

HIV/AIDS and Education: Sharing experiences, views and ideas from the Cote d'Ivoire and Central African Republic HIV/AIDS impact assessment, measure and response.

What has been done in Cote d'Ivoire and Central African Republic?

PART I: HIV/AIDS Impact Assessment and Measure

Precisely What?

- Data Collection at three levels (national regional and district levels) on:
 - School infrastructures, Teaching staff, Teachers' deficit
 - Pupils enrolled
 - Exit flow component
 - Deceased teachers causes
- Primary school teachers deaths consequences at the national level
 - Analysis of immediate consequences
 - Unavailability of deceased primary school teachers because of AIDS
 - Length of service of deceased primary school teachers because of AIDS
 - Average age of primary school teachers because of AIDS
 - AIDS orphans number
 - Impact of deceased primary school teachers because of AIDS on school age children
 - Impact of deceased primary school teachers because of AIDS on girls' education
- Secondary school teachers and primary school teachers living with HIV/AIDS
- Life of Expectancy of deceased primary school teachers because of AIDS
- Impact of deceased secondary school teachers at the national level

Where?

At:

- 1- National Education Ministry: Human Resource Direction or Staff and Administration Direction
- 2- National Education Ministry: Board of School Inspectors, District Education Offices from each Administrative Region
- 3- Health Ministry: School Health Center, Adolescent Health and Sexual Education Service
- 4- Health Ministry: Regional Medical Offices, HIV/AIDS/STD Surveillance Offices, University Hospital Centers, Hospitals
- 5- National Laboratories
- 6- National Blood Transfusion

With whom?

- 1- National AIDS Control Program
- 2- Country network for people living with HIV/AIDS
- 3- Country AIDS research network
- 4- Ministry of Education
- 5- Medical structures involved in epidemiological studies for HIV/AIDS
- 6- University Hospital Centers, Infectious Diseases Clinics
- 7- NGOs working with HIV/AIDS prevention program

What are the findings?

Summary findings as a part of the Situational Analysis of STD/HIV/AIDS in Cote d'Ivoire and Central African Republic.

During the studies periods, in Cote d'Ivoire and Central African Republic for teachers who are known living with HIV/AIDS we detain the following information: How many they are, Who they are, Where they are located (urban versus rural areas), To which age group they belong, Their sex and gender disparities.

A- First step Cote d'Ivoire 1997-1998.

- 1- Because of HIV/AIDS five (OS) teachers of primary schools are dying by school day.
- 2- Teachers are supposed to teach 28 weeks per school year, those who are living with HIV/AIDS teach only during 4 weeks.
- 3- Trained, qualified and experienced teachers are more affected by the epidemic, their experience is 13 years. The government have lost 17 years in terms of duration of service.
- 4- They are young, in average they are 36 years old.
- 5- Life of expectancy fell from 52 years to 36 years for female teachers and from 50 years to 36 years for male teachers
- 6- 641 teachers are known infected by HIV (519 teachers of primary school, 102 teachers of secondary school, 20 educators).
- 7- Because of HIV/AIDS at least 119 000 age school children have received no education.
- 8- We have numbered almost 800 orphans (at least, one of their parents was a primary school teacher). More than 50% are less 15 years old.

In Cote d'Ivoire, a draft report was submitted for scrutiny to a selection of researchers and professionals from the National AIDS Control Program and from research programs supported by United States (RETRO-CI) and French Cooperation (DITRAM) during the last term of 1998.

B- Second step Central African Republic, 1998-1999.

The situation is worse there:

- a- Almost 85% of teachers' death are due to AIDS.
- b- The teachers' mortality increase is 12,67% between 1996 and 1997.
- c- Those who are sick because of HIV/AIDS are always absent, they cannot lean on their feet.
- d- 107 primary schools are closed because of lack of teachers,
- e- 106 teachers are known infected by HIV.

PART II: Education Planning

► Situation during the school year 1996-1997 in Cote d'Ivoire

- Teacher supply, teacher demand and shortfall with or without AIDS

Teacher supply	Teacher Demand	shortfall
Without HIV/AIDS = 33266	1540316 pupils / 40 = 38508	Without HIV/AIDS = 5242
With HIV/AIDS = 32806	If pupil-teacher ratio = 40	With HIV/AIDS = 5702

Teacher supply	Teacher Demand	shortfall
Without HIV/AIDS = 33266	1540316 pupils / 45 = 34229	Without HIV/AIDS = 963
With HIV/AIDS = 32806	If pupil - teacher ratio = 45	With HIV/AIDS = 1423

Number of single courses classrooms by primary teachers to be created

	If pupil-teacher ratio = 40		If pupil – teacher ratio = 45	
	Without HIV/AIDS	With HIV/AIDS	Without HIV/AIDS	With HIV/AIDS
Single courses classrooms by primary teachers to be created	5242	5702	963	1423

Number of schools with single courses classrooms needed

	If pupil – teacher ratio = 40		If pupil – teacher ratio = 45	
	Without HIV/AIDS	With HIV/AIDS	Without HIV/AIDS	With HIV/AIDS
Number of schools with single courses classrooms needed	874	950	160	237

- Number of school age children who have receive no education distributed by sex

	If pupil – teacher ratio = 40		Total	If pupil – teacher ratio = 45		Total
	%Boys	% Girls		%Boys	%Girls	
<i>Number of school age children who have receive no education because of HIV/AIDS</i>	$18400 * 58\% = 10672$	$18400 * 42\% = 7728$	$(33266 - 32806) * 40 = 18400$	$20115 * 58\% = 12006$	$20115 * 42\% = 8694$	$(33266 - 32819) * 45 = 20700$

► *Projections from 1997-1998 to horizon 2000 in Cote d'Ivoire*

School years	Boys		Girls	
	Supposed going to school	Not going to school because of teachers deficit due to AIDS	Supposed going to school	Not going to school because of teachers deficit due to AIDS
<i>1997-1998</i>	<i>928931</i>	<i>13363</i>	<i>669917</i>	<i>9637</i>
<i>1998-1999</i>	<i>964230</i>	<i>13871</i>	<i>695374</i>	<i>10003</i>
<i>1999-2000</i>	<i>1000871</i>	<i>14398</i>	<i>721798</i>	<i>10383</i>
<i>1997-2000</i>	<i>2894032</i>	<i>41632</i>	<i>2087089</i>	<i>30023</i>

*HIV/AIDS impact on Central African Republic and Cote d'Ivoire Educational Systems.
Contribution of the Professor M. Fassa to the joint agency seminar on HIV/AIDS and Education IIEP
Paris 27-29 September 2000.*

PART III Education system analysis at the national and regional levels according to seven (7) variables:

Variable 1: Primary school teachers shortfall / Primary school teachers staff

Position in descending order of 10 Education Regional Directions.

This variable shows us the additional primary school teachers work weigh by dividing the primary school teachers shortfall by the primary school teachers staff:

Education Regional Directions	Primary school teachers shortfall / Primary school teachers staff %
Southern-Western Region San-Pedro	21.13
Northern-Eastern Region Bondoukou	14.70
Western Region Man	14.34
Northern-Western Region Odiene	11.78
Centre- Western Region Daloa	10.00
Centre Region Yamoussoukro	9.66
National Level	08.90
Northern Region Korhogo	08.26
Eastern Region Abengourou	07.07
Centre-Northern Region Bouake	06.67
Abidjan	05.97

Variable 2: Primary school teachers deaths number / Primary school teachers shortfall

Position in descending order of 10 Education Regional Directions:

This variable shows how important is the number of the primary school teachers deaths compared with the primary school teachers shortfall:

Education Regional Directions	Primary school teachers deaths number / Primary school teachers shortfall %
Eastern Region Abengourou	58.33
Northern Region Korhogo	30.23
Centre Region Yamoussoukro	19.21
Abidjan	13.81
Centre-Northern Region Bouake	12.67
National Level	10.88
Centre- Western Region Daloa	08.68
Northern-Eastern Region Bondoukou	08.41
Western Region Man	07.50
Northern-Western Region Odiene	07.18
Southern-Western Region San-Pedro	03.60

Variable 3: Primary school teachers deaths due to AIDS / Primary school teachers deaths which the causes are known

- Observed primary school teachers deaths due to AIDS / Primary school teachers deaths which the causes are known
- Estimated primary school teachers deaths due to AIDS / Primary school teachers deaths which the causes are known .

Position in descending order of 10 Education Regional Directions. This variable shows how important is the number of primary school teachers deaths due to AIDS compared to the number of the primary school teachers deaths which the causes are known.

Education Regional Directions	Primary school teachers deaths due to AIDS / Primary school teachers deaths which the causes are known (%)
Northern-Western Region Odiene	90.00 (09/10)
Western Region Man	81.80 (12/16)
Northern Region Korhogo	77.80 (07/09)
Southern-Western Region San-Pedro	70.00 (07/10)
Centre Region Yamoussoukro	67.00 (11/15)
National Level	64.22 (140/218)
Eastern Region Abengourou	64.00 (07/11)
Northern-Eastern Region Bondoukou	61.53 (08/13)
Centre- Western Region Daloa	60.00 (18/26)
Abidjan	54.43 (43/79)
Centre-Northern Region Bouake	50.00 (18/29)

Variable 4: Retired primary school teachers / Exit flow primary school teachers

Position in descending order of 10 Education Regional Directions. This variable shows how important is the number of the retired primary school teachers compared with the exit flow primary school teachers.

Education Regional Directions	Retired primary school teachers / Exit flow primary school teachers (%)
Centre-Northern Region Bouake	66.66
Centre Region Yamoussoukro	57.65
Southern-Western Region San-Pedro	52.00
Eastern Region Abengourou	46.15
National Level	45.23
Northern Region Korhogo	45.15
Northern-Eastern Region Bondoukou	42.85
Abidjan	42.17
Centre- Western Region Daloa	41.43
Northern-Western 'on Odiene	39.13
Western Region Man	36.00

Variable 5: Primary school teachers deaths number / Exit flow primary school teachers

Position in descending order of 10 Education Regional Directions.

This variable shows how important is the number of the primary school teachers deaths compared with the exit flow primary school teachers.

Education Regional Directions	Primary school teachers deaths number / Exit flow primary school teachers (%)
Western Region Man	62.74
Eastern Region Abengourou	54.00
Centre- Western Region Daloa	52.86
Northern-Western Region Odiene	52.17
Southern-Western Region San-Pedro	48.00
National Level	47.91
Abidjan	46.95
Northern-Eastern Region Bondoukou	42.86
Centre Region Yamoussoukro	39.63
Centre-Northern Region Bouake	30.76
Northern Region Korhogo	20.00

Variable 6: Exit flow teachers / Primary school teachers staff

Position in descending order of 10 Education Regional Directions.

This variable shows how important is the exit flow teachers compared with the primary school teachers staff.

Education Regional Directions	Exit flow primary school teachers / Primary school teachers staff (%)
Centre Region Yamoussoukro	03.61
Centre-Northern Region Bouake	03.24
Northern Region Korhogo	03.16
Northern-Eastern Region Bondoukou	02.88
Eastern Region Abengourou	02.83
National Level	02.02
Abidjan	01.75
Western Region Man	01.71
Centre- Western Region Daloa	01.67
Northern-Western Region Odiene	01.62
Southern-Western Region San-Pedro	01.58

Variable 7: Primary school teachers living with HIV/AIDS

Position in descending order of 10 Education Regional Directions.

This variable shows us the primary school teachers living with HIV/AIDS.

Education Regional Directions	Primary school teachers living with HIV/AIDS
National Level	241
Northern Region Korhogo	82
Abidjan	88
Centre- Western Region Daloa	15
Western Region Man	14
Centre-Northern Region Bouake	12
Eastern Abengourou	10
Northern-Western Region Odiene	07
Northern-Eastern Region Bondoukou	05
Centre Region Yamoussoukro	03
Southern-Western Region San-Pedro	05

PART IV Recommendations

Towards:

- Teachers Labor Union.

Key words: Commitment; Prevention; Self-protection

- Pupils, Students and their Associations.

Key words: Self-esteem; Self-protection; Prevention; Decency and Dignity

- Pupils' parents, and their Associations.

Key words: Commitment; Sense of duty and Responsibility

- Governments (particularly Education and Health Ministries).

Key word: Urgency

- Religious Communities and Traditional Leaders.

Key words: Commitment; and Responsibility

- Local NGOs key words: Commitment; and Responsibility

- Bilateral and Multilateral Donors.

Key words: Commitment; and Responsibility

PART V Workshops report presentation to local authorities, Representatives from the teaching profession, Parents-teachers associations and selected NGO's and from the Donor community, bilateral and multilateral

Monitoring and Evaluation National Committee has been set up with actions plans. The discussions at the meetings focus on the prevalence of AIDS in Educational systems, and steps to be taken toward education personnel, pupils students, new strategies to prevent, treat and care for those who are affected by the epidemic.

Based on these workshops, we have developed a Plan of Action for Cote d'Ivoire and Central African Republic which will help central and local authorities in their efforts in containing and controlling the impact of STD/HIV/AIDS.

The plan contains pillars which have not necessarily the same priority to any one Monitoring and Evaluation National Committee, each Monitoring and Evaluation National Committee is responsible for appreciating appropriate priority pillars.

The Actions Plans have seven (7) pillars:

- 1- begin again periodically the study for monitoring and evaluation
- 2- advocate for the HIV early testing benefits whatever the education being undertaken to provide knowledge that will inform:
 - the seropositivity, the sooner (known) the better
 - at the latest you know your seropositivity, less you get the chance to be treated, so to be in poor health, to be gradually close to death
 - early your serology status is known, less expensive and more effective can be the treatment
 - it's possible staying HIV infected and not developing AIDS (being carrier without symptoms)
 - to be HIV positive doesn't mean to be automatically sick, to be physically or mentally died
 - as early as possible the serology status is known, in case of sickness, more you get chance to be treated, to live positively
 - to know your own serology status, with some behavior precautions means to avoid to be HIV infected or to infect, it means protecting your life and the other people's life
- 3- advocate for the indispensable labor union commitment in terms of HIV/AIDS prevention, health care information campaigns in rural and urban areas
Local Teachers Solidarity Funds creation for combating the disease
- 4- Treat pain, diarrhea and other conditions associated with the disease
- 5- Prevent and treat opportunistic illnesses (including tuberculosis and cryptococcosis)
- 6- Treat with Antiretroviral (ARV) (if possible) which attempt to combat HIV itself
- 7- Extend the study to all civil servants

PART VI: Difficulties faced in conducting investigations

The seven main difficulties faced in the field are:

1. The resistance to open acceptance of the disease as reality in education systems, to talk openly about HIV/AIDS without shame.
2. To advocate for a voluntary HIV early testing benefits in public, private and community schools.
3. The lack of strong policies for the confidentiality of all medical histories and treatments, for respect to those who are living with HIV/AIDS, against isolation by friends, parents, colleagues and authorities, against suspension of social and health benefits. Few education personnel in Cote d'Ivoire and Central African Republic living with HIV/AIDS are still uncomfortable with discussing or acknowledging their status.
4. To address the AIDS epidemic as a shared responsibility of the governments, religious communities, teachers labor union, pupils, students, parents associations, and local NGOs, their sincere commitment.
5. The lack of substantial funding resource, to HIV and AIDS related research.
6. The lack of hard data on seroprevalence.
7. Education personnel have lost hope, they do not believe anymore in the speeches, conclusions and recommendations of international conferences, workshops, gatherings without concrete actions. They say that there are many useless conferences, wasting funds, there is no medicine, no funds, only talk!

CONCLUSION

Strategic Plan to Combat HIV/AIDS in the West and Central African Educational Systems.

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I- Proposition of a New West and Central African Ministries of Education Mission Statement, based on Cote d'Ivoire and Central African Republic Experience.

All agree that the single most important key to development and to poverty alleviation is education so, education sector now must be the leader in the fight against HIV/AIDS in Africa region, it can play a central role.

The African ministries of education should play a major role in combating the AIDS epidemic, their mission for addressing HIV/AIDS epidemic, through programs of prevention, education, risk-assessment and research should be to:

- prevent further spread of infection,
- develop effective HIV/AIDS, health care information campaigns for those already infected,
- enhance the capacity of the nation's public and private organization at the national and local levels, to deliver effective prevention, and related health care programs, possible treatment to all citizens.

One of the first African Ministries of Education goal should be to halt HIV/AIDS epidemic, but their ability to play a central role in containing the epidemic is, however, compromised by the effects of the pandemic on the education sector itself.

How to proceed?

1. To know the risks and the specific problems
2. To analyze the responses and the interventions which exist or are possible
3. To study the constraints and opportunities
4. To make recommendations and/or questions which need serious reflex ion and research

The strategic principles are targeting, decentralization and multisector strategic.

It do not exist one easy principle which successfully works for all the countries. The most effective national actions are those built to provide for the country precise needs, they are aimed at the situations which make persons vulnerable to HIV, and to the HIV impact. Those effective national actions use the opportunities at the national level. This is why is so important a strategic planning.

II- Guiding Principles:

Ten principles guide African Ministries of Education Departments as they formulate policy, set priorities, design programs and carry out new African Ministries of Education Mission.

First Principle: Recognize prevention of HIV infection and AIDS as one of the education ministries highest priorities. Education sector must be used to intensify communication, education and information campaigns to abandon high risk behavior as reduction of sexual partner and partner fidelity so that to reduce the HIV propagation.

The west and central African educational systems should be sanctuaries against the HIV/AIDS epidemic. Further, they will be uniquely placed to reduce the future HIV/AIDS epidemic as it can influence risk behavior of large numbers of young people, many of whom are not yet infected.

Second Principle: Break the resistance to open acceptance of the disease as reality in education systems. Talk openly about HIV/AIDS without shame.

In Central African Republic for the years 1996 and 1997 HIV/AIDS was responsible for 85.71 of the deaths for which the causes were determined. With an increasing number of deaths among teachers, HIV/AIDS pandemic severely affects negatively the capacity of the Central African Republic education system to enroll children in schools.

In Cote d'Ivoire during the school year 1996/97, 827 left the primary education system (2.48% of the teaching staff). Deaths account for 322 of the departure of the teachers. The causes were identified for 214 of the deaths and out these 140 were due to HIV/AIDS related (69.41 % of the deaths) sicknesses.

We need approaches to overcoming that resistance. All levels within countries must acknowledge that the problem exists. The sub-Saharan African population is young, we must focus on young people, whether in or out of school, whatever the type of educational being undertaken. It is essential to talk frankly about sexuality, about the disease and about death in the different education systems. If these issues remain taboo or are avoided, the pandemic will continue to spread.

Third Principle: Advocate for a voluntary HIV early testing benefits in public, private and community schools.

Infection with HIV/AIDS is insidious because during the long period of incubation the infected host may be unaware of the infection and can transmit the virus.

It is useful to distinguish patients with AIDS and AIDS-free patients with advanced immunodeficiency from other people with prevalent HIV infection in order to estimate the resources needed for health care.

Studies on HIV/AIDS impact on educational systems in Cote d'Ivoire and Central African Republic have shown that 95% of teachers, students, and other education personnel living with HIV have been detected at the last moment, when they were clinical AIDS cases, very sick. When their condition did not permit any treatment, when there was nothing to do.

Experience shows us that, the most important thing that Education can do to HIV/AIDS is to advocate for a **Voluntary HIV Early Testing**, in Public Private and Community Schools (the only way to know at time who is infected or is not).

The terms screening and testing often are used interchangeably, although each has discrete connotations. Screening generally means the use of a test or procedure on a population of persons who are generally healthy to identify those with a particular condition or predisposition that is still a symptomatic or has not yet been recognized. Persons who have a positive screening test are usually referred for or provided with more definitive diagnostic procedures or follow-up. Screening may be performed under voluntary or mandatory conditions and may be applied systematically or no uniformly to entire populations or selected target populations.

In contrast, testing generally implies that the test or procedure is used for an individual person regardless of whether the person is symptomatic or not and whether the test is recommended by a health-care provider or requested by the individual being tested.

Fourth Principle: Support strongly policies for the confidentiality of all medical histories and treatments, for respect to those who are living with HIV/AIDS, against isolation by friends, parents, colleagues and authorities, against suspension of social and health benefits.

When persons are really ill, they try by all possible means to hide the reality of the sickness from others. Due to some cultural and religious norms which still view incest as a taboo, it is not easy at all to open acceptance of HIV/AIDS disease as a reality. AIDS is still regarded as a disease of shame. Few people in Cote d'Ivoire and Central African Republic living with HIV/AIDS are still uncomfortable with discussing or acknowledging their status.

Fifth Principle: Address the AIDS epidemic as a shared responsibility of the governments, religious communities, teachers labor union, pupils, students and parents associations, local NGOs.

Counter attack against the scourge must be general, any influential person must join the antiHIV/IDS campaign. For beginning HIV/AIDS to be openly and formally discussed we need to obtain as in Cote d'Ivoire and Central African Republic:

- first the government commitment,
- second the traditional leaders and the religious community commitment
- third local NGOs commitment
- forth labor unionist teachers commitment,
- fifth pupils and students associations commitment,
- sixth pupils' parents associations commitment
- seventh bilateral or multilateral donors commitment.

Traditional doctors are powerful tools, given the widespread respect they are given by African people and given their central role in treatment of illnesses. There are a number of traditional healers who treat those with illnesses arising from HIV/AIDS, and many of these believe that HIV/AIDS does indeed exist and is a new disease. Under these circumstances, these traditional doctors could become important change agents. African Ministries of Education and many other organizations through the National AIDS Control Programs must work in concert to address the AIDS problem.

Sixth Principle: Continue to devote substantial resources to HIV and AIDS - related research. The sector is characterized by the lack of hard data on seroprevalence.

In Cote d'Ivoire and Central African Republic research has provided information which is essential for developing prevention, care and national policies to reduce the impact of HIV/AIDS (through the educational systems) on youth and in the general population. The findings of the study are also intended for advocacy purposes to maintain the achievements in education systems to date and to ensure a greater investment in their future development . Research will be based on HIV/AIDS epidemiological statistics, education statistics, other specific information concerning the disruption in the regular functioning of the school systems as statistics on

School infrastructures, teaching staff, teachers' deficit by year

- Schools number
- Classrooms number
- Educational personnel
- Teachers' deficit

Pupils enrolled by sex and year

- Number of age children school enrolled

Exit flow component by year

- Retired teachers number
- Teachers' death number
- Dismissed teachers number

Deceased teachers with AIDS

- Total teachers' death number
- Identified death causes number
- Teachers' death number due to AIDS
- Deaths due to AIDS percentage

Information concerning the protection of HIV/AIDS infected education personnel, their social and health benefits

Information concerning the processes in schools where are present:

- HIV infected teachers (carrier without symptoms)
- Teachers with AIDS
- AIDS orphans

Testimonies of:

- Persons or families concerned by the epidemic
- Head of schools
- Community leaders

are indispensable for measure, IRV/AIDS impact assessment and its prevention.

Seventh Principle: Focus African Ministries of Education resources on to realize the goal of halting the spread of HIV infection and mitigating their effects on the educational systems.

Education personnel living with HIV/AIDS identified in Cote d'Ivoire and Central African Republic, those who are supposed to be alive need more than ever assistance. Day after day their conditions are getting worst. In addition to providing important information on the magnitude of the epidemic, seroprevalence studies suggested strategies to prevent further infections. For example, the alarming rates of infection among teachers in some locations indicated a need for informing the public, offering testing and counseling services to all education personnel and developing strategies to slow the rate of new infections in all education personnel, in learners, emphasizing abstinence, HIV/AIDS education and encouraging the use of condoms.

Counseling is not new to Africa. Dialogue between caregivers and their patients and their patients' families is central to African traditional medicine. The principal role of the healer has traditionally been to place disease in the context of the patients' families history. HIV counseling sessions provide opportunities to reestablish this traditional dialogue between caregivers and patients. Although counseling is difficult, it is necessary, as the long-term battle against AIDS can be won only with the active involvement of individuals.

Eighth Principle: Educate the education personnel, pupils and students about behaviors which promote HIV infection.

How to stay HIV negative?

- provide knowledge that will inform transmission of HIV, self protection, self sex practices
- detect and treat sexually-transmitted diseases
- have been made aware of HIV an its prevention.

Good training is essential to teachers' commitment to programs, enabling teachers not only to teach about health but also help deliver medicine and services, and to become models of healthy lifestyles and practices.

Ninth Principle: Encourage education personnel to cease risky behaviors and to assume greater personal responsibility for their health.

In Cote d'Ivoire, between school years 1997 and 1998, because of AIDS five school primary teachers have died by school day. They were young, 36 years old in average. We have detected 640 teachers living with HIV/AIDS (519 primary school teachers, 102 secondary school teachers, 20 educators). In CAR from 1996 to 1997 the number of deaths of primary school teachers due, mostly to AIDS, increased by 12.6% in 5 of the 7 educational regions where the survey was carried out. This adds to the cumulates deficits of teachers for the periods, 1995/96, 1996/97 and 1997/98 which amount respectively to 815, 815 and 786 teachers. In 1998, there were 1996 teachers against 2250 teachers in 1996. Out of 269 teachers who left the system in 1998, 105 were due to deaths.

Tenth Principle: Strengthen campaign initiatives that address sexually transmitted diseases. STDs have a multiplying effect on the HIV transmission, therefore it is very important to make correct diagnostic, and to take care of them.

Case-control suggested that the primary risk factors for heterosexual transmission are factors that determine the probability that the sexual partner is infected. Risk factors for males are sexually transmitted disease, prostitution among women. Other risk factors included indicators of sexual promiscuity such as a positive serology for syphilis among men and women, genital warts and positive serology for syphilis remained predictive of HIV infection even after controlling for the type and number of sexual partners, suggesting that abrasion of the mucosa by venereal disease facilitates HIV transmission.

The West and Central African Ministries of Education strategic plan for combating HIV and AIDS describes the major strategies that Ministries of Education should pursue and highlights important programmatic activities related to each strategy.

Although the plan contains elements which are not necessarily unique to any one West and Central African Ministry of Education, each Ministry of Education is responsible for implementing appropriate strategic elements.

III- Planned activities and related elements for each strategy

A- Research

B- Risk Assessment and Prevention

Each strategic element is then described in the following detail:

Need: Statement of the problem

Long-Term Objectives: What is to be accomplished

Ministry of Education Role and Action: What each Ministry of Education will do by the end of 2405 to achieve the objectives.

A- Research Strategy

Conduct and support studies providing measures of the impact of HIV/AmS on: a) morbidity and mortality in the teaching force and in the learners population b) Disruption in the regular functioning of the school systems (e.g. absenteeism, closure of schools in certain localities); c) Community-based responses as well as mechanisms introduced by decision-makers and planners of the educational system to respond to this situation (e.g. contributions by communities to keep schools running in their localities). The studies will also provide a measure of the overall impact of HIV/AIDS on demand and supply in West and Central African countries' educational systems.

Focusing on the sub-population of teachers in primary and secondary schools, the second issue which the studies will address is the identification of the consequences of HIV/AIDS on their families.

The Need:

The expansion, sustainability and quality of any education system depends to a great extent on the quantity and quality of its teaching force.

Education is a decisive factor for the well-being for each child. Education remains a fundamental right, it is also the most important tool for economic and social development.

Long-Term Objectives:

The long-term objectives are a) The rehabilitation of the education systems which have been badly affected by HIV/AIDS, b) A better follow-up and a more rigorous management of the educational systems, c) new counselling roles that teachers and the system must adopt, d) new image of the school as a centre for the dissemination of messages about HIV/AIDS to its own pupils and staff to the entire education community, and to the entire population e) envisaging as a multi-purpose development and welfare institution, delivering more than formal school education as traditionally understood.

Ministry of Education Role and Action:

The Ministry of Education, in concert with other public and private-sector organizations, will:

1) increase the number of Centers involved in studies 2) incorporate HIV/AIDS education into the curriculum, with a view to imparting the knowledge, attitudes and skills that may help to promote safer sexual behavior; 3) develop life-skills which equip pupils for positive social behavior and for coping with negative social pressures 4) earlier include in the curriculum of

work-related training and skills, so as to prepare those compelled to leave school early (because of orphan hood or other reasons) to care for themselves, their siblings, their families.

B- Risk Assessment and Prevention

- 1) Determine the incidence and prevalence of HIV infection and AIDS in educational systems by age, sex,, race, ethnicity geographic location and behavioral characteristics; 2) Develop and implement appropriate interventions 3) Improving knowledge of risky sexual practices;
- 4) Developing, implementing and evaluating comprehensive AIDS health education programs designed to prevent or modify behaviors that result in HIV infection in adolescents;
- 5) Expanding and evaluating HIV counseling and testing and integrating aspects of early intervention programs.

The Need:

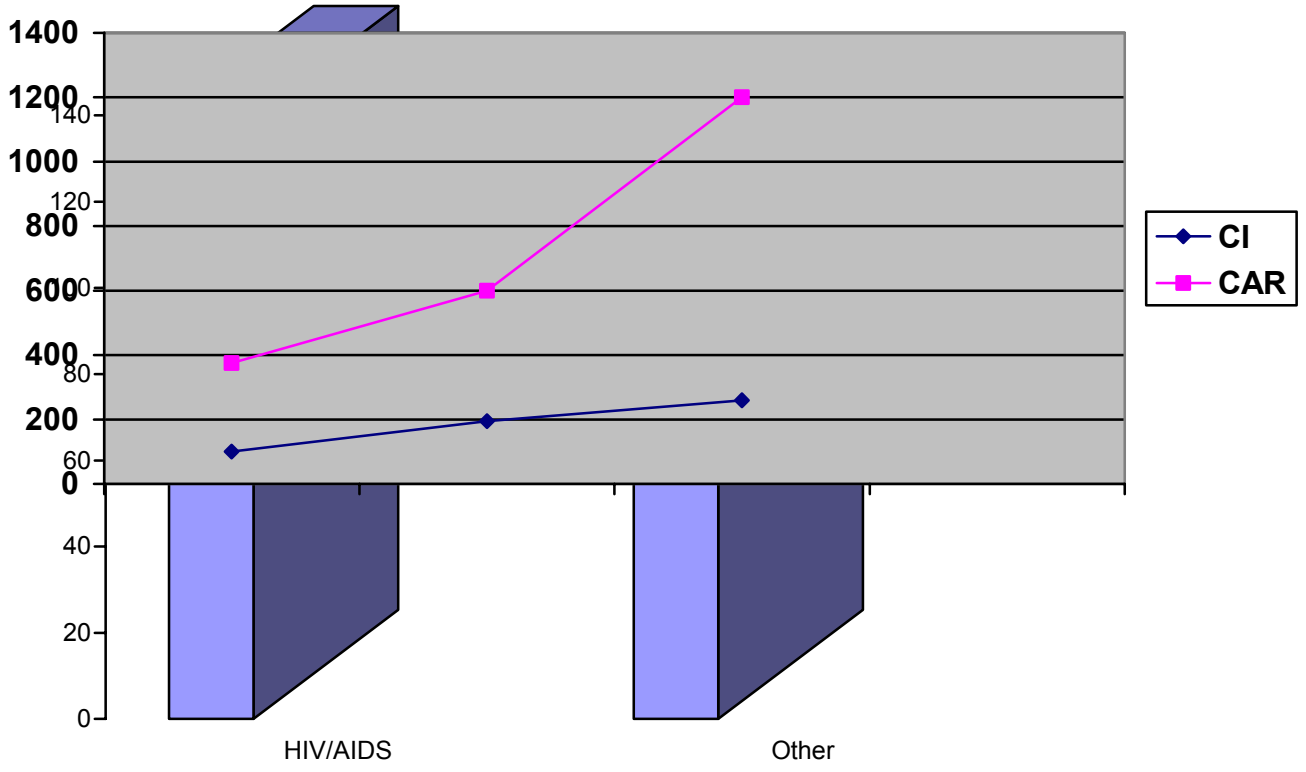
Because HIV infection can be prevented largely through behavioral interventions, behavioral research is an important component of the effort to combat the AIDS epidemic. Improved knowledge of sexual behaviors and choices that place people at risk will assist in modeling the likely spread and level of HIV infection, developing and evaluating AIDS risk reduction programs, and increasing their understanding of differences in infection patterns across different age and cultural groups.

Long-Term Objectives: .

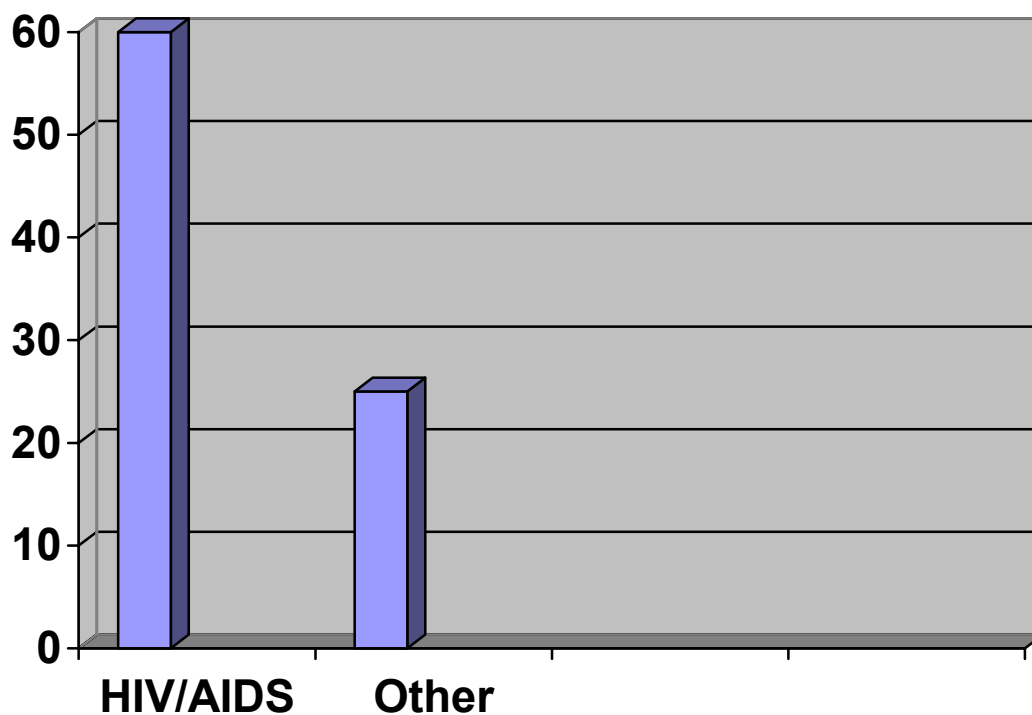
The long-term objectives are a) understand the factors associated with high-risk behaviour b) identify the best and most effective approaches for communicating disease prevention and health promotion messages to high-risk adolescents c) have national education and health organizations work with regional and districts education departments to train educational personnel and to implement comprehensive health education programs designed to prevent and to reduce the risk of behaviours associated with HIV infection and other important health problems d) collect information related to the prevalence of behaviours associated with the transmission of HIV infection to determine the effectiveness of school and community-based interventions.

Ministry of Education Role and Action:

a) Integrate HIV education within more comprehensive school health education programs, b) Conduct evaluations to assess and improve the effectiveness of -school and community based interventions designed to reduce behaviors that result in HIV infection.

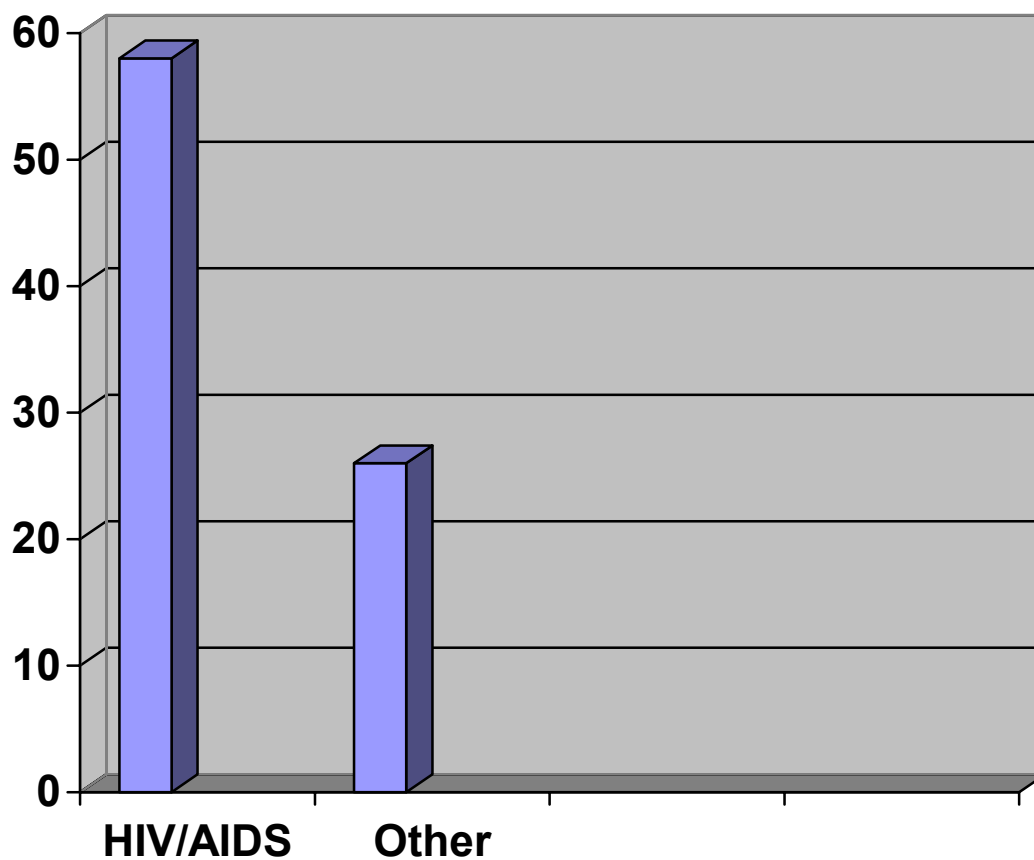


Impact of HIV/AIDS on Cote d'Ivoire education system.
The causes of the primary schools teachers deaths at national level.
October 97- June 98: 69,41% of the deaths causes known were due to AIDS



HIV/AIDS impact on Central African Republic and Cote d'Ivoire Educational Systems.
Contribution of the Professor M. Fassa to the joint agency seminar on HIV/AIDS and Education IIEP
Paris 27-29 September 2000.

***Impact of HIV/AIDS on Central African Republic education system.
The causes of the primary schools teachers deaths at national level.
School year 1997. 85.71 % of the deaths causes known were due to AIDS***

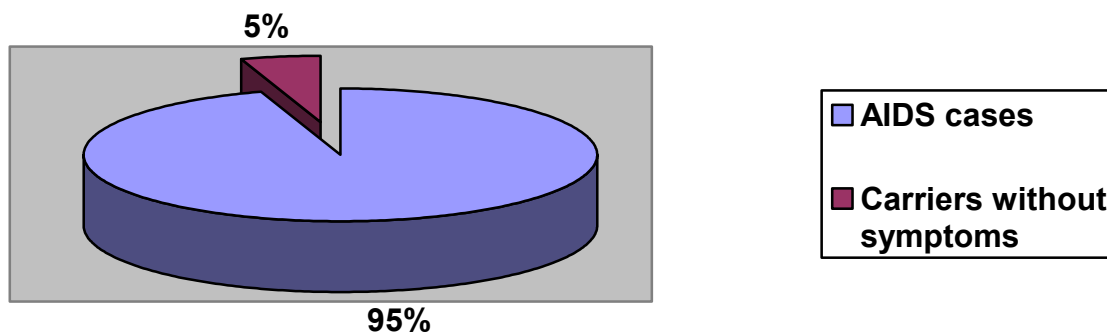


*HIV/AIDS impact on Central African Republic and Cote d'Ivoire Educational Systems.
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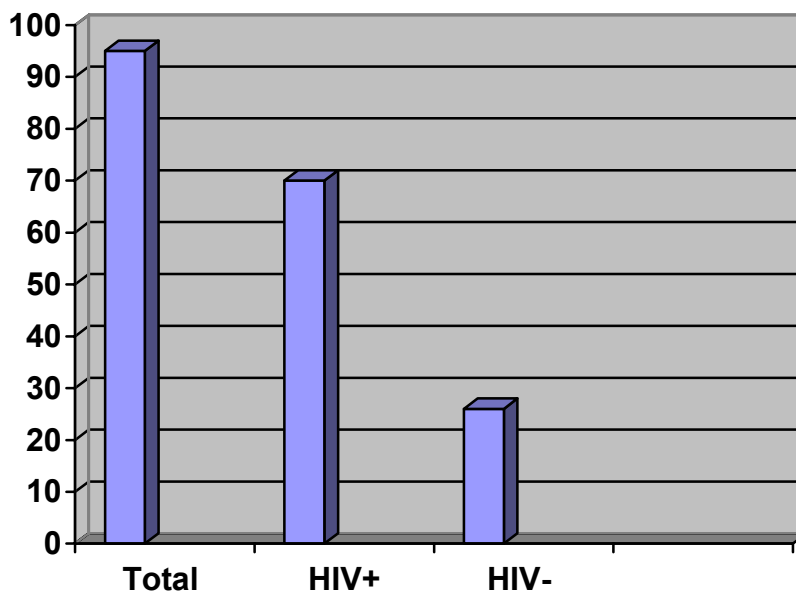
Impact of HIV/AIDS on Cote d'Ivoire education system.

October 97- June 98. Primary schools teachers living with HIV/AIDS according to the disease evolution. Deaths account for 320. AIDS cases = 304.

Carrier without symptoms =16

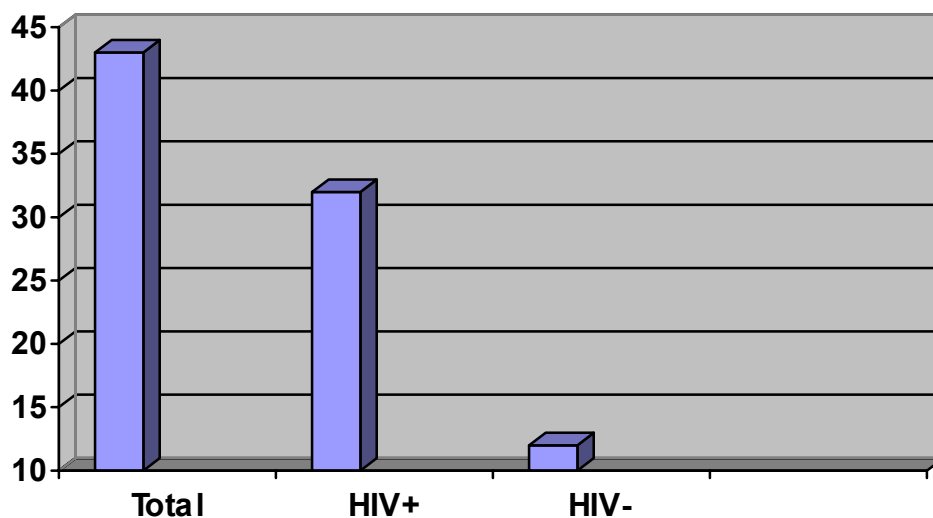


***Impact of HIV/AIDS on Central African Republic education system.
School years 1996-1997-1998. Primary schools teachers HIV prevalence.
Source: Hopital Communautaire Bangui.***



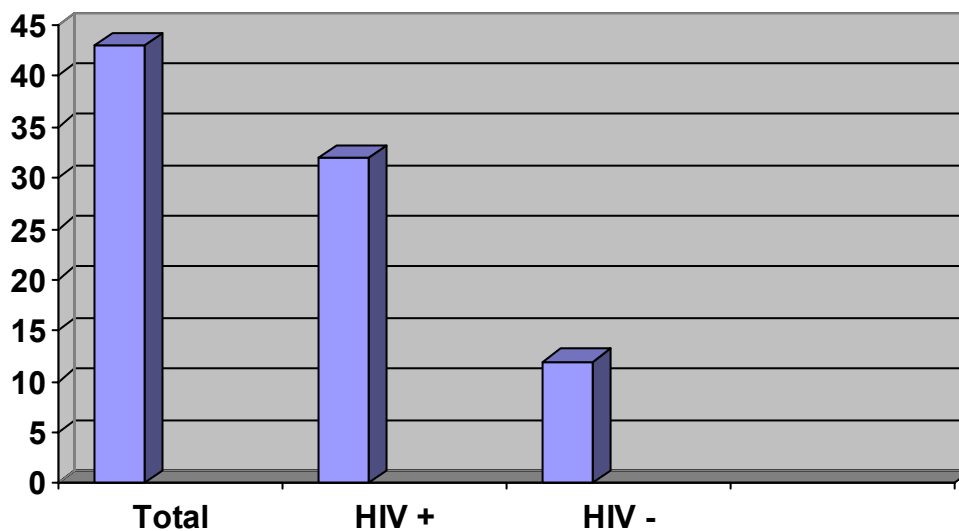
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Paris 27-29 September 2000.*

***Impact of HIV/AIDS on Central African Republic education system.
School year 1996-1997-1998. Primary schools teachers HIV prevalence.
Source: Hopital Amitie Bangui.***



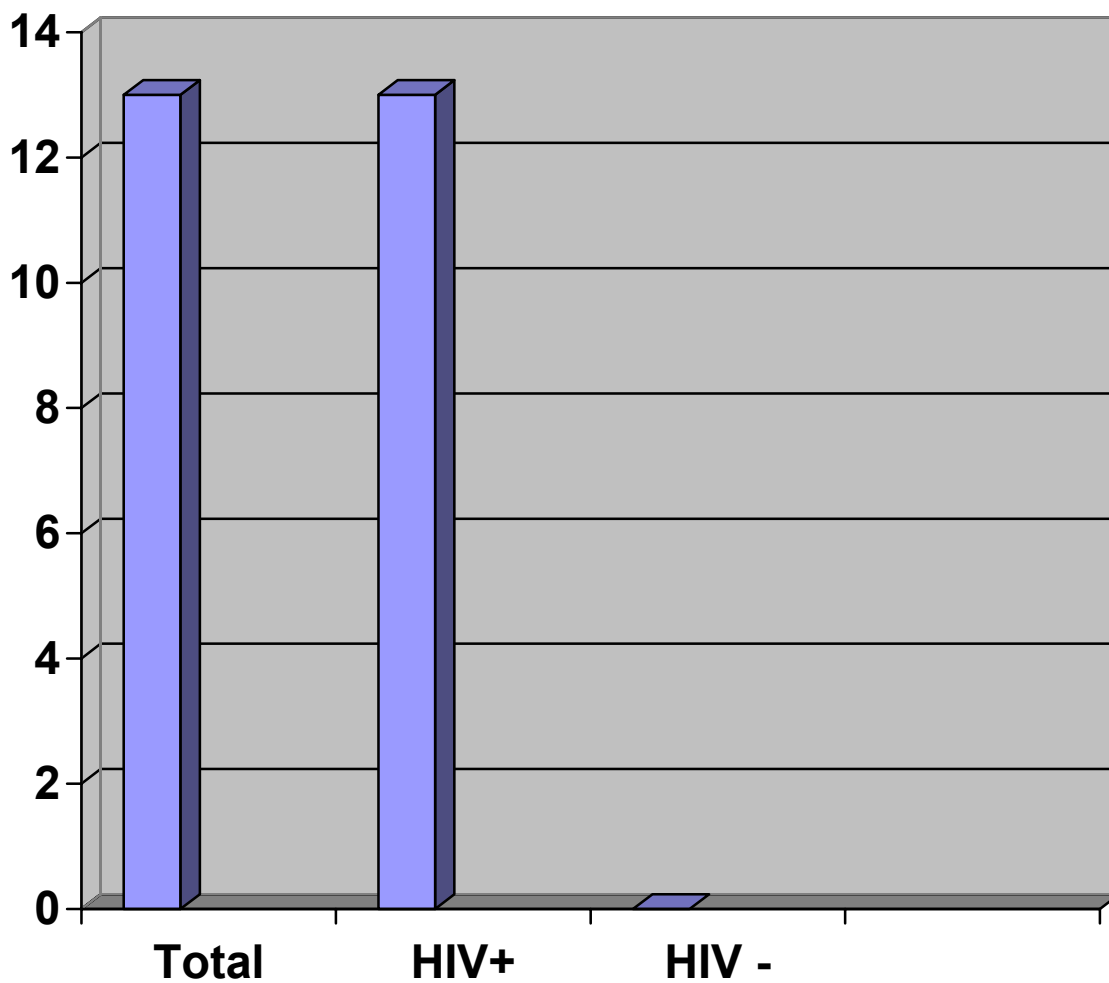
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Contribution of the Professor M. Fassa to the joint agency seminar on HIV/AIDS and Education IIEP
Paris 27-29 September 2000.*

***Impact of HIV/AIDS on Central African Republic education system.
School years 1996-1997-1998. Primary schools teachers HIV prevalence.
Source: Centre Scolaire et Universitaire de Bangui.***



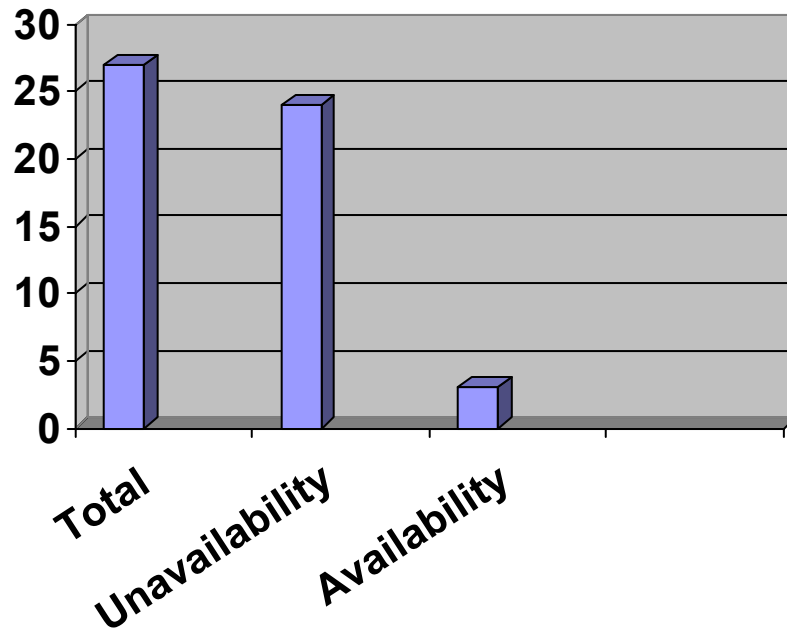
*HIV/AIDS impact on Central African Republic and Cote d'Ivoire Educational Systems.
Contribution of the Professor M. Fassa to the joint agency seminar on HIV/AIDS and Education HEP
Paris 27-29 September 2000.*

**Impact of HIV/AIDS on Central African Republic education system.
School years 1996-1997-1998. Primary schools teachers HIV prevalence.
Source: Centre Hospitalier Universitaire de Bangui, Service de
Pneumophtisiologie.**



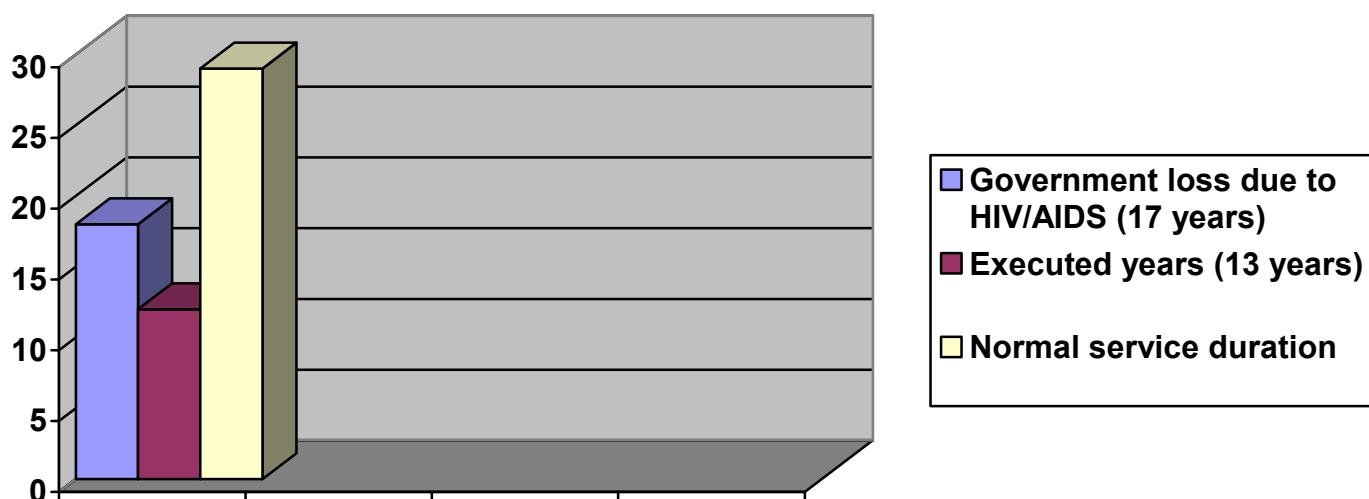
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Contribution of the Professor M. Fassa to the joint agency seminar on HIV/AIDS and Education IIEP
Paris 27-29 September 2000.*

Impact of HIV/AIDS on Cote d'Ivoire education system.
School year 1996-1997. Regular unavailability Primary schools teachers
died because of AIDS. Total year courses = 28 weeks.
Regular unavailability = 24 weeks. Supposed availability = 4 weeks



HIV/AIDS impact on Central African Republic and Cote d'Ivoire Educational Systems.
Contribution of the Professor M, Fassa to the joint agency seminar on HIV/AIDS and Education IIEP
Paris 27-29 September 2000,

Impact of HIV/AIDS on Cote d'Ivoire education system.
School year 1996-1997. Normal service duration (years to be executed) = 30
years. Years effectively executed =13.
Cote d'Ivoire government years lost (in terms of investment) =17



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