NATIONAL ACADEMY OF PUBLIC ADMINISTRATION

MITIGATING HIV/AIDS' IMPACTS ON THE CIVIL SERVICE AND TEACHERS IN SUB-SAHARAN AFRICA

Issue Overview and Strategy Layout

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EXECUTIVE SUMMARY

"The spread of the HIV/AIDS epidemic has undermined human capacity and weakens a country's potential for sustained economic growth and poverty reduction. In the most severely affected nations, the disease is reversing the gains of economic development and shortening life expectancy."

USAID Report on Global Workforce in Transition, 2003[1]

"I want to make two quick points [regarding development issues in Africa]…One is the absolute importance of education to economic growth. The second is the imperative of strong leadership."

Andrew Natsios, USAID Administrator 2003[2]

"In combating AIDS, the political leadership must take the lead because AIDS is a behavioral problem, and not entirely a medical one."

Yoweri K Museveni, President of Uganda, 2003[3]

The HIV/AIDS pandemic has crippled many African nations for years – stifling economic development, eroding the ranks of the civil service and limiting the success of educational systems. This strategy paper, arising from the National Academy of Public Administration/USAID conference in Washington DC, on November 17-18, 2003, identifies critical policy gaps in existing studies, and then elaborates on what strategies might be used to formulate an effective plan for dealing with HIV/AIDS impacts on the civil service in Sub-Saharan Africa, particularly in Ministries of Education, where teachers have been affected by the pandemic. Mitigating the effects of HIV/AIDS on the education sector is especially important, because this sector trains all public

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servants, is often the largest employer in government, and the private sector, for that matter, and is crucial to economic development.

We provide some background on the problem and how it can be mitigated through policy and program initiatives, before laying out a menu of comprehensive strategies that could mitigate the pandemic's impacts on the civil service and education workforce. Major strategic approaches include:

- information/data availability for essential planning and decision making,
- capacity building to ensure effective short-term responses, maintaining the smooth functioning of the system,
- constructive partnerships for generating a comprehensive effort to combat the spread of HIV/AIDS, and
- resource intensive long-term initiatives to stabilize workforce supply and guarantee appropriate prioritization of development issues in Sub-Saharan Africa.

Information/Data Availability

It seems reasonable to assume that HIV/AIDS impacts the civil service, especially the education sector, in a significant manner. In education, for example, reports of teacher and student absenteeism, and attrition, lend support to this assumption.

There is little reliable data on how the pandemic affects the education sector or the public service as a whole. Data extrapolated from aggregate sources – like census information – to analyze HIV/AIDS' impacts on the civil service overlook several critical issues, including the varying rates of HIV infections across space and working

groups. For example, teachers in one district may be infected at different rates than other districts, or primary teachers may be infected at lower rates per student as compared to secondary school teachers. These differences require diverse policy responses, if one wants to successfully combat the pandemic. We highlight these concerns and detail recommendations for creating local data generation capacities modeled after the DEMIS/DEMMIS survey system in Zimbabwe and South Africa.

Finally, to obtain accurate data, there must be a friendly workplace environment, free of discrimination against victims of the HIV/AIDS pandemic. In the interim, until better data are available, policy makers might create flexible capacity building initiatives to help mitigate HIV/AIDS' impacts.

Capacity Building Initiatives

A potentially effective capacity-building initiative involves training civil servants and teachers in focused, demand-driven training workshops. The Mobile Task Team (MTT) approach – funded by U.S. Agency for International Development (USAID) and implemented by the Health and Economics Research Division (HEARD) at the University of Natal, South Africa – conforms well to this strategy and might warrant replication. Training workshops for workers in the education sector must be executed in a timely fashion, and tailored to local demand. Otherwise these training workshops will degenerate into drab sessions that induce "workshop fatigue" among participants because of inundation by invitations from legions of vendors will set in, stifling these initiatives. This approach views the increase in diminishing capacity of the public sector in Sub-Saharan Africa as spontaneous and unpredictable gaps in the

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system that need to be fixed rapidly. Some scholars have termed this phenomenon the "Swiss cheese model."

Another critical capacity-building initiative involves distribution of Anti-retroviral drugs to workers as part of a work incentive package. Mere distribution of ARV drugs to civil servants or educators is not adequate. A strong distribution and monitoring framework must be in place to ensure proper and effective usage of ARV drugs. Toward this end, Sub-Saharan African Ministries of Education and Health might develop a comprehensive and coordinated strategy modeled after programs offered by *Medicines Sans Frontiers*.

Constructive Partnerships

Cross-sectoral partnerships among external aid agencies, national and local governments, private sector and public sector enterprises, non-governmental organizations, and civil society groups, are critical in mitigating HIV/AIDS' impacts on the public sector. Only a sustained, comprehensive partnership approach, can effectively combat HIV/AIDS, because the pandemic is spread across society: to deal with it, all segments of society – businesses, civic groups, religious groups – must embark on a joint crusade.

Civil servants and teachers may want to adopt best practices from the private sector's approach to protecting its workforce from the pandemic. Best practices can be adopted from the models like that of Debswana Diamond Company (Botswana). In 1991, the Company created program coordinators at its mining locations, establishing a comprehensive AIDS management workplace policy in 1996 and distributing ARV drugs to infected employees beginning in 2001.

Information Technology (IT) companies and the civil service might collaborate to automate information storage and retrieval. The personnel-based, public information system creates critical barriers to system functioning when key individuals – clerical and administrative – are absent, sick or deceased. Growing awareness created partnerships between donor agencies like USAID and multinational corporations like CISCO, providing training to public sector employees in Uganda.

Training provided by IT companies might enhance social capital and skill levels in Sub-Saharan Africa, boosting economic growth and development prospects. Non-governmental organizations (NGOs), like *Medicines San Frontiers* and International Governmental Organizations (IGOs), like the World Health Organization (WHO), can provide expertise to the Ministries of Education to help with ARV drug distribution and procurement.

National governments, international agencies, and NGOs in Sub-Saharan Africa might pool their resources to develop an AIDS vaccine. African universities and research laboratories can help in this endeavor. Ministries of Education must ensure cooperation across agencies on this front.

Partnerships between developed (North) and developing (South) countries are critical to mitigate HIV/AIDS' impacts on education. Retired teachers from Northern countries can serve for two years in Sub-Saharan Africa to help replenish teacher ranks, a program modeled after the Peace Corps. African universities also might team up with international aid agencies to create capacity building initiatives, like the MTT.

Grant writing programs might also be developed for African universities to help local government and civil society organizations access internationally available

development funds. As an increasing number of donor aid funds require that recipients make a formal request for fund disbursement.

Long-Term Strategies

The best long-term strategy might be to establish teacher training institutes across Sub-Saharan Africa. The most effective strategy to curb the ill-effects of HIV/AIDS on the civil service is to create academies in key regions of Sub-Saharan Africa. These institutes would train public sector personnel to narrow the gap between supply and demand when it comes to professional civil servants for Sub-Saharan African state administration. Academies would also improve the capacity of the civil service to perform more effectively and efficiently.

Long-term, national and regional strategies are required for development generally, as well as the education sector in particular, for ensuring the best possible prioritization of development issues and resource allocation in Sub-Saharan Africa. The New Partnership for Africa's Development (NEPAD) might want to lead on this front by creating a viable regional strategy to prioritize development issues and create a comprehensive regional strategy for education in the wake of the HIV/AIDS pandemic.

Conclusion

Strategies discussed here may not solve HIV/AIDS problems for civil servants and teachers in the Sub-Saharan Africa. Lack of field-work and program/project evaluations constrains our ability to predict the likelihood of success for these strategies. Nevertheless, many observers believe that it is important to try to turn the

pandemic, even if only though uncertain experimentation. Our conference is a small effort to draw attention to and precipitate action on an enormous problem.

Annotated Bibliography

An annotated bibliography is included as an Appendix for those who would like to see report summaries of major research on the topic. This bibliography serves as an information-clearinghouse on the issue, and we hope it will be useful to both researchers and practitioners in their endeavors to combat HIV/AIDS impacts in Sub-Saharan Africa.

INTRODUCTION

"An effective state is vital for the provision of the goods and services - and the rules and institutions - that allow markets to flourish and people to lead healthier, happier lives…Whether making policy, delivering services, or administering contracts, a capable, motivated civil service is the lifeblood of an effective state."

World Bank, <u>World Development Report</u>, 1997

"Strengthening the public service is considered a necessary prerequisite to building the capacity of African States to face the many challenges of globalization, and to play a leading role in development for Africa."

African Charter for Public Service, 2001[4]

Background

There is consensus within and outside Sub-Saharan Africa[5] that a viable administrative state is essential for coping with challenges facing the continent today.[6] The civil service forms the backbone of state administration. It is responsible for carrying out the will of the legislative, executive, and judicial branches of government. Major disruptions in the effective and efficient working of the civil service threaten the very foundation of society. Teachers play a critical role in education and developing the social capital of the state. If teachers are unable to teach, then students cannot learn, creating a situation threatening future growth and development.[7]

HIV/AIDS affects civil servants and teachers in Sub-Saharan Africa, as it continues to metastasize there. Figure 1 documents the spread of HIV/AIDS across the African continent from 1984 till 1999. This rate continues to increase: UNAIDS estimates that 920,000 people died of HIV/AIDS in 2002 as compared to 760,000 in 1999. [8]

Figure 1:Impact of HIV/AIDS on Sub-Saharan Africa

A Difference of 15 Years

In 16 countries, all in sub-Saharan Africa, more than one in 10 adults is infected with the HIV virus. In seven of those nations, one in five carries the deadly virus.
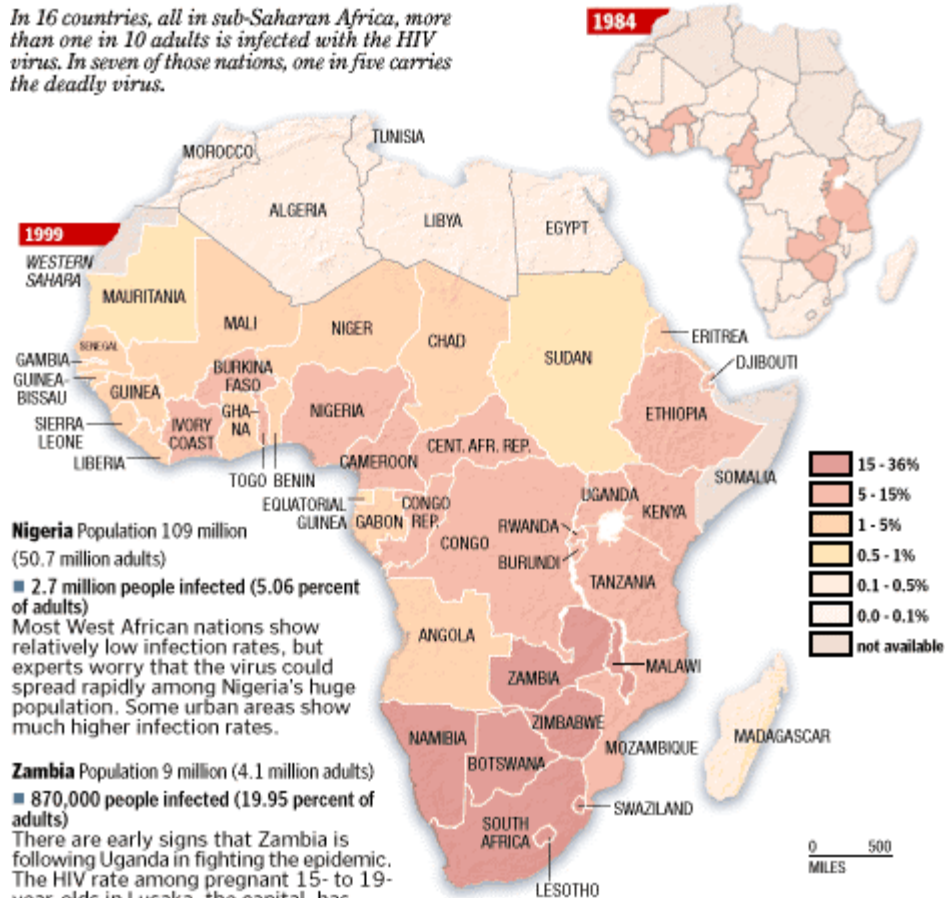
Nigeria Population 109 million
(50.7 million adults)

■ 2.7 million people infected (5.06 percent of adults)
Most West African nations show relatively low infection rates, but experts worry that the virus could spread rapidly among Nigeria's huge population. Some urban areas show much higher infection rates.

Zambia Population 9 million (4.1 million adults)

■ 870,000 people infected (19.95 percent of adults)
There are early signs that Zambia is following Uganda in fighting the epidemic. The HIV rate among pregnant 15- to 19-year-olds in Lusaka, the capital, has dropped by almost half from 1994.

Botswana Population 1.6 million (775,000 adults)

■ 290,000 people infected (35.8 percent of adults)
The country has a well-developed road system and is a hub for truckers from across southern Africa. This high mobility of people facilitates the spread of HIV. Although relatively prosperous, Botswana has spent little on anti-HIV programs.

South Africa Population 39.8 million (20.6 million adults)

■ 4.2 million people infected (19.94 percent of adults)
More people are infected with HIV in South Africa than in any other nation, and the infection rate is among the fastest growing in the world. Anti-AIDS programs are mired in controversy.

Uganda Population 21.2 million (9.2 million adults)

■ 820,000 people infected (8.3 percent of adults)
Uganda was the first African government to respond aggressively to the danger of AIDS. A prevention drive cut the infection rate from 14 percent in 1990.

SOURCE: UNAIDS

Legend:
- 15 - 36%
- 5 - 15%
- 1 - 5%
- 0.5 - 1%
- 0.1 - 0.5%
- 0.0 - 0.1%
- not available

The worst affected
Adult infection rate as of December 1999

Country	Rate
Botswana	35.8%
Swaziland	25.3
Zimbabwe	25.1
Lesotho	23.6
Zambia	20.0
S. Africa	19.9
Namibia	19.5
Malawi	16.0
Kenya	14.0
Cent. Afr. Rep.	13.8

Infection rates elsewhere for comparison:

U.S.	0.61%
India	0.70
Thailand	2.15

Like the general population, African civil servants and teachers are not immune to HIV/AIDS. Several indicators demonstrate the toll HIV/AIDS exerts on the civil service and teaching workforce in various Sub-Saharan African states.[9] A joint study by 2002 USAID-University of Natal estimates that labor losses to HIV/AIDS in Botswana will be 17.2 percent by 2005 and would increase to nearly 30.8 percent by the end of 2020, if current trends continue. Table 1 highlights the expected labor losses as a result of HIV/AIDS in select Southern African countries.

Table 1: Southern Africa: Labor Losses to HIV/AIDS (%)

Country	By 2005	By 2020
Botswana	-17.2	-30.8
Lesotho	-4.8	-10.6
Malawi	-10.7	-16.0
Mozambique	-9.0	-24.9
Namibia	-12.8	-35.1
South Africa	-10.8	-24.9
Tanzania	-9.1	-14.6
Zimbabwe	-19.7	-29.4

Source: USAID-HEARD 2002[10]

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Recently, the Malawi Minister for Physical Planning acknowledged that he was HIV positive and estimated that nearly 100 senior civil servants and nearly 800 members of his ministry's workforce died from AIDS within the past two years.[11] This announcement came on the heels of a declaration by the Speaker of Malawi's Parliament that 28 Members of Parliament had succumbed to AIDS from 1999 through 2003.[12] These numbers suggest that the labor force, including teachers and civil servants, is being depleted because of HIV/AIDS in Sub-Saharan Africa; thereby undermining the administrative capacities and development potential of the state. We provide a comprehensive review of the rather limited literature on HIV/AIDS impacts on the supply side of education in Sub-Saharan Africa.[13] Later, we outline strategies that might mitigate these impacts.

We concentrate on the education sector, because it is directly or indirectly responsible for the training all civil servants, making the need for its continuous normal functioning vital for government in the short- and long-run.[14] Moreover, education plays a pivotal role in economic growth and development. The sector also comprises the largest number of employees in most African states.[15] Taken together, these three factors arguably make education the most important branch of the civil service. However, research gaps and strategies identified likely can be applied to the entire civil service—agriculture, health, law enforcement, and others.

We provide some background on the problem and how it can be mitigated through policy and program initiatives, before laying out a menu of comprehensive strategies that could mitigate the pandemic's impacts. Major strategic approaches might be clustered as follows:

- information/data availability essential for planning, decision making, and evaluation,

- capacity building to ensure effective short-term responses, maintaining the smooth functioning of the system,

- constructive partnerships for generating a comprehensive effort to combat the spread of HIV/AIDS, and

- resource intensive long-term initiatives to stabilize workforce supply and guarantee appropriate prioritization of development issues in Sub-Saharan Africa.

Before proceeding further to the strategy layout, however, it is critical to ask: how can policy-makers combat the spread of a virus, having no known vaccine? The question is valid because in pandemics similar to HIV/AIDS in the past – influenza, plague, tuberculosis (TB), small pox, cholera – there was little policy-makers could do to prevent their spread,[16] lacking effective public health services and preventive programs in an often hostile environment.

HIV/AIDS and Public Policy

"We should invest in better health and build on our efforts to fight AIDS, which threatens to undermine whole societies."

President George W Bush, Monterrey, 2002[17]

The diseases listed above – influenza, tuberculosis, cholera — differ from HIV/AIDS in a fundamental way. Influenza, plague, tuberculosis, cholera and other pandemics required some sort of external medium - like vectors or water - to spread. Individuals could become victims of cholera or malaria by unknowingly drinking water

contaminated by cholera or being bitten by a mosquito. In the case of HIV/AIDS, however, there is no known external vector or medium involved: most individuals affected with HIV/AIDS become victims to the pandemic because of sexual intercourse. There are cases of mother to child infections, drug abuse or accidental blood transfusions resulting in individuals being infected with HIV, however as a percentage of the overall HIV/AIDS cases, these numbers are relatively low. [18]

All else being equal, HIV/AIDS gives individual human beings much more control over whether they will be infected or not. Because the primary means by which HIV spreads is through sexual intercourse. If individuals are given proper information regarding their partner's HIV status, and if we have conditions in society where men and women engage in consensual sex in a majority of cases, then we can stop the spread of the disease by generating greater awareness about the disease through education, and other means like condom distribution. Appropriate "investments in health and education" as President Bush mentions in his Monterrey speech, combined with effective policy implementation can prevent the pandemic's spread.

While efforts to find a cure for the virus are encouraged, policy-makers should focus on mitigation techniques like education, female empowerment, and condom distribution for prevention. Training programs and effective management techniques can help curb the pandemic. The multi-pronged policies generated by Uganda have reaped rich dividends by reducing the spread of the pandemic among its citizens. It is precisely the manner in which HIV/AIDS is spread that gives policy-makers an opportunity to create conditions whereby individuals can gain proper information and process it effectively to combat it.

The tragedy is that the difference in how HIV spreads compared to other pandemics enables policy-makers and individuals to contain it in the absence of a vaccine, while it is this same distinction that makes the pandemic more potent and dangerous to socio-economic development.[19] Unlike other pandemics, HIV/AIDS does not primarily infect the most vulnerable demographic groups – children who are not sexually active and elderly persons with weaker immune systems. It infects the most productive group in society: individuals ages 15 to 49, because this group is the most sexually active segment of the population. Thus, HIV/AIDS endangers human capital and threatens to disrupt societal productivity. In the case of HIV/AIDS, the most vulnerable group in society is not one with the weakest immune system, but one which is critical to the development of society: young and middle-aged individuals that constitute the majority labor force.

When viewing the impact — the manner in which HIV/AIDS infections have increased — in developing countries throughout the world, especially in Sub-Saharan Africa, risks that the pandemic poses to the development gains, or even the chances of development there, are all to obvious. HIV/AIDS effectively retrogresses development and makes the poorest region in the world – Sub-Saharan Africa – less productive; make the lives of the most impoverished in the world even worse.[20] Policy-makers both in Africa and outside have for long focused on cure strategies, it may be time for a multi-pronged approach, stressing education, capacity building and inter-agency coordination.

Education is one of the most effective tools to combat the spread of HIV/AIDS, because it helps generate better information and greater awareness pandemic. These are

important factors in curtailing the pandemic, in the absence of a vaccine. However, teachers and students are increasingly becoming affected and infected with HIV/AIDS. This results in the weakening of one of the most potent tools one has to combat the disease in Sub-Saharan Africa: the education system.[21] A sustained response is needed to ensure the smooth functioning of the education system, because in addition to its services in combating HIV/AIDS, education forms the foundation for any development strategy. The Education for All (EFA) proclamation of the Millennium Development Goals (MDG) requires international development agencies and governments in Sub-Saharan Africa to create strategies to achieve these goals.

It appears that most international aid agencies and Sub-Saharan national governments have realized this. However, most of the strategies proposed are either politically infeasible or economic resources are lacking to implement them. The strategies laid out here — information/data availability, capacity building, constructive partnerships, and resource intensive long-term plans — consider two factors: implementation viability in political and economic terms, and their effectiveness as policy instruments to mitigate the pandemic's impact on teachers and civil servants.

Strategy Layout

It seems reasonable to assume that HIV/AIDS impacts teachers and civil servants, and it is necessary devise strategies to gather data for effective education policy responses in the information/data availability section. Capacity building addresses the viability of training workshops and anti-retroviral (ARV) drug distribution to teachers and civil servants to curb absenteeism and reduce short-term morbidity.

Then we go on to elaborate partnerships among government, non-government, and business organizations to combat the pandemic in the education sector, and public sector as a whole. As a long-term strategy, we explore the creation of teacher training institutes and civil service training institutes across Sub-Saharan Africa. This is a resource intensive strategy, relative to others. These institutes would initially stabilize, then expand supply of civil servants and teachers, and help boost human capital across the continent. We also explore the role of long-term development planning at the national and regional level to coordinate efforts on a comprehensive scale at a sustained level to combat the pandemic. Taken together, these strategies may enhance the capabilities of Sub-Saharan African governments to address HIV/AIDS challenges. Figure 2 provides a schematic of the process.

Figure 2: Schematic of Strategy Layout

Information/Data Generation	Capacity-building initiatives	Constructive Partnerships	Long-term plans: Public Administration Institute

Resources →　← Political Will

Strengthen public sector capabilities against HIV/AIDS
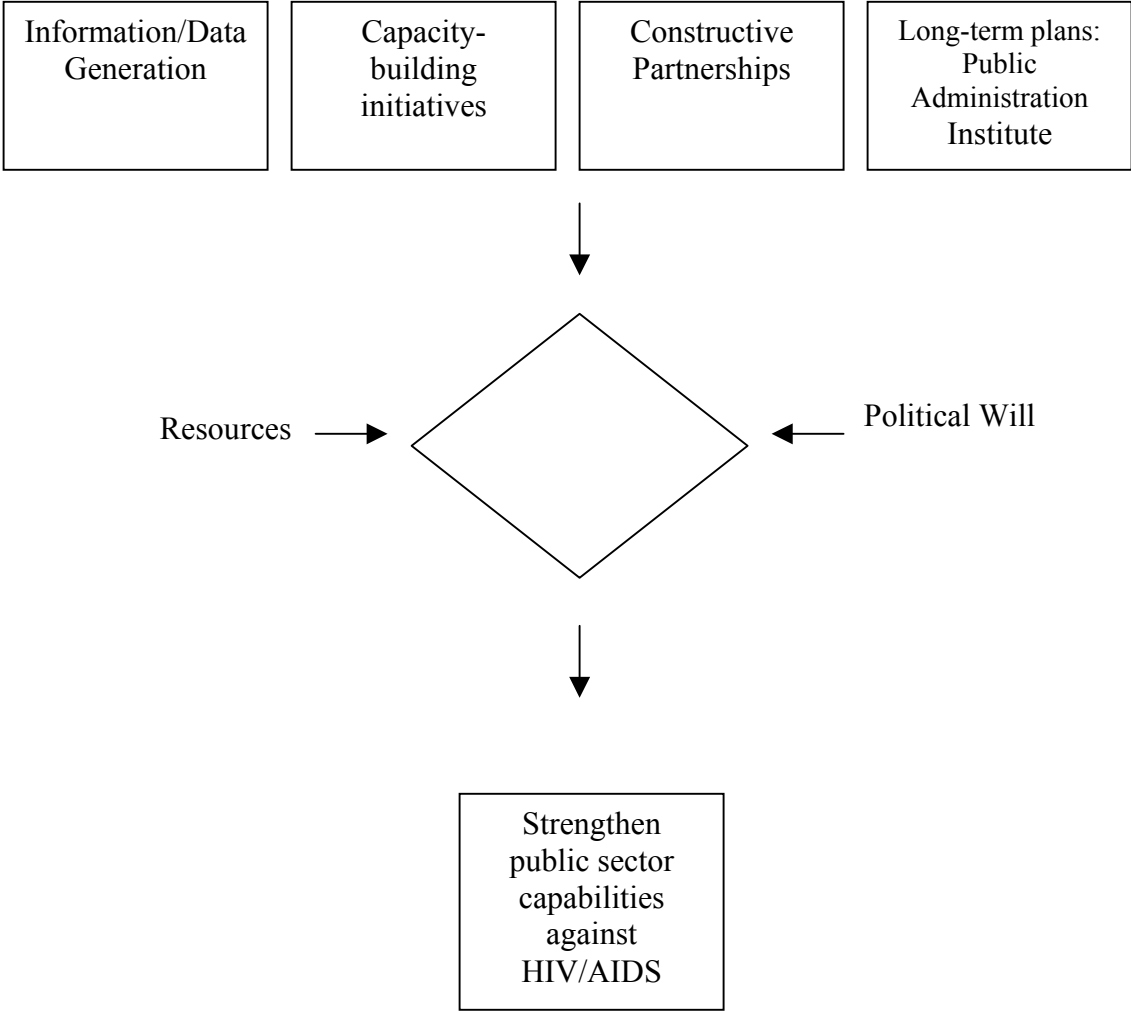
INFORMATION/DATA AVAILABILITY

"There is an absence of firm data on the losses of human resources throughout the educational sector that is currently being experienced in many countries. In general we do not know what is the level of absenteeism caused directly and indirectly by the epidemic across the sector (at all levels of education, primary through tertiary), and across skill and experience categories (of teachers, assistants, and administrative support)."

Desmond Cohen, International Labor Organization, 2002[22]

Data Controversies

We begin by looking at the surprisingly sparse, and highly controversial, data on how HIV/AIDS affects civil servants and teachers in Sub-Saharan Africa. There is an ongoing debate among experts about the importance of numbers. Some argue that they need data to assess whether the pandemic has made an impact on the civil service and teachers, before designing and executing appropriate policy and programmatic responses.[23] If impacts were low, massive resource reallocation would be wasted. Others argue that it is worth potentially wasting resources to pursue a preventive strategy, because delaying a response would be more costly and less effective.[24] In the parlance of public health, "enough is known for action."

Numbers are not necessary to prove the existence of a problem; everyday observations and anecdotal evidence may be sufficient to show policy-makers that a problem exists.[25] HIV/AIDS' impact on the civil service and education sector is clear according to press accounts and daily observations. However, data are critical when it comes to formulating effective policy responses and evaluating their performance. Absence of reliable data diminishes the capacity of policy strategies to mitigate the ill-effects of a problem in a continuous and comprehensive manner before or as they occur.

In the absence of data all policy is reactive.[26] Presence of accurate statistical information does not guarantee that all policy will be more effective and less reactive, but information does increase the likelihood that policy will be proactive and effective. Because there is little data on how HIV/AIDS impacts teachers and civil servants in Sub-Saharan Africa, most studies extrapolate estimates from census data. A World Bank study on Zambia, Kenya, Zimbabwe and Uganda uses this technique—obtaining aggregate data on primary teachers and students elicited from census information—to show that teacher attrition is less than student attrition.[27] In concluding that decrease in supply corresponds to a larger decrease in demand, the report implies that no substantive policy response is required. However, such a simple demand supply calculation overlooks critical factors: does the same data hold for secondary and tertiary teachers?[28] A survey by the United Nations Development Program (UNDP) and the Government of Malawi on the impact of HIV/AIDS on the education workforce in Malawi demonstrated that attrition rates among secondary school teachers were higher than attrition rate in primary school teachers.[29] Because it costs more to train secondary school teachers, resource inputs required from the Ministry of Education would be substantially higher to replenish this portion of the workforce. The World Bank report does not address these issues, which some argue appear to have a considerable policy effect. A subsequent World Bank Report on HIV/AIDS and education, published in 2002,[30] highlights the importance of education for development and the impacts of HIV/AIDS on teachers. However, the report does not categorically state how demand and supply relations in education are affected.

Many questions remain unanswered when looking at aggregate data[31] extrapolated from census information: Do these data reflect demand-supply calculation for all provinces and districts within countries? Or, do some provinces face larger supply shortages compared to demand? How does age relate to HIV/AIDS impacts on individuals? How does HIV/AIDS impact civil servants and teachers?

Effective Data Generation Techniques

An effective way to generate data on how HIV/AIDS impacts teachers and civil servants would be to use province-specific or district-specific data monitoring models, designed to be sensitive to local differences. Policy formulated on this information would be more effective, because it would allocate resources based on need and not on extrapolations from aggregate data. Smaller, comprehensive programs to generate and monitor local level data would also be cost-effective. Moreover, local programs would be less expensive, thus overcoming resource limitations.

The District-Level Education Management and Monitoring Information System (DEMMIS) program in Harare is one possible model to assist to manage and mitigate the impact of HIV/AIDS on education.[32] By using inputs from survey forms and attendance records at educational institutions and the Ministry of Education, it provides early warning indicators and a decision support system management, enabling policy-makers to manage and mitigate HIV/AIDS impacts. Analysts update DEMMIS every month, making it sensitive to changing local conditions. This helps measure program effectiveness in specific areas. Initial program results have been encouraging, but the program has been in existence for a relatively short time and has only been tested in

some provinces of Zimbabwe and South Africa. The program might be further analyzed to see how it can be improved and replicated elsewhere.

A sample program could be launched in select districts/provinces in various Sub-Saharan African countries, say for two years. After evaluating its performance, the program could be implemented on a large-scale. Similar programs could be simultaneously launched across Sub-Saharan Africa. Data generated would help formulate more effective HIV/AIDS policy responses.

Program success will be largely dependent on one critical factor: the social stigma associated with HIV/AIDS must be surmounted if respondents are to openly and truthfully answer surveys for DEMMIS. The South African handbook on HIV/AIDS in the workplace is one such attempt at reducing social stigma associated with the pandemic.[33] Proposed data generation models require workplace environments to be free of discrimination against those that have HIV/AIDS, otherwise the strategy would likely be ineffectual.

Assumptions and overall strategy recommendations regarding

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IS survey system should be

-

environment accommodative of HIV-positive employees

CAPACITY BUILDING

"There is an essential link between human capacity building and the realization of Africa's emerging market potential…a thriving African private sector, increased foreign trade and investment and levels of economic growth necessary to eliminate poverty will not be realized unless serious steps are taken to help African countries build a more educated and better trained workforce capable of competing in the global marketplace."

Kofi Appenteg, The Africa America Institute, 2003[34]

Demand Driven Training Workshops

While better data generation seems desirable, it may be necessary to formulate policies that counter the pandemic in its absence. Two major policy responses in the short-run and medium-run include the organization of training workshops and distribution of ARV drugs for teachers and civil servants.

The U.S. Agency for International Development—Health and Economics Research Division (HEARD)[35] joint program, Mobile Task Team (MTT),[36] trains individuals when shortages occur in a region. The MTT uses the "Swiss Cheese model" rationale. Absenteeism and mortality resulting due to HIV/AIDS infections among public sector employees creates gaps or holes in the system. The analogy with the "Swiss Cheese" is the presence of random holes of non-uniform size, weakening the system. These holes need to be plugged though targeted training workshops to prevent further weakening of the system. For training workshops to be effective, they must respond to local demand, rather than be imposed on local populations by their governments or external aid agencies. Otherwise, these training sessions appear to induce "workshop fatigue" among participants. As, most workshops which locals find unnecessary will not succeed in changing local behavior.

Because the USAID-HEARD strategy responds to local demand, such strategies might be considered for wider application. A critical factor of the USAID-HEARD program's success seems to be the specialization and timeliness of training sessions. Moreover, the MTT is comprised of African professionals, making it more sensitive to local concerns. The NAPA/USAID conference involves African and U.S. representatives responsible for the MTT – the joint USAID-HEARD initiative. Undoubtedly, they will help isolate additional factors that make their strategy more responsive to local demands and effective in curbing HIV/AIDS impacts.

Anti-Retroviral Drug Therapy

"More than 4 million require [in Africa] immediate drug treatment. Yet across that continent, only 50,000 AIDS victims – only 50,000 – are receiving the medicine they need…AIDS can be prevented. Anti-retroviral drugs can extend life for many years. And the cost of those drugs has dropped from $12,000 a year to under $300 a year – which places a tremendous possibility within our grasp."

President George W Bush, <u>State of the Union</u>, 2003[37]

A potent mechanism to curb HIV/AIDS related absenteeism, attrition and mortality is distribution of ARV drugs to civil servants and teachers who are victims.[38] Moreover, the prospect of ARV distribution in the public sector is now a viable strategy given the recent World Trade Organization (WTO) brokered deal between pharmaceutical companies and African governments.[39] This reduces ARV drug prices and makes drugs more widely available.[40]

Studies have effectively debunked the myth that Africans cannot use ARV drugs properly. A recent survey showed that Africans use their ARV medication according to physician prescribed regimens 90 percent of the time, as opposed to their counterparts

in America, who use it only 70 percent of the time.[41] Reduced costs, coupled with the fact that African AIDS patients follow the regimen, make it imperative that development agencies and African governments provide ARV drugs to all affected persons. Public sector employees, particularly those in the education sector, must be provided these drugs as part of their work incentives.

However, it is critical that Ministries of Education and others collaborate with the Ministries of Health to create better access to ARV drugs. The Ministries of Health should implement a coherent, reliable strategy for distribution of ARV drugs, ensuring proper usage.   Surveys indicating that Africans use the regimen more compliantly were conducted in Senegal, South Africa, Uganda and Botswana. Each of these countries has effective distribution capacities, as well as coordinated strategies across ministries with the Ministry of Health taking the lead in distributing and monitoring the drugs.[42]

Current indications are that in the absence of proper distribution and monitoring mechanisms, and clear plans for ARV use in the public sector, ARV availability would have less value. Teachers and civil servants at low wages levels might sell ARV drugs to others who do not get them free or at lower prices creating an ARV drug black market.[43] There have been examples in the United States and Europe tending to justify these concerns.[44] Mere availability of ARV drugs cannot resolve morbidity problems. Adopting such an attitude – neglecting strong distribution and monitoring frameworks and concentrating on availability of ARV drugs – might well transform euphoria over cheaper ARV drugs into horror, because we may end up with more potent— consequently more ARV resistant—strains of the virus.

A program that can be replicated in the public sector might be modeled after the strict *Medicines Sans Frontiers* (MSF) initiative with strict monitoring.[45] The MSF program prescreens participants, making drugs available only to people who have a certain antibody count. A controversial – yet identified as critical by MSF – provision of this program is that another person must accompany the patient to the clinic. This makes it apparent that the patient has talked about the disease with someone else and presumably has been frank about it, thus making it easier for the patient to use ARV drugs.[46] Moreover, MSF physicians test participants periodically to measure antibody counts again, to monitor whether patients have been taking drugs according to the regimen. Physicians also visit patient's homes to get more information on the patient's lifestyle and living environments.

Public agencies could replicate this program by partnering with Ministries of Health. Ministry of Health physicians would screen teachers and civil servants who claiming to be patients, before distributing the drugs. This would curtail distribution to non-patients. There might arguably be a provision that each individual bring a colleague, a spouse or another individual to the clinic, ensuring openness. There should also be regular monitoring of the patients at local clinics to ensure compliance. Education supervisors could check on patient living conditions while on school monitoring trips. They could offer input on surveys that would help create national or provincial policy.

One might look at models created by the Debswana Company for its employees and other private African companies to protect their workers from HIV/AIDS. These

models, which are discussed in detail in the next section, could be applied to the public sector as a whole to strengthen the civil service and help usher in development.[47]

Better workplace environments are crucial for encouraging patients to be open about the disease and acquiring ARV drugs. The International Labor Organization (ILO) handbook and South African handbook on the public sector work conditions are positive steps in creating better working environments for civil servants affected with AIDS.[48]

servants and teachers could be trained in demand-driven, focused workshops.

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- Training workshops must be targeted and offered timely fashion to avoi

- Anti-retroviral drugs could be made available to workers in the education

- A strong distribution and monitoring framework must be in place to ensure

- Toward this end the Ministry of Education and the Ministry of Health should

CONSTRUCTIVE PARTNERSHIPS

"We cannot do this alone, we once again appeal to our friends who have the resources to come back and work with us as equal and genuine partners to successfully win the fight against AIDS."

Her Excellency Mary Kanya, Ambassador of Swaziland[49]

"The first principle for effective Government-led partnerships, is ...to bring together a variety of actors, recognising their different strengths and capabilities"

Sally Keeble, Department for International Development, UK[50]

Cross-Sectoral Partnerships to Combat HIV/AIDS

Almost every study published on the impact of HIV/AIDS highlights the importance of constructive public-private partnerships. None, however, provide specifics on what partnerships should look like or what they are designed to promote. All too often, a major function of businesses and NGOs seems to be lobbying African governments on how AIDS impacts civil servants.[51] Advocacy may not hurt, but, to say the least governments do seem aware of the problem. This is demonstrated in various education, health, and planning strategies of Sub-Saharan African states.

What is really required of these partnerships is strengthened public sector capacity – especially in the education sector – to deal with the toll HIV/AIDS takes on employees may be needed.

Business-Public Sector Partnerships

Partnerships between local companies and transnational corporations with facilities or operations in Africa may be more effective and influential if they share the

design and fulfillment plan of their ARV drug distribution and workplace environment models with government agencies. Many private sector approaches have reduced HIV/AIDS impacts on the workforce, and civil servants and educators might learn from them.[52] The comprehensive workplace program including stakeholder involvement appears to be successful at the Debswana Diamond Company in Botswana.[53]

The Debswana Diamond Company instituted an HIV/AIDS strategy as early as 1991 by creating "HIV/AIDS programme coordinators" at its mining locations, establishing a comprehensive AIDS management workplace policy in 1996 and distributing ARV drugs to infected employees by 2001; responses that the public sector has incorporated relatively late. Similar best practices from the Eksom Company, the Anglo-American Corporation and the Ford Motor Company in South Africa could be replicated in the public sector.[54]

Senegal's tax break on condoms, involvement of community leaders, like religious clerics, higher awareness, and Uganda's institutionalized government and public response to AIDS via continuing programs like *Straight Talk* could be adopted across the region for successful partnerships and strategies.[55] Tax breaks for condom distribution appear effective in Senegal and such tax benefits could be extended to the public sector by giving provincial and district level revenue incentives for such distribution schemes for their workforce.

Technology Companies and the Civil Service

Information technology companies like Microsoft and CISCO[56] might partner with African governments to automate local data collection and management systems.[57]

An arrangement has already been made by USAID, CISCO Corporation and the Government of Uganda to establish twelve CISCO academies in Uganda toward this end. Since, most records and management procedures in the public sector are executed manually, experience with the system is crucial. If a clerk or officer who provides the critical link in proper system functioning is absent from work for prolonged periods of time, or dies, there may be no one available to man the system. How do you train new individuals in such circumstances, where experience with the system matters so much? And how does one quantify such losses? One way around the problem is to automate most of the public sector databases. This would reduce the system's reliance on a handful of individuals. Moreover, it might be easier to train personnel to operate a database and retrieve information, than show them how to manage rooms full of data files.

There is a positive externality to training workers in automated database management – this technical training gives workers a valuable job skill for when they are seeking future employment. Training individuals to use databases might help create a service sector in Sub-Saharan African states, making it possible for them to leapfrog "stages of growth and development" in the global economy. Data automation could also make information more accessible, because, if made publicly available on the Internet, any citizen who knows how to use the database could access it. It might reduce corruption, which runs rampant because of clerks and officers, asking for bribes to give citizens access to public information. Greater access to public information promotes democratic processes.

NGO-Public Sector Partnership

NGOs can be invaluable in public sector workforce development. Civil servants and educators could benefit from sharing MSF expertise in the distribution of ARV drugs. Partnerships can be arranged between community leaders and civil servants to help lessen social stigma associated with HIV/AIDS. This would increase chances of public discussion on the pandemic and more effective ways to combat it. The success of the Ugandan experience with NGO-public sector partnerships to reduce HIV/AIDS prevalence within its territory demonstrates that such partnerships can play a critical role in mitigating the impact of HIV/AIDS.[58] Political commitment from prominent local and national government officials, combined with the influence of community religious leaders, created changes in social norms – multiple sexual partners for men were discouraged, and women were given a higher social standing. This change helped drastically reduce new HIV infections in Uganda.

Joint Vaccine Development Initiatives

Development of an effective vaccine against HIV/AIDS likely is the ultimate solution.[59] Teachers and other public servants could then use the vaccine and be immune from the disease. It is crucial that the governments of both Sub-Saharan Africa and other countries of the world, NGOs, international non-governmental organizations (INGOs), international governmental organizations (IGOs), and businesses collaborate to pursue an effective vaccine.

The Bill and Melinda Gates Foundation has contributed substantial amounts toward vaccine development procedures, governments in the developed regions of the

world could follow suit.   Research cooperation should be encouraged between Sub-Saharan African scientists and their counterparts across the globe to speed up efforts to develop a vaccine.

Retired Teachers Program

Policy-makers might explore the feasibility of providing recently retired teaches a two-year term in countries having historic ties to Sub-Saharan African countries. A proposal exists to have recently retired British teachers serve in former colonies to help reduce workload on the present teaching workforce, and provide quality inputs to students.[60]   The language of instruction proves no barrier because of the historic colonial connection in many countries. Teacher availability from Northern countries in highly specialized skill areas, like computer technology training or in tertiary education institutions would prove to be a great boost for the African education sector and overall economy in general.

The Peace Corps could take a lead, because they already have the institutional capacity to implement such a program. The Peace Corps could use the same criteria used for current participants to select retired teachers to serve a term of two years in Sub-Saharan Africa.   Teacher compensation could be the same as that given to current participants or a novel tax incentive scheme could be introduced to help attract qualified and talented teachers to the program.

African Universities and International Aid Agencies

African universities might team up with international aid agencies to create capacity building initiatives, like the MTT initiative between USAID and HEARD at the University of Natal.[61] Universities in Africa could also develop centers to help African civil servants write out grant proposals and develop programs that would help combat HIV/AIDS impacts in the education sector. Proposal formulation is crucial because development agencies, both national and international, lend or grant based on demand rather than supply.[62]

Universities in the United States could team up with their counterparts in Sub-Saharan Africa to create programs like MTT. The Southern University System has done substantive work on this front. The collaboration among Historically Black Colleges & Universities and African universities through year-long scholarships, month long training programs for African university students and professors and distance learning projects using Blackboard technology has been quite successful.[63] USAID has created avenues for other universities to follow suit; Harvard University and University of Massachusetts at Boston have both availed of this program. More programs like these would help strengthen the capacity of Sub-Saharan African states to combat HIV/AIDS.

Role of Civil Society

Although we have stressed the importance of NGO – Public Sector partnerships, we have not elaborated on partnerships within civil society. If various non-governmental organizations combined their efforts, forming associations to combat

HIV/AIDS, then the result would be effective. The pandemic may be halted or its spread even contained if proper partnerships were established. The cooperation among religious leaders in Uganda provides credence to this. The World Bank's policy of disbursing almost half of its HIV/AIDS funds to Sub-Saharan Africa to civil society groups is laudable,[64] and one hopes that other donor agencies create similar funding opportunities for civil society groups. A strong monitoring mechanism needs to be in place to ensure accountability of civil society groups, and the need for measurable standards of program effectiveness. Otherwise, the patterns of misappropriation of donor funds in many public sector initiatives, in civil society initiatives, could be repeated.

Overall strategy regarding constructive partnerships

- Private sector – Public sector partnerships: could adopt best practices from the private sector's approach to protecting its workforce from the ill-effects of HIV/AIDS.
- Information Technology (IT) companies and the civil service could collaborate to automate information storage and retrieval.
- Training provided by IT companies could enhance social capital and skill levels.
- Non-governmental organizations (NGOs) like *Medicines San Frontiers* can provide expertise to the MoE to help with ARV distribution and procurement.
- NGOs, international agencies and governments in Sub-Saharan Africa can pool their resources towards developing an AIDS vaccine.
- African universities and research labs could help.
- Retired teachers from Northern countries could serve for up-to two years in Sub-Saharan Africa to help replenish the teaching workforce.
- African universities might team up with international aid agencies to create capacity building initiatives, like the MTT
- An emphasis should be placed on creating partnerships among civil society groups to combat HIV/AIDS.

LONG-TERM, RESOURCE INTENSIVE STRATEGIES

"Even if they emphasize HIV/AIDS, policy makers should maintain their focus on the long-term development agenda – education, basic health, food security, and appropriate macroeconomic management. This will help create and sustain the foundation for economic growth providing actions are taken to deal with HIV/AIDS a greater chance of success. It will also ensure that the development priorities of the HIV negative majority are kept in focus"

Malcolm McPherson, Harvard University[65]

This basic message translates into a two-part strategy to make every state a more credible, effective partner in its country's development: Matching the state's role to its capability is the first element in this strategy. Where state capability is weak, how the state intervenes--and where--should be carefully assessed. Many states try to do too much with few resources and little capability, and often do more harm than good."

World Bank, World Development Report, 1997[66]

Training Institutes

In addition to data generation, training workshops, ARV distribution and effective cross-sectoral partnerships, there are long-term, resource-intensive proposals to mitigate the effects of HIV/AIDS.

Creation of teacher training colleges build supply-side capacity in the Sub-Saharan African education sector, including establishment of institutes designed specifically to train public sector officials in Sub-Saharan Africa. These institutes could also train civil servants who would later go to serve not only in the education sector, but also in other public sector agencies to facilitate workforce development.

Regional Institutes for Public Administration

Every economic block in Africa, like the Economic Community of West African States (ECOWAS) and South African Development Community (SDAC) could have a

training institute. The institute would have a common base curriculum, supplemented by various country-specific courses to train civil servants from the region. Institutes and universities in Europe have demonstrated the validity of this approach. The institute would help ease the burden on existing national civil service training institutions. Successful strategy implementation would strengthen all civil service agencies including those dealing with the education sector. The institute could play a critical role in workforce development on the continent.

Long-term Development Agenda

As Professor McPherson's quote above suggests, it is critical not to lose sight of the long-term development agenda in dealing with HIV/AIDS. In the public sector, African policy-makers need to come up with long-term strategies for their own countries, as well as regionally. A comprehensive long-term strategy would help ensure sustained attention to the question of public workforce development. The New Partnership for Africa's Development (NEPAD) might take the lead on this front at the regional level, while national leaders might personally commit themselves to creating long-term country strategies. Coordination among various ministries should to take place at the highest level to ensure optimal public workforce development.

The other dimension to long-term planning is proper prioritization of development issues. As resources are scarce, and there are several priority areas, Sub-Saharan African states have a prioritization problem. If a long-term strategy were in place that prioritized state intervention in development schemes that the state was most capable of handling, while allowing private businesses and other civil society groups

deal with other development priorities, then Sub-Saharan Africa would have a more efficacious development policy.

- Create civil service academies in key regions of Sub-Saharan Africa to train public servants
- These institutes might stabilize the public sector and teaching workforce in

- Develop long-term strategies at the national and regional level
-
- Prioritize development issues that require state intervention according to

CONCLUSION

The diverse strategies listed above can only increase public sector capability in mitigating the impact of HIV/AIDS on civil servants and teachers. The increased capability is contingent on proper implementation. This likely requires sustained political will and personal involvement of national leaders in Sub-Saharan Africa. The political leadership faces the unenviable chore of prioritizing issues, because of limited resources. On the education front, they often make hard choices: how can a government committed to providing universal primary education, as part of the Millennium Development Goals, devote extra resources for training secondary school teachers, when there is a shortage of primary school teachers? What is the optimal tradeoff between quality and quantity when it comes to education, if there is one?

The other critical issue is ensuring sustained support for multi-year programs that are initiated by Ministries of Education nationally, as well as regionally, by actors such as NEPAD. One difficulty is the sudden cancellation of funds for a program midway, because of budgetary constraints in donor countries or international agencies. If the project has maintained a steady momentum and demonstrated its effectiveness by meeting time-bound targets, then there is no justification in canceling it's funding. Shifting priorities in international aid agencies and ad hoc decisions on budgetary issues pose severe limitations on African policy-makers who are trying to implement long-term, comprehensive proposals. These issues need to be addressed in the developed world. The recent Millennium Challenge Account proposal and the Department of

Foreign Development approach to providing sustained support for long-term projects provided they meet certain criteria is a step in the right direction.

Lastly, in order to extend effects of policy at the epidemiological level, households and individuals need to adopt the policy prescriptions enunciated at the local and national levels. Policy cannot do a lot on this front. This requires creation of social norms and substantial degree of civil society involvement. Policy-makers cannot mandate a general dialogue, at some level the initiative must come from within. Ugandan religious leaders played a decisive role in changing certain societal norms like questioning the practice of males having multiple sexual partners. This factor was identified by a USAID report on Uganda, *What Happened in Uganda*? as the single most important aspect of Uganda's successful mitigation of HIV/AIDS impacts.[67] A dialogue might be initiated among local and national leaders, as well as international aid practitioners to replicate the Ugandan experience.

It is the firm conviction of the authors of this report, and it has been supported by statements from African civil servants and policy-makers in donor agencies, that one way to replicate the Ugandan experience is proper funding and effective partnerships with civil society organizations can help combat the spread of HIV/AIDS. A boost in civil society capacity needs to be accompanied by a similar boost in state capacity, to deal with the pandemic. Uganda had the good fortune of effective political leadership and a vibrant civil society partnering to address the spread of HIV/AIDS. The most effective way to generate effective state leadership is by professionalizing the civil services. This can be achieved by creating centers for excellence to train public servants in various regions of Sub-Saharan Africa. Creation of such institutes is the

most critical strategy to generate an effective response to HIV/AIDS impacts on the Sub-Saharan African civil service.

If the issues laid out in this paper are implemented via a coordinated approach using all the diverse strategies listed above, the impacts of HIV/AIDS can be effectively mitigated.

END NOTES

[1] The report and more information on the project is available at:
http://www.gwit.us/#ADDAIDS

[2] Full text of the speech is available at:
http://www.usaid.gov/press/speeches/2003/sp031105.html

[3] The full text is available at: http://www.museveni.co.ug/speeches.php

[4] Full text of the Charter is available at:
http://www.un.org/News/Press/docs/2001/afr302.doc.htm

[5] For the purposes of this paper, Sub-Saharan Africa includes the following countries: Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Comoros, Democratic Republic of Congo, Republic of Congo, Cote d'Ivoire, Equatorial Guinea, Eritrea, Ethiopia, Gabon, the Gambia, Ghana, Guinea, Guinea-Bisau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Nigeria, Niger, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, Somalia, South Africa, Sudan, Swaziland, Tanzania, Togo, Uganda, Zambia and Zimbabwe. Most United Nations agencies, like United Nations Development Program (UNDP) and the World Bank include these countries in their definitions of Sub-Saharan Africa.

[6] World Bank, *World Development Report 1997: The State in a Changing World*, Washington DC: Oxford University Press (1997) 354 pages. The report states: "an effective state is vital for the provision of the goods and services--and rules and institutions--that allow markets to flourish and people to lead healthier, happier lives. Without it, sustainable development, both economic and social, is impossible. Experience shows that the state is central to economic and social development, not as a direct provider of growth, but as its partner, catalyst, and facilitator." Paul Collier and Jan Gunning, "Explaining Africa's Economic Performance" in *Journal of Economic Literature*, vol 37, no 1, (March 1999) p 64-111. Collier and Gunning argue that for economic policies to be successful, it would require stable, open and responsible state governance in Africa. Alex de Waal, "The African state and global governance" in *Unbinding Africa: Making globalisation work for good governance* London: Foreign Policy Centre 2003, also available at: http://www.opendemocracy.net/themes/article-6-1259.jsp and Alex de Waal "How will HIV/AIDS transform African Governance?" *African Affairs* 102 (2003) p 11-12. Also refer various articles in the journal *Development Policy Review*, policy reports by the Department for International Development (www.dfid.gov.uk), declarations from New Partnership for Africa's Development (NEPAD, http://www.nepadsn.org/).

[7] Michael Kelly, *Planning for education in the context of HIV/AIDS*, UNESCO International Institute for Educational Planning, Paris (2000) p 27, 42-45. Electronic copy of the report is available at: unesdoc.unesco.org/images/0012/001224/122405e.pdf

[8] UNAIDS in its *Report on the Global HIV/AIDS Epidemic* (July 2002) estimated that 26 million adults (between 15 and 49 years of age) and 28.5 million children are affected by HIV/AIDS in sub-Saharan Africa at the end of 2001. According to a later UNAIDS report, *Accelerating Action against AIDS in Africa* (September 2003), the range of adult prevalence of the virus was between 5.5% to 38.8% in sub-Saharan Africa; nearly 760,000 people were estimated to have died because of HIV/AIDS in 1999 in sub-Saharan Africa. This number rose to 920,000 in 2002 for the same region. (p.13). These reports are available at: www.unaids.org

[9] United Nations Development Program, *The Impact of HIV/AIDS on Human Resources in the Malawi Public Sector*. This is a comprehensive report on how the pandemic is affecting the public sector in Malawi. The United Nations is executing an Africa-wide survey of the affects of HIV/AIDS on the public sector to create reliable indicators. The UN endeavor testifies to the seriousness of the problem. Refer: http://news.bbc.co.uk/1/hi/world/africa/3115208.stm for more details on the UN study. Also see the UNDP and International Crisis Group (ICG) report on how HIV/AIDS is affecting armed forces in Africa; a brief description of the report is available at: http://www.undp.org/dpa/choices/2002/december/Choices12_02E%20PDF.pdf   Also refer, Michael Kelly, *Planning for Education in the Context of HIV/AIDS*, p 64. Also see, Christopher Desmond et al *Educator Mortality In-Service in KwaZulu Natal A Consolidated Study of HIV/AIDS Impact and Trends* HEARD papers, available at: http://www.und.ac.za/und/heard/papers/2003-03%20KZN%20Educator%20Mortality%20Final.pdf

[10] USAID-HEARD joint study authored by Ishrat Husain and Peter Badcock-Walters, *Economics of HIV/AIDS Impact Mitigation: Responding to Problems of Systemic Dysfunction and Sectoral Capacity*, USIAD-HEARD 2002; Also available in State of the Art: AIDS and Economics, (2002) p 92. An electronic version is available at: www.und.ac.za/und/heard/papers/2002/ Economic%20Impact%20Mitigation_PBW_Barcelona.pdf

[11] BBC report, *Malawi Minister's AIDS Trauma*, 18 February 2003. An online version of the story is available at: http://news.bbc.co.uk/1/hi/world/africa/2778115.stm   The story reports the confessions of the Malawi Minister for Physical Planning at an AIDS seminar that he had was infected with HIV, and was a victim of AIDS.

[12] Ibid.

[13] There is a substantial amount of literature on the topic of how HIV/AIDS affects the education sector as a whole, but very few studies have been executed on the impact of the pandemic of education sector civil servants and, teachers – primary, secondary and tertiary.

[14] Michael Kelly, *Planning for education in the context of HIV/AIDS*, UNESCO International Institute for Educational Planning, Paris (2000). Electronic copy of the report is available at: unesdoc.unesco.org/images/0012/001224/122405e.pdf

[15] World Bank, *Exploring the Implications of the HIV/AIDS Epidemic for Educational Planning in Selected African Countries: The Demographic Question* (March 2000)

[16] Except legislate cleanliness policies and the like.

[17] The speech is available at: http://www.pbs.org/newshour/updates/march02/bush_3-22.html. The President was addressing the 2002 United Nations Conference on Development in Monterrey, Mexico.

[18] According to USAID estimates, 80 percent of the global HIV/AIDS transmissions occur via sexual intercource. Refer: USAID, USAID's Expanded Response to HIV/AIDS, USAID: Washington DC (2002) p 9. An online version of the report can be obtained at:
http://www.usaid.gov/pop_health/aids/Publications/docs/expandedresponse.pdf

[19] Alex de Waal "How will HIV/AIDS transform African Governance?" *African Affairs* 102 (2003). Also refer, Desmond Cohen, *Human capital and the HIV epidemic in sub-Saharan Africa*, ILO (2002).

[20] Malcolm McPherson, *The Impact on Economic Growth in Africa of Rising Costs andLabor Productivity Losses Associated with HIV/AIDS*, September 2000. Prof McPherson provides details on the retrogression model in this paper.

[21] Donald Bundy reported these issues in his presentation to the National Academy of Public Administration on the 18th of November 2003. We are thankful for his insights.

[22] Desmond Cohen, *Human capital and the HIV epidemic in sub-Saharan Africa*, ILO (2002) p 15.

[23] Paul Bennel *The Impact of the AIDS Epidemic on Teacher Mortality in sub-Saharan Africa*. Also refer: Desmond Cohen, *Report on the Workshop on the Impact of HIV/AIDS on Education*. Desmond Cohen stresses the importance of data to generate effective response programs, but also notes that data availability is not crucial to generating policy. Policy can be generated in the absence of data.

[24] University of Natal, *Planning for Practical HIV/AIDS Interventions in Education*. Also refer Michael Kelly response to Paul Bennel's paper, *Some reactions from M J Kelly to Paul Bennel's presentation on The Impact of the AIDS Epidemic on Schooling in sub-Saharan Africa.*

[25] Newspaper accounts of teacher absenteeism and attrition abound in African dailies. Refer: www.aegis.com and the Lexis database. Some examples include an Integrated

Regional Information Network account of 1500 teachers in Zambia dying of AIDS, see http://www.aegis.com/news/irin/1999/IR990601.html; an American Federation of Teachers report estimates that 1000 teachers die on average per year in South Africa because of HIV/AIDS, see http://www.aft.org/africa_aids/overview.html ; a UN brief states that teachers are dying faster than being trained in Africa, see http://www.un.org/ecosocdev/geninfo/afrec/subjindx/134aids.htm ; according to the *Christian Science Monitor*, ten percent of the entire teaching workforce has died in Kenya from 1996-2000, see http://search.csmonitor.com/durable/2000/07/25/p1s4.htm; *New York Times* reported on August 14, 2000 that six teachers died every week in the Ivory Coast, refer www.nytimes.com; the BBC reported in May 2002 that at least 30 percent of the teaching workforce in Botswana was affected with HIV/AIDS (on the basis on UNAIDS estimates), see http://news.bbc.co.uk/1/hi/world/Africa/1974111.stm There are many more observations of this sort to prove the impact of HIV/AIDS on the education sector. Once the UN comes out with its report on how the pandemic is affecting the public sector, we will have better quantitative data on the problem, but as these reports suggest, absence of data does not signify absence of the problem in our case.

[26] Reactive policies are more prone to wasting resources because not enough time is available to plan them, as they have to respond to critical situations.

[27] World Bank, *Exploring the Implications of the HIV/AIDS Epidemic for Educational Planning in Selected African Countries: The Demographic Question* (March 2000)

[28] It is critical that we look at teachers and civil servants not as homogenous groups, but differentiate these groups in sub-categories according to age and type of service they provide. That is we need to see how HIV/AIDS affects older teachers and civil servants as opposed to younger ones, as well as how it affects university professors and primary teachers or clerical officials as opposed to administrative officers.

[29] United Nations Development Program and the Government of Malawi, *The Impact of HIV/AIDS on Human Resources in the Malawi Public Sector* p 38.

[30] World Bank, *HIV/AIDS and Education: A Window of Hope*, World Bank: Washington DC (2002). Available at: http://www1.worldbank.org/education/pdf/Ed%20&%20HIV_AIDS%20cover%20print.pdf

[31] To compound the already complex issue of aggregate, one needs to add the issue of defining proper indices to compare data across time and space. UNDP's human development index has changed what it refers to, making it impossible to compare data across time, because in essence we would be comparing apples and oranges. Thus, aggregate data have severe limitations, and policy-makers need to be aware of this.

[32] UNAIDS, UNESCO and Ministry of Education, Sport and Culture in Zimbabwe, *District Education Management Information System (DEMIS): DEMIS Toolkit.* Also available at: http://www.zimaids.co.zw/hae/webfiles/Electronic%20Versions/DEMIS%20toolkit2.doc In South Africa, the program is called District-Level Education Management and Monitoring Information System (DEMMIS), for more information on the South African DEMMIS program please refer: http://iiep.tomoye.com/ev.php?URL_ID=1722&URL_DO=DO_TOPIC&URL_SECTION=201&reload=1067895402 . UNESCO makes a similar recommendation in its report: *Towards an African Response: UNESCO's Strategy for HIV/AIDS Education in sub-Saharan Africa 2002-2007* available at: http://www.dakar.unesco.org/pdf/vih_sida_strategicplan.pdf South African President Mbeki also urged ADEA – Association for the Development of Education in Africa—to adopt the DEMMIS model, see http://www.adeanet.org/downloadcenter/accueil/HIV%20AIDS%20PROPOSAL%202.doc

[33] We discuss workplace environments in greater detail later in the paper. UNAIDS and the ILO both issued handbooks to help create suitable work environments in places with high HIV/AIDS prevalence. UNAIDS issued *Employers' Handbook on HIV/AIDS* available at: http://www.uscib.org/index.asp?DocumentID=2114 , while the ILO copy, *Code of Practice on HIV/AIDS and the World of Work* is available at: http://www.ilo.org/public/english/protection/trav/aids/code/manualen/index.htm However, the South African government is one of the first government's in sub-Saharan Africa to implement the strategies highlighted in these publications, for more information on the South African handbook see: http://www.labour.gov.za/docs/guides/HIVAIDS%20Technical%20Assistance%20Guidelines.pdf

[34] The full text of Mr. Appenteg's speech is available at: http://www.aaionline.org/Documents/Kofi%20Appenteng%20Speech%20Sixth%20Leon%20Sullivan%20Summit%20Nigeria.pdf

[35] Health and Economics Research Division (HEARD) is part of the University of Natal in South Africa. It was established in 1998 as a research and training organization to undertake academic and applied research into the economic, development and social impacts of HIV/AIDS, train professionals concerned with planning for HIV/AIDS epidemic, conduct symposia on the subject and teach about health economics. For more information visit their website at: http://www.und.ac.za/und/heard/

[36] The MTT is effectively an Africa-to-Africa support program: The current team comprises 15 southern Africa-based professionals specializing in the impact of HIV/AIDS on education, with specific expertise in education policy, management and information systems, HIV/AIDS and health, economics, modeling and statistics, monitoring and evaluation and program design. The MTT is fully funded by USAID

Washington under a Cooperative Agreement and a selected team can be deployed at short notice on request from a USAID country Mission and MoE, to provide specialist services and support at no cost to the country concerned (USAID and MTT publications).

[37] The entire *State of the Union* address is available at:
http://www.whitehouse.gov/stateoftheunion/

[38] World Health Organization, Global AIDS Treatment Emergency, available at:
http://www.who.int/mediacentre/factsheets/2003/fs274/en/index.html

[39] "WTO Votes To Bypass Patents on Medicines; Cheap Generics Go To Poor Nations" *The Washington Post* 08/31/2003 p A16, also available at: www.washingtonpost.com

[40] "Cheap drugs deal agreed as US lifts veto" in the *Financial Times*, 08/31/2003 p 8. Accessed via the Lexis database on 10/20/2003. ARV drug prices plunged from $10000 per year to $300 per year. This price is still high for most Africans, but the progress achieved on this front via the WTO deal is in the right direction.

[41] Donald McNEIL, "Africans Outdo Americans in Following AIDS Therapy" in the *New York Times*, 09/23/2003, p A1.

[42] To see Uganda's comprehensive strategy on dealing with HIV/AIDS, refer http://www.aidsuganda.org/response/priorities/pms.htm   and http://www.iisd.org/50comm/commdb/desc/d26.htm ; for South Africa's strategy on HIV/AIDS refer: http://www.doh.gov.za/aids/; for Senegal's HIV/AIDS strategy refer: http://www.worldbank.org/urban/hivaids/bestpractice.htm#senegal ; the UN identifies Senegal   and   Uganda's   HIV/AIDS   strategies   among   the   best,   refer: http://www.un.org/ecosocdev/geninfo/afrec/vol12no4/pioneers.htm; for information on Botswana's strategy in the same area see http://www.undp.org/hiv/botswana.pdf and also refer, "Botswana could offer model response to AIDS" in afrol news service.http://www.afrol.com/News2001/bot010_aids_treatment.htm The World Bank's report, *A Chance to Learn: Knowledge and Finance for Education in sub-Saharan Africa* contrasts how Uganda and Zambia differed in terms of their success in combating AIDS and isolate strategies why Uganda's approach was more successful; infrastructure played a key role.

[43] Refer the *New York Times* article listed in footnote 27. The article states: "Patients in badly supervised programs have been caught selling pills or sharing with desperate relatives – acts of greed or mercy that could lead to doomsday strains of the virus." Also see "Black market, drug resistance are risks for Africa's AIDS pus" in Terra Daily reports, Nairobi (AFP), available at www.terradaily.com

[44] Anthony Jackson, "Cops Charge Nine with Dealing Black Market AIDS Drugs" ABC news, 08/29/2003, available at www.abclocal.go.com.   The story shows how an

organized gang of thieves in New Jersey sold Serostim – part of a drug cocktail, but also used as a body –building steroid – on the black market. There are several other instances of ARV drug components being sold on the black market in the US and in Europe.

[45] For more information refer the MSF website: www.msf.org More details of the program mentioned here "Demystifying ARV Therapy in resource poor setting" can be found at: http://www.msf.org/content/page.cfm?articleid=3EC42CE5-ADDB-4384-BC25F9F03313DC04

[46] Since family and friends will not be suspicious of their conduct when taking the drugs.

[47] *The Africa Competitiveness Report, 2000-2001*, World Economic Forum and Harvard Center for International Development paper. According to the report, businesses need to partner with the government and NGOs to tackle the problem. Senegal's (tax break on condoms, involvement of community leaders, like religious clerics, higher awareness) and Uganda's (institutionalize government and public response to AIDS via continuing programs like Straight talk etc) strategies must be adopted for successful partnerships and strategies. Strategies for businesses:
- o Condom promotion
- o Consumer education and research
- o Workplace action

[48] See note 20 above for web links to these handbooks.

[49] Remarks to the National Academy of Public Administration, November 17 2003.

[50] Sally Keeble is the Permanent Undersecretary of State for International Development in the UK. A full copy of her speech is available at: http://www.dfid.gov.uk/News/Speeches/files/sp18jul02.html

[51] Harvard Report, *HIV/AIDS and Business in Africa And Asia: Building Sustainable Partnerships* (www.ksg.harvard.edu/cbg/hiv-aids)

[52] There have been several studies on identifying best practices in African business sector to help prevent their workforce from being decimated by AIDS. Refer: USAID, *How are African businesses responding?*; USAID-KSG joint report, *HIV/AIDS AND STRENGTHENING PUBLIC SECTOR CAPACITIES – A BUSINESS IMPERATIVE; Africa Recovery (June 2001): AIDS takes an Economic and Social Toll*. Details company strategies on page 23 and how they have been effective. Examples include the Anglo-American Corporation, the Debswana company, Eskom (South Africa). Check out the other companies, Debswana is definitely legitimate and successful, and Eskom's strategy seems to be working too.

[53] USAID report, *How are African Businesses Responding?* USAID. Also refer the website: http://www.debswana.com/homePage/dbHomePage.asp for more details.

[54] USAID-KSG joint report, *HIV/AIDS AND STRENGTHENING PUBLIC SECTOR CAPACITIES – A BUSINESS IMPERATIVE; Africa Recovery (June 2001): AIDS takes an Economic and Social Toll*

[55] *The Africa Competitiveness Report, 2000-2001*, World Economic Forum and Harvard Center for International Development paper

[56] USAID, the Ugandan Government and CISCO have already planned the creation of 12 CISCO academies to train Ugandans with the requisite skills for data automation and management. See: http://www.usaid.gov/press/speeches/2003/sp031105.html for details on the program.

[57] Microsoft has been training individuals in other developing countries like India. See, "Microsoft to Invest $400 million in India" in http://www.aegis.com/news/ap/2002/AP021110.html

[58] USAID report, *What Happened in Uganda?* USAID, Washington DC (September 2002). Also see, UNAIDS, *HIV/AIDS in Uganda: The epidemic and the response*, Uganda AIDS Commission Secretariat, (2002)

[59] Debra Meyer, *HIV/AIDS and Education in Africa*, National Science Foundation

[60] Desmond Cohen, *Report on the Workshop on the Impact of HIV/AIDS on Education*

[61] See footnote 35 above for more information on HEARD.

[62] See Millennium Challenge Account proposal, and the DFID proposals in the UK. Also see World Bank, *World Development Report 2000*.

[63] Leon Tarver III's presentation to the National Academy of Public Administration, 18 November 2003.

[64] Donald Bundy's presentation to the National Academy of Public Administration, November 18, 2003.

[65] Malcolm McPherson, *Scaling Up of HIV/AIDS Activities: A Critique*, Harvard-USAID joint report, April (2003) p 11.

[66] World Bank, *World Development Report 1997: The State in a Changing World*, Washington DC: Oxford University Press (1997) 354 pages

[67] USAID report, *What Happened in Uganda?* USAID, Washington DC (September 2002) p 9

APPENDIX 1: LITERATURE REVIEW/ANNOTATED BIBLIOGRAPHY

The following pages list out some of the documents that were reviewed in order to lay out issues and isolate strategies for the conference strategy paper. Out of the enormous literature available on the topic of HIV/AIDS, and education/public sector, I selected documents that I thought addressed the specific topic of HIV/AIDS and its effects on teachers – supply side of education – and civil servants. The other selection criterion was the wide availability and accessibility of the literature; I have listed only those documents that are available over the Internet. This will help individuals across the world interested on the topic to accessibility to relevant literature.

The list provided below is not exhaustive, but it does review all the major studies/reports on the topic. Desmond Cohen, Malcolm McPherson, Michael Kelly, Allan Whiteside are some individuals who have done seminal work in the field, and individuals interested in getting acquainted on the topic may want to refer to their work; there are several other researchers in the field, and I am doing injustice to them by not referring their work here, but space constraints pose a limit that I have to bear. The documents listed and those available on the databases mentioned here constitute at least ninety percent of the total literature on the conference topic. I hope that researchers and practitioners will find this literature review helpful.

LIST OF DOCUMENTS, REPORTS AND STUDIES

**EXPLORING THE IMPLICATIONS OF THE HIV/AIDS EPIDEMIC FOR
EDUCATIONAL PLANNING IN SELECTED AFRICAN COUNTRIE: THE
DEMOGRAPHIC QUESTION**
(World Bank and Futures Group Report, March 2000)

- Analyzes Zambia, Kenya, Zimbabwe and Uganda to see the effects of
  HIV/AIDS on the educational sector in these countries.
- Structures the framework of analysis on the basis of the effects of the epidemic
  on the supply (educators) and demand (learners) in the educational sector.
- Uses aggregate data on primary school teachers and primary school students to
  see what the demand and supply would be given population projects with AIDS
  and without AIDS (ignores morbidity etc, and does not take into account
  secondary, tertiary or civil servants in MoE).
- The conclusion is that due to AIDS, several children will die or be orphaned
  reducing the school going population, decreasing the demand for educators.
- If educators in the primary sector face the same mortality rates as the general
  adult population, then the supply of educators will also decrease.
- But the decrease in supply, still generates enough supply to meet the decrease in
  demand.
- Current educational plans are mixed in their capability to recognize and
  incorporate the turbulence caused by HIV/AIDS into planning for the sector (the
  reports on Malawi and South Africa, show a changing trend here).
- SSA countries need to take HIV/AIDS into account in educational planning to
  help ensure that scarce resources are used as effectively as possible
  (implications for EFA plans)
- The education sector can be used effectively for HIV/AIDS prevention and
  mitigation.

  (URL: http://www1.worldbank.org/hiv_aids/publications.asp)

EDUCATION AND HIV/AIDS: A WINDOW OF HOPE
(World Bank Report, 2002)

- This report establishes the criticality of education within the 5-14 year age
  group, which is the least infected HIV group in society.
- The argument being that if this group is aware of the pandemic and is able to
  take precautions against the pandemic then we will have prevented the spread of
  the disease.
- However, like the March 2000 report, it highlights both the decrease in supply
  and demand in the education sector, though this time no comparison is allowed

between the two. This leads one to doubt whether there will be any impact on the education sector that needs to be rectified via policy.
- The report does highlight the development issues connected with HIV/AIDS, which one hopes will generate more than a nominal strategy for AIDS in Sub-Saharan Africa, especially in the civil services and education sector.

(URL: http://www1.worldbank.org/hiv_aids/publications.asp)

EDUCATION AND HIV/AIDS: A SOURCEEBOOK OF HIV/AIDS PREVENTION PROGRAMS

(World Bank, Alexandria Valerio and Donald Bundy, authors, upcoming in 2004)

- The Sourcebook aims to support efforts by countries to strengthen the role of the education sector in the prevention of HIV/AIDS. It was developed in response to numerous requests for a simple forum to help countries share their practical experiences of designing and implementing programs that are targeted at school-age children. The Sourcebook documents thirteen education based HIV/AIDS prevention programs targeting children and youth from seven Sub-Saharan African countries.

(URL: http://www1.worldbank.org/hiv_aids/publications.asp)

PLANNING FOR EDUCATION IN THE CONTEXT OF HIV/AIDS (UNESCO REPORT BY MICHEAL KELLY, 2000)

- This is one of the most comprehensive report on the effects of HIV/AIDS on the education sector, both in terms of the pandemic' impact on education supply and demand.
- Kelly elaborates on how education can play a critical role in combating HIV/AIDS.
- He then goes on to show how HIV/AIDS is decimating the education sector, and how a new approach is needed to combat its effects on teachers and students.
- Pages 63-87 deal exclusively with the supply side of education. For our topic, this portion is critical; Kelly identifies curriculum change, training issues, responsibilities of teachers and students, role of unquestioned assumptions and the need for a human rights based approach to combat the spread of the pandemic.
- From pages 88-101, he lays out how one can plan out effective strategies make the education sector respond to HIV/AIDS in an efficacious manner.
- The conclusion elaborates on the need for a new approach to education in Sub-Saharan Africa in the wake of the AIDS pandemic. He briefly outlines what this new approach might look like.

(URL: unesdoc.unesco.org/images/0012/001224/122405e.pdf)

CONFERENCE ON HIV/AIDS AND THE EDUCATION SECTOR: TOGETHER THE EDUCATION COALITION AGAINST HIV/AIDS
(REPORT AND SECTOR ACTION PLAN OF SOUTH AFRICA; updated 2002)

- This is a roadmap of the South African MoE to tackle the problems created by the HIV/AIDS epidemic in the education sector.
- Section III highlights the crisis in the education sector.
- Teachers under 40 years of age are dying, and universities and colleges are feeling the loss of academic and administrative staff.
- No significant analysis has yet been done on how education's core professional support institutions are likely to be affected by AIDS and specifies the need to do so.
- The problems created in terms of demand and supply in the education sector are highlighted.
- Teacher trainers are being lost.
- Financial constraints on MoE resources critical
- Policy and regulatory frameworks need to be established.
- Section IV highlights the education plan of action
- Table on pg 45 crucial.
- See p 99 for the priorities and implementation program. Check how this has fared (since March 2003 was the last date listed for implementation). The success of the program would indicate the utility of the roadmap; failure of implementation puts into question the usefulness of roadmaps and strategy plans.

(URL: http://education.pwv.gov.za/HIVAIDS_Folder/Aids_Index.htm)

THE IMPACT OF HIV/AIDS ON HUMAN RESOURCES IN THE MALAWI PUBLIC SECTOR
(UNDP, GOVERNMENT OF MALAWI JOINT REPORT, 2001)

- Comprehensive report by the Malawi government and UNDP to understand the effects of HIV/AIDS on the Malawi Pubic sector.
- Section E part 1 analyzes the Education, Science and Technology ministry (MoE).
- It is the largest ministry (33-47).
- Report similar to the South African one above
- An important highlight is that it shows that even though the number of secondary school teachers affected by HIV/AIDS is smaller than the primary school teachers, it costs more to train secondary school teachers (and the total number of secondary school teachers is smaller anyway, since there are fewer secondary schools than primary schools).

- Also highlights that MoE (and other ministries) are totally dependent on manual filing and retrieval of records and information. Most tasks are done manually too. (Hence if an individual in a critical position dies, the entire system is affected, since it is next to impossible to train a new person who has the same experience in dealing with the system).
- If systems are to be automated, huge amounts of resources are needed. Most ministries are cash-strapped, so what is to be done?

(URL:www.undp.org.mw/hivaids/ AIDS-IMPACT-FLIER-FINAL-PRINT.doc)

HIV/AIDS AND EDUCATION IN AFRICA
(Debra Meyer, funded by the National Science Foundation, 2003)

- Provides a description of the HIV/AIDS epidemic and its effects on both the demand and supply side of the education sector.
- Recommends more research on medicines to cure AIDS and develop vaccines (she is a biochemist, hence the stress on research).
- Bibliographic references: 2, 17 and 18 important.

(URL:
 www.aacu-edu.org/SENCER/pdfs/Backgrounders/ HIV-AIDSandEducationinAfrica.pdf)

AIDS: THE NEED FOR AN EXCELLENT RESPONSE TO AN UNPRECEDENTED CRISIS
(UNAIDS LECTURE, Dr. Peter Piot, UN Undersecretary General, 2003)

- The report stresses the urgency of the AIDS crisis in Sub-Saharan Africa
- It highlights the important role of education in combating the spread of the pandemic
- It elaborates on various strategies, like constructive partnerships, effective data generation and sustained funding for AIDS mitigation activities as the best way to handle the crisis.

(URL: http://www.unaids.org/en/about+unaids/speeches.asp)

A CHANCE OTO LEARN: KNOWLEDGE AND FINANCE FOR EDUCATION IN SUB-SAHARAN AFRICA
(World Bank paper)

- Highlights the differences in AIDS combating strategies pursued by Uganda and Zambia and the consequences of each policy. Uganda has been successful, while Zambia has not.

- The report lists a number of strategies for the World Bank to pursue as a donor to help ensure success of its lending program. Performance based lending, diversification of portfolio, etc; standard recommendations.

(URL: http://www1.worldbank.org/hiv_aids/publications.asp)

COST OF SCALING HIV PROGRAM ACTIVITIES TO A NATIONAL LEVEL IN SUB-SAHARAN AFRICA
(World Bank, 2001)

This document develops and discusses a resource determination model (RDM) designed to estimate how much would it cost to scale-up different HIV prevention and care strategies to a national level in Sub-Saharan Africa. The model combines cost-studies with detailed information on sexual behavior, condom availability, HIV prevalence and other epidemiological, demographic and health systems. The model yields estimates of the costs of scaling-up ten different HIV prevention and eight care strategies for 37 countries in Sub-Saharan Africa.

(URL: http://www1.worldbank.org/hiv_aids/publications.asp)

WHAT HAPPENEND IN UGANDA? (USAID REPORT, 2002) AND HIV/AIDS IN UGANDA: THE EPIDEMIC AND THE RESPONSE
(UGANDA AIDS COMMISSION/UNAIDS, 2002)

- Both the reports listed above highlight the various response strategies adopted by the Government of Uganda to curtail the spread of HIV/AIDS.
- What is critical for our purposes is the role of religious leaders in creating behavioral change among the general population to curtail the spread of the pandemic
- The education sector may benefit from the intervention of civil society groups and community leaders to create more stringent social norms against teacher-student sex, and encourage the creation of a workplace that does not discriminate against AIDS patients.

(URL: http://www.usaid.gov/pop_health/aids/Countries/africa/uganda_report.pdf)

THE ELMINA RESOURCE GUIDE ON HIV/AIDS AND EDUCATION
(UNESCO REPORT 2002-2007)

- Lists all the important sources on managing the HIV/AIDS crisis in the education sector.

- Family Health International (FHI) and Implementing AIDS Prevention and Care (IMPACT) – two NGOs that have been effective in reducing the ill-effects of AIDS in various fields, like the police-force, prison service etc.
- Focus on Resources on Effective School Health (FRESH) – a joint initiative of UNESCO, WHO, UNICEF AND WORLD BANK that promotes skills based health education. Its framework includes:
    o Health related school policies
    o Provision of safe water and sanitation
    o Skills based health education
    o School based health and nutrition services
- More information about these NGO/IGO programs is also given in the document.
- Lists many important individuals and organizations working on the HIV/AIDS and education.

(URL: http://www.zimaids.co.zw/hae/downloads/Towards%20an%20African%20Response%20MINEDAF%20version.doc)

SCALING UP OF HIV/AIDS ACTIVITIES: A CRITIQUE
(Malcolm McPherson, USAID/Harvard Joint Report, 2003)

- This report critiques AIDS initiatives in the context of the broader development agenda in Sub-Saharan Africa
- It shows that the regression development models are non-linear when it comes to HIV/AIDS, and policy makers need to be aware of this fact.
- It stresses the role of prioritization of development issues to enable the state to handle activities it is best suited to handle.
- The need to view the impacts of HIV/AIDS in the broader development context and prioritized accordingly, is the most important insight of this report.

(URL: http://www.ksg.harvard.edu/cbg/hivaids/Durban/McPhersonScalingUpCritique.pdf)

IN-DEPTH REPORT. NO EXCUSES: FACING UP TO SUB-SAHARAN AFRICA'S AIDS ORPHANS CRISIS (CHRISTIAN AID REPORT):

- Readable account of the entire problem presented succinctly. Shows the effects of HIV/AIDS on the demand and supply of education, by using both numbers and personal accounts.
- Recommends a greater role for civil society groups to combat the AIDS crisis.
- Also, wants more donor aid.
- Don't know how useful the general report recommendations are, but the report does give an idea of the overall problem.

HIV/AIDS IMPACT ON EDUCATION IN AFRICA: AN ANALYSIS OF CONFERENCES, WORKSHOPS, SEMINARS, MEETINGS AND SUMMITS FOCUSING ON HIV/AIDS IMPACT ON EDUCATION IN AFRICA – DECEMBER 1999 TO JUNE 2001

(A conference analyzing the effectiveness of past conferences on the impact of HIV/AIDS on education in Africa, 2001)

- Lists certain critical factors for conference success. See pages 25 and 29.
- Summarizes major conference proceedings in annex reports. This part is extremely useful.

    (URL: http://www.adeanet.org/biennial/en_arusha_papers.html)

HOW ARE AFRICAN BUSINESSES RESPONDING?
(USAID paper, 2002)

- The paper includes a strategy plan for businesses to follow as well as highlights some successful business models.
- Strategy plan is as follows:
- Workplace initiatives implementing comprehensive and effective workplace HIV/AIDS programs that are collaboratively designed and implements and that ensure employee rights and confidentiality.
- Community initiatives ensuring that communities from which staff are employed are assisted and reinforcing the overall response to HIV/AIDS
- Advocacy initiatives with other businesses to appeal to national and international authorities
- Capacity development – enabling business to provide employees, managers, workers, and others with the capacities and competencies necessary to effectively undertake an HIV/AIDS program and the methods to successfully sustain it (see the cost-benefit analysis that is provided to show employers the benefits of such a scheme).
- Enabling environment
- Private-public sector partnerships
- Each of these strategy options is fully discusses with several concrete recommendations
- See the Debswana Diamond Company (PTY) Ltd., Botswana – jointly owned by De Beers and the Govt. of Botswana example (p 5). The comprehensive workplace program including stakeholder involvement was really successful. (Check out their website: www.debswana.com)
- The approach taken by Debswana Company is really worth replicating.

    (URL: http://www.dec.org/pdf_docs/PNACN455.pdf)

HIV/AIDS AND STRENGTHENING PUBLIC SECTOR CAPACITIES – A BUSINESS IMPERATIVE
(KSG/USAID paper, 2003)

- Local businesses must build capacities of the public sector to create growth in SSA.

  (URL:
  http://www.ksg.harvard.edu/cbg/hiv-aids/McPherson%20%20Business%20Imperative.pdf)

BUSINESS, AIDS, AND AFRICA
(The Africa Competitiveness Report, 2000-2001, World Economic Forum and Harvard Center for International Development paper)

- Businesses in Africa perceive the extent of the AIDS epidemic as less threatening than it actually is. This might be due to the fact that there is denial and a feeling that workers, especially skilled personnel do not have AIDS.
- Businesses need to partner with the government and NGOs to tackle the problem.
- Senegal's (tax break on condoms, involvement of community leaders, like religious clerics, higher awareness) and Uganda's (institutionalize government and public response to AIDS via continuing programs like Straight talk etc) strategies must be adopted for successful partnerships and strategies.
- Strategies for businesses:
    o Condom promotion
    o Consumer education and research
    o Workplace action
    o Lobbying for change.

  (URL: http://www.riverpath.com/library/folder/business_aids_africa.htm)

HIV/AIDS AND BUSINESS IN AFRICA AND ASIA: BUILDING SUSTAINABLE PARTNERSHIPS
(2003 Presentation at Harvard University Conference)

- Businesses need to attract government attention to the epidemic (assumes that businesses are aware of the problem, and also ignores the fact that governments might be aware of the problem, but just not doing anything about it, due to lack of resources)
- Build strategic partnerships

- Implement businesses practices in the public sector (instead of business practices in general, one might adopt particular strategies like those adopted by Debswana company etc).

  (URL: http://www.ksg.harvard.edu/cbg/hiv-aids/background.htm)

AFRICA RECOVERY (JUNE 2001): AIDS TAKES AN ECONOMIC AND SOCIAL TOLL

(Also have an important chart listing labor losses in SSA and a map of the African continent showing the spread of HIV-AIDS)

- Details company strategies on page 23 and how they have been effective. Examples include the Anglo-American Corporation, the Debswana company, Eskom (South Africa). Check out the other companies, Debswana is definitely legitimate and successful, and Eskom's strategy seems to be working too.

  (URL: http://www.un.org/ecosocdev/geninfo/afrec/vol15no1/15no1pdf/151aids9.pdf)

PLANNING FOR PRACTICAL HIV/AIDS INTERVENTIONS IN EDUCATION
(HEP HIV/AIDS Impact on Education Workshop)
(2001 Report by University of Natal)

- Data limitations and inaccuracies do not matter, while planning for practical HIV/AIDS interventions in education. Available research and anecdotal observations alert us both to the scale of the human tragedy and the challenge for educational system management.
- There is a need to develop a framework for practical management response for local officials and educators. A draft HIV/AIDS Resource Kit for Education Managers is provided. Main elements of this draft require district managers to:
    o Understand and action their new role in monitoring, reporting and managing the impact of HIV/AIDS on the school communities under their control.
    o Understand the facts and talk sensibly about the nature of the disease, its transmission and its potential impact on the community.
    o Monitor and report early warning signs in the local system and provide leadership and guidance for a local school community.
    o Take creative management steps to mitigate impact on the schools under their control and ensure the continued provision of education and learning in a low risk environment.

- o Help mobilize the school community and support structures within it, such as churches, sports clubs and women's clubs/institutes, to respond in terms of a framework of suggestions.
  - o Better understand and access support for NGOs, CBOs and other institutional or specialist parties.
- The draft basically rehashes age-old prescriptions of international organizations to local communities to manage problems (be it AIDS, water management etc). More concrete recommendations needed.

(URL: http://www.und.ac.za/und/heard/Workshop/july2001.htm)

REPORT ON THE WORKSHOP ON THE IMPACT OF HIV/AIDS ON EDUCATION
(Desmond Cohen, for the HEP workshop)

- This paper defines the problem.
- The absence of firm data establishing a strong correlation between HIV-AIDS induced mortality and morbidity in the educational sector.
- MoE's don't recognize the problem in its entirety, and even if they did, they are ill-equipped to handle the problem.
- SSA countries ignore the effects the losses of human resources generally throughout the economy and society are having on the demands facing the educational sector? (Loss of skilled and professional staff in the health sector, hinders disease prevention and mitigation efforts. Tertiary educators are needed to train such officials. However tertiary educators themselves are facing mortality due to HIV-AIDS, exacerbating the ill-effects of the problem)
- There are all of the systemic effects of the epidemic which are bound to have an impact on the performance of the educational sector (based on unreliable data and sweeping assumptions).
- There are the macroeconomic and household financial issues that have in no country received any systematic analysis but are central to the sustainability of the education sector (e.g. fees and their relation to access to education, as well as the result of low/no fees on the quality of education).
- Address the issue of school funding and the increasing dependence of teachers on fees for payment of their salary. Some other source must be found, to improve access to education without decreasing the quality of education.
- Conclusions:
  - o The epidemic is systematically eroding the capacity of educational sectors in many countries in SSA. This makes it even less likely that education will be able to meet its core responsibilities. Indeed since there is already a gap between educational objectives and targets in almost al countries in SSA then the HIV epidemic will worsen the performance of an already underperforming sector.
  - o The effects of the epidemic on the educational sector are complex, and there are few indications that Governments and MoE understand what is

happening to educational capacity, and the need for them to re-structure organizations so as to be better able to deal with intensifying constraints and new demands

- o One of the key issues is how to energize Governments and MoEs so that they understand the issues and develop effective and relevant policies and programs. It seems highly unlikely that this will happen without substantial external assistance.
- Critiques World Bank studies as being to simplistic.
- Shows from the experience of Botswana that a mix of better nutrition, social support, access to generic drugs for environmental illness such as TB and ARV drugs, must be part of the explanation of both lower overall mortality rates and differential gender mortality rates.
- Strategies:
  - o Partnerships (NGOs, CBOs etc). Local partnerships among different organizations essential.
  - o Institutional Structure and Policy Framework. Cross-sectoral coordination in Government ministries. Governments must realize they can achieve little without partnerships.
  - o Provide public forums to talk about the issue.
  - o Need for greater applied research that is relevant for policy.
  - o Rapid assessments of the systemic effects of the epidemic on the educational system.
  - o Evaluate existing managerial capacity and reform it for optimal results.
  - o Research must go beyond information collection; it must identify appropriate policies and programs, and indicate what is the capacity development needed to make these feasible options and how this would be achieved.
  - o Outline a roadmap of how to restructure the education system.
  - o MoE needs technical support (externally and across ministries)
  - o More research and information needed to assess the extent of the problem to generate solutions (get retired teachers / skilled workers from developed world to help out).

  (URL: http://www.zimaids.co.zw/hae/webfiles/Electronic%20Versions/IIEP%20Workshop%20on%20The%20impact%20of%20HIV%20AIDS.doc)

ACCELERATING THE EDUCATION SECTOR RESPONSE TO HIV/AIDS IN AFRICA IN THE CONTEXT OF EFA – SUMMARY REPORT (Updated in August 2003)

- Lists African officials who have expertise on the topic.

(URL:
http://www.aidsconsortium.org.uk/Education/educationbibliography.html)

DEVELOPING DISTRICT-LEVEL EARLY WARNING AND DECISION SUPORT SYSTEMS TO ASSIST IN MANAGING AND MITIGATING THE IMPACT OF HIV/AIDS –XIV INTERNATIONAL AIDS CONFERENCE 2002

- Uses the DEMMIS system to gather data; more reliable data than any other one seen in reports. (contrast with World Bank aggregate information gathering)

  (URL:
  http://www.aids2002.com/Program/ViewAbstract.asp?id=/T-CMS_Content/Abstract/200206290750512124.xml)

**ANTICIPATING THE IMPACT OF HIV/AIDS ON EDUCATION IN SOUTH EAST ASIA
(UNESCO Workshop 2002)**

- Same arguments and policy prescriptions reiterated. An important aspect is the note on how to select participants for an effective conference.
- To make the workshop more practical at least 2 days are needed
- Papers and other relevant information must be distributed to participants well before the commencement of the conference
- Select people with sufficient knowledge of English
- NGOs and other agencies (like businesses?) must be included.

  (URL: http://www.unescobkk.org/news/conf/2002/02hiv.htm)

DATABASES/Links

The following databases contain invaluable research on the topic of HIV/AIDS and education/civil service impacts.

USAID AIDS publications: http://www.usaid.gov/pop_health/aids/Publications/

USAID-Africa Education Initiative:
http://www.usaid.gov/about_usaid/presidential_initiative/

2002 International AIDS Conference in Barelona:
http://www.aids2002.com/Home.asp

UNESCO-IIEP Information Clearinghouse:
http://iiep.tomoye.com/ev.php

http://unesdoc.unesco.org/ulis/iiep_search.html

UNESCO-IIEP Publications:
http://www.unesco.org/iiep/eng/publications/recent/rechiv.htm

World Bank Reports: http://www1.worldbank.org/hiv_aids/publications.asp

(Also see World Bank Country Strategies:
http://www.worldbank.org/poverty/strategies/)

USAID/HEARD database: http://www.und.ac.za/und/heard/papers/papers.htm

CADRE database: http://www2.sn.apc.org/cadre/index.cfm

ZIMAIDS database: http://www.zimaids.co.zw/hae/

UNAIDS publications: http://www.unaids.org/EN/resources/publications.asp

For a complete list of African Planning Ministries (they are responsible for National Strategies and Development Plans) please refer:

http://edirc.repec.org/minplan.html

For Regional Strategies to combat development issues and AIDS in Africa, refer:

NEPAD website: http://www.touchtech.biz/nepad/

African Union website: http://www.africa-union.org/

School Health website: http://www.schoolsandhealth.org/

APPENDIX 2: LIST OF DOCUMENTS/PRESENTATIONS PRESENTED AT THE CONFERENCE

1. Peter Badcock Walters and Jonathan Godden, "HIV/AIDS Impact on The Education Sector: Lessons for Public Administration in Africa?" (University of Natal, South Africa)

2. Baakile Motshegwa, "Impact of HIV/AIDS in Botswana and on the Education Workforce" (Professor, University of Botswana, Botswana).

3. Francis Agble, "Crafting Strategies to Respond to the Impact of AIDS in Sub-Saharan Africa: HIV/AIDS Management in Ghana" (Public Service Commission, Ghana).

4. Mary Njoroge, "Country Perspective on AIDS: Kenya – Kenyan Discussion Paper on HIV/AIDS Impacts on the Civil Service" (Deputy Director of Education, Ministry of Education, Kenya)

5. Mapitso Panyane, "Country Perspective on AIDS: Lesotho – Capacity Replenishment through VCT" (Ministry of Education, Lesotho)

6. Roger Mavioga, "Country Perspective on AIDS: Gabon" (Ministry of Education, Gabon) Report available in French.

7. John Hlophe, "Country Perspective on AIDS: Swaziland – Report on HIV/AIDS Teachers Attrition and Curriculum Renewal in Swaziland" (Ministry of Education, Swaziland).

8. Charles Ndungu and Margery O'Donnell. "Impact of HIV/AIDS on the Education System in Kenya" (University of Massachusetts, Boston)

9. Ambassador Mary Kanya, "Swaziland's education sector response to HIV/AIDS" (Ambassador of Swaziland to the United States of America)

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