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|  | ADVANTAGES | DISADVANTAGES |
| STAND ALONE MODULE | Has a legitimate place in curriculum; can recruit and train lecturers to act as resource persons; specific timetabling allows more aspects of HIV to be covered; assessment of learning made easier. | Space needs to be made; new modules take a long time to approve; students may not link relevance of HIV to real life and other modules; difficult to find people who specialise in this and also know faculty specific subject matter; excludes other academics from developing capacity in this regard; may have a limited biomedical or narrow professional focus. |
| INTEGRATED INTO CARRIER SUBJECT | Clear where and when to include and who is responsible for it; fewer specialised lecturers needed; assessment is facilitated. | Need to decide what to drop to make time for HIV – may cause resistance; limited aspects can be covered; cannot guarantee faculty assigned to module will be motivated; may be ignored in comparison to other learning outcomes of module. |
| INFUSED INTO SEVERAL MODULES | Curriculum revision usually not needed; can cover a wide range of HIV aspects in different modules; lecturers complement each other with knowledge, skills; sharing of responsibility promotes collaboration; students see the relevance of HIV from different perspectives; it becomes the responsibility of many. | Needs careful analysis of existing curriculum to organise coherently; It may disappear in reality when teaching takes place; many in faculty need to be trained; sharing of responsibility can become shedding of responsibility; assessment more complicated; can result in duplication, omissions. |

**Table 1: Different models to integrate HIV and AIDS (Wood 2013)**