africa to full local management. *AIDS (London, England)*, 26(10), 1303–1310. <http://doi.org/10.1097/QAD.0b013e3283552185>

Class 4:2

Class 4:3

Week 5

Class 5:1 Theme: Gender, Human Rights, Culture and HIV/AIDS- linking the debates

Students will explore and debate gender, human rights and cultural issues associated with epidemic intervention efforts in sub-Saharan Africa. They are expected develop a cross-cultural and legal understanding of challenges of applying universal HIV/AIDS management conventions to local contexts by exploring the following questions:

- Is the human rights approach to HIV/AIDS for suitable Africa?- analysing the human rights based voluntary counselling and testing approach vs the Ubuntu culture in sub-Saharan Africa.
- Is sub-Saharan Africa not ripe for mandatory HIV/AIDS testing? - pausing for thoughts and reflections
- Exposing the gender face of the disease – the myth of women’s passive vulnerability
- HIV/AIDS advocacy and the rights of people living with HIV/AIDS (PLWHA)- suffering in silence because no one listens to them; role of advocacy groups and civil action



Hunter, M. (2010). Chapter 1: Gender and AIDS in an Unequal World, in “Love in the time of AIDS: inequality, gender, and rights in South Africa” , Indiana University Press

GBCHealth, (2007). Overview of the feminization of HIV/AIDS in sub-Saharan Africa
http://archive.gbchealth.org/system/documents/category_1/364/Feminization%20of%20HIV%20in%20Sub%20Saharan%20Africa%20Issue%20Brief.pdf?1345233500

Eba, P.M. (2015) ‘HIV-specific legislation in sub-Saharan Africa: A comprehensive human rights analysis. African Human Rights Law Journal 15 224-262.
<http://dx.doi.org/10.17159/1996-2096/2015/v15n2a1>

Higgins, J.A., Hoffman, S., Dworkin, S.L., (2010). Rethinking Gender, Heterosexual Men, and Women’s Vulnerability to HIV/AIDS, March 2010, Vol 100, No. 3 | American Journal of Public Health

Tagwirei, C. (2014). ‘Lame ducks’ in the time of HIV/AIDS? Exploring female victimhood in selected HIV/AIDS narratives by Zimbabwean female writers, Critical Arts, 28:2, 216-228, DOI: 10.1080/02560046.2014.906341

Class 5:2

Class 5:3

Week 6

Class 6:1 Theme: What does the future holds in the face of the epidemic in sub-Saharan Africa?

Students will learn to critically evaluate the future of sub-Saharan Africa in times of HIV/AIDS. Based on previous learning, they are expected to demonstrate application and



synthesis knowledge in providing answers to policy issues related to HIV/AIDS in sub-Saharan Africa. In so doing students should be able to answer and reflect on the following aspects.

- Assessing potential economic growth and improvement in the welfare of the ordinary people
- Is the current global HIV/AIDS model working in Southern Africa?-
- Exploring opportunities for public health models concurrent with realities in the African continent- seeking validation for localising HIV/AIDS intervention strategies grounded on economic and social realities ordinary people face.
- Does the global community hold moral obligation to give aid to sub-Saharan Africa to eradicate the epidemic or Africa will always be Africa- abandoned?

The changing HIV/AIDS landscape : selected papers for the world bank's agenda for action in Africa, 2007-2011/ editors, Elizabeth L. Lule, Richard M. Seifman, and Antonio C. David.

http://siteresources.worldbank.org/INTAFRREGTOPHIVAIDS/Resources/The_Changing_HIV-AIDS_Landscape.pdf

Kharsany ,A. B.M., & Quarraisha, A. K. (2016) HIV Infection and AIDS in Sub-Saharan Africa: Current Status, Challenges and Opportunities, The Open AIDS Journal, 2016, 10, 34-48

The World Bank and sub-Saharan Africa's HIV/AIDS crisis: Global health

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1877834/pdf/20070605s00018p1728.pdf>



Section 27 Organisation. The unravelling of the human rights response to HIV and AIDS and why it happened: an activist's' perspective. Available at:
<http://section27.org.za/2014/10/the-unravelling-of-the-human-rights-response-to-hiv-and-aids-and-why-it-happened-an-activists-perspective/>Class 6:2

Class 6:3

Readings

Online Resources