Report on Symposium

HIV/AIDS and Education: From Policy to Practice – What Works in the Formal Education Sector?

Hosted by Development Cooperation Ireland (DCI) in cooperation with the UNAIDS Inter Agency Task Force Team on Education (IATT)

Development Cooperation Ireland

5th November 2003

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1. Introduction

A one day symposium was held on the 5th November 2003 at the Department of Foreign Affairs, Iveagh House, Dublin, hosted by Development Cooperation Ireland (DCI), in cooperation with the UNAIDS Inter Agency Task Team on Education. The symposium was attended by representatives from UN agencies, Development Cooperation Ireland, civil society organisations from Ireland and from overseas, from an African Ministry of Education, and from academia.

The main objectives of the symposium were:

- To increase awareness of the role of education in prevention and mitigation of HIV/AIDS with particular reference to Africa
- To consider the adequacy of the response within education to HIV/AIDS
- To provide an opportunity for the various stakeholders to dialogue on the promotion of education as an effective tool in the fight against HIV/AIDS at international, regional, national and sub-national levels
- To share examples of best practice in the education sector's response to HIV/AIDS

Key themes emerging from the symposium were:

- Ensuring access and keeping children in school is one of the most effective strategies in the fight against HIV/AIDS
- Action must take place at the level of the school and the classroom
- The emphasis must be on the quality of teaching and learning
- Capacity building for staff of Ministries of Education is a priority
- The important role of teacher education in the response to HIV/AIDS
- The reality of the target group has to be the starting point for any intervention
- Prevention has priority but HIV/AIDS education also needs to address other challenges such as care and support
- While education has a very important role to play in the fight against HIV/AIDS, it is only one element of what needs to be a comprehensive response
- The crucial role of leadership and political will in the response to HIV/AIDS
- The need for more critical and informed discussion and dialogue to take place at country level

The symposium was chaired by Dr. Peadar Cremin, President, Mary Immaculate College, Limerick, and Chair of the Development Education Advisory Group of Development Cooperation Ireland (DCI). Dr. Cremin first welcomed all the participants, both from overseas and within Ireland, and then introduced the panel of speakers. He said that HIV/AIDS had been compared to an epidemic with many faces – the silent epidemic, the epidemic of illness that has resulted in 20 million deaths in the past two decades, the epidemic of stigma and discrimination, and the epidemic that has led to 14 million children being orphaned.

2. Opening Remarks by the Minister of State for Overseas Development, Mr. Tom Kitt, T.D.

The Minister for State for Development Cooperation, Mr. Tom Kitt, T.D., officially opened the symposium and drew attention to the fact that half of all the world's new infections every day occur in the 15-24 age group. He said that education had to start early if it is to be effective before students reach this vulnerable age. He pointed out that Development Cooperation Ireland (DCI) had increased its support to HIV/AIDS programmes ten fold in the past three years with over €40 million being spent in 2002 alone. He also said that almost 18% of the DCI budget was allocated to education with the majority of it going to basic education. However, all this investment in education will be seriously undermined unless it addresses the impact of HIV/AIDS.

The Minister provided a number of examples of the kind of work being supported by DCI in the education sector in Africa on HIV/AIDS and he also underlined the support by DCI for the Strategy Framework on HIV/AIDS and Education produced by the Inter Agency Task Team on Education and HIV/AIDS. Ministries of Education in Africa now have policies and strategies on HIV/AIDS in place and this is welcome. But action is needed now at the level of the school and the classroom, in teacher education, and in curriculum development. The Minister also said that, while the focus of the symposium was on the school, communities also play a very important role in reinforcing messages that young people are learning in schools and in supporting behaviour change. Educators need therefore to work hand in hand with communities.

The Minister paid a special tribute to Professor Michael Kelly for his work in promoting education as the most effective 'social vaccine' against HIV/AIDS, and for his recent award from the Commonwealth of Learning. He concluded his speech by quoting from the words of the UN Secretary General, Kofi Annan who recently called on national leaders to integrate young people, the group that is most vulnerable to HIV/AIDS infection, more fully into the worldwide fight against the epidemic.

3. Session One – The Global Context

3.1. Keynote Address, Professor Michael Kelly, University of Zambia

Professor Kelly started by providing an overview of the continued growth of the epidemic, stressing that it is still only at an early stage in its development with massive further growth projected in countries such as China, India, Russia, Ethiopia and Nigeria. He pointed to the disproportionate burden of HIV/AIDS in Africa and asked why that is so. It is not simply attributable to risky sexual behaviour, but seems to be associated with unfavourable nutrition, health and hygiene, and the possibility that the virus is more virulent in Africa. There may be other reasons also that have not yet been discovered, such as genetic factors.

Professor Kelly said that HIV/AIDS works against education through its impact on the human body as well as on the education system itself, which is progressively weakened and less able to deliver services. The impact on education is initially invisible and slow acting, affecting learners, educators, and the management of systems and institutions. HIV/AIDS affects learning achievement through teacher absenteeism, irregular student attendance, poor concentration, stigma and discrimination, and the additional time that is taken up with grieving for those who have died.

However, he also stressed that while education can be a powerful force against HIV/AIDS, the school is an institution that protects, and it can prepare young people to live responsibly and safely in a world with AIDS, helping them to internalise and adopt messages. He drew attention to a survey carried out among 21,000 people in Zambia showing that the percentage of Zambians who are more aware of how to prevent HIV infection, who have been tested or know where to get a test, and who say that a healthy looking person can have HIV, grows in proportion to the level of education they receive. While some of this knowledge will translate into practice, not all will. He asked why do we do risky things and he pointed out that some doctors still smoke, and some drivers still continue to drink, knowing full well the dangers involved.

Professor Kelly then spoke about the principal concerns of educators, saying that one of the main roles of the education sector is to prepare young people to live responsibly, safely and productively in a world with HIV/AIDS and with drugs. The challenge for the sector is to ensure that all young people are equipped with the knowledge, attitude, skills and values to help them survive in such a world. Education has to help in slowing down the rate of new infections, to fight against stigma and discrimination, and to produce 'AIDS competent' graduates – that is, young people with correct knowledge about the disease, about how to protect themselves against infection, and with the motivation to behave safely and responsibly.

If HIV/AIDS is to be addressed in and through education, it is necessary to recognise the threat it poses to the system itself, and to act on the certainty that education does

protect against infection and helps create an environment for care. The challenge is to ensure more and better education, and to make education more effective by incorporating HIV/AIDS, sexuality and reproductive health, psychosocial life skills, human rights and nutrition into the curriculum. Professor Kelly concluded by saying that to counter HIV/AIDS, there is need to ensure universal education structured on the four pillars of learning put forward by UNESCO – learning *to know*, learning *to do*, learning *to live together* and learning *to be*.

3.2. International Cooperation for Education in the Context of HIV/AIDS, Ms. Alexandra Draxler, UNESCO

Alexandra Draxler, spoke next about International Cooperation for Education in the Context of HIV/AIDS. She outlined some features of the crisis, in particular the additional strain it was placing on scarce resources, the effect it was having on supply as well as demand, and the capacity limitations in responding to the crisis. New and specific complex negotiations with the donor community are putting a strain on education ministries.

In meeting the HIV/AIDS challenge, it is essential that planning is part of the overall sector work, that an assessment is made of the data currently available and what data is additionally required in order to gauge the extent of the problem. Countrywide policies need to be developed, and there needs to be linkages with other partners, including other ministries. Ms. Draxler also referred to the education sector's response to HIV/AIDS in the context of Education for All plans, Poverty Reduction Strategy Plans and Sector Wide approaches, all of which are becoming more focused now on HIV/AIDS.

Ms. Draxler said that national planning requires political will because without this, the response won't work. It also requires inter ministerial cooperation, the development of new capacity, and access to external resources. She stressed that there is still a reluctance to talk about HIV/AIDS in countries of high prevalence. Implementation has to overcome a number of sensitive issues – political, religious, legal, medical and cultural, and is also dependent on dialogue with a new range of stakeholders. Educational institutions need to develop an outreach to the community.

Ms. Draxler spoke about the work being done by the UNAIDS partnership at country level and at global level, and referred to the role of UNESCO as convening agency on education for HIV/AIDS. She also talked about the work of the Inter Agency Task Team on HIV/AIDS and Education (IATT) which was established in 2002 to stimulate research and evidence based policy making, to develop monitoring and evaluation tools, and to identify and address weaknesses in responses[1].

[1] The IATT has recently published a booklet entitled 'HIV/AIDS and Education: A Strategic Approach'. The booklet is available at the following web address: http://portal.unesco.org/aids/iatt-education

3.3. Open Floor Discussion

There was a brief opportunity at this stage for some questions from the floor and discussion on the presentations to date. One participant referred to a recent debate in the Lancet Journal on child survival and wondered if there was a danger of concentrating too much attention on HIV/AIDS to the neglect of other health priorities, such as childhood diseases. One panel member agreed that we must not ignore other factors and said that the narrow concentration on behavioural change can overlook structural issues and gender inequalities that leave women very vulnerable.

Another participant asked about the gap between policy and implementation. The importance of having more capacity to implement policies was underlined and the example of Zambia was given in this respect. Another participant wondered how relevant and adequate was HIV/AIDS education in Ireland.

4. Session Two – Institutional/Strategic Responses

4.1. Institutional Responses to HIV/AIDS - What Works?, Mr. David Clarke, UNESCO

In his opening remarks, Mr. Clarke said that he would prefer to rephrase the question in the title of his presentation - what has to be done? The evidence based on what works is not as good as one would like and the education response has been slow globally. While we know the theory, the practice is the challenge. He stressed that the focus must be on prevention and he referred to the work of Kirby et al (1994) and in particular the need for interactive, observational and rehearsal strategies to develop communication and negotiation skills among teachers and to personalise risk[2]. He said that these were not the kind of skills that teachers normally have in their repertoires. Quality training is essential for those delivering educational interventions. Promoting *Education for All* is a strategy in itself and keeping children in school reduces vulnerability, as do child protection policies that ensure schools are safe places for children.

Mr. Clarke pointed to some of the success stories in containing or reducing prevalence from around the world, such as Thailand, Cambodia, Uganda and Brazil. He said however that it was hard to say what role the education sector had played in the process. The common factor in all these countries seemed to be leadership and political will. However, Ministries of Education are often low in the 'pecking order' of governments.

[2] The work of Kirby et al highlights the importance of reducing unprotected sex, ensuring safe blood, harm reduction, sexual abstinence and consistency in condom use. It also talks about the need for clear statements regarding the social consequences of unprotected sex and how to avoid these. Social influences in sexual decision-making are critical.

He then outlined the main themes for institutional responses – the importance of ministries having a comprehensive approved policy and strategic plan on HIV/AIDS, adequate institutional capacity to implement policy, mechanisms in place to enable partnership development, and leadership and resources mobilised at all levels. He gave an example of the Namibian Ministry of Education's policy on HIV/AIDS, which he said was an encouraging one[3].

Strategic planning for HIV/AIDS needed to address such priorities as *Education for All*, the current and projected impact of HIV/AIDS on supply and demand for education, as well as on quality, prevention, workplace policies. It also needed to ensure adequate monitoring and reporting systems and the development of HIV/AIDS competent planners. In developing institutional capacity, appropriate structures need to be in place in Ministries, along with training, access to information for all, properly costed budgeting, adequate reporting mechanisms, and mainstreaming and workplace policies. Partnerships need to be developed both inside and outside Ministries. Key issues around leadership include engagement in advocacy, policy dialogue, publicity and networking. Resource mobilisation needs to take into consideration government budgets, access to donor funding and encouraging voluntarism.

In conclusion, Mr. Clarke highlighted a number of points from the UNGASS Monitoring Report of 2003, which said that levels of prevention coverage are still extremely low, that only 15 countries have reported progress in life skills education, and few countries have developed policies for orphans and vulnerable children. Unfortunately, progress was taking far too long.

4.2. Accelerating the Education Sector Response to HIV/AIDS in Africa: Lessons Learned from 24 Countries, Professor Don Bundy, World Bank

Professor Bundy started his presentation by saying there has been a slow acceptance of the fact that AIDS is a development problem and that it is really only in the last two years that governments and agencies have taken the issue on board in the education sector. Disbursement of resources for HIV/AIDS in the education sector has been very low compared to other sectors. The education sector has to be given priority because uninfected children of school going age are the 'Window of Hope' for the future and education is one of the most effective 'social vaccines' to protect them from HIV/AIDS. Schoolchildren tend to have the lowest rates of infection and research in Uganda shows that the greater the number of years spent in school, the lower the prevalence rate. However, the age of first infection is now coming down and the 'window' is narrowing.

Two key areas that are important for accelerating the education sector response to HIV/AIDS in Africa are sharing of information among countries and building partnerships in education. Professor Bundy then talked about the work being done by

[3] The policy contains addresses issues such as non-discrimination, HIV testing, confidentiality and testing, orphans and vulnerable children, schools safety, HIV in the workplace, education about HIV/AIDS, and duties and responsibilities of learners, teachers, parents and caregivers.

the Inter Agency Task Team on Education and especially the sub-regional workshops and follow up at country level. 24 countries in Africa had participated in sub-regional seminars since November 2002[4]. A variety of development partners are now supporting education sector responses to HIV/AIDS, including the UN family, bilateral agencies and the NGO sector.

Key challenges identified by Ministries of Education are similar to those referred to earlier by David Clarke, including workplace policies, planning and management skills, prevention, and ensuring access for orphans and vulnerable children. The International Labour Organisation is a key partner in the development of workplace policies and the important priorities here are eliminating stigma and discrimination, care and support for staff, and enforcing codes of practice to address for instance, unacceptable behaviour by teachers against children. Undisclosed absenteeism is a major problem and sick leave policies need to be improved.

Planning and mitigation policies need to focus on projecting the impact of HIV/AIDS on supply and demand, putting in place management and information systems, and implementing mitigation options. Political leadership is very important here, as many Ministries often do not get adequate support from their Ministers who tend to give more priority to buildings and books. Prevention policies need to address formal and non-formal curricula, life skills programmes, teacher training and peer education. No country is adequately training teachers and there is still very little going on in the schools on HIV/AIDS. Policies addressing orphans and vulnerable children need to focus on removing barriers to education, such as fees or levies, and the provision of care and support.

Professor Bundy concluded by underlining once again that school children are the 'Window of Hope', that while the education sector has reacted slowly to date in recognising its role in addressing HIV/AIDS, this is now changing. There has been a real increase in momentum and if we continue in this direction, the prospects for children growing up without contracting the infection are good. He referred those interested in obtaining more information on this topic to the following website: www.schoolsandhealth.org.

4.3. The Mobile Task Team Approach, Mr. Jonathan Godden, University of Natal, South Africa

Mr. Godden works with the Mobile Task Team (MTT) on HIV/AIDS in education, based at the University of Natal in South Africa. The MTT assists Ministries of Education in Africa to develop implementable strategic plans to mitigate the impact of HIV/AIDS on their systems and sector, using a multinational group of Africa based professionals from a range of disciplines. He said that, given the scale of the HIV/AIDS crisis, the mobile task team approach is framed in 'emergency mode'.

The main focus is on systemic capacity building based on the prioritised needs of the partner Ministry, providing skills transfer through an Africa-to-Africa support process. The MTT always insists on having real political support for the process at

[4] These workshops took place in West Africa, East Africa and Central Africa.

the earliest stage. A strategically limited number of goals and objectives are prioritised, including 'zero-budgeting' interventions that are immediately actionable at no cost. The MTT is also available to support implementation. A basket of tools and techniques have been developed to support the process and ownership of these is transferred to the partner Ministry through a series of capacity building activities over a period of time.

Key outcomes of the MTT approach include empowered Ministries with knowledge, skills and confidence, a critical mass of skills developed within the sector and the country, the publication of an implementation plan, a framework developed for sectoral partnerships, and the establishment of a management unit within Ministries for a sustainable response. While the MTT is working mainly in Southern Africa, the model is replicable regionally in West Africa and Eastern Africa.

4.4. Open Floor Discussion

A question was asked about the reason why the education sector has been slow to respond. David Clarke replied by saying that HIV/AIDS has been characterised as a health issue and the structures developed to date have been health dominated. He also said that Ministries of Education are slow and often resistant to change, that they are fragile and poorly resourced, and not intrinsically equipped to deal with emergencies. The education sector is also politically sensitive to issues that need to be addressed in HIV/AIDS. He also gave the example of the Department for International Development (DfID) in the UK, which has been slow to move away from an exclusively health focus.

Another question was asked about the level of coordination between the MTT and other organisations involved in similar work in Africa. In reply, Mr. Godden acknowledged that that there was not enough coordination and a tendency to draw on the same pools of officials. He said that it was essential to improve on this and ensure greater synergy among organisations.

5. Session Three – Country Experiences

5.1. Lessons from Zambia, Mr. Alfred Sikazwe, Ministry of Education, Zambia

Mr. Sikazwe spoke about the experience of his Ministry in addressing HIV/AIDS, saying that the Ministry has now publicly acknowledged the seriousness of the HIV/AIDS crisis in Zambia and that there is progress in the right direction. He outlined the Ministry's goals in addressing HIV/AIDS, which are to develop effective ways to measure and monitor the impact of the epidemic on demand, supply, equity, access and quality, to develop effective management and mitigation of the impact of HIV/AIDS in the education sector, and to develop an effective prevention programme along with the promotion of care and support.

A strategic plan has been developed and materials have been produced for teachers and pupils, as well as programmes for Ministry staff. HIV/AIDS is being integrated across the curriculum, focal point persons have been appointed, and anti-AIDS clubs have been formed. Anti-retroviral drugs are being introduced, but how to implement this policy without violating the privacy of individuals will be a challenge. There are serious issues around confidentiality and human rights

Mr. Sikazwe outlined various activities and tools being used at different levels within the country, from the national through to school and community level. At national level, the emphasis is on planning and forecasting the impact of HIV/AIDS on the education sector, setting policy and strategic direction, and establishing and monitoring training standards for teachers and administrative staff. Coordination is taking place with the National HIV/AIDS/TB/STI Council to disburse financial resources to the Ministry and to mainstream HIV/AIDS across the various directorates and administrative levels.

At provincial level, the focus is on translating national policy into provincial action plans, providing technical assistance, specialised training and supporting materials to teacher training colleges and provincial and district focal points, and liasing with provincial AIDS councils and civil society organisations. District and zonal level support focuses on supporting the development of life skills education modules, peer education and other school based prevention programmes, support to orphans and vulnerable children, and technical assistance to strengthen quality and effectiveness.

The real challenge is at the school and community level where implementation has to take place. The emphasis here is on implementing life-skills training, media based programmes and dissemination of IEC materials, and fostering links with parents, communities and out of school youth.

Mr. Sikazwe then highlighted the particular activities that were working and said that peer education programmes seemed to be a better approach to promoting behaviour change. He also said that networking with stakeholders was very important and he mentioned specifically to the collaboration with the Catholic Diocese of Ndola's home based care programme, as well as the Copperbelt Health Education Programme. He referred to the distribution of condoms among workers (which was difficult), the sensitisation programmes for teachers, and the introduction of readers for learners. The appointment of focal point persons has taken place but the challenge will be to keep them committed.

He then talked about major constraints such as the lack of skilled people to monitor and evaluate HIV/AIDS programmes, the inability of children to report cases of abuse, the fragmentation of activities, and the shortage of material and financial resources. Some of the key challenges will be to sustain the provision of anti-retroviral therapy in the face of possibly increasing demand, the need to reach classroom level and train more teachers in HIV/AIDS methodologies, ensuring creativity in the classroom, initiating programmes to prevent infection among teacher trainees, and providing adequate psychosocial support to staff and teachers. The Ministry of Education will also need to demonstrate committed leadership in the implementation of HIV/AIDS activities.

5.2. Mema kwa Vijana (MKV) Project, Tanzania. Dr. Angela Obasi, London School of Hygiene and Tropical Medicine

The *Mema kwa Vijana (MKV) Project in Mwanza, Tanzania*[5] is an adolescent sexual and reproductive health (ASRH) programme with a three-year research component that aimed to measure the impact of the intervention on both biological and behavioural outcomes and to evaluate the cost-effectiveness and feasibility of the programme. The overall aim of the project is to have a sustainable and replicable adolescent sexual health programme in rural Tanzania.

Ms. Obasi opened her presentation by saying that there are very few rigorously controlled trials on adolescent sexual and reproductive health programmes and most have only looked at the effects of an intervention on knowledge, *reported* attitudes and behaviour. Few trials have included biological outcomes and *none* have included HIV incidence. This trial looked at knowledge, reported attitudes, reported sexual behaviour, and biological data such as HIV incidence, prevalence of other sexually transmitted infections, and pregnancy.

The intervention was provided in ten communities and was grounded in social learning theory. The components were primary school reproductive health education, provision of youth friendly reproductive health services, community activities, and condom promotion and access. The in-school component consisted of teacher led, peer-assisted sessions during normal school hours, focusing on skills acquisition and using quality materials that reflected real village life. A health component provided youth friendly reproductive health services through local health centres. Community activities included an annual youth health week and youth health days during the year using drama and dance, as well as community peer educators and condom promoters working with the community.

The trial results showed a substantial improvement in knowledge and attitudes among those in the intervention communities as against those in the comparison communities and substantial improvement in *some* reported sexual behaviours (especially among males). The benefits were greater for those who received all three years of an in-school component. However, there was *no* consistent impact on the biological outcomes, in either direction, within the three years of the trial. Neither was there any evidence of harm – i.e. the results suggest that sexual health education *does not* increase the risk of infection.

There are a number of possible explanations for the lack of impact on biological outcomes. For instance, while such interventions can change knowledge and skills they do not change risk taking, at least in the short term. They may need more time to work, and additional interventions may be needed. Considerable caution is needed therefore when drawing conclusions from evidence of a beneficial impact on reported sexual behaviour to the *actual health impact* of an intervention on HIV incidence, sexually transmitted infections and unwanted pregnancies in adolescents.

[5] The Project was implemented by the African Medical Research Foundation in collaboration with the London School of Hygiene and Tropical Medicine and the National Institute for Medical Research in Tanzania.

The implications of the study suggest that it is feasible to implement a large-scale programme through the existing government system in Tanzania that can lead to improvements in knowledge, reported attitudes and reported behaviours. The conclusions of the study suggest that a programme of this kind be scaled up. More research is needed to explore whether benefits on health outcomes can be achieved in the long term if the interventions are sustained.

5.3. From Sex Workers to Steinbeck – the Role of Civil Society in HIV/AIDS Education, Tania Boler, Action Aid

Ms. Boler opened her presentation with a quote from the sex worker movement in Brazil *"without citizenship there can be no prevention"*, demonstrating the importance of linking together HIV/AIDS education with human rights issues. She used the example of the sex worker movement to exemplify why Brazil is such a "success story", and outlined some of the crucial components of that success which included: making HIV/AIDS prevention political, creating strong linkages with government; working on psychological aspects such as increasing self esteem, as well as taking current sexual beliefs and practices as the starting point of all interventions

She questioned the expectations and assumptions of change underlying many HIVAIDS prevention efforts. Approaches are often very individualistic, working on the assumption that people can change their behaviour if they have knowledge and skills. However, such an assumption ignores the reality of community beliefs and behaviours, as well as other macro-level constraints such as poverty and gender. Change is possible but difficult.

The reality of the target group has to be the starting point of any intervention - she argued that this is often not the case with abstinence only messages being given to youth who are already sexually active. From this starting point, it is important to identify the path of least resistance to change - asking for the least amount of change necessary by individuals to reduce their risk of HIV infection. Asking people to take too big a step in changing their behaviour is unrealistic – for instance, condom use is a smaller change than abstinence and is one that can work. She wondered why there had not been more challenges at international level to the Vatican's position on condoms. Within this framework, the role of education in HIV/AIDS prevention is to creatively help people identify, and to take them along, the paths of least resistance to change.

Ms. Boler provided a number of positive examples of civil society involvement in HIV/AIDS education programmes at country level and at international level. She also highlighted the particular strengths of civil society involvement that include the strong linkages with the reality of life in local communities, linking together HIV/AIDS education and citizenship, ensuring greater involvement of persons living with HIV/AIDS, advocacy work, partnership with government, bringing together schools and communities, and bridging the knowledge between local and international levels.

5.4. Open Floor Discussion

A number of issues arose in the discussion that followed. One concerned the role of the education sector in HIV/AIDS, which is *more than just about prevention* and needs to address other challenges such as care and support, especially to orphans and vulnerable children, eliminating stigma and discrimination, and ensuring that their psychosocial needs are met. A question was also asked about the role the education sector might have in leading a more widespread response to HIV/AIDS.

The *training of teachers* is critical in the education sector response to HIV/AIDS and there is not enough investment in this area. How do we address HIV/AIDS in education if teachers do not know how to handle this issue? Proper professional training for teachers must be given priority. It was noted that teacher unions are now beginning to take up the challenge of HIV/AIDS.

One participant wondered about the *ownership of the MKV study* in Mwanza and asked whether the results were taken back to the children who participated in the study. Such a process might increase the capacity of the children to reflect on issues around behaviour and the outcomes of the study. They might help to answer why there were such outcomes. It was pointed out that this will be a major priority in the next stage of the project.

Professor Kelly felt that the rich discussions that went on during this symposium do not take place in the countries that are badly affected by HIV/AIDS but they should. There is a *need for a forum in high prevalence countries* similar to the one being held here in Dublin to encourage this level of debate.

There is also an issue around *resources* – if countries have a credible plan, will the necessary resources be made available? There should be some guarantees that they will. However, it was pointed out that while this is an important issue it is important to realise that it is not just about resources.

6. Summary of Key Issues

Mr. Kevin Carroll, Rapporteur, presented the following summary of the key issues arising from the symposium:

1. In the absence of a medical vaccine, prevention must take priority and education plays a major role here as a 'social vaccine'. It is important not to lose the focus - keeping children in school is critical and so the key message must continue to be education, education, and education.

2. We still have a lot to do in providing the basics in education. There are still major challenges in ensuring access to education, especially for orphans and vulnerable children. There are also challenges around the quality and the delivery of HIV/AIDS education. While there has been fragmentation in the response to date, there has also been progress. Learning takes place by doing and confidence is developed in the process.

3. However, knowledge on its own does not lead to behaviour change and even though we have information we do not always act on it, as with those who continue to smoke while knowing the dangers. It is very important to equip people with the necessary skills to be able to change and to say no. At the same time, the social reality of communities must be the starting point for behaviour change.

4. Leadership is a critical element in the response to HIV/AIDS and we have seen examples where it has made a major difference, as well as examples where the lack of leadership has been an obstacle to progress.

5. Networking is important and linkages between national responses and what is happening at international level are essential. In addition, more coordination is needed among stakeholders.

6. The training of teachers is a critical part of the education sector response to HIV/AIDS.

7. Change is taking place although it has been slow. It is important now that the kinds of discussions that took place at the symposium in Dublin also take place at country level.

7. Closing Remarks

Dr. Cremin formally closed the symposium underlining once again the importance of keeping the focus on the key message – education, education and education. He thanked the speakers for their presentations and the participants for their keen interest and input into the discussions.

A sourcebook on HIV/AIDS Prevention Programmes, published by the World Bank, was formally launched shortly afterwards. The sourcebook aims to support efforts by countries to strengthen the role of the education sector in the prevention of HIV/AIDS and features case studies on prevention programmes from seven countries in Africa. The sourcebook is available at the following website address: www.schoolsandhealth.org.

Appendix 1: List of Participants

Surname	First Name	Organisation
Aggleton	Peter	Institute of Education, University of London
Bailey	Denis	Oxfam Ireland
Barcelona	Delia	UNFPA
Boler	Tania	Action Aid, UK
Brennan	Nicola	Development Cooperation Ireland (DCI)
Bundy	Donald	World Bank
Burke	Mary	Independent consultant
Burke	Andy	St. Patrick's College, Dublin
Burns	Linda	CONCERN
Carroll	Kevin	Development Cooperation Ireland (DCI)
Clarke	David	UNESCO IIEP
Collier	Niamh	World Bank
Cremin	Peadar	Mary Immaculate College, Limerick
Dawson	Cooper	UNICEF
De Lind Van Wijngaarden	Jan Willem	UNESCO ASIA-Pacific
Desmond	Christopher	Mobile Task Team on HIV/AIDS (MTT)
Doody	Aine	APSO
Drake	Lesley	Partnership for Child Development
Draxler	Alexandra	UNESC IIEP
Drudy	Sheelagh	Department of Education, UCD
Duffy	Valerie	80/20 Educating and Acting for a Better World
Duke	Orla	Aid Link
English	Fiona	DCI
Fitzgerald	Maria	GORTA
Fitzgerald	Margaret	ERHA
Flynn	Carmel	RSCJ International
Fox	Andy	CONCERN
Gahan	Breda	CONCERN
Gallagher	Anne	NUI Maynooth
Gilsenan	Fionnuala	Development Cooperation Ireland (DCI)
Godden	Jonathan	Mobile Task Team on HIV/AIDS (MTT)
Gollmar	Charles	WHO
Hayden	Tommy	St Patrick's Missionary Society
Haakaloba	Veronica	Women for Change, Zambia
Henry	Mary	Seanad Eireann
Holmes	Gillian	UNAIDS
Huang	Mary Soo Lee	Faculty of Medicine & Health Science University of Putra, Malaysia
Inonge Nalishebo	Patricia	Women for Change, Zambia
Jalbout	Maysa	CIDA
Katebe	Cleven	UCD
Keating	Suzanne	Suas Educational Development
Kellaghan	Dr Tom	Consultant
Kelly	Michael	University of Zambia, Lusaka
Kwambwa	Miyanda	Development Cooperation Ireland ,Zambia
Laporte	Josee	ILO
Lee	Seung-hee	World Bank
Luky	Yvon	Cairde
Manawza	Thomas	UCD

Matthews	Máire	Development Cooperation Ireland (DCI)
Maxwell	Caroline	Action Aid Ireland
Mc Convey	Sr. Patricia	Franciscan Missionary Sisters of Africa
Mc Cormack	Moss	Consultatn
Mc Donagh	Hilary	Self Help
Mc Donagh	Enda	Trocaire
Mc Donnell	Derek	Dublin AIDS Alliance
Mc Evoy	Peter	Consultant
Mc Grath	Sr. Jacinta	
Mc Guinness	Seamus	Trinity College Dublin
McKay	Elaine	Nelson Mandela Foundation, South Africa
Mooney	Marie	Department of Education & Science
Moreau	Talaat	USAID
Mubiana	Mubiana	Mubiana
Nyambe	Moreen	Women for Change, Zambia
O' Brien	Ciara	Development Cooperation Ireland (DCI)
O' Brien	Jennifer	International Council for Overseas Students
O' Brien	Emer	Advisory Board to Ireland Aid
O' Donovan	Diarmuid	NUI Galway
O' Rourke	Eileen	Association of Secondary teachers in Ireland (ASTI)
O' Sullivan	Gerry	Higher Education Authority
O' Toole	Michael	Trinity College Dublin
Obasi	Angela	London
Panchaud	Christine	UNESCO – IBE
Pigozzi	Mary Joy	UNESCO
Quinn	Maura	UNICEF
Regan	Colm	80/20 Educating and Acting for a Better World
Reilly	Paddy	Development Studies Centre, Kimmage Manor
Saito	Chika	UNDP
Siatontola	Samuel	UCD
Sikazwe	Alfred	Ministry of Education Zambia
Sperling	Gene	Center on Universal Education, Washington
Sitali	Elizabeth	Women for Change, Zambia
Strickland	Brad	USAID
Tapia	Amelia	Trocaire
van der Schaaf	Wouter	Education International, Belgium
Vince Whitman	Cheryl	Education Development Centre, USA
Watts	Esther	CONCERN