REPORT ON THE WORKSHOP ON THE IMPACT OF HIV/AIDS ON EDUCATION

International Institute for Educational Planning [IIEP/UNESCO] in collaboration with UNDP and UNICEF [Paris 27-29 September, 2000]

Professor Desmond Cohen
HIVDEV Consultants
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HIV AND EDUCATION: RESPONDING TO THE IMPACT

The meeting hosted by IIEP in co-operation with UNDP and UNICEF in Paris [27-29 September] generated a great deal of discussion of the issues, together with additional information about the situation in different countries, and within the region.

Many papers were distributed of which the most noteworthy were,

Planning for education in the context of HIV/AIDS by Michael Kelly [UNESCO/IIEP,

Fundamentals of Educational Planning, Paper No. 66, Paris 2000];
HIV/AIDS and Education by R. Carr-Hill, J.K.Katabaro and A.Katahoire [IIEP/UNESCO Conference Paper, draft September 2000];
Positive Outcomes: The chances of acquiring HIV/AIDS during school-going years in the Eastern Cape, 1990-2000 by R. Shell [Working Paper no. 26, Population research Unit, Rhodes University, August 2000];
The Impact of HIV/AIDS on education systems in the Eastern and Southern Africa Region and the response of education systems to HIV/AIDS: life skills programmes by UNICEF [December 1999];
Exploring the implications of the HIV/ IDS epidemic for educational planning in selected African countries: the demographic question by the World Bank [August 2000];
Managing the Impact of HIV/AIDS on the Education Sector by Carol Coombe [July 2000].

Three UNDP papers were also circulated: these were,

Final report of the Global Forum on the Impact of HIV/AIDS on Education Systems: Focus on Africa [Education Development Center, July 2000];
Evaluating HIV and AIDS: Why Capacity Development is Central to Assessing Performance by Professor Desmond Cohen [August 2000];
Human Capital and the HIV Epidemic: A Discussion and a Proposal by Professor Desmond Cohen [May 2000].

The purpose of this Report is not to go over the issues which are addressed fully in the above papers. Nor is it to provide a record of what happened at the meeting [including resolutions relating to subsequent activities by IIEP such as the decision to set up a Documentation Centre in respect to the issue of Education and HIV]. REP plans to circulate a brief record of the meeting which will include recommendations for follow-up. So no attempt is made in this Report to cover matters that will be the subject of the IIEP

record of the meeting, and readers interested in the detail of what was discussed, session by session, arereferred to the IIEP record of the meeting. Instead the aim of this note is to identify what seem to be the main policy and programme issues which emerged from the papers and the discussion.

1. WHAT IS THE PROBLEM?

Conceptually there is general agreement on what is the problem - that the HIV epidemic is indeed eroding the capacity of the educational sector to undertake its primary tasks. There is general agreement also on trends, ie. that the problem is intensifying and will get worse over the coming decade in sub-Saharan Africa.

What is missing are the following:-

- 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. 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].

- Similarly with losses of human resources due to mortality where important social investments are being lost due to **HIV and AIDS.** It should be noted furthermore that the erosion of human resource capacity is not something that can always be replaced through formal training - assuming unrealistically that resources were sufficient for replacing teaching and other personnel. Losses of experience cannot be simply replaced, and we have little or no information on the impact on organizational capacity of mortality amongst senior teachers, teacher trainers and administrators.

- There are few signs that MOE recognize the problems that they are currently faced with in terms of the impact of the epidemic. Only in a limited number of countries of SSA is there any attempt being made even in the broadest terms to estimate what are likely to be the probable losses of teachers over the coming decade. In many countries MOE seem primarily to be concerned with issues related to HIV prevention through curriculum reform, but do not seem to have realised that whatever the merits of such activities they have to be seen as secondary to sustaining sector capacity. If the capacity to teach is not maintained then the curriculum will in time not be deliverable.

- Finally there is little evidence that MOE have the capacity and the resources to grapple with the exacting tasks that they now face. Even if they recognized the scale of their problems it is evident that they will simply be overwhelmed by the problems unless they are provided with additional resources.

There are analogous problems on the demand side of the impact of the epidemic on the sector. There is very little hard data on what is happening to households and children and what their needs are now and what they may be in the coming years. Thus there is more or less no adequate and comparable data on the following:-

- What is happening to school drop out rates and how is this related to the increase in household poverty due to HIV and AIDS? Are there changes in the pattern of school attendance due to the impact of the epidemic on households, what is this caused by and is it gendered? There is some evidence that girl children are affected differently from boys such that girls are increasingly absent from school populations.

- It is already the case in many countries that primary schools have an exceedingly wide age range of both boys and girls such that classes will often contain children/adults who far exceed the usual age for primary education [indeed often well beyond secondary education as well]. There are forces at work due to the epidemic which are exacerbating these conditions with effects that are unknown in terms of their impact on educational performance. They also exacerbate conditions within schools in terms of HIV prevention given the mixing of younger with older students [often male] who are well into their sexually active years. One worrying feature in many schools is the increasing number of children who are living with HIV and AIDS - their numbers are unknown as are the consequences for the children and for schools.

- There is evidence, eg. from Kagera Region of Tanzania, that the morale of children is suffering as a result of the epidemic. This must be partly the result of what children are experiencing within their families where they are witness to the sickness and death of one or both parents and often of siblings. Compounded by the increased poverty and hopelessness of affected families. But it is more than this; in school they are inevitably part of a culture imbued with the effects of the epidemic - they mix with other children similarly traumatized and they observe the sickness and death of their teachers. We have no information on what is happening to children's performance in such circumstances nor what is being achieved by schools in such trying circumstances.

- There is some evidence from the World Bank and others that the age cohort for education is being affected by both demographic effects of the epidemic and by behavourial impacts. But this information has to be seen as preliminary given the uncertainty surrounding demographic projections, and very little is known about the impact of factors such as poverty on school enrollments [and the gendered effects of this]. But efforts need to be made to try and monitor what is happening to the age and gender cohorts relevant for planning educational intakes and attendance rates. Very little seems actually to be being done by most MOE to address these matters.

- While many countries have developed activities for HIV prevention in schools, and some have established Anti-AIDS Clubs, there is in fact little evidence of their effectiveness. In part this is because little has been done to monitor and evaluate impact of Life Skills programmes and related curricula reforms, so that evidence on impact is difficult to interpet. But there are other deeper issues that have the effect of reducing what can be achieved by way of HIV prevention in schools. In part it is the lack of resourcing of HIV prevention activities; in part it is the result of the inexperience of teaching staff in dealing with issues of HIV and AIDS, and in part it reflects the unwillingness of schools, teachers, parents and others to address issues of sexuality.

- At the core of the problem of effectiveness of HIV prevention measures in schools is the issue of whether it is possible to influence the sexual behaviour of children through messages that are aimed at the individual while the acceptable set of community and peer values remain largely unchanged. The evidence, imperfect though it maybe, is that both tasks are required. The result is that while it is now widely accepted that educational establishments have a role in HIV prevention there is a wide gap between expectations and achievement in most countries. This situation is unlikely to improve, and if anything the forces at work that are reducing human resource capacity in schools are much more likely to exacerbate an already unsatisfactory situation.

Finally there are a set of issues which are being ignored in most countries, perhaps all countries in SSA. These include the following: -

- What are the effects of the losses of human resources generally throughout the economy and society having on the demands facing the educational sector? There is very little knowledge in all countries about the distribution of the epidemic in terms of its impact on skills and experience in both education and other sectors. We do know from some studies in some countries, eg. in Botswana and Zambia, that significant losses of skilled and professional staff are being experienced by the health sector due to HIV-related mortality. But it is not confined to health and the question arises as to what the educational sector can do both to meet its own demands for replacement teachers, administrators, etc. as well as meet the specific needs of other sectors. There is no evidence that any country has begun to address the human resource planning issues raised by the HIV epidemic, and whether or not there is capacity domestically or externally to meet the needs for critical skills and training. It is almost certain that countries will not be able to meet their core needs for specific skills and professionally qualified personnel, so how is some sort of "residual minimum" to be met?

- There are all of the systemic effects of the epidemic which are bound to have an impact on the performance of the educational sector. Again there is no evidence that educational systems are aware of the implications of the generalized effects of the epidemic on their own capacity to function. Yet the effects must already be

apparent in many countries and many educational establishments. As is increasingly recognized the epidemic erodes productive capacity across all sectors, both urban and rural, and this will affect the educational sector. It is completely unknown what the effects currently are on educational performance of such things as fewer health care workers, disruptions to banking and financial services and losses of transport capacity.

- **Finally 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.** These include such questions as the effects of fees on access to schooling, and the consequences that abolishing fees would have on the financial viability of schools and school systems. There is clear evidence that intensified poverty, in part the result of the erosion of the asset base of households and other pressures on current resources, has the effect of reducing school enrollment and attendance. Yet it appears still to be the aim of many governments, often supported by the World Bank, to shift to `fee for access' as a fundamental principle of school finance. A principle that makes no sense whatever given the constraints faced by families and communities. Overall what is the scale of the problems facing households and how best can these be provided for?

- So the whole issue of school funding and the increasing dependence of teachers on fees for payment of their salary needs urgently to be revisited by Governments and donors. Similarly with the macroeconomic financial issues where there is no quantitative information about the impact of the epidemic on overall costs of educational systems and what would be required for funding the structural changes that will need to be implemented. Thus what are the current costs of absenteeism? What are the probable costs of meeting insurance and other obligations to staff employed in the educational sector? What costs will be entailed in trying to replace staff who are sick or die, and how will these be met? What are the budgetary and other needs that will be entailed if the educational sector is to meet its obligations?

To conclude:

- **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 all countries in SSA then the HIV epidemic will worsen the performance of an already under-performing sector.**

- **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.

- **One of the key issues is how to energise Governments and MOE so that they understand the issues and develop effective and relevant policies and programmes. It seems highly unlikely that this will happen without substantial external assistance.**

2. DISSENTING VOICES

Given the paucity of information about the situation in SSA it would be unsurprising if there did not exist alternative perspectives and different interpretations of the problem. But these are perhaps more apparent than real and it is possible to reconcile conflicting interpretations of the data.

There are 3 main elements in the alternative perspective.

Demographic-based modeling of supply and demand

- World Bank projections of the primary school age population and of projected teacher mortality in 4 African countries [Zimbabwe, Zambia, Kenya and Uganda] leads to the tentative conclusion that, "The change in the number of teachers needed is greater than the change in the availability of teachers" [World Bank, 2000]. But as the Bank notes, "The demand and supply analysis used is meant to be indicative and should be used cautiously. It does not consider other impacts of the epidemic on teacher supply., notably absenteeism, ...equally it does not quantify other impacts of the epidemic on the demand for educational services, eg. the ability of HIV-affected households to pay for schooling," and meet related costs [such as school uniforms, books etc]..

- There are all sorts of demographic issues and aggregation problems in making these projections anyway and a good deal of uncertainty must attach to the underlying results. But even so the picture presented by the Bank is extremely gloomy: reductions of the primary age school population by 2010 of 24% [Zimbabwe], 20% [Zambia], 14% [Kenya], 12% [Uganda]. The losses of teachers due to AIDS between 2000 and 2010 for the same countries is estimated annually at 2.1 %, 1.7%, 1.4% and 0..5% which are cumulatively very large losses indeed. As for orphans the growth in numbers is striking; again for the same 4 countries for the period until 2010 the increase in those aged 0-14 is 25%, 19%, 17% and 5%.

- So the balance between demand and supply looks in principle as if they favour supply [the fall in teachers is less than the decline in primary school children]. However, these projections are agreed by the Bank as incomplete for reasons noted above. In the real world, unlike that of the demographic modelers, there is immense

diversity, and it is precisely the variance in situation that needs to be addressed by policy makers. Thus information is needed on the balance between capacity and educational demand within different districts, between private and public provision, in the alternative levels of education [primary, secondary and tertiary], and across different disciplines. Only once this and other data are available will it be possible to reach conclusions on the balance between teacher supply and student demand in any meaningful sense. At the present we are a very long way from being able to reach any definitive conclusions.

Disaggregation - results from a Bostwana HIV and education impact study

- The preliminary results of a small scale study for Botswana [Bennell et.al., 2000] suggests that the situation is more complex and that disaggregation of data generates a different situation from that presented above. Bennell et al looked at alternative sources to derive estimates of teacher mortality and came up with very surprising results. Note that these estimates are not the result of applying general HIV prevalence rates to teacher populations but come from other sources [such as the records of the Medical Aid Scheme for public servants]. What they found is that mortality rates are very different between types of school [teacher qualifications/pay] and gender. Furthermore MRs may actually be falling which is quite the opposite of what others have projected for Botswana overall.

- The reasons for what is observed in Botswana are rather unclear since they seem not to conform to other demographic modeling of the epidemic by AN Associates. What seems to be important is access to good medical care and this is reflected in differential mortality between those covered by medical aid and those not [with only 50% of primary teachers mainly women covered, and 75% of secondary teachers mainly men enrolled]. So a mix of better nutrition, social support, access to generic drugs for environmental illnesses such as TB, and ARV drugs, must be part of the explanation of both lower overall mortality rates and differential gender mortality rates [reflected in higher female primary school mortality where women are more important in the labour force].

- What the Botswana study suggests is a need for more detailed analysis of the issues that moves the discussion away from generalities to more complex understanding of the situation. It is evident that the epidemic will vary in its effects depending on many factors. These include factors such as urban and rural location of schools, the age and gender of the labour force, access to quality health care and social support, internal arrangements for absenteeism cover, and so on. Including the presence or absence of effective programmes that support families and children affected by H1V and AIDS [which Botswana it is reported has in existence].

Crucially the Botswana case raises the question of public policy choices in other

countries where it may be necessary to ensure that there is differential access to ARV therapy and related services in order to ensure that key staff remain productive. This is a very contentious issue, but it requires an open discussion if there is to be forward movement. At the present time in many countries in SSA there are individuals with privileged access to ARV treatment often under government subsidized conditions. The question is should this continue to be the case given that there has been no openness in respect to the differential access that is currently being provided.

Have there been sustained changes in sexual behaviour?

- This is one of the great unknowns in the situational analysis of the epidemic in almost all countries in SSA. What seems to be the case in at least Uganda and Senegal is that new HIV infections among young people seem to have fallen [at least in some areas]. The precise reasons for this are unclear, and indeed this issue needs to be the focus of behavioural research so as to untangle what are the causal factors. One aspect of these developments is what is happening to HIV incidence in countries disaggregated by social and occupational group. But here again there is more or less ignorance of trends in HIV infection and guesses have perforce to be made both about the past and about the present.

- Why is this relevant to the present discussion? In so far as there is evidence of HIV prevalence by social and occupational class it suggests that it increases with educational level. But such data are very partial and do not really permit generalization to larger population groups. It may also be very dated and not provide a good indication of recent sexual behaviour amongst the better educated in Africa. It may be the case that the better educated [including teachers] have heeded the prevention messages of the past decade or more and have observed the consequences of not doing so. In which case the predicted mortality amongst the better educated and more professional may well turn out to be much lower than that projected by applying general rates of mortality to this social group.

- If this is so then the predicted erosion of human resources generally for these countries will be lower, as well as mortality specific to the educational sector. But the evidence is missing that would permit some identification of trends in the incidence of HIV disaggregated by occupation and educational attainment, and in the absence of these data one perforce has to accept the second best which are estimates derived from the application of overall mortality rates to specific population sub-groups. i

- Hence one is forced back to the projections based on demographic modeling of teacher mortality and estimates of changes in school age population. The latter is probably more accurate than the former although we just do not know what is the real situation in different African countries. What this analysis supports is the

need for better HIV prevalence data that generates more policy related information as well as improved sources of other data [eg. insurance and medical aid society records, better personnel records in both the private and state sectors, and so on]. Until we have this data on teacher and other staff morbidity and mortality policy makers will necessarily have to manage with information which may contain significant errors both in the aggregate and in the detail. This is not a sustainable state of affairs since deficiencies of data will make it impossible to design and implement relevant and effective policies and programmes to address the problems facing education.

3. WHAT ARE THE STRATEGIC POLICY AND PROGRAMME OPTIONS?

This could become a long and unending list of "things to do" but it seems best to set out what seem to be the critical next steps in the form of a set of propositions, and avoid any lengthy discourse.

Propositions

1. Partnership

- There are very clear and evident limits to what the state can achieve in the response to the epidemic. In part this reflects the nature of the problems to be addressed where there the state is often unable to grapple with the issues and has no special expertise to bring to bear on the problems [eg. in many aspects of sexual behaviour change]. In part it reflects the accepted fact that in many African countries the state has little effective outreach, and this is mirrored in the relative impotence of many MOE. In part it reflects the fact that sustaining an effective educational sector must entail a partnership between the state, religious organizations, NGOs and CBOs and the private business sector. **So while it may be somewhat trite it is nevertheless realistic to conclude that relevant policies and programmes must entail a partnership between all of the interested partners.**

- While partnership has to be the way forward it is far from clear that this is widely accepted nor is it generally understood what this means in practice. It means bringing into the effective response not only the organizations noted above but also crucially teachers and their institutions [trade unions and professional associations], parents and grandparents [including PTAs], and students. **Now it is evident that a mobilization of these varied interests both to sustain educational establishments in the face of the epidemic and to engage in effective prevention and support activities will have to be localized. It follows that the second main proposition entails a reduced role for the center in the** policy and programme response to the epidemic and a decentralization of efforts to other local levels.

2. Institutional Structure and Policy Framework

- Accepting a reduced role for Government and MOE does NOT mean no role for state organizations. Indeed an effective mobilization and localization of response requires a very active and positive role for MOE and other government departments [such as those involved with the welfare and support of families and children]. It is, therefore, critical that all relevant ministries integrate HIV and AIDS in their core activities both at central and local levels, and that financial and other support be provided to make this possible. Within this framework MOE have critical functions to perform, including educational planning, resourcing of activities and mobilization of partners.

- What Governments have to understand is the reality that they alone can achieve relatively little and that partnership has to be the way to an effective and relevant response. But there are 2 crucial contributions that Government can and must make. These include leadership, which goes beyond rhetoric to include management performance, and it also includes establishing an enabling environment. These have been the 2 main distinguishing characteristics of the Uganda experience which marks it out as the only country in Africa where the incidence of new HIV infections have fallen sharply.

- An effective response to the epidemic has to include making it possible for people to openly talk about the issues. This is again one of the main lessons to be learned from Uganda. Government has the task of facilitating an open dialogue and discussion about issues that are difficult but which require an environment which is supportive. In most countries in SSA these conditions are not present and have to be created. Thus teachers need to feel that they will be supported by Government and communities in their attempts to address HIV prevention within schools. They also need to have in place policies and programmes so that they can address their own HIV infection, and that of colleagues and family, through access to health and pschyo-social support. Currently both the policy framework and programme support for those infected and affected within educational systems is largely absent and needs to be developed. It follows that developing a policy framework through consultative processes and ensuring that it becomes the basis of policy is the essential first step in meeting the challenge to educational systems.

3. Applied Research

- It is evident that too little research in SSA arises from expressed needs of policy

makers and yet to be useful it has to feed into the development of policy and programmes. The issue is not whether research on HIV and Education is necessary but rather what research is most needed at this stage of the epidemic. This will vary from country to country given that countries are at different points in the epidemic cycle and given that they are responding differentially. Research needs to be timely, relevant to needs of policy users and undertaken in ways that are participative. It cannot be said that these criteria are always heeded with the result that much research has low value and is often ignored. **It follows that establishing a research programme that is intended to generate information useful for policy and programme development is an important task of Government and its partners.**

- Where in this spectrum of useful research do studies of impact on the education sector come? It is clear that impact studies have very limited degrees of value and this needs to be understood from the outset. Their primary role is as an advocacy tool - to generate awareness amongst policy makers and practitioners of the scale of the problem facing the educational sector. Doing so in ways that shift the focus away from issues of HIV prevention to other systemic issues of the kind noted above. **It follows that countries may need to undertake rapid assessments of the systemic effects of the epidemic on educational systems as a means to generating the desired policy response to the epidemic.**

- Having undertaken an Impact Study and absorbed its conclusions in terms of policy what is then required by way of research is a detailed evaluation of structures, regulations, training processes and personnel arrangements, and organizational capacity and performance. **In other words what is needed is hands-on research of an intensely practical kind to establish what is happening to educational organizations at all levels, with the aim of generating the information needed to bring organizational structures into balance with the new situation facing education. This process would also evaluate existing managerial capacity to undertake the required policy and programme reforms that are needed.**

- As noted above there are many problems relating to the needs of children and parents, and in addition those relating to the changed needs of the users of human resources. Virtually no research has been undertaken on these matters. Yet it is vital that the changing needs of clients, whether these are those of children and parents or users of specific skilled and trained human resources economy-wide, be responded to by the education sector. **Identifying through rapid research the changing needs of clients, of children and families especially, is critical if the educational sector is to meet its core functions. Such research should go beyond information collection and should identify appropriate policies and programmes. It should also indicate what is the capacity development needed to make these feasible options and how this would be achieved.**

4. Programme Development

The HIV epidemic requires a re-evaluation of most aspects of policy and of programmes so as to ensure that these are consistent with the changed conditions. It is clear that this re-assessment has not been undertaken in most countries and it is urgent that this situation be remedied. But there are clear explanations for the

present state of affairs: in part it arises from a lack of awareness of the issues raised for policy and programmes by the epidemic, and the above recommendations are intended to change the underlying awareness of Government and others. In part if reflects the capacity constraints and management failures of many organizations who are involved in education. This is a much more intractable problem but it is one which is at the center of an effective response to the epidemic. **It follows that what is needed as a first step are capacity assessments that identify the constraints facing the educational sector - including human and financial constraints and fully taking into account the ongoing erosion of capacity caused by the HIV epidemic.**

Once the various parts of the solution are in place, as noted above, then what will be needed is sustained technical support to the educational sector - not just to Government and not just to central organizations - that will enable countries to carry through the changes needed for an effective response. This, as well as other activities identified here, are appropriate and essential roles for donors. **If the educational sector is to change what it does and how it does it, in ways consistent with a functioning and effective programme, then there will be a need for sustained financial and technical support from donors over the medium term.** The Annex sets out some of the possible ways in which donors can assist countries in taking forward their response to the epidemic through improved technical and other support.

As noted above there exists no coherent and systematic estimate of the financial costs facing the educational sector caused directly and indirectly by the HIV epidemic. It is clear that many households and communities and facing immense stress largely brought on by their experience of HIV and AIDS. It is also clear that policies are slow in responding to the new challenges and the whole basis of the financing of education needs to be revisited. **Inevitably a restructuring of education to meet the changed conditions of both supply and demand will entail significant additional financial resources, and steps need now to be taken to look at existing levels of finance and to bring these into alignment with projected needs.**
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But there is an important role for organic change and adjustment that of its nature will not flow from decisions taken from the outside, eg. by Government. This is indeed desirable if communities are to establish ownership for and responsibility for their own educational provision. But what will be needed for this to happen is a supportive enabling environment together with decentralized funding so that local enterprise and initiative can play its full role. **Supporting local structures and shifting the locus of responsibility to those most affected has to be seen as the way forward, with the state providing the appropriate policy framework and within its own constraints the required flow of financial resources.** I

CONCLUSIONS

These can be very brief: the challenge facing educational systems are complex and far from easy to resolve. If the problem was straightforward and on a small scale then countries would have made some progress before now. The fact that in general they have not put in place relevant and effective responses reflects both the resource constraints that all countries in SSA currently face and the intractable nature of the problem. There are no easy solutions, and there are no easily transferable lessons from elsewhere in Africa. To a degree countries will have to find their own way forward by a process of trial and error. But there is some experience to build on and this does need to be utilized. It is also true, and an accepted policy rule, that it is preferable to address a problem in its early stages rather than wait until pressures overwhelm systems. Africa has still the opportunity to put in place solutions, maybe partial ones at best, but ones that will in time make a difference. It is in the interests of everyone - donors included- that effective responses be started now.

Professor Desmond Cohen
October, 2000.

SELECT BIBLIOGRAPHY

The documents cited above are all relevant to the issue of the impact of HIV on the Education sector and are available from IIEP/UNESCO. The following deal with related matters and are all accessible electronically.

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Responding to the Socio-Economic Impact of the HIV Epidemic in sub-Saharan Africa: Why a Systems Approach is Needed by Desmond Cohen [Working Paper, UNDP, 1999]; www.undp.org/hiv

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Strengthening National Capacity for HIV/AIDS Strategic Planning by Desmond Cohen [UNDP Issues Paper 26, NY 1998]; www.undp.org/hiv

Human Capital and the HIV Epidemic: A Discussion and a Proposal by Desmond Cohen; www.hivdev.org.uk

ANNEX

The Role of Technical Cooperation in Responding to the Impact of HIV on Education Systems: a Discussion

There is great experience with technical cooperation in sub-Saharan Africa and this needs to be brought to bear on the issue of sustaining an effective response to the epidemic. Unfortunately so far in the response to the epidemic the lessons of effective technical cooperation have not been utilized. In part this is because the epidemic has been seen essentially as a matter of public health, and not one of social and economic development. It follows that the result of this mis-defining of the problem has been a preference for over simplistic solutions that have relied extensively on external experts, and on the use of "interventions" as the core instrument for solving problems.

This is in contrast to the emerging "praxis" of development which has emphasized approaches to problem solving that are participative, using local rather than external knowledge as far as feasible, and emphasising capacity development as the main instrument for ensuring sustainability and relevance. It is these core lessons of effective technical cooperation that need to be applied in the response to the impact of HIV on education in SSA.

What would this mean for a donor interested in sustaining the educational sector in SSA? It would mean more "roundabout" approaches to problem solving that did not attempt to apply externally determined solutions to the problems faced by the sector. This requires a more long term view both of the problems and of the technical support that will be provided if there are to be sustained and effective programmes. On the part of donors this may entail re-thinking technical cooperation modalities and objectives since what is required are outputs that are not easily measurable and identifiable. As noted above the core instrument for support is capacity development - strengthening and sustaining capacity at all levels and in many types of organizations so that they are better able to undertake their task. For a review of issues relating to Capacity Development see

Evaluating HIV and AIDS: Why Capacity Development is Central to Assessing Performance on www.hivdev.org.uk

The first step in the process is understanding that the lessons of effective technical cooperation need to be applied to the response to the epidemic. Step 2 is to realize that the problems are complex and require complex analysis and relevant information. Step 3 is to engage in a dialogue with all of the partners who have roles to play in seeking an effective solution to a set of problems that are in their nature developmental. Step 4 is to understand that the key task facing the donor is to undertake capacity development as the key instrument for achieving sustained outputs. Step 5 is the realization that capacity development depends on partnership and on sustained support to organizations that are part of the response to the epidemic. Mobilising local responses through capacity development becomes the way to significantly enhance both the quanitity and quality of the resources that are brought to bear on the issues.

Example One

To provide an example of what might be done by way of technical cooperation. It is generally agreed that MOE do not have either the managerial capacity or the resources to address the problems that are part of their remit caused by the epidemic. An analysis of what the issues are has been set out above. There is little to be gained in simply assuming that MOE have the capacity to undertake the tasks that are needed given that most Ministries are under performing presently and that their capacity is being undermined by the effects of the HIV epidemic. It follows that what MOE need is sustained technical support with the aim of strengthening their capacity to respond to the organizational challenges of the epidemic.

Once this is accepted then the question is how best to supply this support to MOE. There is no easy answer and no one way to do this. But attempts have to be made since the problems will get worse the longer a start is made. One obvious way forward is through a mix of resident advisors and teams of specialists who would see their task as strengthening local capacity and helping to move forward priority areas of policy and programme development. Their task is NOT to take over responsibilities from others in MOE and in other partner organisations but to facilitate local processes and help with inter-country learning of what is effective.

Establishing a coordinated task force which is a mix of resident and regular external expertise [as far as possible from the region] is one possible modality which offers the advantage of sustained problem solving support for organizations that do not presently have the capacity to effectively respond. Without such a modality and process it is hard to see how much if anything will happen in terms of action to maintain educational capacity and performance in Africa.

Example Two

All of the estimates of the impact of the epidemic support the proposition that there will be large-scale reductions in human capital, with significant effects on the capacity of a wide range of institutions. No one knows how great the impact will in fact be but everyone is agreed that

schools, tertiary colleges and public administration will suffer major losses of capacity due to illness and death of personnel. The impact will, of course, not be confined to staff losses but will have consequences for the overall ability of the educational sector to function. Including a capacity to identify problems and respond to these through appropriate policies and programmes.

If this is what can be expected to happen then what can be done to ameliorate the effects on African populations and especially on children? A central proposition is that educational establishments need to be provided with the human and other resources that are needed to undertake their core tasks, ie. to educate children, and to meet the needs of the society and economy for trained human resources.

Now there exist in very great numbers in developed countries human resources which embody very valuable skills and experience. These include many who are recently retired and many of whom took early retirement in their 50s. These constitute a huge untapped supply of qualified and experienced resources, and many of them are former teachers, educational planners, and administrators. There is no doubt that this pool of retired professionals represents an important resource for Africa and what is needed are mechanisms for their recruitment and their support. Certainly in present conditions it must be sensible and cost effective to recruit from this existing pool to meet the emerging and deepening human resource crisis in many African countries.

There exist organizations in many countries that on a small scale are already drawing on the pool of professional resources for development assistance [such as VSO in UK]. But so far the assistance provided through these organisations is still very small and can be greatly expanded provided donors support their activities appropriately. There can be no doubt that this mechanism does represent a real opportunity for meeting some of the emergency needs of countries who are facing very, very difficult problems of sustaining their educational sector.