Home

The Leadership Challenge and the Way Forward : HIV/AIDS and Education in Eastern and Southern Africa

Executive Summary

HIV/AIDS in Eastern and Southern Africa

1. The AIDS burden falls more heavily on Africa than on any other part of the world. Within Africa, it falls more heavily on countries in Eastern and Southern Africa than on those in any other part.

2. In fifteen countries of the Subregion, the average prevalence rate for those aged 15-49 is estimated to be 13.95 per cent; for Sub-Saharan Africa as a whole it is 8.57 per cent; for the world it is 1.07 per cent. Cumulatively, 8.08 million children have been orphaned by AIDS in these fifteen countries of the Subregion, compared with 12.1 million in all of Sub-Saharan Africa, and 13.2 million globally.

The Impact on Development

3. This AIDS burden is unravelling hard-won development gains and having a crippling effect on future prospects. The magnitude of the epidemic is such that few of the countries of Eastern and Southern Africa can hope to attain cherished development goals in the areas of human and economic well-being. This is borne out by the severe downturn in many development areas:

- HIV/AIDS is slashing life expectancy;

- HIV/AIDS is increasing adult and child death rates;

- Because AIDS is at its worst in the 15-49 age group, it is changing the entire structure of populations;

- AIDS sicknesses are placing intolerable strains on health care systems;

- AIDS mortality is placing intolerable strains on social security systems, both formal and informal, through a massive increase in the number of orphans;

- The epidemic is contributing to food and livelihood insecurity in the subsistence agriculture sector;

- HIV/AIDS is reducing business profits-in sugar estates in Kenya, in manufacturing companies in Zambia, in mining in South Africa, in coffee plantations in Tanzania;

- The disease is constraining economic growth.

4. HIV/AIDS attacks each component of the Human Development Index. It reduces life expectancy, lowers educational attainment, and reduces income per capita. It undermines the very concept of human development.

Factors Affecting Effective National Responses

5. National responses to the challenge of HIV/AIDS have been constrained by a variety of factors, some historical, some current:

- The nature of HIV/AIDS itself, with its hidden nature and long incubation period;

- Much diversion of scholarly attention and resources to the source and timing of the introduction of HIV to the human community;

- The recurring tendency to see HIV/AIDS as being essentially a health issue that should be dealt with by health ministries;

- The absence of an adequate sense of urgency;

- Pressing socio-economic needs that appeared to have greater urgency and that commandeered the attention of over-strained government departments;

- Major economic problems, related to structural adjustment programmes and debt servicing obligations;

- Different forms of political transition, frequently accompanied by major outbreaks of civil strife, with the ensuing transformation of society; and

- Natural disasters, such as droughts and floods.

6. Additional constraining factors include:

- The lack of wholehearted political leadership and commitment;

- Inadequate management capacity;

- Lack of coordination of interventions, with no clear picture of who was doing what, what worked, what did not work;

- Difficulties in establishing partnership and collaboration arrangements;

- The smothering silence about HIV/AIDS, its transmission and its consequences; and

- The cost and non-availability of effective therapies.

National HIV/AIDS Strategies

7. The countries of Eastern and Southern Africa have made headway by putting in place various strategic plans for dealing with the epidemic. For the greater part, these plans have also been accompanied by the establishment of national AIDS councils and secretariats. The principal merit of these arrangements is that they demonstrate country understanding that lowering incidence and mitigating the epidemic's impacts must be according to a nationally driven agenda. Other merits are that they;

- Express extensive political commitment;

- Embody a multisectoral approach which deals with HIV/AIDS as a development issue that transcends health;

- Facilitate extensive information gathering and knowledge sharing;

- Work in a combination of top-down and bottom-up approaches which incorporate all actors and acknowledge very directly the role and responsibility of communities.

Vulnerability to HIV/AIDS

8. Several factors make individuals vulnerable to HIV infection. Factors that are especially relevant to education include gender, poverty, disabilities, population mobility, cultural understandings, being young, sexuality, and certain HIV risks which may be associated with the school as an institution.

9. Various deep-rooted gender attitudes and the practices to which they give rise fuel the transmission of HIV. A crucial role for an education system that seeks to form attitudes and practices that will minimize HIV transmission is to work strenuously and systematically for greater gender equality, the championing of women's rights, and the empowerment of women.

10. Unlike other infectious diseases, HIV/AIDS does not respect social barriers. It affects rich and poor alike. Nevertheless, poverty seems to facilitate the spread of the disease and worsen its impact. One overarching reason for this is that where poverty prevails, responding to immediate short-term survival or satisfaction needs assumes greater importance than protecting long-term benefits. This is very strongly the situation with HIV/AIDS, where no immediate harmful consequences are experienced and the infection appears to lie dormant for several years. But if poverty exacerbates vulnerability to HIV/AIDS,

the reverse is also true: HIV/AIDS aggravates poverty. It does so by thrusting households back on ever more limited resources, reducing employment opportunities as industry adjusts to its impact, and inhibiting economic growth because of the loss of skilled human resources and the use of resources for consumption rather than investment.

11. The poverty-HIV/AIDS interaction impacts on education mostly at individual and community levels. Notable manifestations are the withdrawal of children-especially girls-from school because of inability to meet school costs, the irregular school attendance of children from AIDS-infected homes, the failure to provide for the education of orphans, the inability of communities to provide as much support for schools as they did in the past, and the establishment by communities of schools for their own children.

12. What marginalized groups have in common is an increased vulnerability to HIV. This increased vulnerability is strongly experienced by those suffering from physical or other disabilities. Many such individuals, adults and children, remain hidden at the margins of society, but fall easy prey to HIV infection. Many of them end up being doubly stigmatised-because they suffer from some disability and because they suffer from HIV/AIDS.

13. Experience world-wide has shown that occasional and regular migration for wage employment increased vulnerability to HIV infection. Although work in education is not classified as migratory, students, teachers and other education personnel may share some of the HIV infection risks of more mobile workers. Individuals at special risk include:

- Full-time boarding students in schools and colleges;

- Trainee teachers who have to make their own temporary accommodation arrangements when posted to a school for practice teaching;

- Teachers who cannot be accompanied by their families when posted to a school where there is no accommodation;

- Teachers in rural schools who have to travel long distances, and be away from home for a considerable length of time, to pick up their monthly pay-cheque;

- Individuals who are separated from their spouses when sent on training courses of short to medium duration.

14. Educational programmes, whether school-based or for out-of-school youth and communities, do not take adequate account of the cultural perspective which roots the cause of HIV/AIDS in sorcery/witchcraft or in an animistic approach. Programmes have also failed to bring traditional healers into the picture, to work alongside them and have them share their expertise within educational programmes. This broad area of cultural neglect may account in large measure for the almost universal lack of headway, with the frequent complaint that wide diffusion of knowledge about HIV/AIDS is not leading to any correspondingly wide change in behaviour.

HIV/AIDS and Young People

15. Around half of the people who acquire HIV become infected between the ages of 15 and 24. Many young people run the risk of HIV infection because they lack essential factual knowledge and information. Large proportions of young people do not know any way to protect themselves against HIV/AIDS. But even where awareness is relatively high, a significant proportion of sexually active girls (aged 15-19) do not see themselves as being at risk of HIV infection. There is also a widespread misconception, especially among girls, that a person who looks healthy cannot be infected by HIV and hence cannot transmit it.

16. A further basic problem that affects AIDS-related educational programmes world-wide is that educators tend to shy away all too easily from dealing in an existential manner with the basic issues of child and adolescent sexuality. In so far as they broach this subject at all, they remain content for the greater part with an abstract presentation of themes and principles, with a rigid presentation of coldly true propositions, with an enumeration of biological and physiological facts. The perspective is that of genitality-the particularised, physical consummation of the all-encompassing energy that lies within each human being-but not of a sexuality that involves the human drive for love, communion, community, friendship, family, self-perpetuation, joy, humour and self-transcendence.

17. There is clear need for education programmes to take serious account of aspects of sexuality and the youth culture which are of crucial importance to young people. These include:

- The power of peer pressure and the group;

- The message implicitly learned from parental failure to discuss sex with their children, that sex is something which should not be discussed between adults and the young, but only between the young themselves, as equals;

- The socialisation process which teaches boys that they must be physically strong, emotionally robust, daring and virile and that they should not depend on others, worry about their health, or seek help when they face problems;

- The widespread disbelief in the possibility of total sexual abstinence, particularly on the part of boys (and even some suspicion and concern when there are signs of such abstinence);

- The veneer of `respectable', approved sexual behaviour encountered in society, while it is common knowledge that large numbers of adults are following a different sexual code;

- Social expectations that condone in men and boys what they condemn in women and girls;

- The widespread and more-or-less accepted violence against women and girls;

- The way in which society condones or overlooks forced sex, at least so long as it does not extend beyond certain legally defined limits;

- The enormous mix of cultural values and countervalues coming from the weakening and progressive demise of traditional cultural systems, the importation of systems in which immediate pleasurable gratification assumes a dominant role, and the presentation by the entertainment industry of situations and role models which give prominence to temporary relationships and casual sex;

- The failure to appreciate-because society has failed to inculcate-the real value of human sexuality as contact with and surrender to the personality and not merely to the body of the partner;

- The inadequate inculturation and socialisation into respect for the other as a person towards whom responsibility must be manifested and whose rights must be respected.

The Window of Concern

18. In the countries of Eastern and Southern Africa, the majority of children aged 5-14 are likely to be either in primary school or in the lower classes of secondary school. However, school participation for these children is not entirely risk free. The fact that there are many more AIDS and AIDS-related cases among those aged 15-19 than among those aged 5-14 shows that in many cases HIV infection must have occurred long before the individual reached age 15. Being at school did not provide any protection. Indeed, in many cases, it may even have increased the risk. In addition to being a window of hope, children in the 5-14 age-group also constitute a window of concern, as the following considerations show:

- A large proportion of those attending primary school are already sexually active.

- Those attending primary school are of very mixed ages;

- The school does little to help its pupils develop behaviour patterns for the responsible management of their sexuality;

- Many school children are in danger of sexual harassment from teachers, their peers, and strangers;

- Children in primary schools and adolescents rarely communicate with their parents or other adults about sexual and reproductive health issues, but rely greatly on information acquired casually or from their peers, some of which may be false or misleading.

The Impact of HIV/AIDS on Education Systems in the Subregion

19. As with other severely infected parts of the world, there is little by way of comprehensive and reliable data on the way HIV/AIDS is affecting education systems in the Subregion. It is only very recently that some countries have begun to collect specific information on the way the epidemic is affecting school enrolments, teachers, education costs, and system management. Many still do not do so.

Enrolments

20. Notwithstanding this limitation, HIV/AIDS is seen to affect enrolments in educational programmes:

> 1. Demographically, through its impact on the size of the population of young people, and especially on the number who are of school-going age-the number who could participate in programmes;
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> 2. Socio-economically, through its impact on household arrangements and social fabric-the number able or willing to participate; and
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> 3. Psychologically, through its impact on the emotional status of young people-the number capable of participating in and drawing profit from educational programmes.

21. Demographic developments will result in the number of pupils of school-going age being smaller than it would otherwise have been. Thus, within a decade,

- In Kenya, the number of children of primary school age will be 13 per cent lower than if there had been no AIDS;

- In Swaziland, 23 per cent lower;

- In Uganda, 12 per cent lower;

- In Zambia, 20 per cent lower; and

- In Zimbabwe, 24 per cent lower.

22. Countries such as Swaziland, Zimbabwe and Zambia already have evidence of stagnating or declining enrolments, much of it very likely attributable directly or indirectly to HIV/AIDS.

Orphans

23. One of the most visible and tragic outcomes of HIV/AIDS is the growth in the number of orphans. Recent estimates are that in the Subregion there are more than 18 million below the age of 15 who have lost one or both parents. In about 70 per cent of the cases, these children have been orphaned by AIDS. In

almost all countries, the number of orphans will rise during the coming decade, reaching an overall total of almost 24 million. Orphans run greater risks of being denied education than children who have parents to look after them . In Mozambique, for instance, only 24 per cent of children whose parents had died were attending school, compared with 68 per cent of those with both parents still living. Orphans who are left to their own resources can seldom pay school or training fees. Grandparents and other family members who take over the care of orphaned children may also have difficulty in meeting school costs, may give priority to their own children, or may depend on orphan labour for survival. In extreme cases, which are all too numerous, orphans turn to the street where their physical needs and financial desperation make them vulnerable to crime, substance abuse and sexual exploitation. This places a significant number at risk of contracting HIV through virtually inescapable income-generating prostitution.

Teachers

24. In almost all countries, teachers, college lecturers, inspectors and educational managers constitute the largest occupational group. They are also a very high-risk group for HIV infection. This arises from their relative affluence in a poor society, their mobility, and the circumstances that frequently separate them from their families. Because AIDS-related information systems have not been developed in most education ministries and institutions of higher learning, good information on the infection and mortality of educators is not available. But the little information that is to hand shows the kind of losses that the education system faces:

- In Kenya, the Teaching Service Commission has reported that teacher deaths rose from 450 in 1995 to about 1,500 in 1999;

- Cote d'Ivoire is reported to be losing teachers at the rate of five per teaching day (900-1,000 a year);

- An estimated 860,000 children in Sub-Saharan Africa, two-thirds of them in eight countries of the Subregion, lost their teachers to AIDS in 1999;

- Schools have closed in the Congo because AIDS has left them without teachers;

- Severe losses through death are occurring among teacher trainees in Zambia;

- In many countries, teachers are reputed to abuse alcohol, a factor that is conducive not only to their own HIV/AIDS vulnerability but also to that of their students.

25. Other aspects of the impact of HIV/AIDS on teacher attrition and productivity are also important:

- There is increased teacher attrition as other sectors of government and industry seek educated personnel to replace those lost to AIDS;

- There are productivity losses due to AIDS-related sicknesses and absenteeism (for funerals, care of the sick, etc.;

- There is the problem of finding replacements for specialist teaching and other staff;

- There is the problem of teacher replacement, with AIDS mortality and morbidity being high for both trainees and trainers.

Management

26. Most countries in the Subregion acknowledge that capacity to manage and plan for the education sector is weak. The majority of managers have not received extensive professional preparation for their responsibilities, but hold their posts by virtue of their seniority or the experience gained as they rose through the ranks. On the basis of such experience, many must single-handedly take charge of their given area of expertise. HIV/AIDS wreaks havoc with such a fragile system, since it removes the one element that is irreplaceable, understanding built on experience.

Resources

27. HIV/AIDS affects the availability of financial resources for education through its impact on the availability of private and public funds for the sector. It does this by reducing the total disposable assets, diverting resources away from education to other areas, and increasing costs.

Quality

28. Because of its many impacts, HIV/AIDS has adverse effects on the quality of education since it is unlikely that learning achievement will remain unaffected by such factors as:

- Frequent teacher absenteeism;

- Repeated bouts of teacher sickness;

- Increased reliance on less qualified teachers;

- Sporadic student attendance;

- Intermittent student participation, following an irregular "drop-out/drop-in" pattern;

- Low teacher morale;

- Considerable student and teacher trauma;

- Inability on the part of both teacher and student to concentrate on school work because of concern for those who are sick at home;

- Repeated occasions for grief and mourning in the school, in families and in the community;

- A widespread sense of insecurity and anxiety among young learners, especially orphans;

- Fear by girls and young boys that they may be sexually abused or maltreated;

- Uncertainty and distrust in the relations between learners and teachers (who may be caricatured by the community as those responsible for the introduction of HIV);

- Unhappiness and fear of stigmatization and ostracization on the part of both teachers and students who have been affected by HIV/AIDS;

- Teacher uneasiness and uncertainty about personal HIV status.

Summary

29. It is clear that the outlook for education in the situation of HIV/AIDS is bleak. At the very least school effectiveness will decline, given that a significant number of teachers, education managers and officials, and children die, are ill, lack morale, and are unable to concentrate. Unless significant, effective interventions are put in place immediately there will be a real reversal of development gains, further development will be more difficult, and current education development goals will be unattainable within the foreseeable future. The challenge to political and civic leadership at all levels is immense. Their task is to Mobilize and sensitise all government sectors, NGOs and CBOs, religious, cultural and educational institutions, and the private sector to play their rightful role in:

- Determining what needs to be done;

- Assuming responsibility; and

- Being accountable for the outcomes.

The Response of the Education Sector to HIV/AIDS

30. In the long term, education plays a key role in addressing conditions that enhance vulnerability to HIV/AIDS. It does so by attacking poverty, gender inequalities, the disempowerment of women, and disregard for human rights. Because poverty, gender inequalities, the low status of women, and abuse of human rights exacerbate vulnerability to HIV/AIDS, every move in the direction of poverty reduction, gender equity, personal empowerment, and concern for the protection and practice of rights, is at the same time a move against HIV/AIDS.

31. The success of education in these areas-and as a force for the long-term conquest of HIV/AIDS-depends on its ability to do what it is supposed to be doing. This in turn depends on two factors:

- Ensuring that all young people can participate in education programmes; and

- Ensuring that within those programmes real and worthwhile learning actually occurs.

This underlines the importance for every country of continuing to strive to meet the Jomtien and Dakar targets of education for all.

32. Directly and more immediately, education can work on HIV/AIDS and its impacts:

- Through its teaching activities and programmes; and

- Through its systemic, institutional and management responses.

The Teaching Response to HIV/AIDS

33. It is through its teaching programmes and activities-in the formal setting of schools and in the non-formal settings of educational programmes for out-of-school youth-that education is expected to make its most immediate and direct impact on HIV/AIDS. These teaching programmes go by a variety of names, such as HIV/AIDS education, reproductive health and sex education, or life-skills. Although there are differences between these, the essential concern of all of them is to communicate relevant knowledge, engender appropriate values and attitudes, and build up personal capacity to maintain or adopt behaviour that will minimize or eliminate the risk of becoming infected with HIV.

34. Fears are sometimes expressed that integrating reproductive health and HIV/AIDS education into the school curriculum will increase sexual activity among youth, thereby potentially aggravating rather than alleviating the problem. The evidence from research studies in Africa confirms what has been found in other parts of the world: there is no need to fear. Young people who participate in sexual or reproductive health programmes do not become more promiscuous. They do not engage in sex earlier or seek more frequent sexual intercourse. In some cases, the information and skills acquired in the programmes have helped participants delay the initiation of sexual activity.

35. Two other teaching-learning dimensions are also of importance in the struggle with HIV/AIDS-ensuring that human rights issues pervade every aspect of the curriculum (whether for those attending school or for out-of-school youth), and giving participants adequate preparation for entry into the world of work. The latter is an important component of the response to the needs of orphans or the many children who are already heading households. These may have to support themselves by their own labour in out-of-school hours. Because of the loss of parents or other adult caretakers, many will have to take up income-generating activities at a very early age. To respond to their needs it is

necessary for schools in an AIDS-dominated society to make more provision than in the past for vocational and occupationally relevant skills. In the absence of such vocational preparation, many young people on leaving school may turn for their livelihood to such high-risk activities as selling sex, crime, the drug trade, or being on the street.

The Teaching Response in Eastern and Southern Africa

36. Almost all countries in Eastern and Southern Africa have adapted their school curriculum to include HIV/AIDS or sexual and reproductive health education. In the majority of countries, the approach is to use Life Skills programmes which are primarily concerned with equipping learners with skills such as decision-making, problem solving, effective communication, assertiveness and conflict resolution.

37. In addition to programmes for those participating in the formal school system, each country has several HIV/AIDS educational programmes addressed to out-of-school youth and to communities. As with so many other non-formal education activities, these are mostly small-scale programmes, targeted at specific audiences, and mounted by NGOs, Community-based organizations (CBOs and (sometimes) international organizations. They tend to be uncoordinated, with little information flowing from one to another, and to exist in a wide diversity of forms.

38. In order to identify common characteristics, teaching programmes from South Africa, Zimbabwe and Kenya, and co-curricular activities from Uganda, are considered. Although the details differ, common characteristics and frequently encountered problems help to identify the way forward. A general issue appears as an absence of consensus on the definition, scope and methods for including life skills and reproductive health education in the school curriculum. More detailed lessons have also been learned from an examination of the programmes:

- The majority of the programmes begin too late, being targeted to children aged 9 and upwards;

- Programmes tend to be developed from the top, with minimal participation of classroom teachers, parents, and young people themselves. Moreover, programme delivery is almost exclusively in the hands of teachers, again with minimal involvement of parents and young people. This approach has the effect of assimilating the life skills programmes to other curriculum areas which, too often, are seen as having little relevance or reality outside the classroom;

- Programmes concentrate very heavily on the biology of human reproduction and barrier methods of HIV prevention, but appear to be less concerned about presenting an understanding of relationships, respect for the other, and rights;

- The problem of teacher knowledge, understanding and commitment is universally experienced. This is further complicated by the lengthy cascade model for teacher preparation, by legitimate concerns about the

dilution and even misrepresentation of content, and by the teacher's dubious status as a role model when she or he may be known to be infected;

- Cultural beliefs, expectations, traditions and taboos are not given sufficient place in any of the programmes, and are completely absent from many of them;

- Responsibility for the programme and its components appears to rest almost entirely with the education ministry, with very little evidence of collaboration with other partners or of a multisectoral approach; and

- The extent to which programmes reduce HIV transmission, STDs, rape or coerced sex has not been evaluated. In the current AIDS crisis, this is the bottom line.

39. The way forward for school-based HIV/AIDS programmes would seem to require close attention to

- Involving young people in programme design and delivery, with a firm focus on promoting peer education;

- Involving community members, especially local and religious leaders, parents, and youths with standing among their peers, in content specification and delivery;

- Drawing heavily on the resources of two different cultures-the quasi-modern youth culture and the traditional culture of a region or people;

- Approaching sexual and reproductive health education from the broader perspective of human sexuality and accommodating the physiological details within this as a part of a more comprehensive whole;

- Using participatory methods and experiential learning techniques; and

- Developing a learning climate that firmly and frequently re-affirms the principles of respect, responsibility, rights and transparency.

40. School-based programmes can learn many lessons from programmes directed at out-of-school youth. These tend to be characterised by the prominent role they accord to young people as peer educators. The approach recognizes the powerful socialising influence that the youth have over each other and seeks to win over to its side the potency of peer pressure. HIV prevention programmes aimed at out-of-school youth provide one further lesson. This is the importance of marrying top down and bottom-up approaches, whereas curriculum interventions by education systems are characterised more by imposition from above than by listening to below.

41. In the past some association almost certainly existed between educational level and HIV status: the better educated were at greater risk of HIV infection

than the less educated, especially in rural areas. But there are some signs of change. More recent studies are showing little association between HIV risk and the number of years schooling in younger age groups, but a considerably higher risk with older age groups. There is also evidence that the decline in the younger age group is more marked among those with secondary or tertiary education. Accompanying this new evidence on prevalence rates is evidence from various sources about change of behaviour-more abstinence, fewer sexual partners, postponement of initial sexual debut, some increase in condom use. At the present level of knowledge, it is not yet possible to attribute this behaviour change unambiguously to schools and school education, but it does seem fair to think that these must take some of the credit. What should be noted as a guide for practice is that the reductions in prevalence rates occurred in the context of much public discussion and information about the epidemic and subsequent to the introduction of some form of HIV/AIDS education into schools.

Maintaining a Well-Functioning Education System

42. Because of the way HIV/AIDS is eroding its human resource base, an education system must be concerned with sustaining itself as a functioning entity. Important aspects of this inward looking concern include:

- Devising policies and strategies for minimizing the possibility of HIV infection among employees in the sector;

- Devising policies and strategies for supporting sector personnel who may have contracted HIV/AIDS;

- Workplace HIV/AIDS education programmes;

- Workplace provision for HIV/AIDS needs, such as voluntary counselling and testing, worker friendly health services, condom supply, rest rooms;

- Measures to ensure that the human rights of all employees are protected, including the rights to privacy and confidentiality; and

- Bolstering the capacity of departments or units whose personnel are infected/affected, through such measures as special training, speedy replacements, nominal over-staffing.

Systemic and Institutional Response to HIV/AIDS

43. An education system must also be able to manage itself so that it can provide for the needs of its clients and the public in the HIV/AIDS situation. Hence it should be concerned with establishing systems and structures that enable the sector and its clients take control of the HIV/AIDS situation and mitigate its impacts.

44. Managing the education system for HIV/AIDS control and impact mitigation necessitates the establishment of special organizational structures which would be entrusted with a wide range of HIV/AIDS-related responsibilities. Mainstreaming HIV/AIDS in this way requires human, material and financial resources. Leaders who command the disposition of such resources should commit themselves to ensuring that the operations of HIV/AIDS units in their ministries or departments are not thwarted by the small establishment size, the lack of supplies, or bureaucratic obstacles in gaining speedy access to funds.

45. Many countries in Eastern and Southern Africa have established new *ad hoc* structures for the management of their educational response to HIV/AIDS. For instance, Zimbabwe has established an HIV/AIDS National Education Secretariat which aims at preventing the transmission of HIV and other STDs among students, teachers and other staff in educational institutions, while South Africa has put in place very comprehensive structures for driving its systemic response to HIV/AIDS. One of the strengths of these structures is their link to wider national structures, ensuring that they can be effective channels for the implementation of national strategic plans. However, some of the new structures appear to be too small to be able to deal effectively with a crisis as large as that of HIV/AIDS. This makes them run the risk of being seen and acting as "add-ons", peripheral to mainstream activity, when instead they should be integral to the entire thinking and functioning of education systems of the countries concerned. Many are also hampered in that they only provide for part-time assignment, being staffed by officers who have other pressing line responsibilities. This fails to capture the sense of priority and urgency which recognizes that preventing HIV infection, providing care and support, and protecting the education system itself require the dedicated commitment that comes from a full-time assignment.

46. The response within education ministries in the Subregion tends to focus very heavily on controlling and reducing HIV transmission. There seems, however, to be less realisation that the education system itself is under threat and that in the absence of systemic interventions to deal with this threat the system may be unable to play its role in establishing the behaviour patterns that will reduce HIV transmission.

47. The dramatic demographic impacts of HIV/AIDS are not yet being factored into all plans for the development of education sectors over the coming decades. Across the Subregion, the number of children of primary school age is projected to be 10-25 per cent lower because of HIV/AIDS than it would have been in a no-AIDS situation. If educational plans do not take this into account, there is danger that schools will be enlarged or provided where they are not needed.

48. Some education ministries in the Subregion have developed policies and guidelines for learners and educators in their institutions. There is room in this sphere for countries to learn much from one another.

The Interaction between Schools and Affected Communities

49. In the pervasive and destructive HIV/AIDS situation, the school can have an important role as a centre for the support of communities in much that relates to HIV/AIDS. The school could, in fact, be regarded as the principal community-

based organization for educational efforts directed at reducing HIV transmission, minimizing sexual violence, overcoming female disempowerment, and maximising knowledge and practice of human rights. A closer relationship between the school and its community would also facilitate the incorporation into the school curriculum of more vocationally-oriented programmes.

50. School authorities should also work more closely with community development personnel. In many respects, these are the eyes and ears of the school, with whom the school should work closely (a) in responding to the special health and poverty problems being experienced in AIDS-affected families and (b) in making special provision for orphans suffering disorientation or isolation, for children who are in charge of households, and for girls who are caring for the sick. A further broad area for collaboration between providers of education on the one hand and health and community workers on the other is in capitalizing on the enormous pool of human compassion and dedication that exists among young people. This could be effected by enabling school and college students to provide support for AIDS carers in homes and clinics. This would commit schools and other educational institutions to a more serious and reflective response. It would help in moving from silence, fear, stigma and isolation to acceptance, concern and humanity. It would re-affirm the human dignity of those with AIDS. It would strengthen the resolve of many young participants to avoid the risk of infection.

Addressing the Orphans' Problem

51. The strategic and organizational stratagems adopted by the education sector for the control of HIV/AIDS and its impacts must also include management of the orphans' crisis. As with HIV/AIDS itself, this is something that must be mainstreamed into the agenda for education. The massive scale of the problem, and the way it is set to expand almost endlessly, require that leaders at all levels give their best attention to efforts to dealing with it.

52. The starting point for responding effectively to the orphans problem is to recognize that families and communities are the first line of response. It is at the level of families and communities that the problems arising from HIV/AIDS and orphanhood are first encountered, the first tentative solutions are tried out, and more permanent solutions are institutionalized.

53. A second cardinal principle is to ensure that orphans themselves play a critical role in moves towards a solution. Orphans are not statistics or objects to be moved about at the will of adults. They are bereaved children who are likely to have experienced great trauma in ministering to their parents during a lengthy period of harrowing sufferings. But they remain aware of their own needs, especially the need to be inserted into a known and welcoming family, without separation from their siblings. It is essential that community and other leaders ensure that orphans themselves are given their rightful role in deciding how those needs should be met. Likewise, it is essential that political, civic and religious leaders keep the protection of the property and inheritance rights of orphans high on their agendas.

54. In the light of these two basic principles, there are a number of measures which leaders can put in place when responding to the orphans crisis:

- Mobilize political will and reallocate national resources, through such strategic actions as investing in poor communities, increasing investment in basic social services (especially education), strengthening partnerships at all levels, building coalitions among key stakeholders, coordinating action centrally, and disseminating information about best practices;

- Boost the caring and coping capacity of families and communities, through such strategic actions as ensuring access to basic services and providing assistance through specially targeted programmes;

- Stimulate and strengthen community-based responses (rather than institutional care), by supporting NGOs and community based partners, strengthening community-based care for substitute/foster-care families and child-headed households, and scaling-up successful initiatives;

- Ensure that the most vulnerable children receive full protection, through vigorous political commitment (in the widest sense), the promotion and protection of children's rights, and action-oriented monitoring of the impact of AIDS on children; and

- Build the capacity of children to realise their rights and fulfil their needs, by supporting psychosocial and family counselling, enabling children to obtain education and training through non-formal and alternative education programmes, and empowering children through life skills programmes.

Providing Leadership for Education's Response to HIV/AIDS

55. The prerequisites for education's response to HIV/AIDS are the same as those for the response at the national level and in other sectors. The need is for

- Dynamic, sustained, publicly manifested, resource- and action-backed political leadership at the highest level;

- The express support, backing and commitment of political, governmental, non-governmental, religious, business, educational, and other national and community leaders;

- Openness about the disease, its prevalence and its impacts at all levels;

- Expanding and sharing information about the disease, its incidence, prevalence and impacts; and

- A sense of urgency and crisis that judiciously combines the development of strategic understanding and planning with the need to take immediate action to reduce prevention, provide care for the infected and affected, and mitigate impacts-and thereby to save lives.

Strategic Framework for Education's Response to HIV/AIDS

56. A general strategic framework for education's response to HIV/AIDS comprises five elements: guiding principles, priority groups, priority interventions, strategic principles, and cross-cutting considerations.

57. Guiding principles for the sector's response to the epidemic are:

- Using the sector's potential to reduce HIV transmission;

- Enabling school and non-school programmes to continue providing educational services;

- Sustaining education as a system that functions satisfactorily;

- Adopting solutions and approaches which are culturally acceptable and reflect positive national values;

- Adopting and adapting solutions and approaches which have proved their value elsewhere;

- Adapting programmes to the perceived present and future needs of students and society;

- Embedding all programmes in a comprehensive human rights approach;

- Recognizing that the urgency of the situation frequently requires action based on less than perfect information;

- Expeditiously scaling-up activities that show promise; and

- Establishing the necessary organizational structures for implementation.

58. The priority groups for the education sector's response are:

- Children of primary school age;

- Orphans;

- Teenage girls;

- Out-of-school youth;

- Teachers, lecturers and other providers of education; and

- Secondary school students

- Students in third-level institutions

- Professional, management, and support educational staff.

59. The priority interventions through which the education sector will gain control over HIV/AIDS are:

- Diffusion of knowledge and understanding of HIV/AIDS, with special attention to human sexuality, traditional viewpoints, and the perspectives of youth cultures;

- Promotion of behaviour that will protect against HIV infection;

- Advocacy and sensitization on the issues of child abuse and sexual violence

- Promotion of gender sensitivity;

- Increasing the empowerment of girls and women;

- Where necessary, re-working the curriculum from a human rights perspective;

- Establishment of adequately resourced/stocked youth-friendly health services at or close to educational institutions;

- Increasing the availability of voluntary counselling and testing for students, teachers and other educational personnel;

- Establishing structures and procedures for responding to the needs of orphans;

- Promoting the school or college as a centre for the support and guidance of communities affected by HIV/AIDS;

- Encouraging the involvement of educational institutions in providing support for AIDS-carers and home-based-care programmes for persons living with HIV/AIDS;

- Developing structures and policies for the protection of the education system;

- Provision of education and sensitization programmes and care in the workplace;

- Developing HIV/AIDS-related policies and guidelines for learners, educators and education staff;

- Destigmatization of HIV/AIDS; and

- Mobilization of a multi-sectoral response.

59. The strategies to be adopted will be more country-specific, arising from an analysis of the HIV/AIDS situation in each country. But it is likely that strategic responses would include some or all of the following:

- Identify the parties responsible for each priority group;

- Formulate policies, guidelines and plans of action for the priority interventions;

- Determine communication strategies and teaching methodologies (possibly with emphasis on peer education);

- Develop, with community and other participation, instructional and resource materials and train educators in their use;

- Establish management structures and procedures for the implementation of activities;

- Establish coordinating and information dissemination structures;

- Develop a partnership framework, involving representatives of the ministry, other government sectors, NGOs, CBOs, the private sector, religious Organizations, and donor agencies, that will maintain a satisfactory pace of implementation; and

- Establish a financial framework for the mobilization, management and monitoring of the necessary resources.

60. Cross-cutting issues which are integral to the education sector's control of the HIV/AIDS situation sector include:

- Showing manifest commitment;

- Being fearless in breaking the silence that surrounds HIV/AIDS, reducing the stigma and exclusion to which it gives rise, and consistently giving the message: "my friend with AIDS is still my friend; there is nothing to be ashamed of except shame itself";

- Establishing wide-ranging active partnerships;

- Building capacity so that notwithstanding the ravages of HIV/AIDS the education system can function effectively; and

- Re-thinking educational structures and provision in response to the turbulence that the epidemic is causing in the sector.

The Role of the International Community

61. The international community has a major role to play in providing whatever support is needed so that HIV/AIDS programmes, including those in education, can be successful in attaining their objectives. The recently established International Partnership Against AIDS in Africa (IPAA) provides a suitable platform to enable it to do so.

62. Within the philosophy of the IPAA initiative, certain areas emerge where the international donor community can work in partnership with national governments, the private sector and the community sector, to strengthen the capacity of education systems to control HIV/AIDS and its impacts:

- Keep HIV/AIDS high on the education agenda;

- Facilitate dissemination of knowledge of best practices;

- Establish a coordinating agency for all donor-supported AIDS-in-education activities;

- Facilitate an annual forum dedicated to AIDS-in-education in Sub-Saharan Africa;

- Establish an international HIV/AIDS education commission to move forward the essential re-thinking about education and its provision that HIV/AIDS necessitates;

- Provide flexible and adaptive support to NGOs and CBOs; and

- Bolster the human capacity of depleted education ministries.

A Framework for Action

63. Notwithstanding the scale of the crisis, there are things that can be done. What is needed is to recognize the problem, and then think, plan and act more systematically. This leads to a framework for action which embraces structures, activities and partnerships.

64. Possible structures would include

a. Appointing a special HIV/AIDS Advisor to the Minister;

b. Creating an HIV/AIDS focal point within the central ministry or, where this already exists, strengthening and expanding the office by:

- Establishing a widely representative National Task Force for HIV/AIDS-in-education;

- Establishing a coordinating unit for gathering and maintaining information on the activities

and impacts of every player in the field;

- Establishing a monitoring and evaluation unit to maintain the momentum of activities, propose adjustments, etc;

- Establishing a publicity wing for the widespread dissemination of messages through the media, all educational products (e.g., covers of exercise books), competitions;

c. Establishing HIV/AIDS-in-Education Committees at national and all sub-national administrative levels and in every institution;

d. Establishing an HIV/AIDS-in-Education focal point in every province, district, and administrative unit, and for every school governing body or education board; and

e. Establishing contact points in headquarters, and in all province/district and education board offices, where employees can make confidential contact with management on their HIV status.

65. Activities would need to be undertaken in the areas of advocacy and sensitization; coordination; curriculum; information and channels of communication; materials; monitoring, evaluation and research; orphans; planning; publicity; school activities; training for capacity building; voluntary counselling and testing; and youth friendly health services. In these areas (which have been presented in alphabetical order), plans should be drawn up for specific programmes of activities.

66. Partnerships for an education ministry would involve:

- Establishing a dynamic working relationship with the National AIDS Council and its Secretariat;

- Encouraging or facilitating the active participation of NGOs, religious bodies, traditional leaders, and all organs of civil society;

- Involving teachers, students and community representatives as much as possible

- Involving parents/communities in curriculum issues;

- Encouraging parents/communities to communicate, from an early age, with children on sexuality, respect for others as persons, gender equity, and HIV prevention;

- Involving all non-governmental providers of education (private schools, church schools, company schools, etc.);

- Making special provisions to work with and build up community schools and their coordinating bodies;

- Working closely with other relevant government ministries, integrating education's programmes into theirs where appropriate, and vice versa; and

- Bringing the media on board from the outset.

Conclusion

67. Something must be done, and be done urgently, to enable severely affected countries rally their resources and get their education systems up and moving, not just in reaction to the problems posed by HIV/AIDS, but proactively

- Managing the impacts;

- Anticipating and providing for the difficulties;

- Using the system to enable all who are involved understand more about the epidemic and its consequences;

- Using the system to develop a great sensitivity to ensuring the full exercise of their human rights by those who are HIV-infected;

- Using the system to help young people prepare for a productive life in a different kind of society; and

- Using the system to form attitudes and behaviour patterns that will reduce the likelihood of the transmission of the virus.

68. The challenge to the countries of Eastern and Southern Africa is to take the necessary steps. The goal is an AIDS-free society. Each country must pledge to walk on the journey towards that goal, knowing it will be long. Every education ministry must recognize that each step of that journey will demand that it do things differently. Every education ministry must work with its partners with one purpose in mind, winning. There has been delay-some of it unavoidable. There has been some lack of a sense of urgency-all of it avoidable. It is time now to move on. "The time for action is now, and right now" (Nelson Mandela).