



**Association for the Development
of Education in Africa (ADEA)**

**REPORT OF THE MINISTERIAL
CONFERENCE IN CENTRAL AFRICA**

**“Effective Responses to the
HIV/AIDS Pandemic in the
Education Sector: From Analysis to Action”**

**Libreville, Gabon
27-29 May, 2003**

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ACRONYMS AND ABBREVIATIONS

AAU	Association for African University
ADEA	Association for the Development of Education in Africa
ARVs	Anti-retroviral drugs
DEMMIS	District, Education, Management, Monitoring, Information, System
DFID	Department for International Development
ECD	Early Childhood Development
EFA	Education for All
HIPC	Heavily Indebted Poor Countries
HIV/AIDS	Human Immuno-deficiency Virus / Acquired Immune Deficiency Syndrome
IATT	Inter-Agency Task Team on Education
IBE	International Bureau of Education
IIEP	International Institute for Educational Planning
MAP	Multi-country AIDS Program
MOE	Ministry of Education
NEPAD	New Economic Partnership for African Development
NGOs	non-governmental organizations
OVC	Orphans and Vulnerable Children
PCD	Partnership for Child Development
PNLS	Programme National De Lutte contre le SIDA
PRESIEC	Projet pour la prévention du SIDA dans les écoles du Congo
PRSP	Poverty Reduction Strategy Papers
SWAP	Sector Wide Approaches
UIS	UNESCO Institute for Statistics
UNAIDS	United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	The United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WFP	World Food Program

**Report of the Ministerial Conference for Central Africa on
“Effective Responses to the HIV/AIDS Pandemic in the
Education Sector: From Analysis to Action”,
Libreville, Gabon, 27-29 May, 2003, ADEA**

CONTEXT

The sub-Saharan African region is the hardest-hit by the HIV/AIDS pandemic. At present, this region alone accounts for 70% of the known cases. Of the 42 million cases identified worldwide by the United Nations Coordination Office, UNAIDS, more than 29 million are found in sub-Saharan Africa. Certain countries on the continent have reached general epidemic proportions and the consequences are exacting a heavy toll at both micro and macroeconomic levels. With prevalence rates going from 5 to nearly 40%, sub-Saharan Africa is facing an unprecedented challenge. In some countries where infection rates are high, hundreds of people die from the disease each day and several hundred others are infected. To take but one example, the infection rate in Botswana for the period 1999-2000 was around 30 to 40% of the adult population. When one realizes that the vast majority of people either dead or infected belong to the most productive age group (15-45 years old), the situation inspires dread. AIDS in Africa has become not only a major public health problem, but above all, an enormous challenge to development itself.

As for the education sector, it is being hit two-fold by the pandemic. Empirical data increasingly demonstrates that the sector is among those most impacted. The pandemic threatens both supply and demand at the very moment when Africa is striving to achieve Education for All (EFA) by the year 2015. Studies in Botswana, Malawi, Uganda and the Central African Republic show a number of trends:

1. Among teachers, the infection rate is high and a large number are obliged to abandon their classes (Fassa, 2000)¹. In the Central African Republic, a joint study by UNAIDS, UNDP and UNICEF shows that AIDS has been responsible for increasing the death rate among teachers by 12.6%.
2. In some schools, HIV infection rates are five times higher for girls than for boys.

AIDS-related orphans leave school in droves and children whose parents are dying are obliged to stay away for long periods in order to care for them, and for their younger brothers and sisters.

In terms of prevention, education is the only “vaccination” that exists today to protect oneself against AIDS. A large number of countries were caught completely off-guard by the raging and pernicious effects of the pandemic. Few succeeded in establishing a timely and effective response to tackle this problem. Awareness about what role the education sector should play came very late, since many countries initially considered the disease was primarily a medical problem. The ADEA Initiative, “Identifying effective responses to HIV/AIDS”, has shown clearly that prevention

¹ Fassa, Maniane. 2000. Final report of the ADEA Working Group on Teaching profession, Francophone section.

programs are so recent that they haven't yet had a chance to prove their effectiveness. Given this situation, many decision-makers and researchers have realized that there is no time to lose in gathering reliable information about their effectiveness. Better to move directly to action and to learn by doing what ingredients make a program effective or not. However, to give results, the move to action and learning by doing require a certain degree of preparedness. Ministries of Education must be ready to face some tough questions like the following:

- What is the best means, given the way the disease develops among the population (morbidity of parents or of those who take care of the children), to control the pandemic's effects on school enrolment, and what are the possible short-term and long-term measures to be taken?
- What is the impact of the HIV/AIDS pandemic on current recruitment policies, on training and retention of teachers affected by the disease, and what responses are possible?
- What life skills and values are necessary to help all concerned individuals to protect themselves (students, teachers, administrators), and what are the best ways and means to ensure these are acquired?
- What consequences does the disease have on classroom provision and demand or school management, and what should be done to keep the system operating almost normally?
- What kinds of information systems should be put in place to alert administrators about failures in the system, and how can these be adapted to the disease's parameters?
- How can multisectoral partnerships and mechanisms be created with other public institutions and actors in civil society (Parent-Teacher Associations, community groups, NGOs) so that appropriate psychosocial responses can be introduced?
- How can school programs be redesigned to better support the students' need for functional autonomy?
- What are the implications of these challenges for issues involving quality, equity and school reform, and what alternative solutions can be found?

During the 1999 biennale in Johannesburg, South Africa, President Mbeki issued a ringing appeal to ADEA. He called on ADEA to respond to the educational and social challenges posed by the HIV/AIDS pandemic in Africa. ADEA did so in April 2000, by launching its Initiative called "Identifying Effective Responses to HIV/AIDS." This was an opportunity for Ministers of education and training in sub-Saharan Africa to take stock of the preventive actions and policies that had been introduced in the sector to tackle HIV/AIDS. The goal was to document those interventions deemed effective or promising, that might then be developed and extended. The effort was meant to ease the learning process and allow a sharing of lessons learned.

It is in this context and as a follow-up to the ADEA exercise that the ADEA Bureau of African Ministers asked at its April 2002 meeting that a sub-regional ministerial conference on HIV/AIDS be organized for Central Africa. The Government of Gabon, through its Minister of Education, agreed to host the conference in Libreville from 27 to 29 May, 2003. To ensure coherence with the programs of other actors at the national and the international level, ADEA took initiative to collaborate with partners by co-hosting a sub-regional workshop with UNAIDS IATT, UNESCO and UNDP offices in Libreville preceding the ADEA Ministerial meeting.

I- PURPOSE AND EXPECTED OUTCOMES OF THE MEETING

The conference was more than justified by the clear, urgent need to move from analysis and stock-taking to implementation of sector action plans that would give ministries of education the tools they needed to face the various challenges posed by HIV/AIDS in a concrete and effective manner.

Specifically, this general objective was divided into four main goals:

1. To assess the preparedness of countries in terms of sector policies and to highlight the needs of ministries of education, especially in capacity building.
2. To share the lessons learned that emerged among countries participating in the ADEA Initiative on "Identifying Effective Responses to HIV/AIDS".
3. To outline strategies for:
 - (i) Integrating lessons learned in the preparation and implementation of sector action plans;
 - (ii) Highlighting the different options and policy priorities;
 - (iii) Introducing "effective" prevention programs in schools;
 - (iv) Promoting the necessary intersectoral approaches and partnerships.
4. To offer the ministries those specific methods and tools needed to face the challenges, whether in terms of prevention, planning or management.

The expected outcomes were as follows:

- 1) A table showing preparedness in each country;
- 2) A table showing the needs of ministries and key sector personnel (training, resources);
- 3) A list of sector and inter-sector policy options for fighting HIV/AIDS;
- 4) A list of tools for monitoring the impact of the epidemic on education;
- 5) Basic elements for establishing a sub-regional action plan that could define the role of ministers as well as their social, financial and technical partners.

II- PARTICIPANTS

The conference was attended by 126 participants including:

- **The following Ministers of Education from central Africa**
 1. Hon. Mr. Prosper Mpawenayo, Minister of Education in Burundi.
 2. Hon. Mr. Emmanuel Bantar Ngafeeson, First Secretary of State in Cameroon.
 3. Hon. Mr. Rosalie Kama-Niamanyoua, Minister of Primary and Secondary Education in charge of Literacy for Congo, Brazzaville.
 4. Hon. Mr. Pierre Michel Nguimbi, Minister of Technical and Professional Education and Training in Congo, Brazzaville.
 5. Hon. Mr. Daniel Ona-Ondo, Minister of Education in Gabon.
 6. Hon. Mr. Frederic Massavala Mboumba, Minister of State for Education in Gabon.
 7. Hon. Mr. Lazare Yagao Ngama, Secretary in the Ministry of Education and Research, Central African Republic.
 8. Hon. Mr. Eugene Munyakayanza, Secretary of State for Primary and Secondary Education in Rwanda.
 9. Hon. Mr. Mandigui Yokabgjim, the Minister of Education in Tchad,
 10. The Minister from Sao Tome and Principe was represented by a senior official.

- **Representing the ADEA Bureau of Education Ministers**
 1. Hon. Mr. Archibald Lesao Lehohla, Minister of Education in Lesotho.
 2. Hon. Dr. Mrs. Evelyne S. Kandakai, Minister of Education in Liberia.
 3. The ministers from Kenya and Nigeria were represented by senior officials from the ministries of education in their respective countries.

- **The following Agencies and Cooperation Organisations**
 1. Director General's office in the French Foreign Ministry's Department of International Cooperation and Development.
 2. Department for International Development (DFID).
 3. IBE/UNESCO
 4. International Institute for Educational Planning (IIEP/UNESCO)
 5. Partnership for Child Development (PCD)
 6. UNAIDS
 7. United Nations Development Program (UNDP)
 8. UNESCO
 9. UNFPA
 10. UNICEF
 11. World Bank
 12. World Food Program (WFP)

- ***Representatives of civil society, and officials from ministries institutes and universities***

III- THE PROGRAM

- ***Opening Ceremony***

After a welcoming speech by the Prime Minister of Gabon, the First Lady, the Hon. Mrs. Edith Lucie Bongo gave the opening address. Also present were: Hon. M. Archibald Lesao Lehohla and Hon. Mr. Daniel Ona Ondo, who had previously welcomed the guests while underlining the importance of exchanging experiences between African countries and adopting a regional approach for fighting AIDS.

- ***Panels***

There were six discussion panels organized as plenary sessions. They covered the following themes:

Panel 1: Analysis of the impact of HIV/AIDS on education, on the preparedness of countries, and the lessons learned from the initiative “Identifying Effectives Responses for fighting AIDS”.

Panel 2: Developing sectoral policies associated with national plans for fighting HIV/AIDS.

Panel 3: Tools for measuring and managing the impact of HIV/AIDS on the educational system and consequences for recruitment, training and deployment of teachers.

Panel 4: Prevention programs: Moving from a focus on a single type of actor (students) towards multiple targets (teachers, administrators and the neighborhood community around the school).

Panel 5: Strategies targeted for orphans and vulnerable children: concepts, measures, and psychosocial aspects.

Panel 6: Intersectoral approaches and partnership for a unified approach and more effective action.

- ***Working groups***

The afternoons of the first and second days were devoted to working groups’ parallel sessions covering the following themes:

- (i) HIV/AIDS and primary and secondary education
- (ii) HIV/AIDS and higher education
- (iii) HIV/AIDS and non-formal education
- (iv) HIV/AIDS and early childhood development (ECD)

- ***Closing Ceremony***

IV- CONCLUSIONS AND OUTCOMES OF MAJOR DISCUSSION GROUPS

Panel 1: Analysis of: (i) the impact of HIV/AIDS on education;(ii) the preparedness of countries, and (iii) the lessons learned from the Initiative "Identifying Effective Responses to HIV/AIDS"

a) Impact of HIV/AIDS on the Education Sector

Analysis of the impact of HIV/AIDS on the education sector was carried out using empirical data from several African countries and more specifically from a case study from Cote d'Ivoire. As a matter of fact, awareness of the impact of HIV/AIDS on education and lessons learned from programs put in place within the education sectors of affected countries are relatively recent.

HIV/AIDS has an impact on the demand, supply and quality of education.

- Demand is impacted significantly by the growing number of: school-aged children, orphans, vulnerable children or victims of HIV/AIDS and whose chances of attending school are dwindling significantly. Special attention must be paid to:
 - Orphans and vulnerable children as their number is increasing and who suffer from discrimination and exclusion within education systems.
 - Girls who are quantitatively more affected by the virus and at an earlier age than boys.
- Supply is also negatively impacted by HIV/AIDS through its devastating effects on the teaching force:
 - High mortality rate among teachers;
 - Teachers' low productivity due to absenteeism; abandonment of the profession and exodus from rural to urban areas that provide better health care;
 - And increasing stress resulting from uncertainty regarding their serological status and the effects of the pandemics on their families.
- Quality is deteriorating as a result of a decline in educational services and the psychological health of teachers and students, and the inability to plan or manage the situation.

In spite of these worrying trends, there is reason for hope: all in all, school-age children have the lowest prevalence rate. Almost all school-age children, even in the most affected countries, are HIV free, especially those children in the 5-14 age group. Education is now the only effective weapon at our disposal. Adapted and properly used, it should enable children to grow up and reach adulthood without contracting the disease by teaching them knowledge on prevention and healthy behaviour.

To achieve this, every effort should not be spared to:

- Maintain and improve education supply in order to attain Education for All (EFA),
- Meet demand by ensuring that girls, orphans as well as vulnerable children are enrolled in and able to attend schools,
- Use education as a means for preventing new infections among students and teachers.

b) State of preparedness in countries of central Africa

The situation in central Africa was analyzed using data collected from questionnaires addressed to ministries of education in eight countries in the sub-region. The aim of that questionnaire was to collect data sorted by country on their experience related to HIV/AIDS on a national level and within the education sector.

Analysis of the questionnaires reveals the following:

- At the national level, the majority of countries (six out of seven countries) have:
 - An operational strategic framework for fighting AIDS in place.
 - A national action plan
 - A committed leadership at the highest level
- Though limited in scope, there are responses within the education sector such as:
 - A sector strategy for fighting the pandemic,
 - A coordination unit hosted by ministries of education,
 - Active partnerships with the Parents and Teachers Associations, NGOs, religious bodies and communities.

Nonetheless, the development of policies and strategies for fighting AIDS in education is handicapped by the absence, weakness or inadequacy of:

- Research on the relationship between education systems and the pandemic.
- Human resources attached to the AIDS coordination unit in the ministries of education.
- Budgetary resources allocated for fighting AIDS in education systems.
- Integration of HIV/AIDS issues into curricula and teacher training programs.
- Inexistence or little room made for other types of strategies for fighting AIDS in schools and universities.
- Mechanisms for collecting, analyzing and disseminating data on the pandemic and its impact on education.

c) Lessons learned from the ADEA exercise

The presentation and discussions of promising approaches to the HIV/AIDS pandemic, based on the ADEA Initiative, have showed the following:

Strengths

- There is “definite disquiet” about the epidemic’s impact on education systems and a sincere desire to act;
- African countries already have developed some effective responses for coping with HIV/AIDS in the education sector;
- Countries need to develop their capacity to sustain interventions, to assess them and then take the most promising ones to scale;
- The proliferation of multi-sector partnerships reflects the new awareness on the part of different stakeholders and shows there is understanding of the complexity of the problem and of the need to adopt multidisciplinary approaches. This determination to work together has some important implications for partnerships;
- Using ministry employees to evaluate their own programs is an approach that shows considerable potential in terms of learning and capacity building.

Weaknesses

- Too few of the studies and proposed interventions have emphasized the systemic nature of HIV/AIDS;
- There is little variation from country to country in how the campaigns are being focused;
- Planning is rarely based on solid foundations: there is almost no reliable information system for collecting epidemiologic data in the education sector.
- The ministries of education don’t have much competence in dealing with HIV/AIDS;
- Existing programs are relatively recent and limited.

Needs

- It is essential that policies and capacity-building programs for teachers be instituted, so they will feel at ease when they raise questions about HIV/AIDS and sexuality in front of their students;
- Strengthening the capacity of ministry of education staff requires resources, training plans, follow-up and monitoring;
- It is absolutely necessary to institute a means of collecting data and analyzing this information in order to manage education in the crisis conditions created by the pandemic;
- It is necessary to disseminate and share the data, documents and all information relevant to HIV/AIDS so as to increase knowledge and cooperation.

The ADEA initiative has therefore put the emphasis on system-wide strategies of intervention, and paid particular attention to strengthening capacity in the ministries of education.

Panel 2: Developing sector policies associated with national plans for fighting HIV/AIDS.

a. On a political level

The need to formulate sector policies in the struggle against HIV/AIDS is justified:

- As the basis of a moral and legal legitimacy to act in the education sector.
- As a framework for mobilizing actors and internal and external resources.
- As a condition for developing sustainable, system-wide programs of great scope.

Policy options, while reflecting priorities and needs in each country, should take account of:

- The extent of the political leadership's coherence and commitment.
- The need to promote inter-sector approaches and broad partnerships with different actors
- Whether or not the gender dimension is seriously integrated in the various policies, including budgetary considerations.
- The need to give priority to prevention while also fighting exclusion and promoting care for those who are sick or infected with HIV/AIDS.
- Recognition of AIDS as a major management issue in the education sector.
- The need to rely on accurate information concerning the prevalence and effect of the pandemic.
- The importance of allocating enough resources to ensure that strategies become operational.

b. On a strategic level

Strategies must be based on specific goals around which specific programs can be developed. Clear principles must be expressed concerning infected persons, gender, and sexual orientation while also addressing every other group or person who might become a victim of exclusion.

Strategic guidelines should cover:

- Prevention of new diseases focused on all components of the sector: learners, teachers, managers, administrators;
- Managing the disease: voluntary screening, mobile health unit, and home treatment;
- Reducing its impact by improving access and equality to education, reorganization of teaching and the building of an information system as a means of management;
- Institutional dispositions for implementing policies that will enable reinforcement of internal and external partnerships in the education sector.

On the whole, discussions on sector policy frameworks within the education system indicated that models could not be identical across countries since social and economic contexts are different and the pandemic may present itself in a dissimilar fashion. For example, what was achieved in Uganda could not be replicated in another country or region. However, it is important to note that in most cases the following need to be done:

- Involving the community and ensure that this involvement is secured through a sound communication and advocacy strategy ;

- Bringing on board the largest number of potential partners (politicians, parents, teachers unions etc.)

In that respect, the essential role of advocacy as communication strategy within the framework of prevention, care, “de-stigmatization” was emphasized to inform, persuade and build at several levels a responsible and committed leadership.

Panel 3: Tools for measuring and managing the impact of HIV/AIDS on the education system and its implications for recruitment, training and deployment of teachers.

a) Strategies and tools for measuring impact and managing education systems in a crisis context

Three research tools were presented. Namely, the **road map** as tested in three countries by the IIEP team; the **DEMMIS** (District, Education, Management, Monitoring, Information, System), which was created at the University of Natal and is being extended to 100 African and Latin American countries after having been tested in KwaZulu Natal (South Africa); and the **Ed-AIDS** project developed by the Partnership for Child Development.

The use of the **road map** for analyzing the effect of HIV/AIDS on education requires a clear vision based on leadership, multi-sector partnerships and communication. The different stages are defined by an internal coordination committee comprised of computer and human resource specialists who can ensure financial resources, the cooperation of national and international partners (PNLS and NGOs), a communication campaign and peer training and awareness activities carried out via AIDS clubs in primary, secondary school and university settings. Several examples of how to reduce the impact of HIV/AIDS in schools were used to illustrate the different stages combining research and action.

Regarding the **DEMMIS** tool: it is used to collect data in the field of education in general and that of HIV/AIDS in particular. It makes it possible to track temporary absences of teachers and students, pregnancy rates in schools, and other information linked to the AIDS pandemic.

With Jamaica and Zambia as examples, the usefulness of working in synergy has been demonstrated, especially for countries whose situations are similar and who can seek inspiration from each other. The DEMMIS is a management tool. And HIV/AIDS is also a management problem: managing it well means having reliable data that leads to appropriate responses to the problems posed by HIV/AIDS.

The third tool presented is useful for questions concerning supply (death or absenteeism of teachers) and demand (size and characteristics of the school-age population), quality of education (interrupted schooling, inadequate training). The **Ed-AIDS** model has been put forward as a way to measure the impact of HIV/AIDS on these three levels. It collects data on the number of infected teachers (past and projected), normal attrition rates, absenteeism, recruiting needs, the number of school-age orphans, and financial and economic implication of AIDS for education. The information obtained using this model can be exploited both for advocacy and for planning.

b) Other aspects of planning in a crisis context

To be certain that resource management planning in the education sector takes account of HIV/AIDS, it is necessary that:

- Decision-makers understand the need for well-managed information systems and better means to capture and treat statistical data regarding HIV/AIDS in the education sector.
- Governments and donors facilitate setting up programs to train people to collect data, build systems that promote intersectoral services, and support collective actions for taking care of the education community.

The synthesis of discussions underlined the fact that statistical data exist in a few countries but are limited and have been obtained in epidemiological studies. Those data are mainly focused on teachers (death, absenteeism, etc). However, there is no operational system for collecting data in general in most countries.

The following recommendations were made:

- To set up a primary database from which informed decisions can be made;
- To set up a base-line;
- Information sharing between national AIDS committees, the ministry of health and other sector partners especially MOE;
- Support from the UNESCO Institute for Statistics (UIS) to help national expertise in data collection;
- The existing working groups within the ministries of education should be associated with the collection of data;
- Countries should, beforehand, develop necessary indicators that will facilitate the collection of data in the education sector. For that, it is necessary that voluntary screening and counseling be available to population and communities.

Panel 4: Prevention programs: Moving from a focus on a single type of actor (students) towards multiple targets (teachers, administrators and the neighborhood community around the school)

a) Preventing HIV/AIDS in schools

Life skills are defined as being those psychosocial skills that allow individuals to think and act in a constructive and responsible manner both towards themselves and in their relations with others. Life skills fall into three categories:

- **Communication and inter-personal relations:** advocacy, negotiation/refusal, empathy, cooperation/teamwork.
- **Decision-making and critical thinking:** the different steps and skills for making decisions- and problem-solving, analytical and creative thinking
- **Self-control:** stress management, emotional self-control.

Life skills are necessary for:

- Making healthy (protective) choices and avoiding risk factors;
- Identifying and avoiding high-risk behaviors and situations;

- Making informed decisions;
- Building and developing mutually beneficial friendship;
- Resisting peer pressure and influence of ill- intentioned adults.

Life skills training is gender sensitive in all education interventions; is based on learners' needs; constitutes a balance between knowledge, values and competencies that lead to behavior acquisition or modification; aims at changing behavior as an integral part of the learning objectives and uses participative methods of teaching and learning.

Many actors can teach life skills especially teachers and young people (educators, peers, community groups, religious groups). The teaching framework is very variable: school, community, street, vocational and technical training, religious, clubs and groups.

In order that life skills be effective, it is important to involve all the community members (teachers, associations...) and the education sector interventions should move:

- from pilot projects to nation scale programs;
- from spotty coverage to comprehensive coverage in the education sector;
- from isolated programs in the education sector to complete multisectoral programs;
- from a not very effective dissemination towards a promising dissemination strategy ;
- from creating new materials to using better existing materials;
- from generic life skills programs to programs that emphasize specific life skills on HIV/AIDS prevention and good health .

Some African experiences in preventing HIV/AIDS in schools

Analysis reveals the size of the target audience (youth under 20 years of age = 57% of the population) and the challenges posed: early sexuality, drug abuse, inadequate information about reproductive health, poor links between schools and social services.

In response, several countries of Central Africa have set up family education and population programs (Gabon, Burundi, Rwanda, Chad, Republic of Central Africa, Sao Tome e Principe), skills training (Congo, Cameroon), and of AIDS prevention (Gabon, RCA). Unlike the experience of countries elsewhere in Africa, these show a great deal of variety of strategies: peer trainers (Tanzania), Television (South Africa), school radio broadcasts, clubs for youth, AIDS clubs (Zambia and Zanzibar), theatre, curriculum development, risk mapping, counseling and voluntary screening; community approaches (Mozambique), mass media campaigns and wide-ranging awareness-raising programs (Uganda). On balance, these experiences show results being limited to small areas or timeframes due to the following problems:

- The absence or weakness of sector policies or policies that are too recent to be functional or effective.
- Programs either limited to local level or experimental and not adopted or monitored by national-level decision makers.
- The lack of synergy and coordination between different approaches to achieving the same or complementary objectives.

- The lack or inadequacy of budgetary resources allocated to these programs.
- The absence of institutional framework in terms of legislation, laws and codes of ethics for protecting youth.
- Insufficient integration of the subject into student and teacher curricula.

Sector policies that are to be formulated and implemented should respond to the following problems with:

- A more assertive commitment from the highest education bodies;
- An integrated approach to fighting AIDS in education and to the building of more synergy between approaches and actors at all levels;
- Taking into account AIDS prevention and implementation of a training plan for the education community (students, education staff, unions, parents, school authorities) in the curricula;
- A progressive extension at the national level of successful OVC pilot projects;
- Developing laws and codes of ethics promoting the rights of children;
- Developing partnerships with communities;
- Increasing funding for implementation plans.

Panel 5: Strategies targeted for orphans and vulnerable children: concepts, measures, and psychosocial aspects

a) A crisis situation

Whereas there are nearly 106 million orphaned children under the age of 15 in the world, some 34 million of these are in Africa, and 21 million are AIDS-related. It was estimated that the number of OVC was 42 million in 2001, of which 20 million were AIDS-related. For Central Africa, the available data by country are shown below. Even though the estimated figures in 2001 are relatively low compared to the total estimated number of OVCs in Africa, Central Africa should pay serious attention to the exponential growth of this particular group of children.

Country Situation (Children on the Brink, 2002)		
Country	1990 OVC (thousand)	2001 OVC (thousand)
Burundi	47	237
Cameroon	3	210
Congo	3	78
Gabon	<0.1	9
Equatorial Guinea	<0.1	<0.1
RCA	8	107
Rwanda	27	264
Sao Tome	-	-
Tchad	3	72

Besides the scale of the AIDS epidemic, the crisis must be seen in relation to the observed deficits:

- Lack of professionalization and training of social service personnel
- Lack of financial and material means
- Difficult and limited access to education and health services by OVC
- Disorganization of support mechanisms
- Weak political commitment and mobilization of civil society
- Absence of coordination and follow-up among the actors

In such circumstances, the OVC usually live in extreme poverty lacking all amenities, in addition to being victims of abuse, assaults, and exploitation.

As human beings they face misery, insecurity and survival problems with little chance of becoming productive and independent citizens. The risks associated with their hopelessness are serious not only for themselves but also for the society in which they live. Consequences include an increase in the number of street children, of homeless people, of prostitution, the exploitation of girls and women, crimes of all sorts, with the resulting proliferation and aggravation of the AIDS pandemic.

b) Strategies favoring OVCs

The strategic support framework for OVC is multidimensional and complex. It involves a process of social change, the struggle against poverty, minimum coverage in health and education, political measures and movement forward in a global context of increasing social justice and security. The strategies must also take account of the urgent need to address the suffering and misery, on the one hand, and the need for sustaining the actions if they are to be effective, on the other. Among the main discussion points were the following:

- Definition and implementation of a socio-political framework that ensures an integrated approach to children's development, their rights and protection, with support to the families to give them access to basic social services.
- The need to mobilize families and communities so that, in place of traditional orphanages, there are local facilities that can be adapted with assistance from the government in terms of capacity building for organization, action and funding.
- Support needed for the OVC so they will be equipped to meet the challenges and needs.
- The need to develop prevention programs and mechanisms that take account of the special requirements of OVC.

Four lines of action received particular attention:

- The struggle to prevent the exclusion of OVCs is a major challenge. Above and beyond the need for prevention and treatment, it requires a sustained effort to counteract fear, and to promote self-confidence and creativity.
- It is essential to alter the social environment in which the AIDS pandemic has developed.
- Decentralization measures are effective in developing sustainable local solutions if they transfer both decision-taking skills and necessary resources to the local level, thus promoting dialogue between actors and beneficiaries in the field.
- Establishing partnerships between governments, civil society, communities and families makes it possible to reinforce interventions using dialogue, coordination and common action.

c) Promising approaches and lessons learned

The evaluation of experience in the participating countries shows that certain approaches show promise and provide lessons learned for assisting OVCs.

Promising approaches

- Creating solidarity funds to help the economically disadvantaged.

- Making assistance and protection a legal right by providing these people with a certificate of need.
- Subsidizing medical help for the very poor.
- Offering food programs and psychosocial support to AIDS orphans.

Lessons learned

- The majority of promising experiences still face the challenge of going to scale.
- There is still very little understanding of the effect of AIDS on children, on their development; on their life in the community and about the abuse and neglect they suffer.
- There has been no in-depth study of how families and communities take care of OVCs.
- Data is unreliable at source because of the failure to register births and deaths. Besides the need for free schooling, there is also a need for free food, health and other financial assistance as evidenced in the kind of educational support being given to OVCs.
- Targeted education strategies that link school activities with extra-curricular ones reflecting the orphans' special needs both on the organizational and material levels and the learning/apprenticeship process are necessary.
- Such strategies are especially effective when they include school assistance, food and health programs and efforts to provide security to the orphans by reconstituting a family environment and offering support to foster homes.
- These actions should become more effective once follow-up and evaluation mechanisms are in place.

Panel 6: Intersectoral approaches and partnership for a unified approach and more effective action

The complex and multidimensional nature of the AIDS pandemic requires a system-wide and multisectoral approach to fighting its effects in the education sector. This involves that all parties concerned must enter into partnerships. However, there are several obstacles that make it difficult to achieve full awareness. These include:

- Excessive centralization of response strategies in the ministries.
- The weak institutional capacity of ministries to coordinate actions in the face of multiple decision-making bodies and kinds of intervention.
- Lack of communication and coordination among different departments within a ministry.
- Lack of financial resources allocated to making sectoral responses possible in ministries others than the Ministry of Health.
- Inadequate integration of AIDS issues in the national strategies for poverty alleviation.

These obstacles vary according to national context. It is therefore up to each country to identify the obstacles and devise strategies for overcoming them, whether through internal or external partnerships.

a) Internal partnerships

A systemic analysis of how to integrate HIV/AIDS in the education sector induces that there must be a change in the way the various actors view connections between what is at stake, as well as a change of policy, strategies and actions. There should be a transition from linear determinism based on sectoral response carried out in isolation, towards a more dialectic vision (circular interactions) that are organized around a global appreciation of the complexity of the pandemic.

Henceforth, the analysis of internal and external forces in education will put emphasis on multisectoral strategies and responses in formulating policy implementation. Political dialogue, and the search for alliances and partnerships, is needed at every stage: validating and formulating policy and strategies, mobilizing and allocating resources, establishing ways to development and implement sector action plans, revised later following an assessment of the changes achieved.

The FROM/PEST matrix for showing crossover impacts has been suggested as a systemic approach tool. It shows the circular interactions between the pandemic, the education sector and poverty, and the need to engage in multisectoral cooperation.

The framework provides a template for identifying the different factors and areas in the economic, social and political system as they are affected by the HIV/AIDS pandemic. It proceeds stage by stage, showing the key sectors and how to evaluate the impact each field has on the others; which are the most vulnerable, their strengths and weaknesses, opportunities and threats to political, economic and social stability.

Phase 2 is devoted to the various interest groups, whether they are positive forces or not, and shows how to identify their resources and capacity to mobilize others, their comparative advantages and place among the other alliances and coalitions on the stage. The political mapping that results builds a network linking the ministry of education, departments from other ministries, teacher unions, the Parent-Teacher

Associations, parliamentary commissions, agricultural associations, and NGOs and other private or civic groups.

Phase 3 presents the various multisectoral strategies that take account of a sector's vulnerability with regard to poverty, gender and governance. Making use of criteria for assessing each stage -- from implementation and development to expansion for long-term sustainability -- the framework for strengthening institutional capacity helps to consolidate a person's overall view of education, management (leadership, planning, coordination mechanism, monitoring, assessment), human resources and finance management, public relations and ability to work with others.

Phase 4 reviews all the potential sources of financing: Ministry budget, the poverty alleviation program, the World Bank, the Initiative for the heavily indebted poorest countries, national committees to fight AIDS, and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Phases 5 and 6 deal respectively with the establishment and strengthening of multisectoral bodies and the implementation of an action plan developed in response to the following questions: What? With whom? How? Where? When?

A logical framework of monitoring and assessment is used to establish a hierarchy among objectives (general purpose, goals, outputs, activities) in relation to indicators, targets, data sources and risk assessment. Using the new information technology allows for a sharing of information among the different stakeholders while also targeting youth.

b) External partnerships

The HIV/AIDS pandemic puts terrible pressure on already strained national resources. Even though it represents a relatively small proportion of the whole, external funding is nonetheless essential for confronting the crisis. This said, Governments face a big challenge in having to negotiate and follow-up on multiple partnerships. To meet the challenge, they must adopt sector policies that integrate HIV/AIDS, they must assess preparedness and define which performance indicators to monitor, while maintaining their links and dialogue with partners. Particular attention should be paid to the national support that can be provided by UNAIDS, the UN thematic group, FAP funding, and assistance for preparing project proposals to the Global Fund to Fight AIDS, Tuberculosis and Malaria. The following other instruments should also be considered: the national plan for Education for All (EFA), HIPC, MAP, PRSP, SWAP.

Much emphasis was given to the UNAIDS Inter-Agency Task Team on Education (IATT) which brings together eight institutions from the UN system, including the World Bank, the , UNESCO, UNICEF, UNFPA, UNDP, UNAIDS, WHO and the UK's Department for International Development (DFID), United States Agency for International Development (USAID), Education International, the European Commission and experts from countries affected by the AIDS pandemic to work with government officials.

The strategy adopted by the interagency team coordinated by UNESCO is devoted to confronting the challenge in the many countries lacking any coherent or effective policies to fight AIDS in the education sector. It commits both agencies and donors concerned with HIV/AIDS to focus on the lack of attention accorded to the impact of AIDS on the education sector, on the lack of reliable information, and uncertainty about what measures to take. The effort has two main activities: (i) establishing a

political dialogue with governments to promote real commitment; and (ii) the technical workshops for developing capacity among education sector officials and their partners.

A concrete example of internal and external partnership was presented using the *Projet pour la prévention du SIDA dans les écoles du Congo* (PRESIEC). The Congo government set up the initiative with support from UNDP and other development agencies. Private oil companies also provided financing. The Ministry of Primary and Secondary Education – department of technical and professional training – joined with the ministry of health to develop early and voluntary screening programs, and to provide free medical care for students and teachers. Schools were also targeted for campaigns to promote the use of condoms. NGOs also participated and even benefited from a capacity-building program. The participatory approach helped schools accept the project, and student and faculty clubs provided activities that offer hope that the programs will endure.

Discussions' synthesis

V- GROUP WORK

Small group work was devoted to primary and secondary education, higher education, early childhood and non-formal education.

a) Fighting AIDS in primary and secondary education

The AIDS pandemic was recognized as a serious obstacle to achieving the goals of Education for All. The group identified the following problems:

- Lack of teacher preparedness.
- Absence of reliable data on the disease's impact and inability to evaluate the results and follow-up.
- Resistance to voluntary screening for HIV/AIDS.
- Insufficient technical and financial resources.
- Absence of institutions able to collect information and take charge.
- Sexual harassment of girls.
- Lack of cooperation among the different sectors.
- Socio-cultural constraints.

Faced with these problems, the group also identified several effective – or promising – responses: adopting multisectoral policies, integrating life skills into the curriculum and textbooks, peer education, food programs for OVCs, creating teacher cooperatives to encourage solidarity in the face of the disease.

A number of specific recommendations were addressed to the ministers and various representatives of agencies and civil society, including that:

- AIDS issues should be integrated from the beginning into teacher training.
- School health centers need to be properly equipped and maintained in order to cope.
- Support is needed in order to provide an environment conducive for preventing HIV/AIDS, for screening, and caring for patients in schools.
- Schools should be given the means to collect data and monitor the impact of AIDS.

b) Fighting AIDS in Higher Education

This group benefited from active participation by ADEA's own group on higher education, which shared its experience. The disease's impact was analyzed in terms of direct costs (awareness raising costs, recruitment, training, information activities), in terms of indirect costs (absenteeism, death in the workplace), and on systemic costs such as declining productivity, skills and experiences. Many problems were catalogued: silence and feelings of shame, limited understanding from institutions and individuals; isolated and uncoordinated initiatives, high-risk personal behavior (prostitution, gang rape, multiple partners, mixing of age groups, the vulnerability of students, and lack of external support.

The response to these problems from higher education must be coordinated with policies and strategies that are planned for the long term, taking account of socio-economic and cultural factors that include prevention and treatment, measures against exclusion and shame, awareness raising about respect for girls, partnerships and network, scientific research, publication and dissemination of information.

The following interventions were recommended:

- More emphasis on analysis, advocacy and capacity building.
- Breaking the institutional silence.
- Promoting gender equality.
- Promoting information, counseling and voluntary testing on campuses.
- Integrating HIV/AIDS into the programs.
- Developing a strategic plan and a 5-year action plan.
- Integrating HIV/AIDS into all program activities.
- Actively seeking out partnerships and resources to support members.
- Documenting and exchanging best practices.

To which the following can be added:

- Initiating a regional study on African higher education's efforts to fight AIDS.
- Provide financial support to help institutions of higher education participate in regional and international forums on AIDS.
- Organize exchange programs and networks to link institutions of higher education through AAU.
- Emphasize research and invest in higher education's comparative advantage in fighting AIDS.
- Create mutual insurance system.

c) Fighting AIDS in Early Childhood Development

In this context, the pandemic has caused an increase in the number of orphans and HIV positive individuals, with tragic consequences for early childhood development, especially in the fields of education, health and security.

General policy guidelines put the accent on:

- Legislation and legal procedures needed to protect children and ensure their rights.
- Multisectoral approaches to development of early childhood.
- Mobilizing budgetary and other resources to implement programs.
- Fighting discrimination and exclusion, particularly in relation to war and AIDS.

The analysis of most effective responses to fighting AIDS shows:

- Management, planning and effective mitigation strategies based on sound analysis of children's circumstances and understanding of their needs and rights.
- Prevention programs that provide close supervision, that promote low-risk behavior, that extend the lives of parents and offer multiple supports to orphans and vulnerable children.
- Support strategies based on mobilizing and strengthening community capacity to absorb and cope with orphans.
- Partnerships linking institutions, community based associations and various national, regional and international actors able to mobilize and use resources effectively for the exchange of experiences and knowledge. The group recommended that the Ministries take full account of the political and budgetary aspects of the DPE and that agencies appeal to governments to provide greater financial support.
- A major role for local communities and NGOs.

d) Fighting AIDS in non-formal education

To fight AIDS, the educational system must consider all the different kinds of opportunities for action and their appropriateness to the local context. There are numerous non-formal models of alternative education. These make use of various supports and channels including mass media, the Internet, theatre, music, literacy, peer education, awareness-building caravans, multi-purpose training center, youth clubs.

These activities complement those in formal education, allowing a population larger than school-aged population to be targeted and offering a greater range of responses to needs.

The analysis of effective responses has identified:

- The use of television and radio broadcasts targeted to observing with a critical eye the high-risk practices of young people.
- The use of new information and communication technologies to disseminate news about AIDS.
- The broadcasting of testimonials by persons living with HIV/AIDS.
- Awareness campaigns against discrimination towards people infected with HIV or already sick.
- The creation of funds to support the education of orphans and vulnerable children.

The **ministries** were recommended to:

- Encourage intersectoral cooperation.
- Promote and strengthen initiatives for non-formal education.

The donor agencies were recommended to:

- Give major funding to national governments, associations, and communities fully engaged in promoting alternative ways to fight AIDS.
- Support capacity-building efforts.

Community organizations were recommended to:

- Raise the awareness of families and communities about taboos that stand in the way of fighting AIDS.
- Commit themselves to investing in alternative kinds of education adapted to the needs of those who are faced with HIV/AIDS.

GENERAL RECOMMENDATIONS

At the end of the conference, participants proposed a set of general proposals in addition to the specific suggestions made by the groups.

A. Recommendations to Ministries

That immediately following the Conference, they should

- Hold a press conference in each country to make known the results of the Ministerial Conference.
- Establish in each ministry a focal point and a group to reflect on and monitor outcomes from the conference in relation to the preparation and implementation of sectoral plans for fighting AIDS.

Involve everyone at national level by:

- Involving communities, groups from civil society, and families in the national plans to fight AIDS and support orphans and vulnerable children.
- Promoting interministerial cooperation in designing and implementing policies for fighting AIDS (Ministries of Health, Justice, Social Welfare and Communication).

Funding:

- Develop sub-regional capacity to guide and assist the ministries of education in the formulation of project proposals for funding.
- Provide credit to institutions responsible for coordinating anti-AIDS strategies within ministries of education.
- Assess the need of HIV-positive teachers for ARV treatment in order to submit a funding request to the Global Fund to fight AIDS, TB and Malaria
- Mobilize resources for accelerating programs to fight AIDS in the classroom
- Integrate costs and financing into effective strategies.

Cooperation between countries:

- Develop joint intervention strategies at regional and sub-regional level in order to be more effective in fighting AIDS.
- Set up a sub-regional observatory in central Africa for monitoring EFA and the AIDS pandemic, with support from development agencies.
- Help establish a sub-regional network for exchanging information between countries and ensuring that each is represented in a sub-regional coordination committee for HIV/AIDS.

Other recommendations:

- Act immediately on the basis of data already available and undertake a research/action project.
- Set up a procedure for supplying ARVs (anti-retroviral treatment) to teachers and other staff.
- Integrate a gender dimension into poverty alleviation campaigns and plans of action.
- Adopt a human rights stance when tackling the problems of HIV/AIDS and education.
- Integrate early childhood development into sectoral planning.

B. Recommendations to agencies:

- Simplify procedures for gaining access to resources for fighting AIDS
- Give priority to financial donations
- Develop a handbook on the different sources and conditions of financing available to countries.
- Lift certain conditions pertaining to project support
- Ensure that countries have the resources they need to fight HIV/AIDS in education.
- Provide funding for data collection surveys.

C. Recommendations to experts

- Help countries prepare and initiate sectoral action plans
- Help countries develop their capacity to collect data on HIV/AIDS in schools at every level.
- Integrate HIV/AIDS issues into academic programs and planning for crisis situations.

D. Recommendations to ADEA:

- Assist the different countries to strengthen their national capacity to design and implement policies to fight HIV/AIDS.
- Organize technical meetings for developing diagnostic tools to monitor the impact of AIDS on education and to develop capacity for multisectoral analysis and planning.
- Facilitate networking and sharing of effective strategies.

Follow-up to the conference and future meetings:

- Organize meetings that are less focused on advocacy and more centered around concrete approaches and tools for fighting AIDS.
- Organize small group discussions so that countries can share their national experiences.
- Discuss legal and ethical questions at future meetings
- Follow up the conference to see how the ministries integrate HIV/AIDS into education.
- Action plans drawn up during the conference should integrate follow-up and reporting back to participants.

E. Recommendations to everyone for everyone

- Promote an open dialogue and seek consensus on what actions to take.
- Reduce expenditures in the military field and devote more resources to basic education, including early childhood development.

VI- THE CLOSING

The closing ceremony, held in the presence of members of the Gabon government, included speeches by:

- Mr Mamadou Ndoye, Executive Secretary of ADEA who expressed his pleasure and thanked everyone who had contributed to the conference's success.
- Professor Ona Ondo, Minister of Education, who expressed his wish that the conference's conclusion would give way to victory in the struggle against the AIDS pandemic, and also underscored the crucial role played by political leaders.
- Mr Gnane Ntantoume, Prime Minister of Gabon, who gave the closing speech.

Earlier, the ministers from Congo, Central African Republic and Tchad had presented, respectively, a motion thanking the government of Gabon, the conclusions and the recommendations of the conference (cf. Annexes).

VII- CONSULTATION ON SUB-REGIONAL COOPERATION FOR EDUCATION IN THE COUNTRIES OF CENTRAL AFRICA.

Meeting outside the main Conference, the Ministers discussed such opportunities, objectives and priorities for sub-regional cooperation in education as:

- Appropriateness to engage in active regional cooperation.
- What goals and strategies to adopt
- Fields and objectives
- Which resources and partnerships to mobilize

The elements listed below and expressed as a protocol of understanding at the close of the conference, are a fair reflection of a general consensus among the ministers:

1) The Ministers affirm the usefulness and interest in developing regional cooperation in order to exchange experience and knowledge, to share responsibilities and resources for projects at sub-regional level, and to work for sub-regional integration in central Africa within and through education.

2) The ministers believe that the desired sub-regional cooperation must foster the mobility of learners and trainers as part of the exchange program organized between countries, and encourage free circulation by the main players in education.

3) The ministers believe that as in CAMES, there should be discussion and reflection on curricula and diploma equivalencies, so that common grounds can be established to facilitate the passage from one system to the other.

4) The ministers attach particular importance to monitoring - support to commitment and mobilization of the countries in the sub-region toward Education for All, skills-based competencies, the campaign against HIV/AIDS, the Millennial goals and NEPAD.

5) The ministers pledge to encourage the use of common monitoring instruments such as sub-regional observatories, and will support joint programs to develop technical and institutional capacity.

6) The ministers express the need to avoid duplication and waste, to search out better synergies and to seek longer-term solutions through regional training in particular fields to be identified and carried out in centers of excellence.

7) The ministers declare that that sub-regional cooperation should cover the needs of all levels and sub-levels of education while establishing realistic priorities that take account of the resources that will be needed and taking a gradual approach to sub-regional cooperation.

8) The ministers express their wish to open the education system to financial partners, civil society, and to give new impetus to international cooperation through sub-regional cooperation.

We, the signatory ministers below, believe these ideas constitute a first step to drawing up a protocol of understanding. Upon returning to our respective countries, we propose to review this text with our advisors and to present a second draft. We ask Professor Daniel Ona Ondo, Minister of Education in Gabon, and the Secretariat of ADEA, to organize the various meetings.

APPENDIX 1:

Conclusions of the Ministerial Conference on HIV/AIDS and Education Read by the ministers of education of the Central African Republic and Tchad.

Today, the ministerial conference on HIV/AIDS and education, organized jointly by the Association for the Development of Education in Africa (ADEA), the Ministry of Education of Gabon, and the UNAIDS interagency team for education, has concluded its work in Libreville. The conference met for three days, bringing together thirteen ministers or their representatives from central Africa (Burundi, Cameroon, Congo, Gabon, Central African Republic, Rwanda) and other regions (Kenya, Lesotho, Liberia, Sao Tome et Principe, Tchad) and many specialists on HIV/AIDS in education plus representatives from development agencies, NGOs and ADEA's own working groups.

For three days participants assessed the impact of HIV/AIDS on education and tried to evaluate the state of preparedness of countries experiencing the pandemic.

They examined those sectoral policies for fighting HIV/AIDS that can best mobilize the needed actors, partners and resources and ensure an energetic response. They also highlighted the need to develop policies and controls that will protect people who are infected with HIV/AIDS or discriminated against in school, university or place of work.

Problems linked to educational management were addressed, as was the need for ministry planning departments to develop tools for measuring the impact of HIV/AIDS. Without reliable information it is not possible to evaluate the number of children infected or affected by HIV/AIDS and likely to drop out of school; the number of deaths and teacher absences due to HIV/AIDS, or to calculate the resulting costs. Having such a database would also allow countries to establish priorities and make informed political choices.

Considering education as the only "social vaccination" available for the moment to arm oneself against HIV/AIDS, the conference gave special attention to prevention programs that have proved their worth. Life skills training is one of the ways for helping youth develop their ability to take informed decisions, to gain self-control, to communicate and negotiate better so as to protect themselves against high-risk practices. In order to accelerate preventive education, it is indispensable that life skills topics be introduced into curricula and teacher training activities.

The particular case of HIV/AIDS orphans and other vulnerable children was studied very closely. Being deprived of basic care, these children are usually without much education and have little chance of escaping poverty. A large increase in the number of homeless people and street children is to be expected soon, along with increased child prostitution, greater abuse of girls and women, and higher crime rates.

General recommendations:

Recommendations were directed to both ministers and international organizations.

1. Recommendations to ministers

Organization:

- Establish focal points and HIV/AIDS departments within each ministry and given them maximum support.

Cooperation between countries:

- Enhance effectiveness of efforts to fight AIDS by developing common intervention strategies at regional and sub-regional levels.
- With assistance from development partners, establish a sub-regional observatory in central Africa to monitor EFA and actions directed at fighting AIDS.
- Facilitate networking at sub-regional level and the exchange of information between countries by ensuring that each country is represented on a sub-regional HIV/AIDS coordination committee.

Involving all actors at national level:

- Involve communities, civil society and families in national plans to fight AIDS and offer support to orphans and vulnerable children.
- Promote interministerial cooperation in planning and implementing policies to fight AIDS (ministries of health, Justice, Social Welfare and Communication).

Funding:

- Develop sub-regional capacity to advise and assist ministries of education in submitting project proposals to funding sources.
- Give credit to groups within ministries of education that are responsible for coordinating efforts to fight AIDS.
- Assess how much is needed to treat seropositive teachers with ARV so that a request for funding can be submitted to the Global Fund to Fight AIDS and Tuberculosis.
- Mobilize resources needed to accelerate implementation of programs to fight AIDS in schools.
- Integrate budgetary and funding considerations into the selected strategies.

Other actions:

- Act immediately on the basis of existing information and undertake action-research.
- Install procedures for supplying ARVs to teachers and other staff.
- Integrate a gender dimension into action plans for alleviating poverty.
- Adopt a human rights stance with regard to HIV/AIDS and education.
- Don't forget about early childhood development.

2. Recommendations to agencies:

- Simplify procedures for gaining access to resources with which to fight AIDS. It is preferable to give assistance in the form of donations.
- Draw up a manual to help countries identify the different sources of funding and conditions for obtaining it.
- Eliminate some of the conditions imposed for obtaining project support.
- Ensure that resources are available to countries for fighting HIV/AIDS in the education sector.
- Give funding to data collection surveys.
- Help countries strengthen their ability to gather data on HIV/AIDS in schools and at every teaching level.
- Integrate HIV/AIDS issues into all school programs.

3. Recommendations to experts:

- Support countries in building capacity on collecting data on HIV/AIDS in schools and at all teaching levels.
- Integrate related to HIV/AIDS in the curricula.

4. Recommendations to ADEA:

- Help countries strengthen their capacity to design and implement policies for fighting HIV/AIDS in education programs.
- Organize technical meetings for developing diagnostic and monitoring tools for evaluating the effect of AIDS on education, and for strengthening analysis and multisectoral planning.
- Facilitate networking and information sharing about effective strategies.

Conference follow-up and future meetings

- Organize meetings that are less focused on advocacy and more focused on concrete tools and approaches for fighting AIDS.
- Organize small group discussion to help countries share their experiences.
- Include discussion of legal and ethical issues.
- Ensure there is follow-up after the conference to see how ministries are integrating the problem of HIV/AIDS into sectoral policy.
- All action plans developed during the conference should require some kind of monitoring and accountability from participants.

5. Recommendations to everyone for everyone:

- Draw up a framework for future action based on general consensus.
- Reduce military expenditures and allocate more resources to preschool and basic education.

Specific recommendations

Specific recommendations for different types and levels of education were also made.

1. Concerning early childhood development

- Programs for early childhood development should be taken more seriously.
- Donors should give more support to governments for early childhood education, and do more advocacy work with governments.
- Civil society and local communities should be fully involved because of their primary role in early childhood development.

2. Concerning primary and secondary education

- AIDS issues should be integrated from the beginning into teacher training.
- School health centers need to be properly equipped and maintained in order to cope.
- Support is needed in order to provide an environment conducive for preventing HIV/AIDS, for screening, and caring for patients in schools.
- Schools should be given the means to collect data and monitor the impact of AIDS.
-

3. Concerning higher education

- Sectoral policies that target just higher education are needed.
- Internal units devoted to fighting HIV/AIDS should be set up.
- Special insurance units should be set up to offer help in accessing medical care.
- Infected or HIV-affected students should be cared for and a penal code is needed to fight discrimination.
- HIV/AIDS issues should be mainstreamed into university activities including teaching and research, whether clinical or social. Gender dimensions should be highlighted in implementing policies and strategies.

3. Concerning orphans and vulnerable children

- Ensure education for all by:
 - Giving financial assistance to increase enrollment
 - Offering support to orphans and vulnerable children
 - Creating school canteens
 - Providing free health services in schools

- Strengthen partnerships among the different ministries concerned with OVC by:
 - Rebuilding the family unit
 - Promoting public boarding facilities
 - Encouraging host families
 - Strengthen the capacity of institutions able to receive orphans.

APPENDIX 2

LIST OF PARTICIPANTS

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THE MINISTRY OF EDUCATION OF GABON AND THE ADEA ON HIV/AIDS
PANDEMIC IN THE EDUCATION SECTOR

LIBREVILLE, GABON, 27-29 MAY 2003

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