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USING THE EDUCATION SECTOR TO COMBAT THE HIV/AIDS PANDEMIC IN WEST AFRICA

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Table of Contents

1. Introduction…………………………………………. 1

2. Method……………………………………………… 2

3. Education Systems in West Africa…………………. 2

4. Prevalence of HIV/AIDS in Education Sectors……… 3

5. Impact of HIV/AIDS on the Education Sectors………… 5

   5.1 HIV/AIDS Inhibits Schooling for Children……… 5

   5.2 HIV/AIDS Inhibits Quality Improvement……….. 7

6. The Role of the Education Sectors to HIV/AIDS Campaign…. 9

7. Specific Response to HIV/AIDS menace in the Education Sectors…………………………………… 13

   7.1 Coordination…………………………………. 14

   7.2 Local Fund Mobilization…………………….. 16

   7.3 Education on HIV/AIDS ………………. 17

   7.4 Integration of HIV/AIDS Information into School Curriculum…………………………….. 17

   7.5 Other specific Activities……………………….. 17

   7.6 International Donor Support for Response to HIV/AIDS…………………………….. 20

8. Obstacles in the way of National Responses……….. 21

9. The Way Forward…………………………………. … 25

USING THE EDUCATION SECTOR TO COMBAT THE HIV/AIDS PANDEMIC IN WEST AFRICA

I. INTRODUCTION

Sub-Saharan Africa is very hard-hit by HIV/AIDS with disastrous consequences. Almost two-thirds of all HIV positive persons in the world are in sub-Saharan Africa, the home of only eleven percent of the world's population. The countries of West Africa are not among the worst hit but the prevalence rate of the epidemic in these countries is, nonetheless, alarming. For example, in La Cote d'lvoire, which was estimated to have 10% of all the HIV/AIDS cases in the sub-region, there were as many as 700,000 cases in 1998. The prevalence rate was over 10% in 1999 . In Burkina Faso, Togo and Nigeria, the prevalence rates range between 5% and 10% while the other West African countries have rates that are below 5%. The projection is that the pandemic will remain a major health problem in the whole of Africa for the foreseeable future.

The general fragility of the economic, political and social systems of African nations has deprived the continent (especially the region south of the Sahara) of any meaningful socio-economic safety nets which could serve as reliable bulwark against the tragedy of the ever-increasing HIV/AIDS menace.

As a matter of fact, HIV/AIDS is not merely a disease or health issue. It is more of a developmental issue. Indeed, it has become increasingly obvious that the complexity of the HIV/AIDS epidemic can be addressed only through a developmental, holistic, coordinated and multi-sectoral approach.

In all the countries of West Africa, various inter-sectoral arrangements have been established to address the HIV/AIDS menace. The Ministries of Health and Education and the Departments of Social Welfare are appropriately oriented to serve this purpose. While the Ministries of Health and Department of Social Welfare focus on mitigating the problems of people who are already infected/affected by the HIV/AIDS, the Education sector is directing efforts towards awareness creation, which is critical for the prevention and control of the pandemic.

The extent of involvement of the education sectors in the West African sub-region in the campaign against HIV/AIDS is the focus of this paper. Information specific to the education sectors of West Africa is scarce and is more qualitative than quantitative. However, an attempt has been made to highlight how the sector is being used as a fortress against the rapid spread of the disease.

2. METHOD/APPROACH

Data for this paper came from (1) a review of various position papers presented at various conferences (thanks to SARA Project of USAID), published papers, web sites and news briefs, (2) information supplied by some ERNWACA chapters (educational researchers) in various countries, (3) various documents on HIV/AIDS collected by the UNESCO contact persons in the various countries, and (4) analysis of responses to questionnaires administered by UNESCO/Ghana to UNAIDS contact persons in all West African countries. Completed questionnaires were received from ten countries (namely, Benin, Burkina Faso, Cote d'Ivoire, Gambia, Ghana, Mali, Niger, Nigeria, Senegal and Togo) The responses to the questions, which provided mainly qualitative information, confirm the gravity of shortage of data specific to the education sectors in the sub-region.

3. EDUCATION SYSTEMS IN WEST AFRICA

The West African sub-region was colonized by two main colonial powers - France and Britain. The British and French Educational systems were, therefore, bequeathed to the various countries of the sub-region on the attainment of independence. At Independence, Basic Education was not considered a right for the child and was not meant for all children. In spite of series of attempts to adapt the systems to the educational needs of the individual countries, they remained essentially a colonial legacy and were very academic in orientation. The content of the curricula paid little attention to the study of problems and issues which had relevance to the individual and societal needs of the learners. Above all, education did not imbue schooling with problem-solving orientation and did not bring about integration of school and community life. Schools did not consider that societal problems were the business of the schools. The schools were

apparently blind to the fact that the children in the school today are the adult members of the society/community tomorrow.

By the late 1980s,therefore, it had become evident in both the Anglophone and Francophone West African countries that something serious had to be done with their education systems. Governments had belatedly realized that the provision and growth of quality education is directly linked to positive economic development, poverty reduction and improved health conditions. Reforms in the education sectors of West Africa were consequently started.

The focus of the reforms in education in almost all the countries was to increase access and also improve equity, quality and relevance in educational provision and delivery. With hindsight and confronted by the reality of the HIV/AIDS menace of today, one is apt to conclude that the initiation of the reforms was just timely. This is because, according to Badcock-Walter and Man (1999), there is a demonstrable relationship between high rates of participation in education and reduced levels of HIV/AIDS infection. However, in spite of a decade or more of the introduction of reforms, nine out of fifteen countries ,namely: Burkina Faso, Cote d'lvoire, Guinea, Guinea Bissau, Liberia, Mali, Niger, Senegal and Sierra Leone, still have more than 30% of their primary school aged children out of school. At the same time, educational quality has not shown any significant improvement. The question of equity in most countries appears to be worsening as new dimensions of inequity emerging from the HIV/AIDS menace enter the education scene. One could therefore wish to find out the relationship between the performance of the education sectors and the prevalence rates of the pandemic.

4. PREVALENCE OF HIV/AIDS IN EDUCATION SECTORS

Neither literature review nor the situational reports from the West African states have definite figures on the prevalence rate of HIV/AIDS in their respective education sectors. It is therefore not possible to state with certainty the number of learners, teachers and other workers in the sector who have been killed or have been infected by the disease. Data is not available because, for a long time, the pandemic was not viewed beyond the

level of a common health problem. It is within this framework that the national prevalence rates rather than the rates for the education sector are presented in Table 2.

Table 2: HIV/AIDS Prevalence (Rate) for ECOWAS Countries

Country	1997 Rate	1999	
	Adults	Adults Rate	Children No.
Benin	2.06	2.78	3000
Burkina Faso	7.17	6.44	20000
Cote d'lvoire	10.06	10.76	32000
Gambia	2.24	4.16	520
Ghana	2.38	3.60	14000
Guinea	2.09	1.54	2700
Guinea Bissau	2.25	2.50	560
Liberia	3.65	2.80	2000
Mali	1.67	2.03	5000
Niger	1.45	1.35	3300
Nigeria	4.12	5.06	120000
Senegal	1.77	1.77	3300
Sierra Leone	3.17	2.99	3300
Togo	8.52	5.98	6300

Based on UNAIDS in the, Report on the Global HIV/AIDS Epidemic 'c', June 2000.

This situation about the scarcity of data specifically on the education sector may be corrected by the ED-SIDA initiative, developed by the World Bank very recently in response to the generally low level of readiness of the education systems to respond to, and actively participate in, HIV/AIDS prevention and mitigation programmes for the youth. The initiative targets West Africa. Under this initiative, background studies are scheduled to be conducted on (1) The demographic impact of HIV/AIDS on the education sector, (2) The impact at school level and (3) A review of current interventions. It is hoped that a model developed under the initiative for AIDS impact assessment on teachers will generate data that will fill the gap in information requirements.

It is possible, however, to do some amount of extrapolation from the national prevalence rates to have a vague idea of prevalence levels in the education sectors of the sub-region. About 90% of HIV/AIDS victims across the sub-region fall between the ages 15-49 (the high risk age range). This is the age range within which the majority of the human resources component of the education sector fall. It goes without saying that HIV/AIDS prevalence rate in the education sector of the various countries should directly related to the national prevalence rates in the age ranges where the education personnel, including the learners, are found.

5. IMPACT OF HIV/AIDS ON THE EDUCATION SECTORS

Ten parameters were identified by Kelly, (1999), as the ways in which HIV/AIDS can affect any education sector. He listed them as:

(1) demand for education .
(2) supply of education,
(3) availability of resources for education,
(4) clientele for education,
(5) process of education,
(6) content of education,
(7) role of education,
(8) organization of schools,
(9) planning and management of the education system and
(10) donor support for education.

In spite of the absence of impact assessment in the education sectors of West Africa, anecdotal evidence suggests that HIV/AIDS has effect on demand for education as well as supply and delivery of it.

5.1 HIV/AIDS Inhibits Schooling for Children

The demand side effect involves reduced admissions, declining enrolments and increased dropouts. These incidents could arise when parents/guardians become victims and are too ill to look after children in school, or require children to care for them at home or need to apply financial resources meant for school children to look after themselves. It

was noted that the disease is affecting people in the reproductive age group most. These are the people who have responsibility to look after their children in school. Their death as a result of HIV/AIDS left several children orphaned and virtually blocked the demand for education for such children.

In The Gambia, it was reported that AIDS killed 1400 in 1999. This had left 6076 children as orphans. Information has it that, by that year, the cumulative number of orphans as a result of AIDS in that small country was 9600. This scenario exists in virtually all the countries of West Africa and does affect the enrolment rate in schools. The reports did not touch on the number of school children that were killed by the disease. It is obvious, however, that a high level HIV infection among adolescents would likely include students among its victims.

A similar situation about orphans was reported in Sierra Leone. The increasing number of orphans and the result of children taking child responsibility for other children has greatly affected the availability of children going to school.

This state of affairs has implications for schooling. For example, while the government of Ghana, through the reform programme was doing everything necessary to increase access to basic education, it is on record that Gross Enrolment Ratio (GER) decreased from 79.3% to 76.5% between 1988 and 1997. Gross Admission Ratio (GAR) also decreased from 93% in 1990 to 85% in 1996.

Information available shows that, around the same period, Cote d'Ivoire had also achieved only 72% Enrolment Rate while Mali achieved as low as 50%. Benin had an impressive Enrolment Rate at the lower primary level in 1999 but attained only 40% at the upper primary.

It needs to be pointed out, however, that there is no hard evidence to conclude that these decreases and low rates were directly due to the HIV/AIDS impact.

West African states need also to be weary of the experiences of East and Southern African countries with respect to non-human resource materials for education. Funding for the education sector immediately comes to mind. Household resources for education are likely to diminish as medical expenditure increases and the productive capacities of

both the AIDS patients and the caregivers are lost. This is likely to result in a reduction of access to schooling.

5.2 HIV/AIDS Inhibits Quality Improvement

On the issue of supplying education, the availability of teachers, other personnel and material inputs into the education sector is crucial. Teachers, in particular, are potentially in the high-risk category of HIV infection. This is mainly because of their frequent transfers from school to school and from village to village. With their higher social prestige and possible higher disposable income in the rural areas, teachers tend to be more promiscuous and, for that matter, more responsible for the spread of the virus in the rural areas. This is one of reasons why repeated cases of rape of pupils by teachers should be viewed with horror.

In Cote d'lvoire, it was discovered that 69.41% of deaths of teachers in 1996/97was caused by AIDS. Similarly, 64.24% of primary school teachers in that year died of AIDS.. The result of an impact assessment in the country showed that between 1997 and 1999, 1.44% of children who should be in school were not in school because of the absence of teachers who had died of AIDS.

In almost all the countries of West Africa, UNAIDS provided information on the effect of the pandemic, particularly on teacher absenteeism and its effect on educational provision to school children (disadvantaged children).

Table 3: Disadvantage pupils as result of Loss of Teachers through AIDS

Country	Total No. Pupils	No. Disadvantaged
Benin	750,000	1800 (0.24%)
Burkina Faso	700 000	7400 (1.08%)
Cote d'lvoire	1.7 million	23 000 (1.35%)
Gambia	140 000	353 (0.25%)
Ghana	Not available	Not available
Guineas	650 000	1300 (0.2%)
Mali	780 000	2000 (0.22%
Niger	480 000	820 (1.7%)
Nigeria	14.8 million	85 000 0.51%)
Senegal	900 000	2000 (0.22%)
Sierra Leone	830 000	1900 (0.45%)
Togo		7300 (0.88%)

Based on UNAIDS/ECA (2000), Country by Country reports

Indeed, the experiences of Eastern and Southern Africa are enough to alert West Africa to the dangers posed by the pandemic to their education sectors. In Zambia for instance, 1300 teachers were reported to have died between January and October in 1998 when the number was only 400 in the previous year. It was reported that the 1300 who died that year constituted nearly 67% of new teacher production for the year. How long does it take to get to one's target of teacher sufficiency with such a move? This trend is a real threat to the survival of the education system itself. The trend seems to roll back gains made in the 1990s in increased quality in many African countries, particularly West Africa. Teacher quality and availability constitute the most important factor for determining quality of education. The rate of teacher wastage through AIDS is therefore an issue of serious concern.

Moreover, if the HIV/AIDS epidemic is allowed to degenerate into catastrophic levels, it is likely to attract away most of the resources of the nations as well as donor funding in a bid to counter the disaster. This will undoubtedly have a negative effect on education quality.

Other possible effects of HIV/AIDS on the education sectors of West Africa have been identified and include:

- Response to the special needs of a rapidly increasing number of orphans and children affected by AIDS.
- Adaptations to new interactions both within schools and between schools and communities.
- Curricula modifications
- Altered roles that have to be adopted by teachers and the education systems and
- Creation of traumatic conditions in educational institutions which affect both learners and educators.
- Diversion of attention to evolve responses to mitigate the effect of the epidemic on the education system for its survival.

6. THE ROLE OF THE EDUCATION SECTOR IN THE HIV/AIDS CAMPAIGN

> *We might say that our principal aim is to continue to provide education of quality to all those who wish to learn at a time when HIV/AIDS is killing children and educators, forcing learners out of school, compromising administrative procedures, and creating traumatic conditions in education institutions which affect learners and educators. That means putting HIV/AIDS at the core of thinking about and providing education.*

Carol Combe, Oct. 2000.

The relatively low current prevalence of infection in West Africa in comparison to other parts of sub-Saharan Africa provides opportunity and reason for intervening relatively early to control the spread of the pandemic.

Throughout the West African sub-region, the Health Sector was the first to initiate any actions against the HIV/AIDS epidemic. This was not unexpected as the problem was at first thought to be a purely health issue. The increasing incidence of HIV/AIDS among young people lent urgency to the need for effective HIV prevention programmes with focus on the adolescents. There followed a decade of school-based sporadic reactions to the epidemic, initiated from within and without the education sector. The attempts had produced very little results and the rate of HIV infection among learners and teachers continued to rise.

With time, the awareness dawned on the various education sectors that HIV/AIDS was as much their problem as that of the health sector.. The education sector has a responsibility to create an enabling environment to ensure an efficient and effective delivery of education services.

Yet it has been established also that the education sector represents a favourable ground for the spread of HIV/AIDS. First, adolescent sexuality has been found to be very high in West Africa and most of it is found in schools (Awusabo-Asare, et al, 1993. de Cock et al, 1991). This is evidenced in table 4 where the median ages at first birth by some cohort of women in some West African countries are presented. Early exposure to sexual activity exposes young women to the risks of sexually transmitted diseases, including HIV/AIDS.

Table 4: Median Age at First Birth by Cohort Based on Retrospective Reports From DHS

Country	20-24 Years	25-29 Years	30-34 Years	35-39 Years
Ghana	19.9	20.0	19.2	19.8
Liberia	18.5	19.0	19.4	19.8
Mali	18.4	19.0	18.6	19.1
Nigeria	19.7	19.6	19.0	19.0
Senegal	19.0	19.0	19.0	18.7
Togo	19.5	19.2	18.8	19.5

Source: Westoff, C.J. (1992)

Second, modern education exposes learners to different value systems. Third the school environment enables adolescents to interact more with partners of the opposite sex. These tend to make schools high risk areas for HIV/AIDS and the learners a target group.

Studies have shown that interventions that target core groups are the most effective and are likely to produce higher impact. The sector must therefore serve as the first line of attack against HIV/AIDS at least, for the youth.

The results of a survey conducted by Kannae and Anarfi (1999) showed the school as the most important source of information about HIV/AIDS to respondents.
This gives the education sector the advantage of having the strongest tool for minimizing the spread of HIV/AIDS. The Education Sector can use HIV/AIDS information to establish conditions that render the transmission of the disease less likely. It could thus provide for such HIV/AIDS transmission reduction factors as poverty reduction, personal empowerment (especially women), gender equity, reduction in the scale of prostitution and reduction in the dependence of women on men.

Given the importance of education as a transformative force in social and economic terms, the education systems constitute the primary site for containment or disaster and that the disfunctioning and even collapse of the systems, together with related social instability, may eventually prove to be directly associated with the explosion of the HIV/AIDS pandemic in Sub-Saharan Africa.

Badcock-Walters and Whiteside,

HIV/AIDS is a killer disease. The only antidote is to avoid infection. This is achievable only through awareness creation and a change in attitudes and behaviour of people.
One cannot agree more with Siame (1998) that in the absence of curative drugs and prophylactic vaccines, the only way currently available for dealing with HIV/AIDS on a large scale is through developing appropriate standards of behaviour with information being translated into behaviours that promote a healthy state of mind, body and spirit.

Attitudinal and behavioural changes are, however, generally not easy and demand a great deal of strong will and well programmed education schemes. The education sectors of the various countries are therefore best positioned to undertake the challenge of assisting people, especially their personnel, to effect changes in their attitudes and behaviours. Indeed, education plays a traditional role as provider of the means for the development of responsible and relevant affective characteristics, including behaviours and attitudes.

Attitudinal and behavioural changes are usually facilitated by availability of adequate relevant information. Relevance in this context is seen in the extent to which it motivates the target group to get attracted to the desired mentality and behaviour patterns.
Analysis of HIV/AIDS situations in some countries has revealed that knowledge of HIV/AIDS is almost universal but risk perceptions and behaviour changes are quite low. It has also revealed that there are a number of misconceptions held by pupils, students and even adults on the epidemiology of the infection. These need to be corrected through intensified education. For example, many people tend to associate HIV infection solely with promiscuity. As a result, even where there may be no overt discrimination against them, HIV positive individuals may yet experience subtle forms of prejudice and ostracisation. The big issue should be how to give the right information and change public perception and attitude towards HIV positive people.

Parents and churches abhor the notion of introducing sex education into schools for young people for fear of negatively impacting on their morality. But it must be provided. Some pupils/students still consider the HIV/AIDS menace as a very distant phenomenon, meant for only a category of people or professionals. There are also those who get over-

confident and sometimes careless and reckless with the use of condom, irrespective of the quality of the brand they possess. They refuse to accept the fact that no artificial device has a 100% safety guarantee. Most people erroneously tend to put the same level of confidence three measures of protection – abstinence, fidelity and condom usage.

A survey conducted by the Ghana Education Sector HIV/AIDS Task Force came out with the following results on the perceptions and attitudes of people towards the disease:

- Attitude of respondents towards those infected is generally unhealthy and unsympathetic.
- It is generally perceived that those who get infected had committed sexual crimes for which they get their deserved punishment.
- Some people, especially the youth, believe that they are not at risk either because they each stick to one partner, take precautions, have very healthy partners, or the disease has not yet reached their areas or does not attack everybody.
- Some people think that it is only people who travel out of the country who can get infected. Such people believe that the virus is out there only in other countries.
- People have low knowledge about the sources of infection but high awareness level that AIDS is a killer disease.
- Many people, including females, have general dislike for the use of condom.

Appropriate behavioural change of children in school, one may say, should be considered as the surest means for making a critical onslaught on the spread of the HIV/AIDS menace. It introduces pupils/students to the realities of the diseases. Unfortunately, though there are indications that information, education and communication (IEC) techniques are extensively employed in all the ECOWAS countries, awareness among children is reported to be still low in some countries of the sub-region. The situation is shown in Table 5 below. The situation is reported to be worse in the higher institutions. According to a survey conducted by Kelly, information, education and communication efforts on HIV/AIDS in higher institutions are inadequate, occurring only at the students' initial period of entry into the institution.

Table 5 : HIV/AIDS Awareness in some ECOWAS Countries

Country	Awareness Level
Benin	Low – Risk behaviour encouraged by disruption of social values as a result of modernization.
Burkina Faso	No indication provided
Gambia	Low – AIDS attributed to witchcraft
Ghana	High – AIDS known to be a killer with no cure
Cote d'lvoire	High – Danger of AIDS well known and prevention methods also known.
Mali	No indication
Niger	No indication
Senegal	Low though serious IEC efforts being made.
Togo	High – particularly high in urban areas. Protection measures known to many
Nigeria	High, danger of AIDS known as well as prevention method

Source: Responses from questionnaires

To a large extent, the level of awareness is determined by the quality of the IEC techniques being employed. This brings to mind the need to ensure accuracy and relevance in the information that is passed on to pupils/students. For example, students need to know that sexually transmitted infections and tuberculosis are inextricably linked to the HIV. They need to know also that, the risk of HIV infection is increased by up to 40 times by the presence of another sexually transmitted disease (Badcock-Walters and Whiteside). This means that the development of HIV thrives better in the presence of unattended STDs. Needless to say that STD infections should be reported as soon as they are detected.

7. SPECIFIC RESPONSES TO THE HIV/AIDS MENACE IN THE EDUCATION SECTORS

Most West African countries discovered HIV/AIDS in their countries in 1986. Attempts were initiated to prevent the spread in all countries but these earlier preventive and control efforts occurred only in the health sectors. The Ministries of Health did the planning and execution of those attempts. It was not until after 1998 that multi-sectoral approaches began to be adopted. This was particularly so after the September 1999 meeting on Regional Collaboration to strengthen HIV/AIDS Response in West and

Central Africa. However, even before 1998, a number NGOs had already entered the scene and introduced various interventions.

Generally, the responses of the various countries have many elements in common thus emphasizing the fact that education has a specific role, no matter where it is being used as a platform for an attack on the pandemic. The responses range from the setting up of appropriate structures, developing strategic plans, training of personnel for use in the field and sometimes undertaking researches to the specifics of using IEC techniques and encouraging pupil/student activism in the campaign.

7.1 Coordination

The effectiveness of the education sector's role in the fight against HIV/AIDS depends, to a large extent, on proper planning and co ordination. This is particularly important in the face of scarce resources and competing demands.

Data from the questionnaires indicate that nine out of ten countries have set up national committees/commissions to coordinate and supervise the activities against the AIDS epidemic. The only country yet to set up a high profile national committee on HIV/AIDS out of the ten on which information is available, is Mali. However the process for establishing one is underway.

The National Commission on HIV/AIDS in Ghana is directly under the chairmanship of the President of the Republic. Additionally, a forum is periodically arranged for all Ministers to meet at a Cabinet Retreat on HIV/AIDS. The education sector has its own sectoral committee as a working group of the National Commission for coordinating the activities within the sector. All ten regions and the 110 districts have HIV/AIDS Coordinating Committees of the education sector.

Nigeria has also set up coordinating committees at state and local government levels.

Table 6 : Structure of HIV/AIDS Coordination in some ECOWAS Countries

Country	Structure
Benin	A presidential national Commission in place but is inactive
Burkina Faso	National Commission exists; Steering Committee in each department is also at planning stage.
Cote d'lvoire	Presidential National Commission in place. Education sector has its own Coordinating Committee.
Gambia	National Presidential Commission in place. No specific committee for education sector.
Ghana	National Presidential Commission in place. Educational sector has its own coordinating committee.
Mali	No national or education sector committees. National committee in process of being created.
Niger	National Presidential Committee in place. Education sector committee also in place
Senegal	National Committee in place.
Togo	National Committee in place.
Nigeria	National Committee in place in addition to state and local committees.

The National Committee in Togo is still very much limited to the health sector and in Benin, the National Committee is reported to be inactive. Education sector based structures exist only in Cote d'lvoire and Ghana. These same countries with Togo, The Gambia and Burkina Faso have developed strategic plans while Benin and Niger are now in the process of preparing their own strategic plans. One can only hope that the process is hastened and that the other countries yet to develop their own will see the need soon enough. A strategic plan should indeed be considered a necessity. It serves as a regulatory mechanism for the sector's collective response to the epidemic, provides guidance and facilitates the coordination of actions and activities of other stakeholders towards achieving clearly defined HIV/AIDS prevention and control targets. The most desirable strategic plans should be those that place access to care at the heart of their national responses to HIV/AIDS.

Table 7: Availability of National Strategic Plans

_Country	Availability	Comment
Benin	Not available	Now being prepared
Burkina Faso	Available	It is however not a national plan.
Cote d'lvoire	Available	Have short-term and medium term plans.
Gambia	Available	Being properly used
Ghana	Available	A very comprehensive plan developed
Mali	Not Available	No indication
Niger	Not Available	Now being prepared
Nigeria	Available	With focus on education sector
Senegal	Not Available	No specific plan. General medical approach using IEC
Togo	Available	Very much health sector centred.

7.2 Local Fund Mobilization

Effective mobilization of resources especially funding, is critical for success in the implementation of anti-HIV/AIDS programmes. Unfortunately, education sectors in the sub-region have not yet succeeded in making budgetary allocations for AIDS programmes. However, the indication is that the governments of Togo, Burkina Faso and Cote d'lvoire make generous allocations to run the HIV/AIDS activities and programmes. The private sector is reported to be very supportive in Togo and this is very commendable. Attempts are being made in Ghana and The Gambia to establish national funds to support the activities of the HIV/AIDS committees.

Table 8: Funding HIV/AIDS Activities in some ECOWAS Countries

Country	Funding
Benin	Budgetary provisions made and has been increasing over the years. No National Fund.
Burkina Faso	Allocation made in Government budget regularly but not specific to education sector. No National Fund.
Cote d'lvoire	Government provides about 80% of funding for activities. No National Fund yet.
Gambia	General poor funding from Government Donor assistance prominent. National Fund in process.
Ghana	National Fund in process. Poor funding for education sector activities.
Mali	No National Fund. Poor funding by Government. Funding mainly by international assistance.
Niger	No National Fund. Funding up to $1039995 mentioned but source not identified.
Nigeria	Government allocates funds for activities so far, 4 billion naira has be allocated by Government.
Senegal	No information on funding
Togo	No National Fund but Government provides some funding. Private sector support also available.

The establishment of National Funds, specifically for HIV/AIDS activities, is a critical alternative worth considering by all countries. It may be true that West African countries have concerned and sympathetic partners as well as concerned NGOs ready to assist to finance HIV/AIDS activities. It is a welcomed assistance and is very much appreciated. But for the sake of sustainability and stability, it is desirable that the countries and people themselves should show commitment by evolving their own funding schemes to solve their problems.

7.3 Education on HIV/AIDS

Information, education and communication (IEC) techniques are used in all countries to create awareness and teach protection and prevention. The success of these interventions, however, depends on the professionalism with which they are implemented. Advocacy techniques have come to be seen as a very effective way of influencing the perceptions, feelings and decisions of targeted groups. Skills in advocacy and other areas are important requirements for all in the campaign against HIV/AIDS. Teachers, in particular, need training to acquire the skills necessary for the roles they are expected to play. It is significant to learn that some countries, notably Ghana, Cote d'lvoire, Niger and Benin organized training programmes for teachers. It should not be considered sufficient, however, to merely train the teachers but also to motivate them to do what they are trained to do.

7.4 Inclusion of HIV/AIDS Information in the School Curriculum

Most of the education sectors in West Africa have centralized school curricula which are very much examination oriented. Certificates are virtually worshipped in most developing countries, including West Africa. Indeed, very little attention is given by students, teachers and even parents to any parts or subject areas in the school curriculum that are not examinable. It is commendable that attempts are being made to integrate HIV/AIDS information into the school curriculum through such programmes as social studies, life skills and moral education in some countries, notably in Benin, Burkina Faso, Ghana,, Guinea, Niger Senegal and Togo. However, these attempts would be grossly

inadequate if the inclusion is not also incorporated into the assessment schemes of the schools.

7.5 Other Specific Activities

Other specific interventions introduced into the education sectors of West Africa include nationwide sero-surveys, organized competitions among pupils/students on various HIV/AIDS issues, school HIV/AIDS Clubs, seminars and workshops. All these are important tools for awareness creation. One wonders, however, whether it may not be a better idea to rename the anti-AIDS Clubs in view of the stigmatization of AIDS patients.

One other activity that needs to be mentioned is the HIV Sentinel Surveillance System introduced in some countries. A survey into the HIV/AIDS situation in Cote d'lvoire revealed that almost all the cases were identified after the virus had matured into the AIDS killer stage. It is normally too late at this stage to be of any real assistance to the patient. It is therefore desirable that people should test to know their status early.

There is however, a real problem in attracting volunteers for the test. It is not easy to bear the thought that one is going to die.. The fear, tension and anxiety that go with that kind of thought, after having tested HIV positive, is unbearable. This is made worse by the stigmatization that goes with HIV positive victims.

Many people including, perhaps some of us at this conference, prefer to remain ignorant of status and die when death comes rather than live with daily fear, tension and the disgrace that accompanies AIDS. Voluntary testing and counseling may prove effective in culturally liberated societies – where the social environment is informed. But where victims of HIV infection continue to be stigmatized, potential volunteers for testing prefer to hide in their shelves. The various HIV/AIDS Control Groups have a hard task ahead of them in this regard. They need seriously to address the following questions; How can voluntary testing be made more attractive and less frightening? How can people be convinced that early testing has any advantages which outweigh the certainty of knowing that one is on the path to death ? Above all, what is the need for knowing one's

status since there is no cure? Answers to these questions should form part of the content of HIV/AIDS education.

Two countries, Burkina Faso and Cote d'lvoire have reported an activity that deserves some comment. The national committees have declared a war on all traditional or cultural practices that carry an element of risk for HIV infection. Examples include female genital mutilation and tribal marks. This stance grants not only protection against HIV infection but also protection against infringement of the children's human rights. These efforts must be encouraged and emulated in all countries of the sub-region. Table 9 provides the summary of activities in various countries.

Table 9 : National HIV/AIDS Activities

Country	Activities
Benin	Awareness creation though IEC, Curriculum Review, Use of local structures, training of teachers and independent students actions.
Burkina Faso	Awareness creation through IEC, seminars & workshops, curriculum review, care for victims and orphans, school competitions, film shows and drama and fight against genital mutilation.
Cote d'lvoire	IEC techniques including seminars, posters, flyers, training of teachers, promotion of condom usage and fight against female genital mutilation.
Gambia	IEC techniques including use of posters and flyers and nation-wide sero-survey
Ghana	IEC techniques, Curriculum review, capacity building for teachers and AIDS district coordinators, policy development, the organization of cabinet Retreats on HIV/AIDS, promotion of AIDS Clubs in schools and Sentinel Surveillance.
Mali	IEC techniques, Interschool competitions, organize open days on AIDS.
Niger	IEC techniques, translated AIDS information materials into local languages, curriculum review, training of teachers, organize floats.
Nigeria	Sensitization workshops for students and teachers, Youth for a in schools, distribution of leaflets.
Senegal	IEC techniques with approach being mainly medical
Togo	IEC techniques with emphasis on advocacy, promotion of AIDS Clubs in schools and the promotion of active involvement of private companies.

The active private sector involvement in the anti-HIV/AIDS programmmes reported in Togo is certainly in the right spirit. HIV/AIDS is a wholesale killer and should be regarded as a national and transnational enemy and therefore demands the battle cry from everybody and every institution. I foresee the day when a state of emergency will be declared in some countries and most resources of the state harnessed to address the HIV/AIDS situation.

7.6 International Donor Support for Responses to HIV/AIDS

International agencies and NGOs have generally been very supportive of responses of the various West African countries to the HIV/AIDS menace. Country responses from the ten focal points gave the indication of active financial support from Development Partners, the UN agencies, international and national NGOs.

It is, however, observed that in spite of the fact that education is a key area for reaching the goal set out in the UN's Global Framework on HIV/AIDS, only a small portion of financial support for HIV/AIDS programmes are directed into the education sector. For example, the UNAIDS Unified Budget and Work-plan for the years 2000 –2001 allocated only 2.05% of the total budget for HIV/AIDS issues and programmes to the school-based AIDS area (UNESCO, 2001) Out of the seven co-sponsors of UNAIDS, only UNICEF, UNESCO and WHO made any allocations to the school-based activities. UNESCO's school-based AIDS programming ranks high in its prioritization of HIV/AIDS areas for support. For example, it has established an AIDS Education Resource Centre which collected educational materials related to HIV/AIDS education and decentralized these collections to its Harare and Dakar offices in 1998.

The indications are that UNICEF, the World Bank and UNESCO are the key agencies in the UN family which have been most consistent in directing support to school-based HIV/AIDS programmes Outside the UN family, USAID is also very much involved in HIV/AIDS interventions in the education sector.

One very important intervention in the HIV/AIDS programming is the FRESH initiative which was launched in Dakar at the World Education Forum. The aim of the initiative is to convince stakeholders in the education sector that health

contributes to the overall goals and purposes of the education sector, schools in particular. This aim is to be promoted by focusing resources on effective school health (FRESH).

The main focus of the FRESH initiative is to launch a major attack on HIV/AIDS because it is seen as a serious threat to the achievement of the goal of 'Education for All'. The goal demands the creation of an environment in schools and in basic education programmes in which children are both able and enabled to learn and be provided with good quality education.

A joint effort meeting was held by WHO, Education International (EI), UNESCO, UNICEF, World Bank and UNAIDS in pursuant of this aim. According to a very recent information, there was to be some further 'joint efforts programme' which were to include a lecture on teaching HIV/AIDS in the classroom, a workshop to build skills to use new WHO/EI Training and Resource Manual on school health/HIV/STI prevention, and 'resources for substance use prevention' among young people. The training manual was designed to build skills in teachers to educate them on infection prevention, using modern interactive teaching methods and advocacy for the implementation of effective school health and HIV prevention efforts.

8. OBSTACLES IN THE WAY OF NATIONAL RESPONSES

As hinted earlier, various governments of West Africa sought to bring the fast increasing HIV/AIDS prevalence under control for the past decade but have so far failed to make any serious headway. In most cases, this was due largely to the lack of strong political will to go all out to launch a counter offensive on the epidemic. In the end, the attempts at prevention and control tend to be only half-hearted and lack the political zeal it takes to mobilize a nation against a common enemy.

The anti-HIV/AIDS attempts by the various national and sectoral committees are usually confronted with a series of obstacles, including poor coordination, funding problems, hostile and uncooperative attitude of parents and religious groups, improper care for HIV/AIDS victims and the general poverty of the people of the sub-

region These problems shall be discussed in general, leaving out the country specifics.

It has been noted that appropriate structures have been put in place to co ordinate and supervise the various HIV/AIDS programmes. Unfortunately, some of the national and sectoral committees have proved very ineffective in performing their roles. This has led to ineffective planning and implementation of the interventions. Poor coordination at the national level affects the effectiveness of the education sector programmes.

Funding has been another major obstacle to all countries. The education sectors which are already saddled with the problems of sourcing for adequate funding to improve access and quality are the hardest hit. The fact is that the education sector budgets in most countries have no provision for HIV/AIDS education programmes. Whatever funding is available for the implementation of the various programmes is ad hoc and grossly inadequate. Responses from two countries gave the indication that since the establishment of their education sector committees with decentralized organs in all regions and districts, the education authorities have not made any funding available to them outside whatever funds they sourced from international agencies. These international agency funds were usually for specific interventions.
Insufficient funding of the programmes has made it extremely difficult to evolve effective schemes to reduce the impact of the epidemic on the victims and their dependants. The HIV Sentinel Surveillance system, for instance, is meaningless to most people unless something concrete is done to give hope back to those who tested positive to the virus. Ready access to AIDS generic drugs might help. Similarly, campaigns for safer sex makes it incumbent on the committees to make the facilities for safer sex readily accessible and at affordable prices. All these demand adequate funding which is difficult to achieve in most cases.

It has been mentioned in this paper that only a collective and holistic response to HIV/AIDS can make any real impact. Though the education sector interventions are

mostly school-based, they can hardly succeed without the support of parents and the community as a whole. However, as has already been stated, in some countries, parents and particularly religious bodies, are strongly opposed to the introduction of sex education into schools. They contend that innocent children are introduced to concepts which tend to contaminate their morality. Teachers and the education system as a whole are strongly criticized and resisted, sometimes violently, in their efforts to provide sex education. This is very unfortunate, for HIV/AIDS education can hardly be provided outside the domain of sex education.

There is also resistance from local communities, especially traditional leaders to the attempts by various HIV/AIDS committees to discourage some cultural practices which can lead to HIV infection. Community members, particularly school children, are educated on the risks involved in the continued adherence to these practices. In most cases, the traditional leaders, particularly the illiterates are strongly opposed to such attempts, which in their view, seek to dismantle their culture.

Although some stakeholders may consider some aspects of HIV/AIDS education unacceptable, there is likelihood of some consensus among them on certain key issues. For example, there could be consensus on the issue that students need protection from sexual abuse. Such consensus could be used as a starting-point for further consensus building on more controversial issues.

The truth about HIV/AIDS is that there is too little known about the disease to give any genuine sense of assurance of safety to any one. Can we not do a little more to get to know the disease? For instance, is it not possible to persuade AIDS patients to re-call their medical histories over a few years back, and see if they can remember some important clues about the nature of the disease in its early stages? This is an area in which the professionalism of researchers is most required. But, are educational researchers interested in an area that has been considered the preserve of medical research? Will there be funding should they show interest?

Misconceptions and negative attitudes of people towards AIDS patients is another serious obstacle, particularly, to the appeal for voluntary testing. Sometimes, the

manifestation of this negative attitude comes from the most unexpected sources. There was a reported case in Lagos, Nigeria, where a nurse took her employers to court for wrongful dismissal on account of her having tested HIV positive. The judge was reported to have ruled that the lady could not come into court for hearing unless she underwent a medical examination to confirm that her presence in court would not endanger the lives of other people in court. It is clear from this report that a lot of people, even the highly educated, for that matter, still think that AIDS is a contagious disease.

A summary of obstacles to the HIV/AIDS Programme in the various ECOWAS countries is presented in Table 10.

Table 10 : Obstacles to HIV/AIDS Programmes in ECOWAS Countries

Country	Obstacles
Benin	No proper coordination, uncooperative attitude of parents and churches, increasing numbers of pornographic videos, the stigma phenomenon.
Burkina Faso	Poverty of most of people, traditional permission for polygamy, female genital mutilation and tribal marking and high level of illiteracy, high school dropout rate.
Cote d'lvoire	Financial problems for AIDS Committees, uncooperative attitude of parents, resistance to sex education in schools, in-effective coordination, lack of care for AIDS victims, large number of orphans and the stigma phenomenon.
Gambia	General ignorance and poor funding.
Ghana	Poor funding, lack of education sector policy on sex education, general unemployment especially with of girls, Inadequate cooperation among units involved in campaign.
Mali	Scarcity of information and educational materials general apathy toward the epidemic, funding problems, high level of illiteracy.
Niger	Weak coordination at national level, funding problems, hostility from parents on sex education, general ignorance on HIV/AIDS, problems of orphans and some negative traditional beliefs.
Nigeria	Inadequate funding and inadequate supply of materials and equipment; under-staffing.
Senegal	Lack of training for teachers, no curriculum reviews, approach is too medical based.
Togo	Non-availability of AIDS generic drugs, lack of care for AIDS victims, lack of family life education or Life Skills in schools, inadequate information on HIV/AIDS.

9. THE WAY FORWARD

There is no doubt that the magnitude of the real threat of the HIV/AIDS pandemic has dawned on the governments and people of the sub-region. We in West Africa can only count ourselves lucky that we have the experiences of our brothers and sisters in Southern and Eastern Africa to learn from. The indications are that HIV/AIDS will remain as much unknown today as it was about a decade ago-unknown in terms of knowledge required to completely control the epidemic.

Despite this shortcoming, education has a long-term contribution to make to HIV/AIDS impact reduction. This is through

a) helping to reduce poverty and ignorance

b) helping to reduce discrimination and other iniquities against AIDS victims.

The immediate overall goal of the education sector in the fight against the epidemic should be to minimize the incidence and impact of HIV/AIDS among learners and education employees. The schools and the entire education sector can work the wonder of reducing the spread of HIV/AIDS by transforming pupils/students into individuals who are temperamentally immune against infection.

The focus of most interventions in the education sector is awareness creation : awareness of the dreadful nature of the disease, the sources of infection and how to develop protection against infection. This will, however, be grossly inadequate if it does not also seek to facilitate desirable behaviour change.

Until a cure for AIDS is found, success in HIV/AIDS programmes will be based on the ability to influence the behaviour of a large number of people through information, education and communication. The aim of IEC should be to promote safer sexual behaviour (more importantly, behaviour modifications). Unless this is achieved, IEC in HIV/AIDS will be of no value. It is found, however, that higher impact of IEC on HIV/AIDS, to a large extent, depends on increased social and behavioral research .

Findings from research should necessarily be disseminated to target groups. If the generality of the people constitute the target then public education becomes the aim for dissemination.

The goal for public education is to inform and mobilize. The two sides must be balanced. Mere information without mobilization is unproductive. Public education is most effective when specific audiences are targeted with tailored messages and information which address their specific concerns. This is particularly necessary in the fight against HIV/AIDS in the education sector as the sector is composed of vulnerable groups with varying risk levels The specific HIV infection facilitating factors for each risk group need be tailored into the group's messages.

Prevention programmes and research by themselves will not be able to stem the tide of HIV/AIDS. There is also the need to win the genuine support of key policy makers of the relevant sectors for HIV/AIDS prevention efforts.

Policy makers must also have a commitment to policies they make to address the HIV/AID situation. Indeed, anything other than an all-front attack on HIV/AIDS is bound to fail.

These are some of the considerations that might have influenced Carol Coombe into adopting the stance that the starting point in the fight against HIV/AIDS is the development of an HIV/AIDS and education construct. This allows for the development of a degree of practical consensus and common ambitions. According to Coombe, an HIV/AIDS and Education construct would include a set of assumptions about the relationship between HIV/AIDS and education, strategic objectives focused at principal points of leverage, selected principles and a way of monitoring performances.

The building of common ambitions and practical consensus is a multi-dimensional and multi-disciplinary approach, which demands extensive collaboration and cooperation within and across boundaries.

In this regard, it becomes crucial to redefine perceptions and roles of all stakeholders in the education sector with regard to the campaign against HIV/AIDS. There is, for instance, the need for curriculum developers to integrate HIV/AIDS information on prevention and care into the existing curricula without sacrificing its significance. There is also the need for the assessment procedure to provide for the HIV/AIDS elements in the curricula to attract the required seriousness from learners and teachers.

Parents and Parent-Teacher Associations and Religious Groups need see themselves as collaborators and not competitors with teachers in tackling the problems of HIV/AIDS and sex education in a more practical and objective way while researchers begin more seriously to look for answers to the numerous questions surrounding the pandemic.
It is now clear to many that effective classroom HIV/AIDS interventions are those that link improved teaching methods with active community participation on how to deal with sexuality and HIV in the classroom. Indeed, school and community linkage and cooperation should be considered crucial because of the issue of values and education. Schools alone cannot change community norms. **Unless what is taught in school is reinforced by what is valued in the community, HIV/AIDS teaching may become just another 'lesson'. The link between the school and the home, in particular, is necessary to sustain, maintain and harmonise what children learn at school and what they** practice at home.

Teachers and other education sector employees need to be equipped not only with HIV/AIDS information but also a changed attitude towards other persons in the school system who might be living with the disease. Learners need to shed some of their over-confidence and begin to appreciate the closeness of the disease for an appropriate defensive caution. School children must be assisted to begin to play more leading roles in spreading the HIV/AIDS information among themselves for better appreciation and acceptance by their peers.

After a comprehensive study of the response of various countries (including Cote d'lvoire), to the HIV/AIDS epidemic, Kelly came up with some operational principles to guide African education sectors in the campaign against HIV/AIDS. These principles, in my estimation, hold a great promise for the effective control of the epidemic and are therefore recommended to guide the HIV/AIDS activities of the education sectors of West Africa. The principles exhort the sectors to:

i) Recognize the prevention of HIV/AIDS as a top priority for the education sector. This recognition is essential to ensure the fullest political will and support.

ii) Create a well informed environment with a populace that accepts that AIDS is real, even in the education sector; break all resistance to open talk of the disease and sexuality without shame or feeling of embarrassment.

iii) Advocate for voluntary HIV early testing, especially for teachers. The aim for this is to create awareness of prevalence to prevent unconscious spread. Studies in Cote d'lvoire and Central Africa indicate that 95% of teachers, students and education sector workers living with HIV were detected when they were already clinical AIDS cases.

iv) Continue to devote substantial resources to HIV/AIDS related research in education. This is particularly urgent in West Africa where there is serious lack of relevant data on AIDS prevalence in the education sector. Research results, no doubt, are essential for developing prevention, care and national policies to reduce the spread and mitigate the impact on the victims and on the education sector.

v) Support policies for confidentiality of all medical histories and treatments with respect to those living with the disease including those in the education sector. Many of the people living with HIV/AIDS will not want their status known because of some cultural and religious norms and conceptions.

vi) Address the AIDS epidemic in the education sector as a shared responsibility of government, community, religious bodies, teachers, labour unions, pupils/students, parent associations and local NGOs. Society as a whole must launch a total and properly coordinated counter attack on the pandemic. In this regard, it is necessary to robe traditional healers into this collective responsibility in a bid to get them to desist from giving false and untested hope to the people over claims of finding cure.

vii) Focus the resources of the education sector on the goal of halting the spread of HIV infection and mitigating their effects on the education system.

viii) Educate the educational personnel and learners about behaviors which promote HIV infection. Education should assist them to develop behaviors that help them stay HIV negative.

ix) Encourage education personnel to cease risky behaviors and to assume greater personal responsibility for their health.

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