

Teacher Service Commissions and the Challenges of HIV & AIDS

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HIV & AIDS: The Current Situation

On 5th June 1981, just over twenty-four years ago, the United States Centres for Disease Control published a report about a new disease that was affecting gay men. That report marked the formal beginning of the AIDS era. During the quarter century that has passed since the medical profession was confronted with this strange new disease, it has grown to nightmarish proportions, with almost every passing year seeing a revision upwards of dire estimates and predictions. The challenge today is to put a halt to this obscene growth of the disease, to say to it in forceful action-backed terms: “Thus far and no further.”

But so far global efforts are not succeeding. Currently, the epidemic would appear to have the upper hand. It is rampaging through new populations. There are fears that the more ready availability of the antiretroviral drugs which block the reproduction of the virus within the body may have bred complacency. Global prevalence levels continue to rise. Behaviour change programmes have not brought much success. At a special United Nations meeting in New York at the beginning of June 2005, the UN Secretary General, Kofi Annan, acknowledged that “the world is losing the AIDS fight. HIV & AIDS are expanding at an accelerating rate in every continent. Treatment and prevention efforts are nowhere near enough.”

Speaking at the same meeting, Peter Piot, the Executive Director of the Joint United Nations Programme on AIDS, UNAIDS, admitted that without an exceptional response from the world’s leaders and peoples, the epidemic would defeat us. In his view, closing the gap between need and action requires urgent and dedicated action along four dimensions:

1. Giving AIDS the same level of attention and concern as global security.
2. Ensuring universal access to both HIV prevention and treatment.
3. Making funds work for people on the ground, especially women.
4. Planning for the long term.

By the end of 2004, an estimated 60 million persons had become infected with HIV, of whom about 20 million had died. In the twelve months ending in December 2004, an estimated 4.9 million persons became newly infected, that is, an average of about 13,500 every day or more than nine every minute. Worldwide, incidence (the number of new infections in a year) has increased each year since the epidemic began. This is due to the spread of the disease to new populations and its continued proliferation in areas where it is already well established. Although many deaths have been prevented by the

availability of antiretroviral treatment, this has not reached the majority of those in need. Hence the number of AIDS deaths continues to grow, with an estimated 3.1 million occurring in 2004. Putting this in perspective, about ten times more people died because of AIDS than lost their lives in the South-East Asia tsunami of December 2004. Moreover, since there are more new infections than AIDS deaths, the global pool of infected persons continues to grow, reaching 39.4 million in 2004.

What AIDS Does

HIV & AIDS in Africa affect every aspect of people's lives. Livelihoods are put at risk; families disintegrate; community resilience is undermined; health and education services are compromised; food security is threatened, especially among the poorest rural populations; gender inequities are accentuated; a human capacity crisis develops; economic growth rate is retarded; and decades of health, economic and social progress are reversed.

These AIDS impacts are frequently entangled with those arising from such areas as poverty, female disadvantage, other illnesses and health problems, poor economies, climate, public corruption, and unbalanced North-South relationships. The situation is made even more complex because of the denial and secrecy that so frequently accompany the epidemic. As a result, the impacts cannot always be attributed exclusively to HIV & AIDS. In general, however, AIDS affects systems and institutions in three interrelated ways:

1. It *highlights existing* problem areas (such as areas of weak capacity in the education sector).
2. It *explodes the scale and/or complexity* of *existing* problems (such as those related to the posting of teachers).
3. It *creates new* problems (such as psychological difficulties for teachers or students, or the development and delivery of a school curriculum that embodies HIV, AIDS, sexuality and life-skills).

These three perspectives repeatedly recur when considering the challenges that the epidemic creates for education ministries and Teacher Service Commissions.

HIV & AIDS Challenges for Teacher Service Commissions

In March 2003, personnel from education ministries in the four countries in the UNESCO-Nairobi cluster grouping (Burundi, Kenya, Rwanda and Uganda) met for the first cluster consultation on HIV, AIDS and education. There was general consensus at the meeting that Ministries of Education need to pay greater attention to issues of management, care and support, coordination, and protecting the overall quality of education. The second consultation, held in Kampala in June 2003, addressed itself to the role of Education/Teacher Service Commissions and dealt extensively with issues relating to teacher management and the management of the teaching service. The third

consultation, which was held in November 2004, concerned itself with the impact of HIV & AIDS on tertiary level education and how institutions should respond. The consultation that we are presently attending in Mombasa (June 2005) is the fourth in the series. Again it focuses on Education/Teacher Service Commissions (TSCs). The purpose of this consultation is to monitor the progress that had been made in the two years since the Kampala meeting and in the light of more recent developments in the field of HIV & AIDS to ensure that plans and proposals make provision for the challenges that the epidemic poses for TSCs.

The Kampala consultation identified four priority areas to which TSCs should give special attention:

1. Employment policy and regulations.
2. Staff protection and prevention programmes.
3. Sick leave and absenteeism management.
4. Employee assistance programmes

The remainder of this paper extends the Kampala discussions by considering eight challenges that HIV & AIDS are seen as posing for TSCs. In doing so, it also takes account of some of the major issues raised in the Kampala consultation. The challenges to be considered are:

1. The impacts of TSC policies and practices on the epidemic.
2. The role of antiretroviral therapy.
3. Ensuring teacher quantity and the quality of learning.
4. Absenteeism and quality provision.
5. Ensuring adequate inservice training.
6. Staffing schools in remote and poor communities.
7. Partnerships with teacher unions.
8. Getting to grips with the epidemic.

Impacts of TSC Policies and Practices on HIV & AIDS

TSC (and/or Ministry of Education {MOE}) policies and practices relate to HIV & AIDS in one of three ways. They could be favourable to the situation of HIV & AIDS. They could inhibit HIV & AIDS. They could be irrelevant to HIV & AIDS. The focus here is on those that could potentially facilitate or inhibit the situation of HIV & AIDS.

Do policies or practices facilitate HIV and/or AIDS?

The policies or practices of a TSC/MOE could be favourable to HIV transmission without the relevant authority quite realising this. Before the advent of HIV such policies or practices might have had their place. But in a world with HIV & AIDS, anything that increases an individual's susceptibility to infection or risk of becoming infected with the virus must be re-examined. Further, anything that increases the possibility that an infected individual will remain silent, not seeking assistance, is also questionable.

Hence it is necessary for a TSC/MOE to ask itself two hard questions:

1. Are any aspects of our policies or practices favourable to the transmission of HIV and therefore require examination and possible change with a view to reducing susceptibility and risk?
2. Do any aspects of our policies or practices aggravate an infected individual's HIV & AIDS status, and if so what should we do to remedy this situation?

Aspects that might be favourable to HIV transmission could include:

- Any practice that places individuals in a position where casual sex may readily occur and normal safeguards have not been provided. Such would be the case with teacher postings that entail the separation of spouses for protracted periods of time; salary payment procedures that require rural teachers to spend time away from home collecting their salaries; teaching practice arrangements that do not address student-teachers' need for suitable accommodation; workshop and other training activities that provide participants with allowances in a comfortable venue, but overlook the disorienting sense of isolation and anonymity that may lead to risky behaviour on their part; providing boarding accommodation at schools, teacher colleges and other third level institutions, because of the way this creates an environment that is open to the practice of casual and transactional sex.
- Preventive education policy or practice that is merely nominal and that has been given a place only because it is politically correct to do so. An institution that fails to provide adequately for good quality preventive education can be said to be acting favourably to HIV transmission—as is said so frequently in other circumstances, “silence means consent”.
- Salary levels that are inadequate for the support of a family and therefore undermine the ability to maintain the good health and nutritional status that are integral to HIV prevention.

Aspects of policy or practice that might aggravate an infected individual's HIV & AIDS status could include:

- Perceptions of policies or practices: The way policies have been portrayed makes a person suspicious of them, perceiving them as unfriendly, threatening, or discriminating. A TSC, like every other policy formulating authority, needs to be aware that there can be quite a difference between its policies as formulated and the way users perceive them. Sensitivity to this possibility is crucial in areas dealing with HIV & AIDS to ensure that those affected interpret policies in the benign way that, presumably, they were meant. Sick leave policy, issues of terminal benefits, and equal opportunity policies (for advancement or further training) are areas that are readily subject to misinterpretation and that require excellent public relations efforts on the part of the TSC to ensure that they are not perceived as discriminatory or punitive.
- Inefficient bureaucratic procedures that result in delays in granting sick leave or in enabling an infected teacher gain access to the necessary medical services.
- Salary payment procedures that entail delays in salary payments or require a teacher to travel elsewhere to collect payment. In both cases, an infected teacher could be left temporarily without the resources needed to maintain nutrition or purchase palliative medication.

Do policies or practices work against HIV and/or AIDS?

On the other hand, TSC policies or practices could inhibit the HIV & AIDS situation. Indeed, it is altogether desirable that they do so. It is important that an institution is able to recognise where it is indeed taking action against the epidemic so that it may never dilute such policies or practices. Rather, the trend should be to encourage and reinforce them. In these more favourable circumstances, HIV & AIDS challenge the TSC with the questions:

1. What aspects of a TSC/MOE policy or practice inhibit the transmission of HIV and therefore should be strengthened and encouraged?
2. Do any aspects of our policies or practices support the improved health of an infected person, with a slowing down of progression from HIV to AIDS, and if so what should we do to enhance this situation?

A TSC that has taken its HIV & AIDS role seriously should be able to adduce many possibilities, such as:

- The promotion of an institutional culture that encourages the development of life-affirming attitudes and values, enshrines gender equity in principle and practice, proscribes substance abuse (drunkenness, drug taking), stresses the importance of a healthy life-style (exercise, nutrition, positive approach), and shows zero tolerance for violence, stigma and discrimination
- Improved education on prevention and life-skills in the workplace and for students in schools and institutions.
- Enhanced teacher ability to act as agents of social change in the areas of HIV, AIDS, sexuality and life-skills: while increased knowledge does not imply that desirable behaviour change will automatically follow, enhanced teacher understandings and skills are supportive of desirable and safe practices.
- Greater accessibility of protection measures, such as voluntary counselling and testing, user-friendly facilities for the diagnosis and treatment of sexually transmitted infections, and antiretroviral drugs. Provision of these is not the responsibility of the TSC itself, but policies should promote access to them, and practice should work with partners to ensure that they are more readily available and easily accessible.
- Improved teacher conditions: these not only help to improve the classroom motivation of teachers but also provide further motivation to keep themselves HIV-free. Improved conditions also help teachers adopt an improved life-style, specifically in the areas of nutrition and general health care, areas that can offer considerable protection against initial HIV infection, while extending the period of progression to AIDS, should infection have occurred.
- Partnerships: No matter how well disposed or informed, teachers cannot respond to all the demands that HIV & AIDS make. Instead, they must work closely with a wide range of partners, and their preparation programmes should help them explore how such partnerships could be made to work. Some partnerships will be within the education sector itself, for example, with parent-teacher associations or school governing bodies. Others will involve public service areas such as health and social welfare, the community, non-governmental organizations, traditional

leaders, or religious leaders. Partnerships involving community members and organizations can be of crucial importance in helping to overcome the gap that often exists between the school and the community and in facilitating the transformation of both school and community into safe, HIV-free areas, free from stigma and discrimination, and where the infected and affected are assured of care and support.

- Explicit, well disseminated and implemented codes of conduct: codes of conduct that have been reviewed to take into account the challenges of HIV & AIDS clarify the boundaries of acceptable behaviour and thereby promote behaviour that falls within approved limits. The preferred approach to such codes is to see them as formative and not simply negatively prescriptive.

The Challenge to TSCs of Antiretroviral Treatment

To date, the greatest global breakthrough in responding to AIDS has been the development of the antiretroviral (ARV) drugs that block the multiplication of HIV in the body. The dramatic transformation flowing from antiretroviral treatment (ART) has rightly been termed “the Lazarus effect” because it signals an almost miraculous improvement in health and hope. Nevertheless, ARVs are not a silver bullet for solving the HIV & AIDS problem. Adherence to the correct programme of ARVs will prevent HIV from developing into AIDS, but does not cure the infection. Also, ART is an intervention that must last through life and that may have troublesome and sometimes serious side effects.

A TSC will be helped by seeing ARV treatment coming towards the end of a comprehensive range of interventions. These extend from voluntary counselling and testing (VCT), through the treatment of opportunistic infections, to a number of social support activities (such as the development of social safety nets and the clarification of legal issues for ownership and inheritance purposes), and finally to ART itself. Attention is required throughout to improved nutrition and to the reduction of stigma and discrimination. The complete process is like building a house. One starts with the foundations of prevention, behavioural change programmes and VCT. On these one builds the walls of positive living, which includes good nutrition and prompt treatment of common and opportunistic illnesses. Finally, one ends with the roof of ART. No builder would ever try to put the roof on a house until the foundations and walls were correctly in place. Likewise, apart from emergency cases where an individual may be at a very advanced stage of AIDS, much should be in place in advance of the provision of ART.

As noted already, a TSC does not have the role of providing health care. It does, however, have the role of facilitating teacher access to such care, including ART. How it is to do so depends on the arrangements in each country. In adopting its own stance, a TSC might well look at the costs, other than the cost of the ARV drugs, that an ART regimen might imply. Such costs would be those for VCT, medical visits, laboratory analyses, and the transport costs arising from regular visits to a clinic. In Zambia, for example, the Ministry of Education has agreed that it will bear the basic costs of registration and clinical visits for every HIV-positive teacher who must go on to ART,

though this benefit extends only to registered teachers and not to their spouses or members of their families.

ART also poses a challenge for a TSC in the way it may put an additional constraint on the posting of teachers. One must ask whether a TSC can always post an infected teacher so that ART services are within easy reach. If obliged to do so, the TSC may encounter two problems: understaffed schools in areas where ART is not readily accessible, and overstaffed schools in the proximity of clinics offering ART services.

A TSC must also consider the way ART raises certain very practical teacher and school issues. At the teacher level there is the question whether teacher time spent on routine ART clinic visits is regarded as unavoidable absenteeism that does not carry any sanction or loss of benefit. While there might be a clear policy that this is so, there could be subtle forms of discrimination in the field if school heads or other teachers manifest resentment at the repeated absence of a colleague. Some education ministries (and other public service areas) have the practice of allowing female employees one free day every month in response to the needs of their monthly cycle. One might ask whether a TSC might build something similar into its practices in response to the ART needs of many of its employees.

At the school level, one must ask what happens to the classes of a teacher who spends time on clinic visits and, even more, what happens if there are several teachers in a school who must make such visits. Because such visits occur on a fairly regular basis, they can be planned for. Hence it might be necessary for a TSC to write into its regulations the expectation that teachers who know that they will miss classes because of clinic visits should plan for such an eventuality and assign work to be done in their absence.

The Challenge of Ensuring Teacher Quantity

Maintaining the number of teachers required by a school system has always been a prime responsibility and ever-present challenge for TSCs. The AIDS epidemic aggravates this challenge in two ways. First, it leads to an increase in teacher mortality and attrition. The extent of this increase depends greatly on the HIV prevalence levels in a country, the extent to which teachers are infected, and the extent to which they have recourse to ART. In many situations information on these factors is not good. The epidemic also leads to an increase in teacher attrition when qualified personnel leave the education sector for positions that AIDS deaths have rendered vacant in other areas of the economy.

Second, because AIDS-related illnesses result in frequent teacher absenteeism, TSCs must ask themselves how they should respond to a situation that creates very difficult conditions for the learning situation in schools. Should they leave it to the school authorities to cover in some way for AIDS-related teacher absences, or should they make provision for the recruitment and deployment of substitute teachers? Since the impact of a teacher's sporadic and unpredictable absence occurs within the school setting, it would seem more appropriate for schools themselves to make suitable arrangements to protect the learning situation. But they would be greatly helped in this if the TSC developed

response guidelines and, possibly, indicated whether funding would be available for the local appointment of a substitute teacher.

Issues other than the epidemic may compound the challenges arising from AIDS-related teacher mortality and morbidity. In efforts to comply with IMF conditionalities, ministries of finance in some countries have placed ceilings on the recruitment of new teachers or have blocked efforts to improve teacher remuneration. In such circumstances, TSCs are hard pressed to ensure the adequate staffing of schools, regardless of the AIDS situation. But the pressure continues to mount because of the high level of demand for education, especially in the wake of decisions to provide free primary education. It is an anomaly of the present century that all countries of the world have established highly desirable Millennium Development Goals, but the policies of international financing institutions, such as the IMF, constrain the progress of individual countries towards the achievement of these goals.

The Challenge of Protecting Classroom Learning

Possibly the most corrosive effect of the AIDS epidemic on the work of schools is the way it leads to increased and very often unpredictable absenteeism, on the part of both teachers and learners. Carol Coombe has spoken of this as leading to the “randomisation of learning”. Learning experiences that should be marked by orderly development and continuity become staccato and fragmented—for whole groups when a teacher is absent, for the individual learner when a student is absent. The concern of a TSC is with teacher absenteeism, its causes, extent, management and effects.

Absenteeism is a phenomenon that occurs to a greater or lesser degree among teachers worldwide. Absence rates in low-income countries seem to be higher than those in wealthier countries, possibly because teachers in low-income countries experience the need to supplement their incomes by a variety of income-generating activities outside the area of their teaching responsibilities. An ongoing World Bank study finds teacher absence rates average 25 percent in India, 20 percent and above in Sub-Saharan Africa, and 11 percent and above in Latin America. The AIDS epidemic contributes to these high rates, with teacher absenteeism being a clear manifestation of the way HIV & AIDS explode the scale and complexity of an existing issue. The AIDS-related absenteeism may be because of the illness of the teacher or of a member of the teacher’s family. It may also be because of funeral attendance of a community member or of a member of the teacher’s family network.

Paul Bennell has noted that “even at this late stage in the epidemic, there is no good-quality data on the extent and causes of teacher absenteeism over time in any country” in Sub-Saharan Africa. He also reports that in survey schools in Botswana, Malawi and Uganda, around eight to twelve per cent of absences totalled more than five days per term in each country. An assessment of the impact of HIV & AIDS on education delivery in Rwanda indicated that 7.5 percent of school heads reported that they had staff with suspected AIDS-related absenteeism, while a study in Zambia found that 18 percent of teachers were absent at the time of a surprise visit, with average absence for all reasons being equivalent to 21 days in the year, that is more than ten percent of the teaching days.

Given that absenteeism can be so disruptive of the fundamental teaching and learning activities in a school, there is need for greatly improved information on its extent and on the extent to which HIV & AIDS are contributing to it. If they are to respond creatively to the impacts of the epidemic on the delivery of education, TSCs need to conduct investigations that will improve their information on teacher absenteeism, with information showing the numbers who are frequently absent in contrast to those who are seldom or infrequently absent. There is also need for information on whether the absences are prolonged or of short duration. Because the impacts of the epidemic differ for men and women, information in this area should be gender-disaggregated. There is also need for a better understanding of the reasons for the various kinds of absenteeism. Further areas for investigation are whether student absenteeism and/or dropout are influenced by teacher absenteeism and the extent to which teacher absences lead to community dissatisfaction and possible tendencies to remove children from school.

Obviously, when a teacher is absent, a class is left without the benefit of the teaching which that particular teacher should be conducting. But the reason for absence may also influence teaching before or after the period of absence. Teachers who are infected or affected by HIV & AIDS may be less well able to teach when in class. Being infected themselves, or attending to an infected family member, may also take away from the time or energy they can devote to lesson preparation or marking of assignments.

The influence of absenteeism on student learning achievement has recently been quantified in Zambia¹. A five percent increase in the teacher's absence rate was found to reduce learning in English and Mathematics by four to eight percent of average gains over an academic year. This is a substantial reduction in learning achievement and is something that a TSC, through its creative management of inescapable teacher absenteeism, should seek to avoid. In the interests, therefore, of protecting the quality of learning, certain questions must be asked:

- What support is provided to enable teachers cover for chronically ill or deceased colleagues?
- Has the supply of teaching materials been increased so as to facilitate and ensure the professional quality of the work of teachers who are covering for others?
- Are there any incentives for teachers who cover regularly for absent or dead colleagues?
- Is there any system in place that allows for the engagement of relief teachers, and if so, does it extend across an entire country or region and, further, does a pool of relief teachers exist?
- Has there been any recourse to multigrade teaching, and are teachers able and willing to adopt this model?
- Have there been any inservice courses on how to teach large classes or how to care for two classes simultaneously, one's own and that of a sick colleague?

¹ *Teacher Shocks and Student Learning: Evidence from Zambia*. J. Das, S. Dercon, J. Habyarimana, & P. Krishnan. World Bank, Policy Research Working Papers, 26 April 2005 (<http://econ.worldbank.org>)

Policies Relating to Reduced Teacher Capacity

It is to be expected that when an employee becomes too ill, because of AIDS or other illness, to perform normal duties the principle of reasonable accommodation will apply. This means that the employer, with the express consent of the affected employee, endeavours to provide alternative suitable employment within the institution or organization. This option should always be explored before resorting to any step that might lead to the termination of employment.

In addition to this general principle, a TSC needs to develop a policy on sick leave entitlements and relief teachers which takes account of the HIV & AIDS situation, is financially feasible, and is teacher-friendly. In developing its policy, the Commission should consult widely, particularly with teacher unions and other sectors of the public service. In addition it should ensure that its own human resource management mechanisms are developed in a way that will secure compassionate, efficient and effective policy implementation.

A policy on ill-health and absenteeism is well laid out in the *Kenya Education Sector Policy on HIV and AIDS* (Section 9.5):

1. The education sector and institutions will actively promote all feasible means to maintain the health and performance of employees living with HIV and AIDS.
2. Employees with HIV and AIDS will continue with work as long as they are medically fit to perform their duties. If employees are unable to continue their normal duties on medical grounds, the normal rules regarding incapacity will apply.
3. To reduce the negative effects of illness and incapacity on staff members and education delivery, the sector will:
 - take steps to improve staff access to medical care;
 - develop efficient systems for relief staff;
 - take steps to improve retirement benefits and ensure more efficient processing of applications;
 - monitor and assess sick leave provisions and adapt them where necessary.

Ensuring Adequate Inservice Training

In countries such as those addressed by the UNESCO-Nairobi Consultations the aim should be to make all teachers AIDS-competent, that is, to ensure that they have a theoretical and practical understanding of the epidemic and its implications, appropriate to the level of their other professional qualifications. This is needed for two reasons, so that they can better protect themselves and so that they can more effectively treat of HIV & AIDS in the classroom and school community.

The sheer weight of numbers to be reached makes the challenge of developing AIDS-competence in serving teachers a formidable task. Nevertheless, programmes must strive to develop in a significant number of teachers the requisite understandings and teaching skills. This calls for the development of a coherent and well followed-through programme that enhances the professional standing of the participants. Such a programme would entail:

- Formulating in collaboration with representatives of serving teachers and teacher unions a well-defined inservice HIV & AIDS programme or curriculum that clearly specifies the understandings, skills and attitudes that are to be developed over a fairly considerable period of time and that will lead to an acknowledged qualification that merits salary increment.
- Providing intensive and extensive training to a core group of trainers who, in cooperation with Ministry of Education inspectors or standards officers (or AIDS units) would subsequently have responsibility for HIV & AIDS inservice programmes in sub-regions of a country or state.
- Developing a sufficient quantity of materials, many of them suitable for self-study, others providing support for classroom work, and making these freely available to participating teachers.
- Organizing teachers at school cluster or zone levels for the sake of peer-group study and support in areas of the inservice HIV & AIDS curriculum.
- Ensuring that the core trainers and other qualified personnel follow up on training activities by support visits to participants in their schools and colleges.
- Providing incentives and acknowledgement for teachers who exercise in their classrooms the AIDS-competencies developed during training programmes.
- Establishing from the outset monitoring and evaluation procedures that will help in keeping the inservice training programme on track and in adjusting it to changing needs.

Staffing Schools in Remote and Poor Communities

Almost every TSC faces the problem of ensuring that schools serving remote and poor communities are adequately staffed. A teacher who is HIV infected, or who is caring for an infected immediate family member, may ask not to be posted to such a school if it is far from a clinic that can offer some form of AIDS treatment. It is difficult for a staffing officer to refuse such a request. In this way HIV & AIDS explodes the scale and complexity of the ever-present problem of staffing schools in disadvantaged areas. It is not at all easy to see what should be done. One possibility would be to have a designated TSC officer whose special responsibility is to ensure that all the needs of such schools, including staffing, are met. At the least, this will mean that the often precarious staffing needs of these schools remain high on the agenda of at least one officer.

Other possible measures include the provision of incentives, whether monetary or non-monetary (such as double counting for salary increment and advancement purposes the period of service at such schools); the recruitment of personnel to work in such schools from the local communities (and the provision of scholarships to support their training for work in their home areas); and making salary resources more accessible to local authorities and communities which would in return assume responsibility for the recruitment and appointment of suitably qualified individuals. It would also be worth investigating the financial and logistical feasibility of guaranteeing that any AIDS infected or affected teacher posted to such a school would be assured access to a clinic that provides AIDS services and antiretroviral treatment.

Partnerships with Teacher Unions

TSCs and teacher unions share a common clientele. Both want to see less HIV among teachers, less destruction of teachers' lives, and less disruption in the delivery of education. Hence it is entirely reasonable to expect that they work together, both pulling in the same direction. The relationship between these two bodies should always be one of trust, respect and synergy. HIV & AIDS accentuate the need for this. Both sides bring to the table their own unique insights and knowledge, derived from the different ways in which they relate to teachers and in which teachers participate in their functions. There is need for them to share these insights and this knowledge in a spirit of consultation that goes beyond mere tokenism or the rigid defence of prepared positions to a process that is genuinely interactive and open to accommodation.

In this spirit, there is room for meaningful partnerships between TSCs and teacher unions in relation to:

- Research and information sharing in such areas as the extent of HIV & AIDS among teachers, absenteeism, how teachers are coping with the impacts of the epidemic on their work and in their communities, how teachers are responding to the needs of orphans and other children at risk, and the psychological challenges that the epidemic raises for teachers and students.
- Joint initiatives and programmes in such areas as the development of AIDS-competence among all serving teachers, participation in community initiatives in response to the epidemic, and enhancing food security in affected families and communities.
- Joint mobilisation of resources for the support of affected teachers.
- The development and application of policies on sick leave, substitute teachers, medical benefits and access to antiretroviral therapy

Getting to Grips with the Epidemic

The final challenge to TSCs is to ensure that they really get to grips with the AIDS epidemic. An important step is growth in the recognition that the concern of a TSC is not limited merely to teachers but extends to every employee, from the lowliest worker to the most senior executive. Low levels of success in responding to the epidemic may be partly due to the almost universal tendency to treat HIV & AIDS as somebody else's problem, something that belongs to people "out there", but does not enter into the sphere of each individual's concern. It is necessary that in the severely affected countries every TSC officer recognise that the epidemic is a personal problem that impinges directly on her/his life and that challenges each individual to make a personal and a professional response. There can be no neutrality in the battle against HIV & AIDS.

Accepting this as true, many ask what is it that they can do. The same can be asked within a Teacher Service Commission. Apart from the way it responds to the epidemic as a function of its professional concerns, is there anything more that it can do? Is there anything the individual members of the Commission and individual employees can do?

One suggestion is to become involved with the provision of home-based care (HBC) to those who are infected and their families. HBC guarantees first-hand contact with HIV &

AIDS. Participating in its provision is a dynamic way of confronting the epidemic and asserting that it will not be allowed to have the upper hand. Further, there is mounting evidence that where HBC is provided, stigma is being reduced (in communities, among carers, and in affected families), the personal behaviour of carers becomes more responsible and prevention-oriented, and care and support are offered not just to infected individuals but to entire families, including orphans and children at risk. This implies that providing HBC is one way of turning the tide of the AIDS epidemic. It seems lawful, then, to ask about the possibility of a TSC catering for this within the scope of its work, for instance, by giving its personnel time off for HBC activities, by urging teachers to take part, and by encouraging schools to involve senior classes. Some such involvement outside the box would be a powerful statement that the TSC is serious about its response to HIV & AIDS, not merely in a professionally correct way, but also in a deeply human, compassionate, humanitarian and effective way. It would also be a tremendous boost to community initiatives and could trigger the groundswell movement that is needed to roll back and prevail over the epidemic.

Martin Luther King once said that “the day we stop talking about things that are important, our lives begin to end”. For every member of a Teacher Service Commission, HIV & AIDS are vitally important. They are quite literally a matter of life and death. They should always be at the centre of concern, at the centre of discussions, at the top of the agenda, at the centre of action. The personal challenge that the epidemic poses is that, in addition to our formal concern as members of a TSC or MOE, each one of us should strive to maintain an unflinching devotion to doing something about this epidemic, to confronting it aggressively, so that we can stop it in its tracks and assure a future to our people and our countries.