A possible future of HIV and Aids management in the school education sector in South Africa

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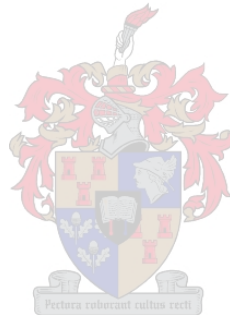Co-supervisor: Prof Johan Augustyn

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Declaration

I, the undersigned, hereby declare that the work contained in this assignment is my own original work and that I have not previously in its entirety or in part submitted it at any university for a degree.

Signature: *Amelia Burger*

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This project would have remained a loose heap of papers and computer files had it not been for the support of my family, friends, colleagues and supervisors.

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I also acknowledge the thousands of teachers in South Africa who take on the task of forming responsible, balanced citizens during a time in which our country is a fairly young democracy that faces many challenges – HIV and Aids being near the top of the list.

If we take hands, we can overcome this threat to stability and development!
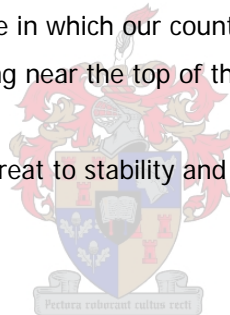
Abstract

"My country is dying. It depends on our young people to ensure that it stays alive, because the adults are not doing it. We children are not supposed to do it, but we should rather prepare ourselves for it. We must help each other to keep alive, stay safe and protect our brothers, sisters, cousins and friends against HIV and Aids." – Alexandra, 13 years old (www.uneca.org).

The previous secretary-general of the United Nations, Kofi Annan, quoted these words at the Africa Development Forum in December 2000. There are millions of children like Alexandra in South Africa and the rest of the continent. And she's right. Sometimes HIV and Aids are the very factors that form the social, political and economic circumstances in which the pandemic thrives – and that creates a downward spiral (UNAIDS (a), 2005).

If one thinks of young people, one inadvertently thinks of the education sector, which happens to be one of the sectors in which HIV and Aids have the greatest impact, on the supply as well as the demand side. The development and implementation of policy in this sector will be of crucial importance in determining how the epidemic will grow (or not), in South Africa and elsewhere.

In 2005 the advocacy organisation UNAIDS published a book containing three scenarios on how HIV and Aids could develop in Africa over the next two decades as a result of decisions made today: 1. Africa takes a stand and makes tough choices; 2. Africa gets caught in the traps we face today; 3. Africa and the rest of the world stand together and overcome the pandemic (UNAIDS (a), 2005).

The Africa Centre for HIV/Aids Management at Stellenbosch University offers postgraduate courses in the workplace management of HIV and Aids. One of the assignments students at this centre had to do focused on developing a human resources strategy for their workplace. A high number of these students work in the education sector, either at provincial departments of education or as school teachers. Their assignments provide details on how HIV and Aids are currently managed, as well as recommendations for the future (Africa Centre for HIV/Aids Management (c). 2005/6).

In this document the assignments of students from the education sector are analysed. They are compared with the abovementioned three scenarios, with the purpose of trying to determine the direction in which the education sector in South Africa is heading concerning the management of HIV and Aids.

Opsomming

"My land gaan dood. Dit hang van ons jong mense af om seker te maak dit bly lewe, want die grootmense doen dit nie. Ons kinders is nie veronderstel om dit te doen nie, maar ons moet ons eerder voorberei daarop. Ons moet mekaar help om aan die lewe te bly, veilig te bly en ons broers, susters, neefs, niggies en vriende teen MIV en vigs te beskerm." – Alexandra, 13 jaar oud (www.uneca.org).

By die Afrika-ontwikkelingsforum in Desember 2000 het die vorige sekretaris-generaal van die Verenigde Nasies, Kofi Annan, dié woorde aangehaal. Daar is miljoene kinders soos Alexandra in Suid-Afrika en die res van die vasteland. En sy's reg. Soms skep MIV en vigs juis die maatskaplike, politieke en ekonomiese toestande waarin die pandemie voortwoeker – en dit skep 'n afwaartse spiraal (UNAIDS (a), 2005).

As 'n mens aan jong mense dink, dink 'n mens onwillekeurig aan die onderwyssektor, wat juis een van die gebiede is waar MIV en vigs die grootste impak het, aan die vraag- sowel as die aanbodkant. Die ontwikkeling en implementering van beleid in dié sektor sal van kernbelang wees in hoe die pandemie sal groei (of nie), in Suid-Afrika en elders.

In 2005 het UNAIDS 'n boek gepubliseer met drie scenario's oor hoe MIV en vigs moontlik oor die volgende twee dekades in Afrika kan ontwikkel in reaksie op besluite wat vandag geneem word: 1. Afrika staan vas en maak moeilike keuses; 2. Afrika val vas in die slaggate waarmee ons vandag sit; 3. Afrika en die res van die wêreld staan saam en oorkom die pandemie (UNAIDS (a), 2005).

Die Afrika-sentrum vir MIV/vigsbestuur aan die Universiteit van Stellenbosch bied nagraadse kursusse in die werkplekbestuur van MIV en vigs aan. Een van die take wat studente aan dié sentrum moes doen, fokus op die ontwikkeling van 'n menslike hulpbronstrategie vir hul werkplek. Talle van dié studente kom uit die onderwyssektor, hetsy uit provinsiale departemente van onderwys of as onderwysers aan skole. Hul take verskaf besonderhede oor hoe MIV en vigs tans bestuur word, asook aanbevelings oor die toekoms (Afrika-sentrum vir MIV/vigsbestuur (c). 2005/6).

In dié werkstuk word die take van studente uit die onderwyssektor ontleed. Dit word opgeweeg teen die bogenoemde drie scenario's met die doel om te probeer bepaal in watter rigting die onderwyssektor in Suid-Afrika op pad is sover dit die bestuur van MIV en vigs aangaan.

Contents

Introduction

"In the course of human history there has never been a greater threat than the HIV and Aids epidemic. Our attention to this issue cannot be distracted or diverted by problems that are apparently more pressing. History will surely judge us harshly if we do not respond with all the energy and resources that we can bring to bear in the fight against HIV and Aids." – former South African president Nelson Mandela at the XV International Aids Conference in Bangkok in 2004 (www.thebody.com).

It was already in 2001 that Juan Somavia, director-general of the International Labour Organisation, referred to HIV and Aids as a global crisis and a formidable challenge to development and social progress. Especially in Sub-Sahara Africa, he said, the pandemic had reached a state of emergency and threatened to erode decades of development gains, undermine economies and security and destabilise the social and economic fabric of societies (ILO (a), 2001).

Of all areas the sentiments of both Mandela and Somavia probably have the most relevance in the education sector, where investments in tomorrow are made. Young people "are young, idealistic, optimistic, hopeful – they want to make a world for themselves and they want that world to be a better place than that which they have inherited from us" (Kelly, 1999).

In South Africa HIV and Aids already threaten the world of education if one only looks at prevalence rates. Approximately 5,41 million people in the country are living with HIV and Aids, of whom 257 900 are children up to the age of 14 (Department of Health (b), 2007; Statistics South Africa, 2007). In a survey done by the HSRC and the MRC about the health of South Africa's educators it was determined that the HIV prevalence among this group, across provinces, age groups, gender and race, is about 12,7% (Shisana et al, 2005).

The education sector, which could in fact be a powerful weapon against HIV and Aids, is particularly affected by the pandemic as it impacts the demand as well as the supply side (Shisana et al, 2005). In addition to this, the pandemic affects the availability of resources for education, the potential clientele, the process, contents and role of education, the organisation of schools, planning and management in the education system as well as donor support (Kelly, 1999).

In 2005 UNAIDS, the Joint United Nations programme on HIV and Aids, published *Aids in Africa: Three scenarios to 2025*, a book in which they use the method of storytelling to explore the future of HIV and Aids in Africa based on three possible routes. These are called Touch Choices, in which Africa takes a

stand, Traps and Legacies, where the current whirlpool continues, and Times of Transition, in which Africa overcomes the pandemic (UNAIDS (a), 2005).

This assignment investigates a possible future of HIV and Aids management in the school education sector in South Africa, against the background of the abovementioned scenarios. The analysis is largely based on assignments of 2005's and 2006's postgraduate students at Stellenbosch University's Africa Centre for HIV/Aids Management at Stellenbosch University, as they reflect what is actually happening in the world of work. They also contain recommendations for the future.

The reality of HIV and Aids globally, in Africa and South Africa

At the end of 2006 UNAIDS estimated that 38,6 million worldwide were living with HIV and Aids (UNAIDS (d), 2006). During that year approximately 4,3 million people became newly infected, which was the highest number ever in one year (www.worldaidscampaign.org).

Africa is still the epicentre of the pandemic, with Sub-Sahara Africa housing about 63% of everyone living with the virus globally (UNAIDS (d), 2006; Department of Health (b), 2007). At the UNGASS Declaration of Commitment to HIV and Aids in 2001 it was stated that particularly in Sub-Sahara Africa HIV and Aids threaten development, social and political stability, food security and life expectancy, imposing a devastating economic burden that calls for urgent and exceptional action (UNAIDS (b), 2002).

South Africa has one of the worst epidemics in the world, with approximately 5,41 million people living with HIV and Aids out of a total population of 47,9 million (Department of Health (b), 2007; Statistics South Africa, 2007).

In 2006 29,1% of the women tested at public health clinics in the annual antenatal HIV and syphilis prevalence study were found to be HIV positive. If these findings are extrapolated to the general population, the HIV prevalence among people aged 15 to 49 is 18,34% (Department of Health (b), 2007). For the general population the HIV prevalence is 11% (Statistics South Africa, 2007).

According to the national minister of health, Manto Tshabalala-Msimang, the findings of the 2006 antenatal study show "pleasing signs of changes in the right direction even though HIV remains an important health challenge in South Africa", as the prevalence among pregnant women was lower than

the 30,2% of the 2005 study. She stated that this might be "the beginning of a decline in HIV prevalence rates", which would be positive news for the country (www.doh.gov.za).

Prevalence might however not be the best way to measure the extent of a region's HIV and Aids problem, as it simply indicates the number of people who are living with the virus. It is likely that the more people have access to antiretroviral treatment, the longer their life expectation is, hence more people will be living with HIV and Aids. The antenatal survey also does not take mortality rates into account, hence there might be a high rate of new infections balanced by a high mortality rate, leading to a fairly constant, or even declining, prevalence rate.

The extent of a region's HIV and Aids problem is more clearly indicated through measures of the incidence of new infections. The 2006 antenatal survey does show a significant decline in the prevalence rates among pregnant women younger than 20, as well as in the 20 to 24 year age group.

The former is meaningful as this might also point to a decline in the incidence of HIV infection in a group that has probably most recently become sexually active. As a Millennium Development Goal indicator this is a good sign, and might point to a change in behaviour among young people. It is however a concern that so many teenage girls become pregnant at all (www.doh.gov.za).

There were increases in the HIV prevalence in the age groups 30 to 34, 35 to 39 and 40+. The antenatal survey report states that this might be due to a cohort effect as women in younger age groups who are already HIV positive move into the older age groups (www.doh.gov.za). This might also point to a reality around women, especially in more traditional rural societies, and their lack of control over their own sexual safety.
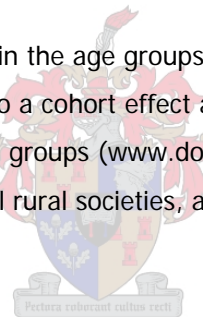
This is compounded by the declining life expectancy in the country which is now estimated at 48,4 years for males and 51,6 years for females (Statistics South Africa, 2007). The HIV prevalence is rising and people are dying when they should still be contributing to the world of work. In 2006 the country experienced around 950 Aids related deaths per day, and 71% of the deaths in the 15 – 49 age group were due to Aids. The government's new HIV and Aids and STI strategic plan for South Africa for 2007 to 2011 quotes ILO estimates that approximately 3,7 million labour force participants aged 15 to 64 in the country are living with HIV and Aids (Department of Health (a), 2007).

The pandemic and the world of work

In 2001 Juan Somavia, director-general of the International Labour Organisation, called HIV and Aids a major threat to the world of work, affecting the most productive segment of the labour force, reducing earnings and "imposing huge costs on enterprises in all sectors through declining productivity, increasing labour costs and loss of skills and experience". It also affects fundamental rights at work, as stigma and discrimination in relation to people living with the virus are still alive and well (ILO (a), 2001).

The pandemic disrupts the smooth functioning of economic and social systems beyond the initial impact. It reduces the numbers of experienced, skilled and unskilled workers and affects the capacity to maintain the flow of people with needed skills and training, in that the capacity of schools and other institutions to resupply needed education and skills is reduced. This reality calls for all employees and their dependents, irrespective of gender and status, to have access to workplace programmes (ILO (c), 2003).

Successful workplace programmes can be set up at a relatively low cost compared to the current and future financial cost of HIV and Aids to businesses, and they are most effective when a wide range of representatives are involved in the planning and monitoring processes, i.e. from the employees, management, unions, NGOs, the community, the health sector, etc. (UNAIDS (e), 2000).

The ILO developed ten key principles in terms of such management (ILO (a), 2001; ILO (c), 2003):
- Recognition of HIV and Aids as a workplace issue
- Non-discrimination
- Gender equality
- Healthy work environment
- Social dialogue
- (No) Screening for purposes of exclusion from employment or work processes
- Confidentiality
- Continuation of employment relationship
- Prevention
- Care and support

In a South African context HIV and Aids have also been acknowledged as affecting "every workplace, with prolonged staff illness, absenteeism and death, impacting on productivity, employee benefits, occupational health and safety, production costs and workplace morale" in the Department of Labour's *Code of good practice on key aspects on HIV and Aids and employment* (Department of Labour, 2000).

This code's primary objective is to ensure that people who are living with HIV and Aids are not discriminated against in the workplace. It proposes to do so by creating non-discriminatory work environments, dealing with HIV testing, confidentiality and disclosure, providing equitable employee benefits, dealing with dismissals and managing grievance procedures.

Its secondary objective is providing guidelines regarding the holistic management of HIV and Aids in the workplace. It suggests principles regarding creating a safe working environment, developing procedures around managing occupational incidents, introducing measures to prevent infection, developing strategies to assess and reduce the impact of the epidemic and supporting individuals who are infected or affected so that they can remain productive for as long as possible (Department of Labour, 2000).

The abovementioned document was followed two years later by a guide for government departments on managing HIV and Aids in the workplace (Department of Public Service and Administration, 2002). This document extensively refers to international law on HIV and Aids, national responses in several countries, as well as South African laws and policies, i.e. the South African Constitution Act, the Employment Equity Act, the Labour Relations Act, the Occupational Health and Safety Act and the Compensation for Occupational Injuries Act.

As core principles to guide a workplace response the document for government departments mentions non-discrimination, safety in the workplace, a prohibition on HIV testing, the encouragement of voluntary counselling and testing, confidentiality as well as openness, acceptance, care and support for employees living with HIV and Aids. These show strong similarities with the ILO's principles.

These sentiments are echoed in the most recent national government response to the epidemic, namely the *HIV and Aids and STI strategic plan for South Africa, 2007 – 2011*. It contains key principles such as supportive leadership, effective communication and partnerships, promoting social change and cohesion as well as sustainable programmes and funding.

Its primary aims are to halve the number of new infections (particularly in the 15 to 24 age group) and reduce the impact of HIV and Aids on individuals, families, communities and society through expanding access to treatment, care and support to 80% of people living with HIV and Aids. The necessary interventions are grouped under the key priority areas of prevention, treatment, care and support, human and legal rights as well as monitoring, research and surveillance (Department of Health (a), 2007).

The plan recommends an "intensified comprehensive, multisectoral national response" which will pay attention to social and economic factors that make certain segments more vulnerable, provide tools to

prevent infection and services to mitigate the wide-ranging impact of the epidemic. It recommends an intensified focus on behaviour change as opposed to simply raising awareness. It sends out positive messages that a productive life with HIV is possible, and wants to consolidate and strengthen partnerships between government departments and SADC member states. It states clearly that it is not a plan for the health sector alone, but should be relevant to everyone working on HIV and Aids in South Africa, within and outside government (Department of Health (a), 2007).

This plan echoes an important lesson that can be learned from successes Uganda had in curbing the spread of the pandemic, namely a single national strategic framework which guides all responses and is simply driven by the Department of Health (Ministry of Education and Sports (Uganda), 2004). Uganda has a well-developed set of policies of HIV and Aids in key areas, and all of them are consistent with their national overarching policy on Aids.

The sentiment was echoed by the national minister of education, Naledi Pandor, when she said "at the centre of our response must be the enhanced coordination of all our national, regional and international efforts" (www.education.gov.za). She said a fragmented approach leaves education systems vulnerable, and pleaded for understanding regarding the implications of HIV and Aids on the demand, supply and outcomes of education. She said education itself is the most powerful tool we have to combat HIV and Aids, and mentioned aspects such as a school-based life skills programme, counselling and support services for learners and parental support.

In 2006 UNESCO and the ILO published a policy with the aim of providing a framework to address HIV and Aids as a workplace issue in the education sector (UNESCO & ILO, 2006). With slight rephrasing, the policy implied commitment to the same ten key principles the ILO developed in 2001, and suggested certain key areas for action:
- Preventing infection through education and training
- Reducing vulnerability arising from unequal gender and educator/learner relationships
- Eliminating stigma and discrimination and adhering to the rights of infected and affected educators and learners
- Providing care, treatment and support to infected and affected educators and learners
- Managing and mitigating the impact of the epidemic in educational institutions
- Creating safe, healthy and non-violent work and study environments

The policy requires all education authorities, governing bodies, parents, educators and learners to respect the rights of all members of the educational institution, regardless of HIV status. It encourages public educational authorities to monitor and evaluate the implementation of the policy and asks them to ensure

the compulsory integration of education and training on HIV and Aids at the institution as part of the curriculum, as well as effective HR strategies to deal with HIV and Aids throughout the education system.

It requires governing bodies to ensure that educational institutions adopt an HIV and Aids policy based on the abovementioned key principles and promote an educational climate that protects the rights of every learner or educator living with HIV and Aids or who is affected by it. The policy requires educators to adhere to the policy and support its implementation and to be responsible for providing correct HIV and Aids related information, as well as promoting caring and supportive relationships between learners (UNESCO & ILO, 2006).

Impact on the education sector, focusing on South Africa

The education sector is particularly affected by HIV and Aids, as the pandemic impacts the demand as well as the supply side (Shisana et al, 2005). On the demand side there are fewer children to educate, fewer wanting to be educated, fewer who can afford education and fewer who are able to complete their school career. On the supply side teachers are lost through mortality or illness, productivity is reduced, the system's ability to match supply with demand is reduced with regards to other occupations in the field of education because of deaths or illness, and classes or schools are closed because of declining populations in catchment areas (Kelly, 1999).

The pandemic also affects education in other regards (Kelly, 1999):
- The availability of resources for education, e.g. HIV and Aids impacting the income and medical expenses of families and salaries for ill but inactive teachers
- The potential clientele, e.g. more orphans and the strain they place on extended families and the welfare system, and the needs of children who are heading households as well as other vulnerable children to generate an income
- The process of education, e.g. new social interactions because of people living with HIV and Aids attending and working at schools, erratic school attendance and teaching activities
- The contents, e.g. making HIV and Aids part of the curriculum and equipping learners with life skills
- The role of education, e.g. new counselling roles for teachers and the system and the need for the school to be seen as a multipurpose development and welfare institution
- The organisation of schools, e.g. developing a flexible timetable and bringing schooling to orphans and children from homes where people are living with HIV and Aids

- Planning and management in the education system, e.g. mortality among education officials, the need for capacity building focused on coping with the impact of the epidemic and the need for more cost-effective financial management
- Donor support, e.g. concerns that the epidemic and its effects might undermine their efforts in both the short and long term through extended training happening in vain

These circumstances seriously threaten fundamental education and have an ongoing systemic impact. Deschooling as a result of HIV and Aids related poverty in the household only leads to further impoverishment because underskilled young people enter the labour force prematurely. The same applies to deschooling as a result of children caring for ill parents or allowing the family to save the money that would have gone toward school fees for treatment or other expenses, or children becoming heads of households. This can lead to the deskilling of an entire generation. (ILO (b), 2004; UNAIDS (a), 2005).

Teachers are the largest single occupational group in South Africa, in 2006 being almost 390 000 in staff numbers in private and public schools. They are important in terms of the intellectual, moral and cultural preparation of learners. Their working environment is complex, taking into account the legacy of apartheid and as a result of new policies in order to bring about a change in education.

The document *Norms and standards for educators* from 2000 requires a teacher to be many things: a specialist in a learning area, a specialist in teaching and learning, a specialist in assessment, a curriculum developer, a leader, administrator and manager, a lifelong learner as well as a professional playing a community, citizenship and pastoral role (Department of Education (b), 2006).

According to the national policy framework for teacher education and development most teachers have however not been equipped to meet the education needs of our relatively young democracy in the global environment. There is a shortage of qualified, competent teachers, problems with large, multigrade classes, under-resourced facilities and limited access to development programmes. Poor conceptual and content knowledge on the side of educators contribute to a lower level of achievement for learners.

The government's *HIV and Aids and STI strategic plan for South Africa, 2007 – 2011* acknowledges the effect of the epidemic on the demand and supply for primary and secondary schooling. On the supply side, teachers living with HIV and who become ill are associated with increased absenteeism, lower morale and lower productivity (Department of Health (a), 2007). An HSRC study entitled *Educator supply and demand* pointed out that HIV and Aids already have a negative effect on the education sector in South Africa with regards to absenteeism and ill-health retirements (Department of Education (b), 2006).

This also applies to the demand side, where the matter is compounded with issues around orphans and vulnerable children, such as children who are taken out of school to care for parents with Aids related illnesses. According to the abovementioned report orphans and vulnerable children are at higher risk of HIV infection because they face numerous material, emotional and social problems. They also face discrimination and stigma, are left with few resources (therefore many of them drop out of school as they cannot pay the school fees), and are in danger of exploitation and abuse.

This situation requires effective school-based HIV and Aids education programmes that include information on non-discrimination and on prevention, care and support for people living with HIV and Aids, as well as the leap from knowledge to behaviour change. The school system has the almost limitless and unique potential in addressing HIV and Aids, as it can reach every young person. There are great benefits to be found in an HIV and Aids education programme that is integrated in the curriculum of the formal school system (Kelly, 1999). However, due to the sensitive nature of the subject and time constraints in already overcrowded curriculum, children are often denied HIV and Aids related education (UNAIDS (e), 2000; UNAIDS (c) 1997).

Three future scenarios on HIV and AIDS in Africa

Scenarios use the tradition of storytelling to help people think imaginatively about difficult problems – they are not predictions or projections. In 2005 UNAIDS published the book *Aids in Africa: Three scenarios to 2025*, which presents three stories that describe possible futures, all suggesting that if new infections still occur at a high rate in 2025 it will not be because there was no choice. It will be because lessons were not learned, or not applied effectively, or because there was not enough political will at all levels – from individuals to governments – to change behaviour.

The scenarios assume that HIV and Aids are not short-term problems and will definitely still affect Africa by 2025, despite what is done today. They also assume that the decisions made today will shape the future. Five driving forces were assumed as being crucial to this future:
- Growth or erosion of unity and integration – prevention and care will be more difficult where unity is eroding, where there are high levels of inequality, or where ethnic and religious tension lead to violence; the collective challenge of tackling the pandemic effectively may contribute to unity.
- Evolution of beliefs, values and meanings – beliefs about HIV transmission and prevention will determine whether it is seen in the context of punishment and stigma, or that of opportunity and risk.

- Leveraging of resources and capabilities – resources involve more than short-term funding; the challenge is to see it as including money, leadership, human capacity, institutions and systems.
- Generation and application of knowledge – knowledge in terms of new content and fresh applications will be crucial; a combination of biomedical facts, a better understanding of sexual behaviour and effects on people living with the virus as well as caregivers are important.
- Distribution of power and authority – it is important whether power is centralised or shared, in terms of factors such as gender and age.

Tough Choices: Africa Takes a Stand

In Tough Choices African leaders choose to take tough measures in order to reduce the spread of HIV in the long term, but causing difficulties in the short term.

These tough choices boil down to:
- The interests of the state as a whole as opposed to those of individual communities
- Immediate economic growth as opposed to investment in human capital in the long term
- Rapidly developing the skills and capacity of selected minorities versus spending resources on services for all and alleviating general poverty
- Making a distinction between constructive and high-risk traditions
- Balancing nation-building with regional alliances
- Protecting women versus increasing their freedom
- Targeted (e.g. for teachers) versus generalised prevention and treatment
- The benefits of urbanisation and industrial development as opposed to the needs of rural areas

HIV and Aids programmes in this scenario focus on prevention, with some scaling up of treatment. It shows that an early and rigorous approach to prevention will render dividends, even if it takes time. Because of this, the high mortality rate continues, but begins to decline after a decade.

In this scenario African leaders see HIV and Aids as part of a broad development crisis. There is an incentive to address the pandemic, but it is seen as one of many challenges. There are major national efforts to rebuild capacity in this response, with the emphasis on prevention, and with antiretroviral treatment seen as maintaining essential capacity.

In storytelling fashion, the outcome is: "The animals of Ogundugbwe spent much of their time on the bee farm whilst still living through hard times. With the careful rationing of food, Fearless Lion and his fellow animals had managed to lessen the number of deaths in the village. But the mysterious disease remained around for a very long time."

Traps and Legacies: The Whirlpool

In Traps and Legacies Africa stays in the grip of destructive legacies, with HIV and Aids intensifying poverty, underdevelopment and marginalisation. The pandemic does receive a strong emphasis, but the responses are fractured and short-term, with no lasting solution. The resources of households and communities are depleted, there is a missing generation of grandparents and a growing number of orphans are less skilled, less cared for and less socially integrated, and may feel that they can gain something from conflict or crime.

The scenario identifies seven traps:

- A legacy of post-colonialism that could not overcome divisions
- A cycle of poverty, inequality and disease
- Scarcity promotes divisions, which rupture society and worsen HIV and Aids and stigma
- The quest for swift dividends make leaders unable to invest in long-term change
- Trade rounds and reducing foreign investments do not benefit Africa, where the formal economy still relies on a narrow primary export base
- Dependency on aid
- The rush to roll out antiretroviral treatment does not leave lasting benefits and prevents a stronger focus on prevention

In this scenario there is a response to HIV and Aids, but little progress because of depleted capacities and infrastructure. There is growing disunity and disintegration, diminishing capacity, ethnic and religious tension, wasted resources and initial strong funding that feeds an HIV and Aids "industry". The intentions will be good, but the pandemic will simply continue:

- It will be seen in isolation from a social, political and economic context
- Resource provision will continue to be inconsistent and unpredictable
- Aspirations of a pan-African unity will not become an effective reality
- Donors will nor harmonise their responses
- Aid will be volatile and of poor quality
- It will be easier to get antiretrovirals than good food and clean water
- The realities of human behaviour will be denied
- The root causes of poverty will be denied

In this scenario the crisis around HIV and Aids is largely seen as medical, and HIV and Aids are tackled in isolation from its social and economic context. Many people and groups perceive it as a crisis, but there is no effective, coordinated action. It is addressed mainly though funding, but this fuels a so-called HIV and Aids industry. A high level of resources initially leads to duplication and uncoordinated action.

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There is inadequate investment in secondary and tertiary education. Especially in countries with a high HIV prevalence the number of teachers fails to keep up with the population growth and lots of children are not even finishing their basic education. There are too few educated graduates to supply the public sector in its education, health and general civil service requirements. There is a vicious cycle of the spread of HIV and Aids, and of education being undermined. The quality of education, teachers and learners deteriorate and skilled people continue to emigrate.

In storytelling fashion, the outcome is: "In the village, as in other villages far and near, the plants and crops kept dying . . . And because the plants and crops were dying, the famine was everywhere . . . And because the famine was everywhere, the animals kept dying. Unfortunately for the animals of Ogundugbwe the animals remained divided, so they never worked out a solution."

Times of Transition: Africa Overcomes.
In Times of Transition all the good intentions of the present are realised into a coherent and integrated development response to HIV and Aids.

The scenario names six interlinked transformations that reshape Africa's future:
- A rapid roll-out of effective prevention and treatment strategies within an active civil society
- National policy responses to reduce poverty and encourage development
- Improved collaboration between African governments and external partners, with resources being owned, directed and coordinated
- Key changes in global trade
- Changes in the ways men and women relate to one another and to their communities
- Prevention of peace and promotion of peace and security, within and between countries
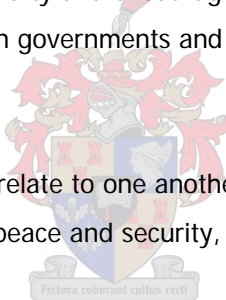
In this scenario civil society, Africa and the global community see HIV and Aids as a metaphor for global crisis. It is a catalyst for the reconfiguration of international and national priorities and there is intensive mobilisation of national and international resources.

In storytelling fashion, the outcome is: "The animals of the world had come together to fight the monstrous, unforgiving and mystifying killer disease! As a result, there was hope all around . . . Deaths of the world's animals from famine would be minimised. Even small villages like Ogundugbwe would be able to share their little experiences of life."

Background on the Africa Centre for HIV/Aids Management and the postgraduate diploma in HIV/Aids management (PDM)

In response to a challenge posed by South Africa's presidency to Stellenbosch University to develop a programme that addressed the impact of HIV and Aids in the workplace, the Africa Centre for HIV/AIDS Management was established in January 2003. Based within the faculty of economic and management sciences, the centre focuses on postgraduate programmes, research and community mobilisation related to the management of the pandemic (www.aidscentre.sun.ac.za).

The Africa Centre offers a one-year postgraduate diploma in HIV and Aids management (PDM), as well as a subsequent master's programme, the MPhil. Delivered via the internet and supplemented with interactive satellite broadcasts, the part-time programme enables students to continue their existing jobs.

The PDM is the largest programme of its kind in the world. It is the only university programme directly concerned with HIV and Aids related issues of employees and has been widely accepted as a benchmark and model for the African continent. The Africa Centre has received recognition for this and is a UNAIDS collaborating centre on capacity building, community mobilisation and research dissemination.

The PDM programme was developed by Stellenbosch University in conjunction with the World Health Organisation (WHO), UNAIDS, the International Labour Oraganisation (ILO), the United Nations Development Programme and the national Department of Health.

The course centres around six modules:
- The problem of HIV and Aids
- Socio-cultural aspects of HIV and Aids
- HIV and Aids policy and advocacy
- Prevention and care for people living with HIV and Aids
- Management in the era of HIV and Aids
- Research, monitoring and evaluation of HIV and Aids programmes

The aim of the programme is to equip graduates with HIV and Aids related skills to
- Formulate workplace policies
- Facilitate strategic planning, manage productivity and carry out performance assessment
- Develop prevention and care programmes
- Implement legislation and policies

- Facilitate community support
- Conduct labour planning
- Monitor prevention and care programmes
- Assess the impact of HIV and Aids
- Conduct research

The PDM students are from a diverse demographical base and to date almost 1 200 graduates from 55 countries have been trained. Graduates are administering programmes in hundreds of companies, government departments and other institutions, impacting an estimated 4 400 000 employees. This programme is a manifestation of the Africa Centre's vision for academic programmes: to transform society by creating programmes across the political, social and economic divides of the past (Wordworx, 2006).

Studies on HIV and Aids and the world of work

Several studies have been done on the impact of HIV and Aids on the world of work in South Africa. Noted among these is the Bureau for Economic Research's 2005 study *The impact of HIV and Aids on selected business sectors in South Africa*, commissioned by Sabcoha. This study focused on the mining, manufacturing, transport and storage, retail, wholesale, building and construction, motor trade and financial services sector. It found that HIV and Aids were already having a serious impact on especially the mining, manufacturing and transport sectors who reported an adverse effect regarding a loss of experience and vital skills, profitability, productivity, morale, absenteeism, labour turnover, employee benefit costs as well as recruitment and training costs (BER & Sabcoha, 2005).

Previous surveys included Alan Whiteside and Clem Sunter's 2000 study *Aids – the challenge for South Africa*, Karin Barac's 2000 study *The financial accountability of HIV and Aids*, Sabcoha and Deloitte & Touche's 2002 study *Evaluation of workplace responses to HIV and Aids in South Africa*, the Centre for Health Policy at the University of the Witwatersrand's 2002 study *HIV and Aids and the workplace*, and Markinor's 2003 study *How are South African companies addressing the HIV and Aids challenge?*.

The Deloitte & Touche study found that workplace programmes on HIV and Aids were poorly developed and lacked a coordinated business response, and that there was a perception that the pandemic would have a small to moderate impact on business. The Centre for Health Policy study indicated that policies

were not always turned into practice. The Markinor study showed high levels of awareness about the requirements of an HIV and Aids policy, as well as risk areas, but an underestimation regarding costs.

In South Africa studies specifically focusing on the impact of HIV and Aids in the education sector have also been done. A study entitled *The health of our educators* indicated an HIV prevalence of 12,7% among educators (Shisana et al, 2005). This is slightly higher than the prevalence among the general population, which is 11% (Statistics South Africa, 2007). A fairly good sign might be that the prevalence among this group is much lower than the prevalence among the general population of people aged 15 to 49, which is 18,34% (Department of Health (b), 2007). The inclusion of older (55+) age groups of educators, for whom a low HIV prevalence (3,1%) was reported, should however be taken into account. Among the educators the highest prevalence (21,4%) was found among the age group 25-34.

As is the trend globally, women were found to be more vulnerable because of biological factors as well as the lower status they still have in certain communities. They are powerless when they cannot negotiate the terms of (safer) sexual relations, mainly because of being economically dependent on men, or fearing violence. In this study the general knowledge about HIV transmission was high, and 59% had had an HIV test done. Younger respondents reported high condom usage compared to older colleagues. Multiple partners, alcohol use and age mixing were pointed out as behavioural determinants of HIV infection.

The researchers recommended an HIV programme targeting educators, aimed at reducing HIV prevalence and stimulating behaviour change, an increase in knowledge levels about infection prevention and targeted interventions in districts with a high HIV prevalence. They also advocated better self-efficacy skills and the establishment of health related workplace programmes (Shisana et al, 2005).

Research on factors that affect teaching and learning (Phurutse, 2005) found that most educators living with HIV and Aids work in the poorer provinces, which already have "an inadequate financial base, large classes, longer formal contact time and low matric results". The educational implications are serious. The learning experiences of learners in schools where parents struggle to pay the already lower school fees will be restricted compared to those of learners in schools with above average resources and in areas where the HIV prevalence among educators is lower to begin with.

In an HSRC and MRC review on workplace policies in public education, with the focus on HIV and Aids, problems with the real-life implementation, monitoring and evaluation of policy principles were especially evident (Simbayi et al, 2005). At the same time the report recognised successes, e.g. with post-apartheid transformation regarding aspects such as integration and new syllabi.

The abovementioned survey found that most educators were aware of the Department of Education's policies, but not those of their unions. Awareness does however not logically lead to application, even though those who had studied it apparently found it useful. The policies under investigation seemed sophisticated, but in general lacked detail and specificity in terms of implementation. The survey furthermore found that most educators were willing to teach learners about human sexuality and safer sex practices, but not on the use of condoms. Most educators felt more HIV and Aids related education directed at their group would be useful.

Overall the policies investigated in this HSRC and MRC study seemed to contain an inadequate recognition of the impact of HIV and Aids on the context of educators. The survey mentioned aspects such as consideration of the impact of additional functions for some teachers as colleagues become inactive, principles about dealing with educators who are too ill to fulfil their full workload but who remain on the staff, as well as the effect of HIV and Aids on morale.

Research objectives

This assignment investigates a possible future of (HR related) HIV and Aids management in the school education sector in South Africa. The education sector could be a powerful weapon against the pandemic, but is at the same time particularly affected by it, as HIV and Aids impact the demand as well as the supply side (Shisana et al, 2005). In addition to this, the pandemic affects the availability of resources for education, the potential clientele, the process, contents and role of education, the organisation of schools, planning and management in the education system as well as donor support (Kelly, 1999).

In 2005 UNAIDS published *Aids in Africa: Three scenarios to 2025*, a book in which they use the method of storytelling to explore the future of HIV and Aids in Africa based on three possible routes. These are called Touch Choices, in which Africa takes a stand, Traps and Legacies, where the current whirlpool continues, and Times of Transition, in which Africa overcomes the pandemic (UNAIDS (a), 2005).

The assignment aims to look at the future of HIV and Aids will pan out in South Africa, against the background of these scenarios. The analysis is largely based on assignments of 2005's and 2006's postgraduate students from the education sector at Stellenbosch University's Africa Centre for HIV/Aids Management, as they reflect what is actually happening in the world of work.

Methodology

As part of the centre's PDM course "Management in the era of HIV and Aids", the students had to do an assignment on suggesting a human resources strategy for their organisation with HIV and Aids as focus points. They were asked to point out the link between their organisation's HR strategy and the business strategy, and indicate how provision had been made for HIV and Aids in the organisation's strategic planning. They had to attempt to make an HR forecast for the next five years, taking into account the estimated impact of HIV and Aids on the workforce. They were asked to suggest a training and development strategy for their organisation over the next five years, with the aim to keep the negative impact of HIV and Aids to the minimum (WebCT via www.aidscentre.sun.ac.za).

From the abovementioned assignments handed in by the PDM groups of 2005 (270 students) and 2006 (222 students) those that focused on the education sector (Department of Education or schools) in South Africa were selected for analysis and interpretation – these amounted to 125. Statements about how HIV and Aids are currently dealt with, divided into positive and negative aspects, as well as suggestions for the future were singled out from the assignments. These were than mapped against the three future scenarios described by UNAIDS in order to determine the route education related HIV and Aids management in South Africa will most likely go.

In the analysis and interpretation of the current trends and suggestions for the future the focus was on general trends, i.e. whether HIV and Aids are seen as strategic issues, not on each individual statement, i.e. schools that do or do not have a first-aid kit, as there was a lot of discrepancy between the various institutions as far as such single statements were concerned. Statements that showed similarity in their expression were grouped together in order to reflect a percentage of the tasks. As there were far too many statements to take all into account, those that showed up in more than 10% of the assignments were singled out to be representative of the group.

It has to be taken into account that these assignments cannot be seen as representative of the entire educational landscape in South Africa, but that they emphasise general trends in this sector. The assignments were very representative as far as geographic location was concerned – they referred to institutions all over South Africa, especially Mpumalanga, as that Department of Education made a decision to send as many of its educators as possible to do the PDM programme. Most assignments came from schools where resources are problematic, which has a bearing on the reality of how HIV and Aids are currently managed, as well as on the future possibilities.

Mapping the assignments against the scenarios

The key message of the Tough Choices scenario is that much can be done with own, coordinated strength to grow the economy, prioritise developmental objectives, lay a foundation for growth and reduce the incidence and prevalence of HIV. It is not easy, but possible, to make difficult decisions. Everything cannot be done at once, therefore choices must be made between competing priorities.

With reference to the education sector, the need to rebuild capacity rapidly is recognised, and the emphasis is placed on secondary and technical education, not universal primary education. The impact of schooling on the epidemic is leveraged effectively. Teachers are seen as of key importance and are part of selected groups who receive antiretroviral treatment.

The key message of the Traps and Legacies scenario is that it will be difficult to make a difference to HIV and Aids if the pandemic is seen as isolated from the social, economic and political context. Good intentions are undermined by the development malaise, which stays unchanged because swift dividends are sought. There is a downward spiral of disunity, denial and stigma, knowledge is contested, resources are wasted and sources of power and authority compete. The capacity of individuals, institutions and systems to respond effectively to HIV and Aids and underdevelopment are eventually diminished.

With reference to the education sector, the Education for All and Millennium Development Goals are not met, and the epidemic has a considerable impact on teachers, who receive only limited access to antiretroviral therapy. Education is not used effectively to respond to the epidemic, and the population has a large percentage of children, especially orphans and vulnerable children, many of whom fail to complete basic education. The educational infrastructure does not keep pace with population growth.
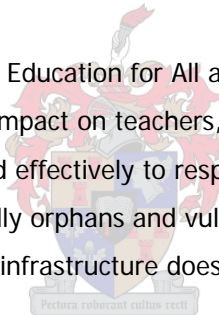
The key message of the Times of Transition scenario is that health, development, trade, security and international relations are approached differently. HIV and Aids are seen as mirrors and magnifyers of a bigger crisis and become a catalyst for action by civil society as well as government. There is sustained social investment and fundamental changes in the way aid is provided and how it is dealt with – it promotes sovereignty, not dependency. High levels of regional cooperation are required.

With reference to the education sector, sufficient political will and finance lead to the education system being leveraged optimally in response to HIV and Aids. There are major efforts to educate girls, while teachers have effective access to antiretroviral treatment, they change their behaviour rapidly and lead by example. (UNAIDS (a), 2005).

In analysing the assignments, statements that reflect certain sentiments or actions around HIV and Aids management were grouped together and one of the statements was selected to represent the "group", with the percentage of the assignments it reflected. The statements appear below in the following categories: Negative aspects regarding the present situation; Positive aspects regarding the present situation; Recommendations for the future.

For easier reading the selected combined statements were roughly grouped under the ILO's key principles in each category (ILO (a), 2001; ILO (c), 2003). These are the same principles that are echoed in other documents, such as *An HIV and Aids workplace policy for the education sector in Southern Africa* (UNESCO, 2006), *Managing HIV/Aids in the workplace: A guide for government departments*. Pretoria: (Department of Public Service and Administration, 2002), *The national policy framework for teacher education and development in South Africa* (Department of Education, 2006), the *HIV and Aids and STI strategic plan for South Africa, 2007 - 2011* (www.doh.gov.za) and the *Code of good practice on key aspects of HIV/Aids and employment* (Department of Labour, 2000).

Negative aspects regarding the present situation

Recognition of HIV and Aids as a workplace issue
- The Department of Education's policy on state paid educator absenteeism is that they will send a replacement only if the educator is absent for 30 consecutive days and the paperwork must reach the department of human resources on time. (25%)
- Aids related deaths of teachers occur and managers are not prepared to deal with it efficiently. They do not find replacement teachers in time for learning to continue consistently. (20%)
- In many institutions the government is rightsizing personnel. This sometimes increases educators' workload and some have to teach subjects they have never studied before. (30%)
- It is difficult to make provision for critical posts, because post establishment is determined by the Department of Education. To fill such posts, a convincing motivation must be sent to the Department of Education and sometimes, even after motivation, no replacement is made to the school. (20%)
- At the different education departments no section has been specifically assigned to organise the HIV and Aids programmes. (15%)
- Employees who are HIV positive are absent often and this will affect productivity and profit. (55%)
- Absenteeism has caused teachers to take on larger workloads and attend to bigger classes of learners. (25%)
- Most educators need new skills to keep up with the demands of their jobs. (20%)
- There are schools in rural areas that are non-functioning because of educator shortages. (15%)

Non-discrimination

- People living with HIV and Aids are often discriminated against. (50%)

- It is still a disease surrounded by ignorance, prejudice, discrimination and stigma. (40%)

- Sex is related to morality, thus HIV and Aids are seen as punishment for immoral behaviour. The result is that people who are not infected often dissociate themselves from those who are. (15%)

- In some cultures, people with HIV and Aids are still believed to be "poisoned" or "bewitched". (10%)

- Some educators still believe that taking part in an HIV and Aids programme means you are HIV positive. (10%)

Gender equality

- The high level of poverty has led to a number of people, women in particular, to engage in high-risk sexual behaviour as sex workers. (15%)

Healthy work environment

- Classes are crowded, maintenance of the school grounds is poor, we have no clean water and our toilet facilities are poor. (15%)

- Educators and learners are dying of typhoid and diarrhoea. (10%)

- Employees are not taking the responsibility of their own health on themselves. (20%)

Social dialogue

- Many schools do not have enough resources to fulfill their role in the community and HIV and Aids make it even harder. (15%)

Confidentiality

- A lot of educators do not trust the confidentiality of the results of their tests or the sectors that perform them. (15%)

- The rights of HIV infected employees are still not adhered to. Especially in rural areas, educators are dismissed if they are HIV positive and their status is disclosed without permission. (20%)

Continuation of the employment (including schooling) relationship

- Learners are withdrawn from schools because of a lack of financial resources after Aids related deaths have occurred in the family. (25%)

- The rate of enrolment has decreased and a lot of the learners have died. (15%)

- This school has introduced a strategy to employ teachers only on a temporary basis, eliminating the problem of paying out pensions when employees retire early or die because of HIV and Aids. (10%)

Prevention

- The integration of HIV and Aids topics into the new curriculum is not producing the expected changes in sexual behaviour. (20%)
- Employees are in denial about their status or do not go for testing; they fear the results. (15%)
- There is a major gap in knowledge about HIV and Aids among adolescent children. (15%)
- Parents oppose sexual education in primary schools. (15%)
- Some schools do not have first-aid kits. (20%)
- There are local customs and traditional practices that are being performed in the community that are aiding the spread of HIV and Aids. (15%)
- There are no programmes which deal with HIV and Aids in schools. (15%)
- Many of the learners are sexually active. (25%)
- A lot of teachers have not been tested and do not know their status. (20%)
- Many employees are unfaithful in their relationships or have multiple sexual partners. (20%)

Care and support

- The Department of Education does not operate like other sectors where retraining and support are offered to sick employees. (10%)
- Most teachers do not have medical aid. (20%)
- Free counselling is available to workers, but some communities don't have this for learners. (15%)
- Some households are child-headed, because of the deaths of parents. (15%)
- Our school has a lot of orphaned learners. (10%)
- A lot of primary schools are situated in, or close to, squatter camps, where the rate of sexual abuse and rapes by relatives is high. (20%)
- Most of the children cannot afford to go to school. Even with social grants, most parents come from Maputo and Swaziland, do not have IDs and are therefore not liable for social grants. (10%)
- South Africa lacks support systems for teachers, who therefore often continue to teach during illness, thus compromising their performance. (15%)

Positive aspects regarding the present situation

Recognition of HIV and Aids as a workplace issue

- In the educational sector HIV and Aids are already seen as having a negative effect on economical status of the organisation. (15%)
- Departmental officers trained peer educators to run an HIV and Aids programme at the school. (20%)
- The Department of Education has offered bursaries to senior secondary schools for training one educator per school. (15%)

- The Department of Education has introduced some skills development programmes where educators are given bursaries to study about HIV and Aids. (10%)
- Educators are prepared to handle larger classes and a larger workload. (15%)
- The principal, together with the school governing body, finds replacements quickly (even if only temporary) so that learning is not disrupted. (10%)
- A task team of teachers and HIV and Aids committee members developed an HIV and Aids policy for the school and presented it to the governing body, the staff and union representatives. (10%)

Non-discrimination
- The school has structures in place to deal with discriminatory practices against people living with HIV and Aids. (20%)

Healthy work environment
- The school promotes a safe and healthy environment for educators and learners by providing clean water and having first-aid kits accessible. (45%)
- The department has developed a wellness and nutrition programme aimed at teaching employees how to live healthily in order to manage or prevent HIV and Aids. (25%)

Social dialogue
- The Department of Education is working together with the health and labour departments as well as organisations to combat the spread of HIV and Aids. (20%)
- The school has developed an HIV care programme and has made arrangements with the Department of Social Services to provide food parcels and vegetable gardens to all the learners. (15%)

Continuation of the employment relationship
- Any employee who cannot perform as expected due to illness can apply for medical boarding or early retirement. (10%)

Prevention
- The Department of Education implemented a life skills programme as part of the curriculum. (25%)
- The school is participating in HIV and Aids awareness campaigns and encouraging all teachers and pupils to know their status by taking an HIV test. (15%)
- The school has hired a freelance counsellor who administers free testing and counselling for the staff and students older than 18 years. Expenses are paid by the government. (10%)
- There are already fewer relationships between teachers and pupils at the school. (10%)
- Educators and learners have undergone first-aid training. (20%)

Care and support

- The department has introduced a new medical aid system where every teacher receives medical aid and thus has access to treatment, but the ARVs are not free. (25%)
- The Department of Education provides proper care and support to educators who freely disclose their HIV status. (35%)
- Our school has implemented a treatment, care and support programme for people living with HIV and Aids. (30%)
- The school invites health care officials to ensure that children who are infected and affected are receiving counselling and care. This promotes a culture of care in the organisation. (10%)
- The school established support groups in the community and infected educators and learners are advised to join them. (15%)
- Learners who are too sick to come to school are allowed to study at home and arrangements are made to get academic material to the parents for educating their child. (10%)
- In-service training is implemented to help prepare educators for loss of their colleagues. (10%)

Recommendations for the future

In analysing the recommendations for the future it was clear that the ILO's key principles formed a strong background across the board – much more so than in the statements about the present, because the principles can be seen as the ideal, as representing best practices (ILO (a), 2001; ILO (c), 2003).

Part of the guidelines given in the assignment brief was that the students had to include the importance of an institutional audit, identify critical posts and describe a KAP (knowledge, attitudes and practices) study, therefore these aspects appeared in practically all the assignments. These will therefore be omitted from the representative statements below.
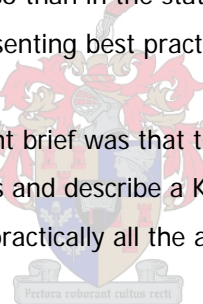
Recognition of HIV and Aids as a workplace issue

- The human resource manager must develop a strategic plan for the organisation, keeping in mind the impact of HIV and Aids on the workplace and its implications in the future. (55%)
- Companies and schools should realise that HIV and Aids have a negative impact on their financial status and successful prevention efforts would save them money in the long run. (25%)
- The negative impact of HIV and Aids on the organisation can be lessened by recruiting intelligently and ahead of time. (65%)
- The Department of Education should provide bursaries to Grade 11 and 12 learners to encourage them to pursue a teaching career, especially in mathematics and science, and in rural areas. (25%)

- Managers should realise that by reducing the impact of HIV and Aids in the lives of their employees or learners, the impact on the institution will be minimised. (30%)
- Grievance procedures and disciplinary measures should be developed to deal with HIV related complaints in the workplace. (25%)
- Management should appoint a full-time HIV and Aids coordinator, a life skills educator or a team of people who are solely responsible to deal with HIV and Aids related matters at the school. (25%)
- Programmes, policies and training should be regularly monitored and evaluated. (55%)
- Schools need to recruit two educators for each most critical post. (10%)
- Education training colleges should change their curriculum to train teachers in at least four subjects, thus ensuring that they are multi-skilled. (10%)
- Training should include job rotation or cross-training, which involves placing employees in different jobs within the school or department for set periods to expand their range of skills. (40%)
- Employees who are willing to expand their range of skills should be offered bursaries. (15%)
- It is important that HIV and Aids policies are sustained, flexible and sensitive. The policies should involve the collective and collaborative input of employers and employees. Policies should involve the needs of everyone in the workplace. (40%)
- Training can minimise the negative effect of HIV and Aids on the organisation by preparing and equipping employees to deal diligently with HIV and Aids related problems. (60%)

Non-discrimination
- Schools should become caring communities where everyone is encouraged to speak openly about HIV and Aids and fight the prejudice and ignorance around the disease. (10%)
- Mechanisms should be in place to promote acceptance and openness around HIV and Aids. (35%)
- The HIV and Aids policy should be based on the principle of non-discrimination and equality and should be culturally sensitive, but also be in line with the national policy on HIV and Aids. (30%)
- There should be no discrimination against HIV infected employees in any way. (45%)

Gender equality
- Government should promote legal reforms and international partners should collaborate to eradicate sexual trafficking and other practices that increase the HIV vulnerability of women and girls. (10%)

Healthy work environment
- Schools should deliver a positive contribution to socio-economic growth by promoting a healthy environment. (15%)
- A non-discriminatory and supportive healthy working environment should be ensured. (20%)

Social dialogue

- In order to stir up public opinions so that action against the epidemic can take place, government should encourage strong declarations on issues related to HIV and Aids. (10%)

- When educational programmes are developed, they should engage members of the community, other organisations, people living with HIV and Aids, health workers, NGOs and other stakeholders so that it would consider and accommodate the culture and realities of the people involved. (45%)

- It is important that the educators who teach life skills live by example and encourage learners to speak openly about HIV and Aids and accept and support those living with it. (25%)

- Individual departments will find it difficult (if not impossible) to bear the costs and management of HIV and Aids by themselves and should establish strategic partnerships, e.g. public/private partnerships, bilateral partnerships with donor and development agencies, partnerships with employees at all levels of the Department of Education and trade unions regarding the volunteering of time towards developing and sustaining the workplace programme, a technical partner like the SABS to include a standard for HIV and Aids management, an HIV and Aids focused NGO partner for supplementary research, partnerships with insurance companies as a commercial partner to safeguard the business community's benefits, a media or advertising partner. (40%)

- Parents, teachers, the community, children, medical staff, business leaders, etc. should all be involved with HIV and Aids programmes in order to make a difference in stemming the epidemic. (20%)

- All parties involved need to agree and share the same vision and mission. All action and short term goals that take place after agreement should be strategically focused on the long term goal. (15%)

No screening for purposes of exclusion from employment or work processes

- The manager should make sure that the rights of HIV positive people are protected. (10%)

- When selecting new employees, people living with HIV or Aids should have the same chance of getting the job as those who are not infected. (45%)

- Employees who remain HIV negative should be rewarded to encourage them to stay negative. (10%)

- Employees can be granted certain benefits (like housing or early pension) to encourage them to disclose their status and seek counselling or treatment. (20%)

- Applicants should not be submitted to HIV testing. (30%)

Confidentiality

- The HIV status of learners is confidential. (15%)

Continuation of the employment relationship (including schooling)

- Employees who have HIV or Aids should not be dismissed from their jobs. They should not be discriminated against. (45%)

- Schools should develop a strategy to improve the quality of the lives of infected employees, enhance their productivity and encourage them to work as long as they are medically fit. (55%)
- When infected employees are no longer fit to work productively, alternative working arrangements should be made to the benefit of both employee and company. (30%)
- Managers should ensure that they are trusted and guarantee employees that they will not lose their jobs if they disclose their status. (20%)
- Infected learners should be encouraged to attend school for as long as possible. (15%)
- When infected learners are unable to come to school, work should be sent to them. (10%)

Prevention
- Schools can help to fight HIV and Aids by encouraging behavioural changes in their staff members and learners. (25%)
- HIV/AIDS educational programmes should be included in the school curriculum for all grades. (45%)
- The purpose of schools with regards to their contribution in stemming HIV and Aids should be to offer guidance to all educators, learners and the school governing body. (40%)
- Managers, teachers and stakeholders should be HIV and Aids competent. (65%)
- The human resource manager should develop a strategy for the prevention of new infections among educators, learners, families and the community with the aim of containing the epidemic through behavioural change, training and peer education. (15%)
- Learners should be encouraged to go for voluntary counselling and testing. (45%)
- Condoms (male and female) should be available and accessible to the workers and learners as well as management. (65%)

Care and support
- The provision of school-based medication should be extended. (15%)
- The Department of Education should subsidise all educators' housing and medical aid. (20%)
- The Department of Education should provide ARV therapy to infected employees. (15%)
- Schools should initiate programmes that generate income (e.g. vegetable gardens) for people living with and affected by HIV and Aids, especially for families caring for orphaned children. (10%)
- Schools should have feeding and support programmes for orphans and other needy children. (25%)
- Schools should make buildings and property available for support, training, education, counselling and care for people living with and affected by HIV and Aids. (15%)
- It is important that morale is boosted in the workplace. (35%)
- Once an employee or learner has disclosed their status, there should be appropriate means to provide care and support to them. (35%)

Discussion in terms of the three scenarios

In *Aids in Africa: Three scenarios to 2025* it is stated that the Traps and Legacies scenario extrapolates current trends until 2025 (UNAIDS (a), 2005). Looking at the statements in the assignments that account for what is currently happening in schools, it is abundantly clear that it is also true for the education sector in South Africa. And this is the sector where investments in tomorrow are made.

South Africa's education sector widely recognises the pandemic as a workplace issue, but bureaucratic policies and implementation issues form obstacles. In the HSRC and MRC study *Workplace policies in public education: A review focusing on HIV/Aids* the gap between policy and implementation was listed as one of the key problems. This also applied to monitoring and evaluation (Simbayi et al, 2005).

The same applies to the adequate recognition of the impact of HIV and Aids on the context of educators. Simbayi's survey mentioned aspects such as consideration of the impact of additional functions for some teachers as colleagues become inactive, principles about dealing with educators who are too ill to fulfil their full workload but who remain on the staff, as well as the effect of HIV and Aids on morale. This was confirmed by the accounts of the educators in their assignments, e.g. absent or deceased educators that are not replaced timeously in order for education to continue uninterrupted. This seems to be mainly due to bureaucratic obstacles.

In South Africa HIV and Aids already threaten the world of education. In a survey done by the HSRC and the MRC it was determined that the HIV prevalence among this group, across provinces, age groups, gender and race, is about 12,7% (Shisana et al, 2005). The pandemic impacts the demand as well as the supply side. It affects the availability of resources for education, the potential clientele, the process, contents and role of education, the organisation of schools, planning and management in the education system as well as donor support (Kelly, 1999).

Factors such as absenteeism and mortality already have a big impact on education and the practical realities in classrooms, e.g. larger groups and educators having to teach subjects they were not trained in. These factors confirm the sentiment of the HSRC and MRC study *The health of our educators: A focus on HIV/Aids in South African public schools, 2004/5 survey* (Shisana et al, 2005).

Other problematic areas that came out clearly in the assignments were discrimination, stigma, ignorance and prejudice on the basis of HIV positive status, education and training aimed at prevention which did not lead to the required behaviour change, non-existing confidentiality around HIV status, unhealthy

environments and learners being withdrawn from schools because of circumstances at home. Frankly, all the key principles of the ILO are in some way not adhered to.

But there are positive aspects as well if one looks at what is currently happening. In the abovementioned HSRC and MRC report successes were recognised, e.g. with post-apartheid transformation regarding aspects such as integration and new syllabi (Simbayi et al, 2005). Such successes in terms of HIV and Aids management should also be pointed out, and these paint a better picture.

Still, there are entire categories of the ILO's key principles where no fitting statements could be found in the assignments. There was no mention of measures to promote gender equality, confidentiality or prohibiting screening for purposes of exclusion from employment or work processes.

HIV and Aids are recognised as having a social, health and economic impact on the educational environment, and it is encouraging that the pandemic is not simply seen as a health issue. Quite a few schools have HIV and Aids committees responsible for developing relevant policies. Most stakeholders are aware of these policies, which confirms the findings of the report *Workplace policies in public education: A review focusing on HIV/Aids.* Awareness does however not logically lead to application, as could be seen from the assignments and also was clear in the abovementioned survey (Simbayi et al, 2005).

In the positive aspects in the assignments there is a big focus on education programmes and making HIV and Aids and life skills part of the curriculum, but parents often oppose this. In some cases this is extended to spouses, families and the community. Much is also done that is aimed at prevention, care and support, e.g. schools appointing counsellors, providing first-aid training, establishing support groups and ensuring that educators have medical aid funds.

There are however worrying aspects, such as the behavioural examples set by some educators, i.e. multiple partners, not going for HIV testing and having relationships with learners, the decline of which was listed in a few assignments as a positive aspect. That is indeed so, but it is sad that South Africans have become grateful about something that should be so obvious.

Some schools appoint educators only on a temporary basis in order to avoid being responsible for employee benefits in the case of ill health retirement. The latter could supposedly be seen as a management strategy, but hardly conforms to the ILO principle of the continuation of the employment relationship (ILO (a), 2001; ILO (c), 2003).

As far as the current reality in South Africa is concerned, it is definitely a Traps and Legacies scenario, with perhaps some hopeful signs from the scenario on Times of Transition. As far as the Tough Choices scenario goes, some might argue that the delay with having a national antiretroviral roll-out points to a tough choice in that the emphasis was placed on prevention. That is probably not the case, but rather boils down to problems with training enough skilled people, and implementing the roll-out plan.

In mapping the recommendations for the future to the three scenarios it is clear that the one on Tough Choices is out of the picture for South Africa's education sector (and most probably wider). Making choices such as selecting certain groups who will have access to antiretroviral treatment, or not placing an emphasis on primary education, definitely do not feature anywhere in the recommendations and simply seem out of line with the country's struggle for democracy.

In all of the assignments only two statements that could be seen as tough choices were noted. One student bemoaned the fact that the HIV status of people is confidential and that managers cannot submit employees (or learners) to testing. He felt that if the situation was different one would be better able to calculate the future impact of HIV and Aids on school management as well as learner attendance. Another student felt that government should develop a legislative basis on which action can be taken, e.g. health and safety laws listing Aids as a communicable disease.

Even if such tough decisions between competing priorities could eventually be for the collective good, the dissent that will undoubtedly arise as people are reminded of an oppressive political past will almost certainly not be a route South Africa will follow.

Because so many of the recommendations were based on the ILO's key principles and structured around the guidelines in the assignment brief, there are several "golden threads", i.e. recognising HIV and Aids as a workplace issue, emphasising non-discrimination, care and support, social dialogue, confidentiality, etc. There also seemed to be a golden thread of entitlement, of wanting to be provided for by the Department of Education, the government and donors.

Even with these guidelines and structures available, there were many different opinions on which aspects should be seen as the main priorities. This resulted in fairly low percentages of agreement overall, even on key issues such as gender equality. Unfortunately this reminds one of the Traps and Legacies scenario, where education is not used effectively to respond to the pandemic.

Hopeful signs were that HIV and Aids are definitely not seen as solely a health issue and one that stands apart from other contexts, but one that should be acknowledged in the workplace and that should be

managed as a business priority. In addition to this there was a strong emphasis on training, including monitoring and evaluation, as well as non-discrimination and eliminating stigma.

Nevertheless, because the topic here is the future, one would like to hope that the Times of Transition scenario can still be a possibility, as so many of the recommendations were based on what is globally seen as indicative of best practices. Quite a few students mentioned the importance of partnerships and cooperation on various levels – community, interdepartmental, national, regional.

The pandemic was also to a large extent seen as a systemic issue that is symptomatic of bigger issues such as poverty, underdevelopment and divisions and that warranted action from several stakeholders, not only the government. Several students mentioned that teachers should have effective access to treatment, that they should change their behaviour and lead by example.

Aspects of the scenario that were lacking in the responses were that there was hardly any mention of the necessity to educate girls, thereby empowering the next generation of women. A substantial change in the way foreign aid is seen (as promoting sovereignty, not dependency), could also not be detected.

Having policies or recommendations and being aware of the contents is a far cry from having them implemented, and in South Africa there tends to be a vast difference between policy ideas and classroom realities. The country needs "policies that provide current direction and immediate systems of functioning" as well as policies that inform the future and outline goals.

In the HSRC study *Workplace policies in public education* five elements mentioned almost a decade ago are quoted as being necessary to ensure policy implementation: a clear and compelling purpose, a concrete and inspiring vision, ownership among the people who are affected, capacity and skills, as well as organisational support (Simbayi et al, 2005).

These sentiments are echoed in the most recent national government response to the epidemic, namely the *HIV and Aids and STI Strategic Plan for South Africa, 2007 – 2011*. It contains key principles such as supportive leadership, effective communication and partnerships, promoting social change and cohesion as well as sustainable programmes and funding.

The plan recommends an "intensified comprehensive, multisectoral national response" which will pay attention to social and economic factors that make certain segments more vulnerable, provide tools to prevent infection and services to mitigate the wide-ranging impact of the epidemic.

It recommends an intensified focus on behaviour change as opposed to simply raising awareness, sending out positive messages that a productive life with HIV is possible and consolidate and strengthen partnerships between government departments and SADC member states. It states clearly that it is not a plan for the health sector alone, but should be relevant to everyone working on HIV and Aids in South Africa, within and outside government (Department of Health (a), 2007).

The sentiment was echoed by the national minister of education, Naledi Pandor, when she said "at the centre of our response must be the enhanced coordination of all our national, regional and international efforts" (www.education.gov.za). She said a fragmented approach leaves education systems vulnerable, and pleaded for understanding regarding the implications of HIV and Aids on the demand, supply and outcomes of education. She said education itself is the most powerful tool we have to combat HIV and Aids, and mentioned aspects such as a school-based life skills programme, counselling and support services for learners and parental support.

If this scenario is to be a possibility at all for the management of HIV and Aids in South Africa's education sector, these recommendations will need to be implemented today, as they will take time to have an effect, especially on entrenched behaviours and attitudes. HIV and Aids are not short-term problems and will definitely still affect Africa by 2025, despite what is done today. But the decisions need to be made, so that they can start shaping the future.

At the Africa Centre for HIV/Aids Management World Aids Day gala concert of 2006 Western Cape premier Ebrahim Rasool called for "a continued active partnership of all society and government to overcome the challenge of the pandemic". In South Africa this might sound like an impossible dream. But, as Michel Sidibe, UNAIDS director of country and regional support, said at the same event, "we must be quick to seize the momentum and quicken the pace of action to deliver these dreams" (Wordworx, 2006).

South Africa has experienced other tough times, and the country overcame them, at least politically, and became an example to the world. Perhaps we can do the same as far as HIV and Aids are concerned. "In the battle against apartheid we scored a tremendous victory in the face of considerable evil. The solidarity of people from around the world strengthened us at some of our darkest moments. Now as we enter another battle - the battle against HIV and Aids - we need the same solidarity, the same passion, the same commitment and energy" - Archbishop Emeritus Desmond Tutu (www.weallhaveaids.com).

Conclusion

The ILO estimated that HIV and Aids related deaths and illness will add 1% to the global economic burden and slightly more than 1% to the social burden by 2015. The pandemic reduces the number of skilled and experienced people in the labour force, and goals for poverty eradication and sustainable development are threatened. The direct and indirect costs of inaction cannot be overemphasised, especially in the education and health sectors (ILO (b) 2004).

The education sector is particularly hard hit, as the demand as well as supply sides are affected. Children drop out of school for various reasons, such as poverty, having to take care of ill parents, having to earn their own income due to becoming the head of a household, living with HIV or having to cope with stigma. Teachers and other officials are lost due to ill health and mortality. And "education is crucial to the enhancement of human capital, essential for sustainable development". As a result of the impact of HIV and Aids, "decades of investment in human capital investment are at risk of reversal" (ILO (b), 2004).

From the analysis of the students' assignments it is clear that this is a real threat in South Africa. The pandemic is widely recognised as a workplace issue, and not simply a health problem, but the various policies are hampered by bureaucratic and infrastructural implementation issues. The country lacks coordination of these efforts, and the education sector is already struggling with typical HIV and Aids related consequences, such as absenteeism, skills shortages and mortality. Sadly but surely this places South Africa's school education sector in the Traps and Legacies scenario.

A well-coordinated response through education must be recognised as one of our most powerful weapons against HIV and Aids. Children are our hope for the future, and they are largely moulded by teachers. "The efficacy of our educational system depends on the efficacy of our teachers"; "When an educator dies, many learners are without an education" (Shisana et al, 2005). South Africa cannot allow its workforce of teachers to be depleted by HIV and Aids, as the consequences will not only harm current learners, but will be inherited by future generations and will intensify poverty and social stagnation.

What happens over the next two decades and after that will depend on the decisions and actions of today. For Alexandra and for young people and others, "let us provide the leadership needed to save succeeding generations from the scourge of HIV and Aids; let us ensure we make a real difference in our lifetime, so that Alexandra will not to grow up believing the adults did nothing to save her country from HIV and Aids" (Annan, 2000).

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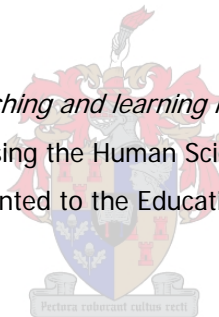
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