HIV/AIDS & education

A Strategic Approach

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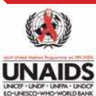

HIV/AIDS & education

A Strategic Approach

Document produced by IIEP Publications

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IIEP/May 2003/IATT.R5

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Foreword

Education is at the core of one the great challenges facing humanity: winning the fight against AIDS.

Education is life-sustaining. It furnishes the tools with which children and young people carve out their lives, and is a life-long source of comfort, renewal and strength.

The strategy presented here is about using education's life sustaining power to fight AIDS. It shows the centrality of education to HIV prevention, and its use in reducing both the risk of HIV infection and people's vulnerability to HIV. As well, the strategy points to the impact that AIDS is having on education systems and the remedies that need to be put in place to relieve that impact.

There is conclusive argument in this strategic framework that the world's goals in promoting education for all and in turning back the AIDS epidemic are mutually dependent. Without education, AIDS will continue its rampant spread. With AIDS out of control, education will be out of reach.

HIV/AIDS and Education is for policy makers in both education and AIDS, but its message speaks to everyone touched by the epidemic: teachers, education administrators, school children, young people out of school, adult learners, and community leaders living in a world with AIDS.

Peter Piot

Executive Director,
Joint United Nations Programme on AIDS

Preface

HIV/AIDS continues to expand in numbers and reach, with no immediate medical solutions in view. As a consequence, the centrality of prevention and mitigation through education is being recognized in countries and among agencies. Educational interventions across a range of settings should provide the knowledge and encourage the development of attitudes and skills that can limit the spread and impact of the epidemic. Agreement about what the issues are, and key actions to be taken, can help to increase the speed and effectiveness of the response.

Such a response is made more urgent because HIV/AIDS seriously threatens the attainment of the Education for All goals set during the year 2000 World Education Forum in Dakar. In the worst affected countries, the epidemic is decimating the education workforce and causing untold suffering to children, young people and their families.

HIV/AIDS also poses major threats to the broader goals for sustaining development and eliminating poverty set during the Millennium Summit, including those relating to universal access to primary education and to gender equality. Together with other sectors, education has a key role to play in ensuring that these goals, along with those set during the year 2001 United Nations General Assembly Special Session on HIV/AIDS, are met.

To this end, the UNAIDS Inter Agency Task Team (IATT) on Education, has developed a framework strategy to focus attention on what is known, and what needs to be learned,

about scaling up the response to the epidemic through education. The strategy has received input from a variety of agencies and groups, both within the UN system and beyond. As much a process as a product, the strategy should be used at all levels as the opportunity for constructive dialogue about the successes and difficulties of working to mitigate HIV/AIDS through educational systems.

The strategy does not pretend to cover all levels, kinds and settings of learning. It focuses principally on formal, school-based education, although its principles are equally applicable in other learning environments. It is a document that should be used to build awareness about building responses to the HIV/AIDS epidemic into educational systems, and to help set in motion the necessary changes. It attempts to establish priorities that should work in most settings, without being overly prescriptive. Finally, it stresses the need to understand the complexity of the changes needed.

Factors affecting the spread of HIV/AIDS include of course education, but also health, economics, culture, law, and governance, to name a few. A timid approach that avoids discussion and confrontation of these complexities is doomed to failure. A diversity of responses is required, including work to raise awareness and stimulate action among education decision-makers, as well as efforts directly targeting young people whether in or out of school.

A substantial number of persons in governmental and non-governmental institutions contributed to the development of this strategy. An initial draft was produced by a UNAIDS Inter Agency Working Group on HIV/AIDS, Schools and Education and circulated widely in UNAIDS and to other practicioners. An

expert meeting was held at IIEP (UNESCO), in April 2002 to review the text, and the IATT has met several times to amend and approve the document. The membership of the IATT includes, but is not restricted to the cosponsors of UNAIDS. A list of members can be found in Annex 1. Special thanks are due to Peter Aggleton, Director of the Thomas Coram Research Unit, Institute of Education, University of London, who serves as an expert adviser to the IATT.

UNAIDS *Inter Agency Task Team on Education*
November 2002

EXECUTIVE SUMMARY

Education has a key role to play both in preventing HIV/AIDS and in mitigating its effects on individuals, families, communities and society. HIV/AIDS is affecting all areas of the globe with devastating impact. Children and young people have been disproportionately affected by the epidemic. Levels of infection peak in the 15-24 age group, and the impact on families, households and communities is often even harder on the young people within them.

This strategy, developed with input from the UNAIDS Inter-Agency Working Group on HIV/AIDS, Schools and Education, identifies key priorities for a scaled up response to the epidemic on the part of schools and the education system more generally. It has been written with key policy makers in mind, both those in Ministries of Education and in development organizations, and those working in related fields. Much of the strategy is directed at the formal educational system, as the fundamental institutional foundation for HIV/AIDS prevention education on a large scale. But any effort to look at the reciprocal relationship between HIV/AIDS and education must go beyond the formal educational system to embrace the community and informal sectors. Both because many of those most at risk are not in formal education, and because the epidemic impacts upon the ability of educational institutions to deliver, it is essential to expand educational opportunities to a wider range of offerings.

The UNGASS Declaration of Commitment[1] on HIV/AIDS sets the target of reducing HIV infection among 15-24 year-olds by

25 per cent in the most affected countries by 2005 and, globally, by 2010. It also calls upon governments to develop by 2003, and implement by 2005, national strategies to provide a supportive environment for orphans and children infected and affected by HIV/AIDS. It calls for vastly expanded access to the information and education, including youth-specific HIV/AIDS education, necessary to develop the life skills required to reduce risk and vulnerability to HIV infection.

Among its many provisions, the Dakar Framework for Action[2], adopted by the international education community during the World Education Forum (Dakar, Senegal), draws attention to the urgent need to combat HIV/AIDS if 'Education for All' (EFA) goals are to be achieved. It calls on governments to ensure that by 2015 all children, particularly girls, children in difficult circumstances and ethnic minorities, have access to and complete, free and compulsory primary education of good quality. Such a target is seriously threatened by the HIV/AIDS epidemic and its impact on the demand for, and supply of, education. Moreover, ensuring universal basic education will be one of the most powerful weapons in the fight to contain HIV/AIDS. Thus, all concerned have a responsibility to ensure that National EFA Plans of Action are prepared taking HIV/AIDS into account.

EFA goals and the Millennium Development Goal for Education[3] cannot be achieved without urgent attention to HIV/AIDS. UNGASS targets and the Millennium Development Goal for HIV/AIDS, Malaria and other diseases[4] cannot be achieved without the active contribution of the education sector. This strategy points to the need for urgent action on two fronts – first, to mitigate the impact of HIV/AIDS as it affects schools

and education; and second, to prevent HIV infection through education. It identifies a set of key issues for schools and the education sector more generally.

HIV/AIDS and education systems

All over the world HIV/AIDS is causing devastation – destroying communities and families and taking away hope for the future. The impacts of HIV/AIDS are many. In the absence of a cure, and in most cases in the absence of adequate treatment, HIV/AIDS diminishes or destroys quality of life before it takes away life itself. Its emotional and economic impact on life quality affects family, friends and community. It affects production as well as household incomes and expenditures; it poses major problems for health systems and health care practices; it diminishes the capacity of societies to provide essential services and plan for the future; and it threatens good governance and human security.

Particularly severe is the epidemic's impact on schools and education. HIV/AIDS reduces the supply of education by reducing the numbers of teachers who are able to carry out their work, and the resources available for education. The epidemic reduces the demand for education, as children are withdrawn from school and college in response to rising household expenditure, and to provide care for family members. And, the epidemic affects the quality of education because of the strains on the material and human resources of the system and on health and presence of learners.

Beyond this, the epidemic also impacts negatively on the quality of education and consequently on progression through

education systems. The quality of education suffers in the form of teacher absenteeism and attrition, less time for teaching, and disruption of classroom and college schedules affect the kind of learning that can take place. Teacher education also suffers as those working in universities and colleges become affected.

To mitigate the impact of HIV/AIDS on the education sector, concerted action on a variety of fronts is needed. Education systems should provide leadership in working together with the economic, health, agricultural, labour and social development sectors to alleviate the social and economic impact of the disease. Moreover, national efforts cannot easily be separated from the need to tackle broader issues including debt relief, poverty reduction and sustainable development.

Among the priority actions that need to be undertaken are:

- Implementing and monitoring of National EFA Plans of Action developed in the light of HIV/AIDS and its potential impact on education systems;
- Ensuring that HIV/AIDS is addressed across the whole education sector;
- Cross-sectoral and inter-agency collaboration to assess needs and to plan, manage and monitor programme implementation; and
- Resource mobilization and capacity building to facilitate the attainment of EFA goals and preserve the core functions of education at other levels.

Teaching and learning

Education for HIV prevention should begin at an early age, before children and young people are exposed to risks, and should be sustained over time. It needs to encompass measures to reduce individual risk as well as to reduce contextual, environmental and societal vulnerability to HIV/AIDS. Political commitment and leadership, participatory planning and inter-sectoral partnership are essential to a successful response, all of which need to be founded in a rights-based approach.

In partnership with other bodies, schools have an important role to play in reducing the risks and vulnerability associated with the epidemic. Among the actions that should be prioritized are:

- Efforts to ensure that teachers are well prepared and supported in their teaching on HIV/AIDS through pre-service and in-service education and training;
- Preparation and distribution of scientifically-accurate, good-quality teaching and learning materials on HIV/AIDS, communication and life skills;
- Promotion of life skills and peer education with children and young people, and among parents and teachers themselves;
- Elimination of stigma and discrimination, with a view to respecting human rights and encouraging greater openness concerning the epidemic;
- Support for school health programmes that combine school health policies, a safe and secure school environment for both teachers and learners, skills based health

education and school health services, and that explicitly address HIV/AIDS;

- Promotion of policies and practices that favour access, gender equity, school attendance and effective learning.

Background

Some two decades after the first cases were reported, AIDS has become the most devastating disease the world has ever faced. Since the epidemic began, more than 60 million people have been infected, of whom nearly 25 million have died, leaving behind more than 13 million orphaned children. HIV/AIDS is now the leading cause of death in sub-Saharan Africa. Worldwide, it is the fourth-biggest killer.

Ten years after The World Conference on Education for All (EFA) in Jomtien, Thailand, The World Education Forum in Dakar in April 2000 reaffirmed the determination of the countries of the world to work together to fulfil the right to education for each person. It set important goals that imply a major effort to expand both the quantity and quality of education. It also made a commitment to tackling HIV/AIDS as a matter of extreme urgency. This commitment is essential, because HIV/AIDS and EFA are intimately connected. Good quality education is a powerful weapon against HIV/AIDS. However, the HIV/AIDS pandemic threatens the infrastructure of education, taking the lives of policy makers, teachers and administrators, and causing untold suffering for children and their families. Consequently, winning the battle against HIV/AIDS is essential in achieving EFA goals, and working toward these goals is in itself a contribution to the battle against HIV/AIDS (Table 1).

Worldwide, the most common means of HIV transmission is through unprotected sex. Other transmission routes include mother to child transmission at birth, sharing contaminated syringes and needles through injection drug use and, to a

lesser extent, the transfusion of infected blood and blood products. Contrary to what some parents may wish to believe, many young people are sexually active from their mid-teenage years onwards. Young people are also prominent among injecting drug users. Ignorance about the disease and lack of means of protection will condemn many of these young people to an early death. Young people have a right to the knowledge and means by which to protect themselves and their partners against infection.

Table 1 . EFA Goals (2000)

- **expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children;**
- **ensuring that by 2015 all children, particularly girls, children in difficult circumstances and those belonging to ethnic minorities, have access to and complete free and compulsory primary education of good quality;**
- **ensuring that the learning needs of all young people and adults are met through equitable access to appropriate learning and life skills programmes;**
- **achieving a 50 per cent improvement in levels of adult literacy by 2015, especially for women, and equitable access to basic and continuing education for all adults;**
- **eliminating gender disparities in primary and secondary education by 2005, and achieving gender equality in education by 2015, with a focus on ensuring girls' full and equal access to and achievement in basic education of good quality; and**
- **improving all aspects of the quality of education and ensuring excellence of all so that recognized and measurable learning outcomes are achieved by all, especially in literacy, numeracy and essential life skills.**

In June 2001, the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS set in place a framework for national and international accountability in relation to the epidemic. Each government pledged to pursue a series of benchmark targets relating to prevention, care, support and treatment, impact alleviation, and children orphaned and made vulnerable by HIV/AIDS (Table 2).

Table 2 . UNGASS Declaration of Commitment on HIV/AIDS (2001)

Agreed upon targets include:

- **reducing HIV infection among 15-24-year-olds by 25 per cent in the most affected countries by 2005 and, globally, by 2010;**
- **developing by 2003, and implementing by 2005, national strategies to provide a supportive environment for orphans and children infected and affected by HIV/AIDS;**
- **ensuring that by 2005 at least 90 per cent, and by 2010 at least 95 per cent of young men and women aged 15 to 24 have access to the information, education, including peer education and youth-specific HIV education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection; and**
- **having in place strategies by 2003, to address vulnerability to HIV infection, including under-development, economic insecurity, poverty, lack of empowerment of women, lack of education, social exclusion, illiteracy, discrimination, lack of information and/or commodities for self-protection, and all types of sexual exploitation of women, girls and boys.**

The Millennium Summit in September 2000 reaffirmed international commitment to working toward a world in which sustaining development and eliminating poverty have the highest priority. It also identified a number of Millennium Development Goals, including goals of specific relevance to

education, gender equality and HIV/AIDS. The attainment of many of these goals is dependent upon the full participation of the education sector in efforts to counter HIV/AIDS and its impact (Table 3).

Table 3 . Millennium Development Goals (2001)

Agreed upon goals include:

Goal 2	To achieve universal primary education. Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling;
Goal 3	To promote gender equality and empower women. Eliminate gender disparity in primary and secondary education preferably by 2005 and in all levels of education no later than 2015;
Goal 6	To combat HIV/AIDS, malaria and other diseases. Have halted by 2015 and begun to reverse the spread of HIV/AIDS. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases.

Substantial new resources are being identified to increase spending to the necessary levels, which UNAIDS estimates to be US$ 7-10 billion per year in low- and middle-income countries. The Global Fund to fight AIDS, Tuberculosis and Malaria, first called for by UN Secretary-General Kofi Annan, has secured initial pledges of over US$ 2 billion.

Beyond this, the World Bank plans major new initiatives in 2002 and 2003 for education and HIV/AIDS. Over the past two years, the Multi-Country HIV/AIDS Program for Africa has committed $550 million to sixteen countries. In a second phase of the project, a further $450 million is to be made available, together with a strong emphasis on the education

sector. The World Bank has committed to replenish its support with new funds as soon as countries have used the initial allocations, and to continue its support until the struggle against HIV/AIDS is won. A similar World Bank initiative is underway in the Caribbean.

All the cosponsors of UNAIDS have increased their programmatic emphasis on HIV/AIDS, through increasing human and financial resources and intensive cooperation among agencies to develop common strategies and responses. Similarly, non-governmental organisations are expanding their own efforts.

More countries are boosting their national budget allocations for HIV/AIDS responses. Under the impact of the Heavily Indebted Poor Countries Initiative (HIPC), several 'least developed countries' have received, or are in line for, debt relief that could help them increase their spending on HIV/AIDS. Private companies are also stepping up their efforts, through better and stronger workplace policies, and by funding HIV/AIDS prevention activities.

The Strategy Framework

Building on numerous international commitments – including UN Human Rights Conventions[5], the Dakar Framework for Action, the UNGASS Declaration of Commitment on HIV/AIDS – and developed so as to complement and extend recent policy papers issued by UNESCO[6] and the World Bank[7], this strategy identifies a series of key priorities for HIV/AIDS, schools and education.

While the primary focus is on work with children and young people at or near school age, the strategy recognises the importance of addressing the needs of school personnel. The strategy also aims to be relevant to other educational settings and, in particular, pre-service teacher education and training. It speaks to the needs of all those involved in planning, implementing and evaluating the education system's response to the epidemic.

Much has been learned over the last two decades about HIV/AIDS, the groups most affected and the actions that need to be taken.

We know that:

- **HIV affects all continents and regions.** Low visibility of the disease is no guarantee that it is not spreading. Lack of intervention is a lost opportunity with unacceptable human cost and compounded difficulties to contain the disease.

- **HIV prevalence among young people is high and rapidly rising.** Thirty per cent of people currently living with HIV/AIDS are under the age of 24. In most developing countries, young people between the ages of 15 and 24 constitute the majority of new HIV infections[8].

- High infection rates, the prolonged incubation period of HIV, and the delayed response of the education sector imply that the **full impact of HIV/AIDS on educational institutions is yet to come**. All aspects of the education system are likely to be affected, including teacher training and teacher support.
- In many countries, particularly ones in Sub-Saharan Africa, **HIV/AIDS is undermining institutional capacity** needed to protect the health and development of children and young people. It is also threatening the human capital necessary for development.
- **The number of children orphaned by AIDS is rising rapidly.** Before the age of 15, over 13 million children have lost their mothers or both parents to AIDS.
- **Student enrolment and achievement are likely to fall** as more children become infected, orphaned or burdened by the impact of AIDS. This situation severely threatens the achievement of EFA goals.
- **HIV/AIDS-related risks and vulnerability are present in the majority of schools** and educational settings.

We also know that remedies exist:

- Education in itself offers a measure of protection against HIV/AIDS, particularly for girls. Education can reduce risk and vulnerability to HIV/AIDS by providing information and skills, by increasing young people's connectedness and security, by providing access to trusted adults, and by increasing literacy.

- Well implemented HIV/AIDS prevention programmes can reduce risk by delaying the age of first sex, increasing condom use, reducing the number of sexual partners, promoting the early treatment of sexually transmitted infections (STIs), promoting access to voluntary and confidential counselling and testing, and reducing other forms of risky behaviour such as drug use, and injecting drug use in particular[9].

Schools and colleges need to be made safe settings in which teaching and learning can occur free from the threat of violence, bullying and sexual abuse. Clear codes of conduct and practice, backed up by concrete enforcement measures, can be useful in protecting teachers and pupils against actions that may be illegal and unprofessional (e.g., sexual relations between pupils and teachers – perhaps in exchange for better grades or economic reward)[10].

It is vital to recognise and support the role of the family and the community in educating young people about HIV/AIDS. In many countries, the majority of young people who need to learn about prevention are not in school. The boundaries between formal and non-formal systems of education are blurred, particularly where community education is the norm. Ministries of Education and national authorities therefore have an important role to play in supporting non-formal education on HIV/AIDS, especially in circumstances where young people are unable to attend school for long periods of time, and/or at particular times of the year. The workplace is also an important context within which education for HIV/AIDS prevention can occur. Adult education and apprenticeship training have important roles to play in reaching young people who cannot access formal schooling.

Piecemeal efforts, well intentioned as they may be, will not suffice. Coherent national responses are required, for which there must be political will and commitment, inter-sectoral collaboration, partnership and participation, and engagement by a broad range of stakeholders that includes teachers, teacher educators, health workers, parents, community and religious leaders, young people and people living with HIV/AIDS. Successful work to prevent HIV/AIDS and mitigate its impact on organizations and systems requires a readiness to tackle gender and other forms of social inequality; and action to protect people (including teachers and pupils) living with, or affected by, HIV/AIDS from stigma and discrimination. More specifically, and with reference to schools and education, there must be:

- Clear policy commitment to comprehensive programming, with clear links between assessment, planning, implementation and evaluation.
- Concern for education that promotes tolerance and respect, equality, justice and dignity as the foundation for the development of all children and young people.
- Urgent action to ensure that educational provision is health-promoting and protective, inclusive, gender sensitive and young person-friendly.
- Greater effort to link young people to the necessary health services for prevention, detection and treatment of HIV/AIDS and other STIs.

Objectives

Two key sets of objectives underpin this strategy. First, are those objectives aimed to mitigate the impact of HIV/AIDS on individuals and on education processes and systems. Second, are those objectives connected with the prevention of infection. Advocacy at all levels is needed to mobilize all sectors of government in the struggle against HIV/AIDS, and to trigger and support complementary actions by non-governmental organisations, civil society and the private sector.

The Impact of HIV/AIDS

Throughout the world, HIV/AIDS is having a dramatic effect on the lives of individuals, families and communities. Where the prevalence of HIV is high, there are few households untouched by the epidemic. Family members have died, others may be sick and in need of care, and all face the daily threat of stigmatisation and discrimination. Elsewhere, rates of HIV infection may be rapidly rising, with the demand for care and support stretching already-overburdened health and education systems.

The impact of HIV/AIDS on education systems in severely affected countries is particularly acute. Substantial numbers of teachers are ill, dying or caring for family members. Young people, especially girls, are being withdrawn from school to assist in the home. Management of the education system is threatened by illness and death of qualified persons. Thus, the vicious cycle of increasing HIV/AIDS leading to decreasing educational services, which thereby leads to greater vulnerability, is dramatic. This cycle poses a long-term threat to the attainment of EFA goals and, more broadly, to development. Education systems in many countries must undergo substantial

change if they are to survive the impact of HIV/AIDS and play an effective role in the provision of education for prevention. In particular, teacher education and the organization of educational institutions may require re-designing so as to meet radically changed circumstances.

Beyond the education system, the HIV/AIDS epidemic is undermining the institutions and human resources on which future health, security and progress depend. These include both formal (e.g. hospitals) and non-formal (e.g. the family and community) systems of care and support. While education cannot, in itself, provide the answer to all of these problems, action to strengthen the education system, and to ensure that both school and out-of-school education contribute more effectively to HIV/AIDS prevention can help communities and nations respond more effectively. The provision of more flexible forms of education is essential for reaching vulnerable children and young people, and to ensure that they do not lose out on the knowledge and skills they will need in the future.

Preventing HIV Infection

HIV/AIDS prevention involves tackling simultaneously individual risk taking and contextual or societal vulnerability. Crucial to success is sustained political support at the highest national level. Effective programming requires messages to be customised to meet local needs, and to take cultural differences into account. Steps must be taken to reduce the social vulnerability of specific groups, notably young people, orphans, women and girls, minorities, sex workers, injecting drug users, and migrant workers and refugees. The Dakar Framework for Action offers an inclusive framework for the reduction of both risk and vulnerability.

As part of education for prevention, six key sets of issues need to be addressed:

- **Understanding the nature of the infection** and how it is transmitted is the precondition for changing behaviours that facilitate transmission.
- **Knowing what behaviours to avoid**, such as not engaging in unprotected sex and needle sharing, is essential for reducing infection rates.
- **Knowing how to reduce risk** gives people positive options by which to live their lives more safely.
- **Adopting attitudes of respect for human rights** is important in limiting the spread of the disease, and building care and support for those affected.
- **Understanding the nature and dynamics of human relationships** is important for developing the attitudes that will support risk reduction behaviours.
- **Skills development** is crucial for putting into practice understanding and knowledge. Because HIV is transmitted through specific behaviours, education is needed to avoid infection. Skills development is also necessary for people to interact with others, including with people living with HIV/AIDS, in a non-discriminatory, considerate and supportive way.

Above all, children and young people have the right to knowledge and understanding, and therefore access to the full range of information and resources, including how to use condoms and other preventive measures, that will allow them

to protect themselves and each other against infection. They need support in making behavioural choices that will ensure protection against HIV infection. Education ministries have a clear responsibility for ensuring that the right to know, and support for behavioural choices, are understood and brought about.

Teachers need to be properly prepared for their role in carrying out HIV/AIDS education. We cannot assume that teachers trained to teach science, or religious education for that matter, necessarily possess the competence to teach about sex, relationships and health. They require support in gaining skills to promote participatory, gender sensitive and rights-based approaches to HIV/AIDS. Special attention must be given to initial and in-service teacher education, to helping teachers understand the importance of being good role models, of gender sensitivity, and of helping schools deliver the curriculum young people need. Education about HIV/AIDS will have a much greater chance of success in contexts where improving the quality of education is a central concern of authorities and educators at every level.

Education for HIV/AIDS prevention should begin as early as possible, and be continued throughout childhood and adolescence. It should take place in developmentally appropriate ways, building on lessons learned, so as to enable young people to prevent HIV infection and related discrimination. Schools, together with organizations that can reach young people in non-school settings, have a valuable role to play in HIV/AIDS prevention, especially in reaching children before they reach the peak vulnerable years (ages 15-24 years).

Education and health policy makers, teachers, health workers, parents, students, leaders of community groups, faith-based organisations and non-governmental organisations need to work together to:

- Enable schools to implement good quality school health programmes that are gender sensitive; that include policies to reduce the risks of HIV infection and related discrimination; a healthy, safe and secure physical and psychological environment that is conducive to risk reduction and the prevention of discrimination; skills based health education that enables students to acquire the knowledge, attitudes, values, life skills and services to avoid HIV infection; and school health services with links to other relevant services to reduce risk and provide HIV-related care, counselling and support.
- Enable schools and other relevant organisations to implement formal and non-formal HIV/AIDS prevention programmes that address gender, sexuality, reproductive health and substance abuse. This is especially important where schools do not have effective school health programmes, in areas of high or increasing incidence of infection, and in settings where young people who do not attend school are likely to be found.
- Provide school and community HIV/AIDS prevention programmes that increase access to information, resources and services at places and times, and in manners, that are likely to be appealing and acceptable to young people who do not attend school as well as students, and in ways that will reach marginalized young persons, including sex workers, drug users, disabled young people, and young

migrants and refugees. These include peer-led education, distance learning, community education, and the use of information and communications technologies for learning.

Out-of-school efforts, including sports and recreational activities promoting HIV/AIDS prevention messages, work by faith based and community groups (informed by scientific understanding), community-based drama and theatre activities, livelihood skills programmes, and mass media work involving and targeting young people, have important roles to play in broadening the reach of education for HIV/AIDS prevention. Numerous models for effective action exist in these domains. These include peer-led and peer-based approaches, as well as workplace-based education and training.

Getting the balance right

An expanded response is urgently needed both to prevent HIV infection and to mitigate the impact of HIV/AIDS. Each stage of the epidemic requires an appropriate response with respect to impact mitigation and prevention.

Low level epidemic

Low prevalence should never be a cause for complacency. It is in the early phases that the epidemic can best be tackled through broad and energetic prevention, as well as through actions that lay the foundations for mitigating the potential impact of HIV/AIDS on education systems.

Concentrated epidemic

A concentrated epidemic is usually fuelled by a few identifiable factors affecting vulnerable populations such as injecting drug users, men who have sex with men, and sex workers. The needs of such populations, along with those of other highly vulnerable

groups who are likely to be affected must be a focus in education for prevention. The impact of HIV/AIDS on education processes and systems will be significant, and steps must be taken to safeguard both the supply and demand for education.

Generalized epidemic

In a generalized epidemic, infection will have spread widely throughout society. Radical measures may be necessary to provide education in new forms and ways, particularly to children orphaned as a result of the epidemic. Education for HIV/AIDS prevention remains essential to protect the next generation. The demand for counselling and treatment services, as well as for care and protection for children and young people, will put great put great pressure on these service.

Education systems' capacity and HIV/AIDS

HIV/AIDS has profound consequences for schools and education[11, 12]. First, it affects the demand for education. As the epidemic intensifies, fewer children are born; there are greater numbers of sick children, and children (especially girls) may be removed from education, to care for sick relatives or to take on other family responsibilities. Household incomes and savings may be depleted. Beyond this, adults may see little value in investing in education for their children when the future seems bleak. In Swaziland, for example, school enrolment is reported to have fallen by 36 per cent as a result of AIDS, with girls being the most affected. In Guatemala, studies have shown that more than a third of children orphaned by HIV/AIDS drop out of school. Urgent steps need to be taken to promote the value of education and to ensure that it is

provided in ways attuned to families' and communities' changed needs. Enabling young people – especially girls – to attend school and complete their education is essential for the future prosperity of families and the community.

Second, the capacity of the education system to supply schooling decreases. The epidemic is claiming huge numbers of teachers and other education-related personnel. In 1999, an estimated 860,000 children lost their teachers to AIDS in sub-Saharan Africa. By the late 1990s, the toll had forced the closure of more than 100 educational establishments in the Central African Republic, and in 2000, AIDS was reported to be the cause of 85 per cent of the 300 teacher deaths occurring there. In Zambia, teacher deaths caused by AIDS are equivalent to about half the total number of new teachers trained annually. As the impact of HIV/AIDS is felt on the productive sector of the economy, government revenues will decline and/or be reallocated – resulting in a smaller education budget.

Third, the quality of education is compromised as already scarce human and material resources are stretched even further. In heavily affected areas, there will be fewer teachers working; those who are employed may be less motivated and frequently absent as they respond to family trauma or illness; and many families will experience a decline in purchasing power, making expenditures related to schooling impossible. Additionally, the loss of central and provincial administrators/managers, in-school mentors and teacher educators in universities and colleges will affect the quality of planning, training and support. In this kind of context, non-formal and community education plays an increasingly important role in making it possible to reach young people.

Of particular concern with respect to the quality of education are issues of equality and rights. There is clear evidence to suggest that young people most in need are those who suffer first. Girls in particular, young people who use drugs, young homeless people, and young people who lack one or both parents will be among those whose education is most severely disadvantaged by HIV/AIDS. Urgent and focused action is required to ensure that children and young people's rights to education and health are protected.

The time is also ripe for schools to better adapt to the needs of learners. Schools can adapt schedules and programmes to better integrate with the additional responsibilities of learners; as rights-based institutions, they can ensure that young children are not discriminated against and that they have opportunities to express themselves with regard to their changing (often negatively) situations; they can be environments where learning from and caring for one another is practised daily; they can address the uneven impact of HIV/AIDS on girls and boys; and elements can be added to the curriculum to help young heads of households learn the essential skills of running a home and maintaining a family. The shortage of teachers and other staff provides an opportunity to engage youth and adults from the community in school management in ways that can be mutually beneficial. These examples provide an understanding of the ways in which the quality of education can be improved to foster aspects of coping and caring in schools, and to prevent drop out.

Balancing the supply and demand for education can be difficult even in the absence of the epidemic. But in the presence of HIV/AIDS, the unevenness of the supply and demand for education is exacerbated as HIV/AIDS erodes the

human capacity for education, and compromises educational outcomes. Replacing skilled professionals should be a major priority, especially in countries where governments depend heavily on a small number of highly trained individuals for public management and core social services[13].

Mitigating impact

A successful response to HIV/AIDS requires maintaining and strengthening education as well as other sectors. Only in this way can the institutions of democratic governance continue to function. Mitigating the impact of the epidemic requires each sector to take HIV/AIDS into account in its own development plans, and to introduce measures to sustain public sector functions. EFA goals cannot be achieved without serious action to address the impact of HIV/AIDS on the education sector. Business as usual, and inadequate attention to the quality of education, will be both inadequate and potentially harmful.

HIV/AIDS affects countries to differing degrees and in different ways. Its potential impact therefore needs to be considered as part of educational reform efforts. Extra support needs to be given to highlight instances of good practice, strengthen vision, boost morale and keep the momentum high in what can sometimes be difficult circumstances. Coordination across sectors, and between donors and agencies working on HIV/AIDS, is critical.

Schools are both educational environments and adult workplaces, and education systems must recognise the need to develop, support and protect those who work within them. Without attention to the management of education systems, and efforts to improve the overall quality of education,

HIV/AIDS prevention and impact mitigation will fail. Policy and planning must address all aspects of HIV/AIDS as it impacts on education. This includes implications for the curriculum, the nature, location and quality of schooling, issues of confidentiality and human rights, and the teacher and education sector workforce.

In some countries, an emphasis on maintaining core education functions may be needed. Countries in which infection rates are presently low are in a good position to arrest the spread of infection before greater impact occurs. Other countries, with reported losses of up to one-third of teachers, are having to make profound changes to enable schools and alternative programmes to provide education and support.

Actions to preserve the key missions of education

Attention should be focused on the following key areas of action:

- **Implementing and monitoring National EFA Plans of Action** developed in the light of HIV/AIDS and its potential impact on education systems.
- **Ensuring access to high quality education** for children in families affected by HIV/AIDS, children living with HIV/AIDS, and orphans. This will involve efforts to reduce discrimination, stigma and misunderstanding about HIV/AIDS; improve community awareness of the value and right to education, especially for children affected by HIV/AIDS; ensure that schools take actions that foster coping and caring for those affected by the pandemic and that are targeted to reach the most affected; and reduce the social and economic barriers to accessing and staying in education.

- **Changing patterns of provision** (e.g. early childhood education, non-formal and community education, distance learning) and attendance (e.g. pattern time and block attendance) to maintain demand for good quality education and to ensure learning, particularly in families and communities badly affected by HIV/AIDS. The provision of school materials and meals and new community/school initiatives to enable young people who are working and/or providing care for sick family members to access education will also be needed.
- **Improving and accelerating teacher recruitment** through new incentives to enter teacher training. Establishing policies for retaining teachers and encouraging appropriate recruitment to unpopular locations. It will also be important to facilitate more flexible approaches to part-time work and job-sharing to enable teachers with other commitments (e.g. caring for sick relatives, family responsibilities) to continue in employment.
- **Reviewing teacher education and training** (both pre- and in-service) to ensure that teachers are well prepared to meet the special needs of children living with and affected by HIV/AIDS, and orphans. They may require preparation for issues of confidentiality; identifying and making better use of resources outside educational institutions, including medical, psychological, social and other services; in helping access counselling, care and prevention; in supporting colleagues and students; and in coping with their own emotional and physical needs.
- **Reinforcing cross-sectoral and inter-agency collaboration**, to assess needs more effectively and to plan, manage and monitor programme implementation in a coordinated way.

- **Prioritising teachers' access to treatment and care** to enable them to continue to work productively, and to develop effective workplace policies on HIV/AIDS, including attendance/sick leave/compassionate leave.

These actions will require a good evidence base, resource mobilization, and capacity building to facilitate the attainment of EFA goals in often radically changed circumstances. Ministries of Education in partnership with other sectors have an important role to play in ensuring that the data necessary for diagnosis and planning is collected, that HIV/AIDS is properly reflected in National EFA Plans of Action, and that capacity is built so as to mitigate the effects of HIV/AIDS on both the supply and demand for education.

Preventing HIV Infection

Preventing HIV infection must be approached by, on the one hand, action to reduce individual risk, and on the other, to tackle the broader contextual, environmental and social factors that make people vulnerable. The reduction of individual risk usually focuses upon the individual and his or her behaviour. Vulnerability reduction, on the other hand, involves making changes in the broader social, cultural, economic and political environment in which individuals live their lives. Both measures are essential for prevention success.

Regardless of whether the emphasis is on risk or vulnerability reduction, committed high-level leadership is essential for success. Leadership and advocacy needs to be informed by a sound knowledge base. Good quality situational and contextual analysis of patterns of sexual behaviour, cultural

practices and beliefs, and sub-cultural norms among young people can be used to develop this[14]. Useful data to be collected include information on sexually-transmitted illnesses and pregnancy rates among young people, age at first sexual intercourse and patterns of substance use; the availability and use of condoms and services; safety and security of the school/community; social/economic factors and cultural practices relevant to risk; attitudes related to education about HIV/AIDS, sexual and reproductive health, and discrimination in schools and the community.

Participatory planning can facilitate the sharing of information, joint planning and developing consensus among key stakeholders, including formal and non-formal education providers. It can also help identify suitable partners, their possible roles and responsibilities, and funding implications. The active involvement of a range of stakeholders in planning HIV/AIDS risk reduction measures is essential. These stakeholders include Parent Teacher Associations, teachers' groups, traditional, cultural and religious leaders, community volunteers and young people themselves.

Schools and education systems have the opportunity to reach children and young people with HIV/AIDS prevention education before many are sexually active. They can do this in four related ways: (i) by developing policies addressing HIV/AIDS education, (ii) by providing HIV/AIDS-related knowledge and skills to all young people, including those at special risk; (ii) by linking young people to relevant health services and (iii) by supporting activities that reduce overall vulnerability to HIV/AIDS, for example, by ensuring protective school environments or by reaching out to girls; young people

who use drugs; young migrants, refugees and asylum seekers; and young people whose economic circumstances cause them to exchange sex for money, drugs or material benefits. In order to meet these requirements, Ministries need clear policies on the kinds of education for prevention to be implemented, and how they are to be implemented[15].

Risk reduction

Good quality programmes of prevention education have beneficial effects. They result in the adoption of positive behaviours, including a delay of the age of first sex; an increase in the use of condoms among young people who are sexually active; a reduction in the number of sexual partners; a reduction in alcohol and drug use, and the risks associated with injecting drug use in particular. They have an effect on the environment, in particular by improving health, safety and security in educational settings and elsewhere within communities[16, 17].

Information is necessary but knowledge alone is not sufficient to protect young people against HIV/AIDS. What is needed is an interactive process of teaching and learning that helps young people acquire the knowledge, attitudes and skills to enable them to take greater responsibility for their own lives, resist negative pressures, minimize harmful behaviours and make healthy life choices.

A range of 'entry points' can be used for risk reduction work in and out of schools[18]. These include work on gender, sexuality, pregnancy, violence, drug use, employment and broader social issues. However, the key elements of knowledge, attitudes and skills should be taught sequentially in ways that build upon

one another. Education to prevent HIV/AIDS should always be coherent and gender sensitive and should not be spread thinly over a range of topics or subject areas.

Health risk behaviours frequently have the same root causes. Based on research, the most successful programmes are those in which policy development, health promoting environments, skills-based health education and school health services are strategically combined. One widespread programming model is the Focussing Resources of Effective School Health (FRESH) programme jointly supported by UNESCO, UNICEF, WHO, the World Bank, and Education International[19].

Good quality risk reduction education relies on trained and skilled human capacity. Teachers and others need to be properly trained, supervised and monitored in their work. They need to know that their interventions will be significant, and that they will be supported in their efforts. This is especially true for HIV/AIDS where, despite clear scientific evidence to the contrary[20], the erroneous view continues to be expressed that HIV/AIDS education does not work, or that education about sexuality leads to increased sexual activity.

School-based efforts to prevent HIV infection can be controversial, for educators as well as for the community. Political commitment at the highest level, and most certainly from within ministries of health and education, is vital for success. Despite common misconceptions about HIV/AIDS education, community resistance should not be assumed. Community members, including parents and religious leaders, are often keen to be better informed and more involved.

Table 4 . Education to reduce risk is

- **A learning/teaching issue.** Teachers, educators, youth workers, health care workers and others require training and support, good quality curricula and materials, and the knowledge, attitudes and skills to protect themselves and others from HIV infection.
- **A human rights issue.** Children and young people have the right to the information, resources and skills that will enable them to protect themselves and others against infection[21].
- **A cultural issue.** Schools and education systems socialize new generations into the norms that influence and regulate citizenship, economic activity, and personal relationships. To do so successfully, the messages that are being sent have to be sufficiently appropriate to the cultural context to be assimilated by the learners.
- **A community issue.** Schools and education systems are part of the local community, and should seek to engage with its concerns and needs, including threats to individual and social well being such as HIV/AIDS.
- **An inter-sectoral issue.** Schools are not the only place in which children and young people learn. Education about HIV/AIDS can, and does, take place in a variety of settings. Working together, within and across settings, lends coherence to prevention messages and approaches.

Schools can reach further into the community than many other institutions. Attitudes and behaviours taught and learned in schools serve as examples far beyond the classrooms. HIV/AIDS preventive education in schools is, therefore, an important vehicle for reaching and enabling children and young people to protect themselves. Such efforts are likely to work best where schools are safe places for learning and playing, and where school-based efforts are reinforced by community-based support.

In order to reach young people before they become sexually active, or are sexually targeted, HIV/AIDS education must begin early and extend throughout the school years. Unfortunately, many of the young people who are at most risk today are not at school, either because they have dropped out or because they never enrolled. Therefore, schools should be used as much as possible as places for outreach to a broader population. Non-formal programmes need to be linked to school-based work to ensure that young people are reached both in- and out-of-school. Integral to such efforts is the need, multi-sectoral coordination to enhance education for the long term.

Teachers, and other educators and facilitators, are important role models. All should receive training and support to meet demands within and outside the classroom. This needs to go beyond basic awareness training to include establishing appropriate codes of practice, reviewing personal attitudes, and acquiring specific skills for teaching about HIV/AIDS.

Establishing a comprehensive, system-wide effort incountries where little or no preventive education is taking place will take effort and time. It is important to begin by building a consensus on the need for education and knowledge about the disease and ways to prevent it. It is important also to begin to construct a base on which wider efforts can rest.

Actions to reduce risk

Attention should be focused on the following key areas:

- **Policy development.** Clear national policies are needed to support education for HIV/AIDS prevention. Within schools and education authorities, clear policy frameworks

need to be established and implemented to ensure that schools become HIV risk-free environments. These should specify the knowledge young people should have access to, the behaviours expected of students and staff, and the services and resources (including condoms) needed to protect against infection.

- **School-based risk reduction education** specifically targeting HIV/AIDS. Preparation and distribution of scientifically accurate, culturally appropriate, good-quality teaching and learning materials on HIV/AIDS, communication and life skills. Efforts should be made to encourage learning in ways that maximise the application of relevant knowledge, that promote positive attitudes, and that provide opportunities for individuals to develop skills in decision making, co-operation, coping and stress management, and creative and critical thinking. This includes support for school health programmes, such as FRESH, which include a focus on security and safety and which explicitly address HIV/AIDS.

- **Promotion of participatory and peer education** with children and young people, and among teachers themselves. Children and young people must be important participants in all aspects of HIV/AIDS prevention, and not simply the target group. Their active involvement through project work, theatre, dance and debate, as well as in other ways, is a necessary and effective way of customising the messages and ensuring programme relevance.

- **Teacher education and training.** Teachers must be well prepared and supported in their work on HIV/AIDS through pre-service and in-service education and training.

They are key to the delivery of risk reducing education for HIV/AIDS prevention, but the HIV/AIDS component of pre- and in-service teacher training for teachers should be regularly reviewed. Where necessary, new resources and approaches should be developed and kept up to date. Teachers require ongoing support in introducing the enquiry-based, rights-oriented types of education about HIV/AIDS that are known to work best. Many of these approaches encourage active participation and skills development.

- **Better linkage with health services.** Wherever possible, links should be made between the education for HIV/AIDS prevention undertaken in schools and youth friendly health services. Where such services do not yet exist, efforts should be made to create them in partnership with young people themselves.

- **Strengthened systems of non-formal and community education.** Non-formal and community-based education is important in reaching those not accessible through schools. School and community HIV/AIDS prevention programmes need to provide coordinated messages. The active involvement of parents and community leaders is to be welcomed provided essential risk reduction measures are not weakened so as to deny young people the knowledge, skills and resources they need.

- **Greater involvement of people with HIV/AIDS.** People living with, or affected by, HIV/AIDS have an important role to play in education for HIV/AIDS prevention. They can assist in the design and implementation of teaching

programmes as well as providing access to perspectives and experiences that help reduce risk (e.g. through their descriptions of key events and life experiences)

Vulnerability reduction

Vulnerability to HIV infection occurs when 'people are limited in their abilities to make and effect free and informed decisions'[22]. Vulnerability is determined by political factors such as the lack of will to respond effectively to the epidemic; economic factors such as poverty; education sector factors such as lack of good quality schooling; contextual factors such as dominant gender roles and expectations, violence and conflict, family breakdown or lack of 'connectedness' to family, school or community; and environmental factors such as absent or inadequate health and social services.

Singly, or in combination, these factors render some groups systematically more vulnerable to HIV than others. These groups include children and young people living in extreme poverty; children and young people exploited sexually, economically or in other ways; children and young people discriminated against and marginalized on grounds of gender, ethnicity, sexuality and disability; young migrants and refugees; and young people who use drugs.

Education in and of itself can reduce vulnerability to HIV/AIDS by increasing literacy and general educational level, by enhancing a sense of connectedness and security, and by providing access to trusted adults. Young people with more education are more likely to use condoms than peers with less education, and are less likely to engage in casual sex, particularly in countries with severe epidemics[23].

Schools can be outstanding places for promoting the rights of children and young people. Unfortunately, they can also be places in which rights are compromised. Bullying, violence, harassment, gender and HIV/AIDS-related discrimination and sexual abuse must be recognised in schools, and appropriate steps taken to remedy them. Training and special measures, including the implementation of codes of practice[24], can be powerful tools for raising awareness and reducing discrimination in school environments.

HIV/AIDS-related vulnerability reduction works best in an enabling environment, when it builds on strong foundations. These can include a legal infrastructure guaranteeing the provision of education and health services, together with policies and procedures guaranteeing human rights[25]. Addressing the root causes of vulnerability – e.g., lack of political will, poverty, gender inequality – and breaking the silence around the epidemic has benefits for health and development, beyond HIV/AIDS itself[26].

Multi-pronged and coordinated strategies are more effective in reducing vulnerability than single 'one-off' approaches. Combining long-term efforts to reduce social exclusion (e.g. encouraging more girls to enter and stay in school), with more specific HIV/AIDS vulnerability reduction efforts can be mutually beneficial[27]. The latter include building health policy around HIV/AIDS, building supportive environments, supporting community action, and establishing young person friendly health services[28].

Many factors heightening vulnerability to HIV/AIDS among young people derive from the erosion of care and protection previously available from families and communities. By acting

swiftly to provide needed services, countries and communities will reap benefits not only for HIV/AIDS-related vulnerability, but also for a range of other health and development concerns. Good quality educational provision has been shown to reduce vulnerability to alcohol and drug use, unwanted pregnancies, violence and unemployment, as well as HIV/AIDS.

Schools and education can enhance access to services relevant to young people, including treatment for sexually transmitted infections, sexual and reproductive health services, access to voluntary and confidential counselling and testing, HIV/AIDS treatment and care[29]. Within schools, trained staff can identify early warning signs of harmful drug use and refer appropriately. Strong links with local health centres and other community organisations can help students link the knowledge and attitudes they learn at school with actions to protect themselves.

Table 5 . Vulnerability reduction is:

- **A cultural issue**, since it involves reviewing fundamental values and norms.
- **A human rights issue**, since it links intimately to fundamental human rights.
- **A legal issue**, since actions such as discrimination, which enhance vulnerability, are amenable to legal redress.
- **An issue of democracy and citizenship**, since social dialogue, connectedness and solidarity are essential to any response.
- **An infrastructural issue**, since hospitals, schools and universities require strengthening if they are to play their proper role in promoting a reduction in societal vulnerability.

Actions for reducing vulnerability

Attention should be focused on the following key areas:

- **Providing and expanding access to universal, good quality and safe education**, including early childhood education. This is particularly important for girls, orphans, young people who inject drugs, young sex workers and other especially vulnerable young people.
- **Elimination of stigma and discrimination**, with a view to respecting human rights and encouraging greater openness concerning the epidemic. This should include discrimination on the basis of HIV/AIDS status, economic status, gender, pregnancy, being orphaned, age, sexuality, disability, religion and culture.
- Promotion of policies and practices that favour **early childhood care and education, gender equity, school attendance and effective learning**, all of which positively affect health, nutrition and the capacity to learn. Beyond this, action should be taken to improve management, safety and security in schools to ensure that they offer healthy, protective and gender sensitive learning environments.
- **School health programmes** need to tackle the particular factors rendering some children and young people more vulnerable than others. They can do this through the provision of skills-based health education to enable people to acquire the knowledge, attitudes, values and life skills needed to avoid HIV infection. They can also seek to foster appropriate forms of student/teacher interaction, and promote greater gender sensitivity and psychosocial support.

- **Safer recreational activities** are important both in and out of school. Young people have the right to opportunities for participation in sport and other leisure activities in ways that do not render them vulnerable to HIV/AIDS through the actions of others. Clear norms and guidelines, including codes of practice, should govern adult involvement in youth activities and adult relationships with youth in organized activities.
- **Inter-sectoral collaboration** to enable young people to access the services and resources needed to protect and support against HIV infection. These include access to condoms and to clean needles. The training of teachers and health workers needs strengthening so as to facilitate the early identification of especially vulnerable children, to promote child protection and safety, and to make appropriate referrals.
- Finally, **school-community partnerships** should be created to build livelihood and employment skills and to facilitate access to youth-friendly voluntary and confidential HIV counselling and testing services; early and effective treatment for sexually-transmitted illnesses; reproductive health services; services and support for orphans; and services for substance abuse and injecting drug users.

Central to the success of all of the above action is the kind of leadership called for in the UNGASS Declaration of Commitment on HIV/AIDS: leadership that empowers individuals and communities to take charge and 'fight back' against the epidemic; and leadership that recognises the centrality of education to achieving these goals.

The Way Forward

The bad news about HIV/AIDS keeps coming, increasing in volume and intensity. But there is good news as well. Community and societal mobilization is quicker and broader than in the past. HIV/AIDS is finally understood to be a problem affecting everyone. The role of prevention, and education seen in the broadest sense as integral to the prevention effort, are recognized. Education cannot on its own bring about the wide-reaching changes needed to slow, and then stop the epidemic. The key to success lies in combination prevention. This means changing the individual behaviours that spread the disease, and working to develop environments that make preventive action the preferred behaviour both for individuals and groups.

Education is a powerful, proven tool for prevention. Since education for all is both necessary for battling the disease and threatened by the spread of the disease, it has an inextricable relationship with HIV/AIDS. So far, HIV/AIDS prevention education has been, with notable exceptions, slow to get started, piecemeal, and often marginal to other reform efforts. Signs of mobilization are emerging, as political will grows and evidence of good practice points the way. Coordination with EFA efforts, increased attention by development bodies, more financing, and less resistance in all quarters to education about HIV/AIDS are all reasons for hope.

The strategic approach outlined here provides background concerning the relationship between education and HIV/AIDS. It outlines some of the key issues concerning education for

HIV/AIDS prevention and for mitigating the impact of HIV/AIDS on education. It proposes a number of priority areas for action, focusing on public education while keeping in mind a broader arena. While the strategy constantly stresses the importance of concerted, large-scale action, realism will oblige any responsible decision-maker to begin with what is possible. Consequently, this paper is also a plea for advocacy, with action. Silence and ignorance have been strong contributing factors to the spread of the global epidemic. Debate, information and understanding can be our best weapons to combat it. It is the purpose of this strategy to to use these weapons to maximum effect.

This strategy paper, endorsed by an impressive number of institutions, should serve as a basis for reflection, dialogue and the formulation of specific policies. Clearly, no one set of actions can be prescribed as generally appropriate for every setting. On the other hand, ignoring any of the important features laid out in this paper courts the risk of failure. Countries are facing very different circumstances, with the epidemic at various stages of advancement and the educational responses varied in their strength. Each country needs to address the HIV/AIDS crisis head on, with firm, carefully tailored policies to limit the consequences of the epidemic.

The IATT is a strategic clustering of agencies, committed to work for congruence in policy dialogue at the international and national level. It intends to continue encouraging the dialogue it has begun around this strategy paper, in international gatherings, and at regional and national level in decision-making bodies. It hopes this strategy framework will serve as

a tool for debate and for the formulation of national and organizational policies, including training schemes, financial mobilization, and dialogue with interest groups.

The IATT intends to complement the paper with a series of policy tools that build on the priorities described above. Among these will be a policy kit for Ministries containing sources of information, research results, and briefs on particular issues related to, for example, the status and training of teachers, teaching materials, legal questions, and financing. It is also working, notably through the efforts of the World Bank, to develop capacity at the national level to formulate and find financing for programmes for HIV/AIDS prevention and mitigation. Finally, it will encourage and participate in a wide range of initiatives to examine progress towards meeting international targets for HIV/AIDS prevention and mitigation through education.

International commitment is real. National policy makers are mobilizing, in some cases with impressive speed. The efforts begun with this paper will be to broaden understanding and serve as a support and interface to the cooperation between countries and agencies that is beginning to occur, and that is essential to a successful response.

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ANNEX 2 . PROCESS

This Strategy document was initiated through UNAIDS and its co-sponsoring organisations, and developed through a process of consultation with UN donor agencies, NGOs and professional associations over a period of two years. Gratitude is owed to all who contributed to anchoring the process and ensuring circulation of successive drafts within their organisations and to their partners and counterparts.

ACKNOWLEDGEMENTS

In addition to the IATT members, the people on this list contributed through direct work or consultation (some as members of the Inter Agency Working Group).

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Isolde Birdthistle
Isabel Byron (UNESCO/IBE)
Donald Bundy (World Bank)
Michel Carael (UNAIDS)
David Clarke (DFID)
Des Cohen
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Helen Craig (UNESCO/IIEP)
Celia Maier Lesley Drake (Centres for Disease Control, USA)
Jane Foster (Commonwealth Youth Program)
Monique Fouilhoux (Education International)
Amaya Gillespie (UNICEF)
Anna Mari Hoffman (UNESCO)
Sara Hogmark (International Federation of Medical Students)
Jack Jones (WHO)
Laura Kann (Centres for Disease Control, USA)
Michael Kelly
Lloyd Kolbe (Centres for Disease Control, USA)
John Lawrence
Sarah Lebreton (Save The Children Fund)
Vivian Lopez
Mahesh Mahlingham (UNAIDS)
Neill McKee (Johns Hopkins University)
Suman Mehta (UNFPA)
Aurorita Mendoza (UNAIDS)
Madhu Bala Nath (UNIFEM)
David Norman (Save The Children Fund)
Pekka Puska (WHO)
Richard Sack (ADEA)
Phyllis Scattergood (Education Development Centre, Boston, USA)
Inon Schenker (WHO)
Vincent Snijder (ADEA)
Brad Strickland (USAID)
Nicola Swainson
Doug Webb (Save The Children Fund)
Cheryl Vince-Whitman (Education Development Centre, Boston, USA)
Joan Woods (USAID)

Consultations and Discussion Fora:

DFID, Safe Passages to Adulthood - Expert meeting on education and HIV/AIDS, UK, July, 2001

Save The Children Fund, USA, inter-country meeting, UK, August, 2001

WHO Mega-country meeting for the Global School Health Initiative, at the International Union of Health Promotion and Education Conference, Paris, 2001; involving government representatives from Nigeria, Bangladesh, India, Pakistan, Brazil, Mexico, China, Russia; and from FAO, and the Child to Child Trust

World Education Forum. Dakar, 2000