"Mainstreaming HIV&AIDS and Sexual and Reproductive Health & Rights in Education: Challenges in Reality"

Report of the UNAIDS IATT on Education Symposium, Amsterdam November 6th, 2006

Background

This report provides an overview of the presentations, discussions and conclusions of the UNAIDS Inter-agency Task Team on Education (IATT) symposium on *"Mainstreaming HIV&AIDS and Sexual and Reproductive Health & Rights in Education: Challenges in Reality"*. This event took place on the 6th of November 2006 in Amsterdam, the Netherlands. The symposium was hosted by the Netherlands Ministry of Foreign Affairs with support from the IATT secretariat.

> **Key questions which the symposium examined include:**
> - What does mainstreaming mean for a Ministry of Education in Africa or for a development agency?
> - What are the implications of mainstreaming HIV and AIDS for different stakeholders in reality?
> - Why should and how can sexual reproductive health and rights (SRHR) be integrated into HIV and AIDS education.

This report highlights how mainstreaming is being addressed in practice, what is being achieved and where the challenges lie. The symposium also considered practical information on "what" to mainstream and "how" to mainstream, providing in-depth analysis on four areas, namely curriculum, advocacy, monitoring and budget. Recommendations from the participants on how to move forward from the lessons learnt on mainstreaming are provided in this report, which also includes specific recommendations for the UNAIDS IATT on Education and its members.

Mainstreaming – lessons so far …

The starting point of the symposium was to begin by considering progress on mainstreaming in general. In contemplating the lessons from a variety of sectors and countries the meeting highlighted the following key changes and achievements in this area:
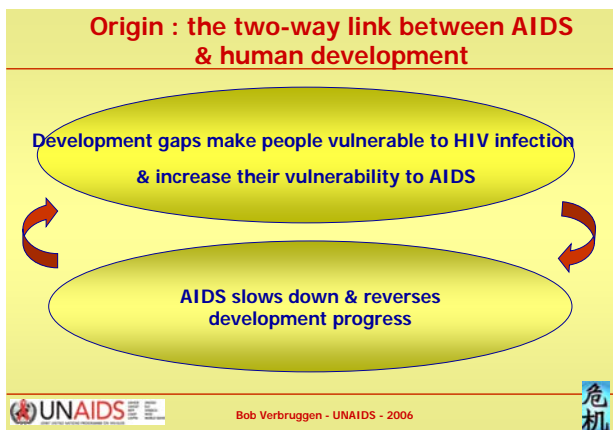
- ✓ Political commitment to HIV&AIDS has grown enormously.
- ✓ There is increasing understanding about the importance of a holistic approach which addresses HIV&AIDS as development challenges that are closely linked to the feminization of the epidemic, issues of human rights, sexual reproductive health and rights (SRHR) and gender equity.
- ✓ Around one third of key non-health sectors world wide are starting to implement AIDS plans.
- ✓ Good practices exist in the education sector and beyond, and if well documented and disseminated can guide our practice.

These are favourable developments which provide – in principle – fertile ground to build on. Yet the consensus of the meeting was that substantial challenges remain.

> **The symposium approach - learning from the experience of a variety of partners**
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> In order to get a sense of progress and constraints in mainstreaming HIV&AIDS the symposium sought to get a maximum of input from different partners and sectors. The activities organized during the day thus included:
> - A brief presentation of progress made in mainstreaming HIV&AIDS in general.
> - An interactive panel on in-country experiences with mainstreaming with participants from ministries of education and health in developing countries and from multilateral, bilateral and non-governmental organizations.
> - Two parallel mini-workshops on sexual reproductive health and rights in which symposium participants were taken through exercises that are done with teachers to help them with topics that are difficult to discuss.
> - Short presentations on key issues related to mainstreaming with group discussions during which posters were prepared illustrating the challenges.

Origin : the two-way link between AIDS & human development

Development gaps make people vulnerable to HIV infection & increase their vulnerability to AIDS

AIDS slows down & reverses development progress

UNAIDS — Bob Verbruggen - UNAIDS - 2006 — 危机

The bottlenecks identified in moving the mainstreaming agenda forward related to:

- ✓ Understanding – there continues to be a lack of understanding about the meaning and relevance of mainstreaming.
- ✓ Purpose – mainstreaming is often seen as a goal in itself rather than as a means for achieving the broader goals of partners with respect to HIV prevention and mitigation.
- ✓ Scale – many interventions are an add-on to the regular business of the education sector and are not sufficiently broad and systematic to be adequately integrated and sustained.
- ✓ Coordination – top down interventions, with little linkages and synergies continue to predominate.
- ✓ Technical support – is critical but often lacking or inaccessible, in particular at decentralized levels where the responsibility for implementation lies.
- ✓ Consistency – few development agencies have mainstreamed HIV&AIDS into their own organizations, yet advocate that governments do so.

Mainstreaming - a definition

The challenge of the symposium was not to develop a consensus on the definition of mainstreaming, but to discuss the practical implications and challenges to mainstreaming.

> "Mainstreaming is the process of bringing a key issue on board to the center stage, and when it is not addressed, it affects the development, the survival of a particular group of people".
>
> *Symposium participant*

Nevertheless, in reflecting on what mainstreaming actually means, participants shared their perception of

its definition. Participants agreed that mainstreaming HIV&AIDS into education concerns the targeted routine integration of HIV&AIDS into all levels of the education system, both internally as externally.

It was agreed that mainstreaming should depart from a critical assessment of how HIV&AIDS are impacting on the sector and how the impact is expected to evolve. This process of addressing this impact should then include assessing and pre-empting, reversing or mitigating the likely impacts of HIV&AIDS on the organization as a whole as well as on the clients of the sector and the communities that it works with.

> "The real challenge of mainstreaming is not to stream it away from its main purpose."
>
> "Mainstreaming is a must, it is not a choice. Try considering the alternative of ignorance and see how expensive that is."
>
> "The pendulum swings in extremes in development and we never get time to adjust."
>
> *Symposium participants commenting on mainstreaming*

Recognizing both the internal and external dimensions of mainstreaming is important because it ensures that the sector protects itself and, in this manner, has the strength to offer the services and support that its clients – children and others – need. Addressing both these dimensions will have profound implications throughout the education system on planning, budgeting, implementation, monitoring, partnerships and other critical areas.

Mainstreaming and education – challenges in reality

Discussions with participants from the different organizations represented at the meeting illustrated that mainstreaming HIV&AIDS in education sectors around the world in reality faces considerable challenges. These challenges range from externally set agendas, insufficient coordination at various levels to implementation constraints related to such key factors as capacity, insufficient support to teachers, and challenges in monitoring and evaluating impact of actions on the ground.

Thus one of the constraints highlighted by development partners from the south is that the **agenda is set by the global international forum**: *"When it comes down to the implementers, mainstreaming is a new term that we don't understand. But we must understand it if we are to use it. Before, we were talking about gender mainstreaming; now the*

new term is mainstreaming of HIV&AIDS. And while we are still struggling to come to terms with the practical implications of this term, new terms arrive. The biggest challenges we have are to be able to find a common meaning and to be able to make it part and parcel of the programmes that we are implementing." (participant from Tanzania). Thus although ownership by the implementers is key for successful programmes, development partners in the South by necessity adapt their plans to the international agenda, as they are dependent on the aid money. The rapid changes in the global agenda do not contribute to the sustainability and effectiveness of HIV&AIDS programmes.

The gap between the global agenda and commitments and actual implementation was also highlighted at the meeting. In this context, **decentralisation** poses an important challenge. As one of the participants remarked: *"Initially, decentralisation aimed to move power to the implementers on the ground,* but *their capacity is weak and plans do not get implemented at local level."* Thus having HIV&AIDS integrated in policies or plans does not mean that it is really implemented at school level. This gap also exists not only with respect to HIV&AIDS but also with respect to mainstreaming of gender into the education system. However, the increasing attention to mainstreaming HIV&AIDS presents a unique opportunity to integrate gender equity into HIV&AIDS education in a structured manner. Some other important areas that emerged from this discussion as requiring attention with respect to HIV&AIDS mainstreaming include:

- ✓ Advocacy for the key role of the education sector – HIV&AIDS continue to be seen predominantly as health issues. Key sectors such as education are given insufficient attention by governments and their development partners, and are not consistently considered in HIV&AIDS policy, plans and funding mechanisms. In 2004, for example, 60% of funding to Education for HIV was not going through National Aids Coordinating mechanisms.

- ✓ Linkages with other sectors – effective HIV prevention and mitigation require coordinated action on the ground between different government sectors (health, education, social work etc.). Good practices in this area should be systematically studied and disseminated.

- ✓ Accountability - leaders, stakeholders & programs should all be held accountable for progress.

- ✓ Leadership – continues to be one of the single most important drivers of change within the education sector. More needs to be done to encourage leaders to emerge and to ensure that they have the necessary support.

- ✓ Support to teachers – this is a critical and often forgotten area. Teachers are essential to the provision of relevant and quality education, they are at the forefront of HIV prevention and mitigation but frequently lack support and training to carry out their role. Their needs (in terms of prevention, access to care and to medication) are often not a priority.

- ✓ Interaction with broader social problems – knowledge, skills and empowerment gained through education needs to go hand in hand with the often social change dynamics that provide fertile ground for individual and societal change.

This assessment of overall challenges to mainstreaming HIV&AIDS and SRHR in the education sector provided a background for the subsequent discussion of four previously identified key themes: (i) curriculum, (ii) advocacy & leadership, (iii) budgeting for HIV&AIDS; and, (iv) monitoring & evaluation. Main points discussed by presenters and group reflections on each of these topics, as well as conclusions and recommendations of each of these key areas, are outlined below.

Curriculum

One of the main pillars of mainstreaming HIV&AIDS and SRHR into the education system is to integrate these topics in the curriculum. In practice this may range from mainstreaming HIV&AIDS into all subjects (meaning that in subjects like history or language classes, prevention messages of HIV&AIDS are communicated) to integrating HIV&AIDS in a separate subject, like Life Skills, or Life Orientation. The discussion highlighted advantages and disadvantages of both approaches.

When HIV&AIDS are integrated across all curricular subjects these topics become part and parcel of learners' lives, and this in turn can contribute to lowering the related taboo and stigma. On the other hand, the messages may remain superficial, as teachers often still feel uncomfortable touching upon this topic, and could easily neglect doing so. And there are substantial challenges to training so many teachers.

Integrating HIV&AIDS in a separate subject makes it possible to encompass other important topics such as drug abuse, (sexual) relationships and peer pressure. The advantage is that it is likely that there is more time to discuss HIV&AIDS and that less teachers need to be trained. Involvement of teachers and learners in the curriculum development process is likely to increase ownership, commitment and the level of participation. However, these separate subjects are often not part of

the formal 'tested' curriculum and are given less importance.

> **When students chose ...**
>
> Experience shared from Tanzania, highlighted that learners will feel more comfortable and will learn better when they themselves choose the teachers who will provide guidance on issues such as HIV&AIDS. Teachers' gender, for example, may be of influence on learners' preference. Also if learners chose their mentors, they assume a more active role and greater responsibility in the learning process.
>
> Participants in this discussion also highlighted the importance of more actively involving people living with HIV and AIDS (the GIPA principle), underscoring that careful support and coordination of initiatives is essential.

To be effective, the discussion highlighted that mainstreaming of HIV&AIDS in education and the curriculum needs to be multidimensional (comprehensive) and needs to seek to address the following issues:

- ✓ Curriculum modalities – this involves looking specifically at opportunities that exist for integrating content, at how the content will be defined and implemented and how results will be monitored and evaluated. For example in Mozambique 20% of the curriculum is defined at local level – this provides an opportunity for addressing HIV&AIDS and related issues in a context specific way,

- ✓ Teachers' involvement – ensuring that training and support are available, including for the needs of teachers who are affected and infected (workplace policies being an important dimension of this).

- ✓ School management – ensuring that the wider school environment is safe and that there is a space for HIV&AIDS education in schools, including for referral to HIV testing and support.

- ✓ Relationships between schools and communities – to enhance awareness and understanding, to encourage local leadership and contribution to HIV&AIDS education in schools, and to create buy-in for the messages that the school is putting forward.

- ✓ Support and coordination at policy decision level - to create synergies with policy making (including in parliament and laws), to encourage inter-sectoral working and to create incentives for innovation by teachers and school managers.

From the perspective of mainstreaming some key implications are that:

- ✓ We need to be ready to challenge traditional education and its taboos – and to shift our thinking and practices.

- ✓ We need to be ready to propose innovations that will renovate education and adapt it to the needs of children, youth and society.

- ✓ We should work from the basis that (apparently) small changes can make big differences.

- ✓ We can learn from good practices by others and should actively seek those out in reforming our own way of doing things.

- ✓ We need to ensure that efforts in curriculum reform are supported and sustained by other changes in the education system all of which are essential to a comprehensive approach on HIV&AIDS prevention and mitigation.

Advocacy and leadership

Experience from the field which was shared at the symposium highlighted that one of the key challenges to addressing HIV&AIDS continues to be the level of denial of the issue and of the extent to which HIV&AIDS need to be addressed. In many countries and contexts – such as India, where the absolute number of people living with HIV&AIDS is the worlds' highest – it is still not seen as a substantial problem. Lack of awareness is often closely related to stigma and discrimination which prevents individuals and communities from discussing this issue.

> *Advocacy is a skill to influence public policy, laws, regulations, resource allocation (especially funds), and access to services through various forms of persuasive communication.*

The debate around this topic during the symposium thus underscored the critical importance of changing perceptions and generating commitment through advocacy and leadership in key sectors. Strong leaders who advocate the message of HIV&AIDS can motivate others to integrate and infuse HIV&AIDS initiatives and messages into existing policies and programmes in order to create social change in the long term, to get HIV&AIDS out of the taboo atmosphere, and to ensure that HIV&AIDS can be discussed.

Leadership and advocacy can contribute to mainstreaming in two key ways:

- ✓ By addressing mainstreaming as a process – in this manner encouraging persons and agencies to analyse effects and formulate responses based on this analysis.
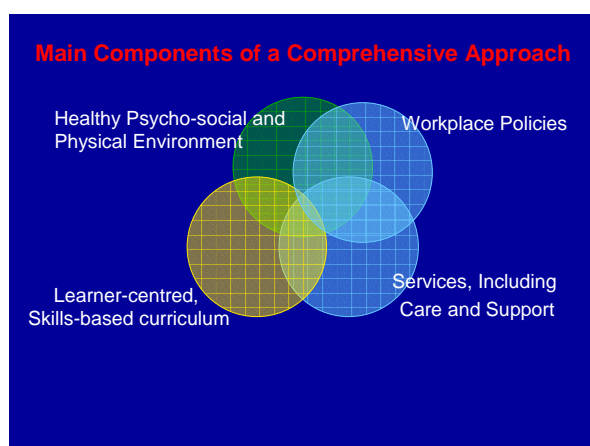
✓ By looking at mainstreaming as an <u>objective</u> – be increasing the number of routine/core human development HIV&AIDS policies and programmes.

Characteristics of leaders on HIV&AIDS

A sub-group of conference participants reflected on the characteristics of leaders on HIV&AIDS. From the discussion, leaders were described as charismatic, clear focused, close to the issues, committed, ethical, and straightforward. On the other hand, they must dare to confront and to think out-of-the box. Once a leader is identified or emerges, participants highlighted the importance of ensuring adequate support so they are likely to communicate and push for key messages and issues.

Developing leadership and advocacy is not without challenges, in particular because:

✓ The problem is daunting, and the solution far from easy;

✓ It may be difficult to find a starting point; and

✓ It may be hard for emerging leaders to find support.

Main Components of a Comprehensive Approach

Healthy Psycho-social and Physical Environment

Workplace Policies

Learner-centred, Skills-based curriculum

Services, Including Care and Support

The symposium therefore concluded that leadership and advocacy requires a commitment to:

✓ Generating partnerships – in particular in an inter-governmental and multi-sectoral manner. Partners from other sectors or Community Service Organizations (CSOs) can be of great value.

✓ Accessing and making the most of existing opportunities – HIV&AIDS can sometimes be picked up best from another entry point, like health, but should be linked to existing priority programmes for the country and for the sector, such as Education for All (EFA), poverty reduction, gender equity and violence prevention. This is important to give the agenda legitimacy and to place it in a broad, but relevant, context.

✓ Working on the basis of a comprehensive

approach – to ensure all dimensions and aspects of the problem are addressed in an integrated manner, including such matters as the quality of education (curriculum, gender equity, well trained teachers), school environment and services (safe school, room for voluntary counselling and testing, mental health and nutrition, treatment, care and support), and workplace policies to protect employees.

**Uganda – the critical role of strong leadership**

Aggrey Kibenge from Uganda underlined the importance of leadership by referring to the importance of the strong dedication from the Head of Department in the Ministry of Education in Uganda who is part of the top management and coordination of the education sector response on HIV&AIDS. The personal experience of this key manager with HIV&AIDS resulted in his devotion to make a difference, to translate policy into practice and to bring other education decision makers on board. This example illustrates the importance of strong leaders who advocate the message of HIV&AIDS and their impact on motivating others to integrate and infuse HIV&AIDS initiatives and messages into existing policies and programmes in order to create social change.

The role for governments, development agencies and other partners in this respect lies in ensuring that advocacy and leadership are part and parcel of approaches to HIV&AIDS, that every effort is made to coordinate actions on the ground, and that environments that are truly supportive of emerging leaders and advocacy activities are generated.

Budgeting and HIV&AIDS

Ministries of Education cannot successfully address HIV&AIDS in their sector plans without allocating resources for actually implementing HIV&AIDS into the curriculum, into teacher training, into monitoring and evaluation and into workplace policies. Budget allocation is thus a crucial step in the mainstreaming process and this should follow the six phases of a regular budget cycle as shown below.

In this budget cycle the strategic planning phase (phase 1) critically examines to what extent HIV&AIDS are sufficiently addressed in the plan. For the education sector the most relevant plan would normally be the education sector strategy, which guides the operationalisation process. The powerful part of strategic planning is to create a long-term, multi-annual vision on HIV&AIDS which must be included into the budget as off-budget spending will not be sustainable.

Budget Cycle
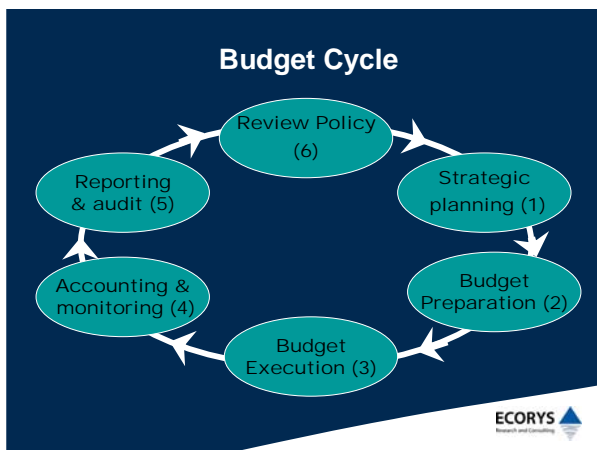
Second, the budget must be prepared. Unfortunately, strategic plans are sometimes more political tools to get consensus than real budgeted plans. The responsibility for budget preparation should be with the line ministries to increase ownership, but the Ministry of Finance should be involved to check on strategic priority settings.

An important and often still missing role for donor agencies is to be predictable regarding their funding. Ministries of Education must be able to rely on donor funding and build their plans on these forecasts.

Third, during budget execution, the actual implementation phase, the Ministry of Education should be held responsible for monitoring what is actually spent, to be able to see what is actually happening. The Ministry of Education should also monitor implementing agents, like schools, community based organizations (CBOs), teacher training facilities, etc. Proper monitoring and evaluation should result in an in-depth policy analysis (phases 4, 5 and 6) after which new strategic planning is required.

In practice, however, there are a number of constraints in getting this somewhat ideal six phase process to work. These can be summarized as follows:

✓ Strategic plans are often not linked to budgeting processes, so that budgeting for all areas, including HIV&AIDS, is often weak, fragmented and underused.

✓ In many contexts a multitude of planning exercises exist through processes for developing Poverty Reduction Strategy Plans (PRSP), sector planning exercises and the like. This complicates budgeting processes and often holds back the actual policy implementation process (which only very slowly moves beyond a planning phase).

✓ Even where funds are available for HIV&AIDS (such as through the Global Fund) they are often

underused indicating that the problem is not simply one of resources but rather of a combination of critical factors, some of which are beyond the control of ministries themselves.

✓ The exceptionality of HIV&AIDS has led to implementation arrangements which have contributed to the perception that HIV&AIDS are vertical issues which do not require sustained government medium term planning and commitment.

✓ The continued availability of off-budget resources discourage ministries from budgeting for HIV&AIDS, in particular because they would probably need to remain within budget ceilings and thus make cuts in other areas.

✓ Sectors frequently have poor advocacy and lobbying power vis-à-vis Ministries of Finance from where additional resources would need to come. This is particularly the case for non-health sectors.

✓ National Aids Authorities may be aware of the importance of mainstreaming but their capacity and credibility to take on a lead role in supporting mainstreaming and related budgeting processes is limited.

Monitoring and evaluation

Future planning and policy making is dependent on the evaluation of existing policies and the state of the art of the education system. This implies a wide range of information should be made available through subsequent and continued data provision.

The Education Management Information System (EMIS) is a management tool of the education system which aims to collect, store, process, analyze and disseminate information. This information system should be adapted to the information needs of management, but also to needs at the administrative level and all other actors of the education system, both at macro and micro level. This implies that information generated by EMIS, should be user-oriented. However, there is often a lack of sustainable monitoring systems. There are various bottlenecks regarding to mainstreaming from the perspective of monitoring and evaluation, including:

✓ There are often little resources allocated for monitoring and evaluation, budget-wise, but also regarding human resources.

✓ Capacity building is key for creating a vast monitoring and evaluation system but may not be given priority.

- ✓ Frequently information gathered is not demand-driven, which results in a lot of information remaining unused. This underscores the importance of developing simple indicators and of collecting data on a regular basis. This also makes it possible to see trends. An example of simple data is the mortality rate of teachers and learners in a school, although the stigma around HIV&AIDS can make this difficult, as people are unwilling to reveal facts and figures related to HIV&AIDS.

- ✓ Fourth, HIV&AIDS education is often complex to measure. However, again certain simple indicators can be used that are user friendly and easy to monitor, like the number of trained teachers.

- ✓ Fifth, the data lack uniformity from different actors/partners. This makes it more difficult to use data efficiently and to make comparisons between the different data. Harmonisation between different actors in the education system would increase the efficiency and practicability of data collection.

- ✓ In addition, actors should be stimulated to share their data. Too often, Ministries of Education keep their data for themselves.

- ✓ Finally, to monitor budget allocation to HIV&AIDS is difficult when HIV&AIDS is really mainstreamed and have become an integral part of the education system.

In summary, key implications for achieving a proper monitoring system are:

- Leadership.
- Putting in place systems that are part of the routine functioning of ministries of education.
- Capacity building at ground level.
- Development of simplistic and user-friendly indicators.
- Partnerships to gear indicators to one another and to share gathered information.
- Adequate funding and importance given to monitoring and evaluation and to dissemination of the results.

Sexual Reproductive Health and Rights

Ninety percent of all HIV transmission occurs through unprotected sexual intercourse. Bearing in mind that social, economic or cultural context impact on individual's sexual behaviour, the chances of HIV transmission can be significantly reduced by changed sexual behaviour. Because of this important link, HIV&AIDS education should strive to enhance the understanding of learners about sexuality, about how to make consensual decisions on their sexual behaviour, including abstaining from a sexual relationship, delaying sexual intercourse, (serial) monogamy, doing an HIV test, consistently using condoms during each sexual intercourse, reducing partners and having only consensual sex.

Thus, a coherent strategy on sexual health combines gender- and rights based strategies in fighting HIV&AIDS *and* reducing SRH problems.

Effective comprehensive sexuality education needs to:

- ✓ Focus on adolescent development – building self-esteem as a foundation for decision making and embedding SRH problems in a broader context of adolescent development while approaching sexuality in a positive way.

- ✓ Be rights based – providing young people with the skills to take their own decisions and empowering youth with SRH rights (self-determination, participation, enabling environment).

- ✓ Focus on behaviour change – helping young people to voluntarily make their own informed decision by systematic development of needs, rights and evidence based behaviour change communication.

- ✓ Be developed from the perspective of health promotion – creating an enabling, supportive and caring environment which includes access to counselling, voluntary counselling and testing (VCT), health services, commodities, treatment as well as supportive policies and social norms.

Key for effective HIV&AIDS prevention education is that learners are given opportunities for lively discussions and questions, and are provided with the opportunity to develop skills that they can use in real life situations, instead of receiving just factual knowledge. This involves learners learning to talk

about sexuality rather than being taught about sexuality. Yet, this implies that teachers need skills and self-confidence to create discussions or to respond to sensitive questions.

Talking about sexuality and sexual behaviour is difficult ...

One the symposium activities was a mini-workshop during which participants were asked to discuss and rate the level of intimacy of different sexual acts by young adults who are in love – ranging from hugging to sexual intercourse. Talking about non-sexual intimate acts presented no problem to the participants, but when the discussion moved towards describing and rating more explicit sexual acts, they found themselves facing the same barriers teachers and learning face in classroom situations.

Difficulties in talking about taboo topics (see also text box above), stigma and ignorance, as well as context specific factors, like cultural norms, can complicate such open discussions. Methodologies for encouraging discussion include:

✓ Intervention Mapping where stakeholders and communities are involved initial design of interventions based on a situation analysis and are then part of the implementation and evaluation process throughout.

✓ The use of Information Communication Technology (ICT) which allows learners to learn about key issues related to sexuality education such as self-esteem and self-awareness, puberty, making decisions about sexuality , reproductive health, sexual harassment, substance use and abuse, sexually transmitted infections (STI's) and HIV&AIDS, among other critical topics.

But various challenges remain. These include (i) convincing stakeholders, schools and communities that this is important; (ii) ensuring the right people are part of the planning and implementation; (iii) developing evidence-based, culturally acceptable materials, which are also well-linked to existing policies;(iv) training teachers well and ensuring continuous support; and, (iv) involving youth in all phases of designing, training and implementation.

Concluding remarks

The symposium provided a welcome opportunity for a variety of actors to take stock of where we stand with respect to both mainstreaming of HIV&AIDS in the education sector and the integration of SRHR in this approach. The discussions and presentations during the day highlighted progress that has been made in increasing awareness and commitment, in better understanding the issues and in beginning to integrate HIV&AIDS in education sector plans. Examples from various contexts and countries were discussed and illustrate the variety of experience that exists.

The symposium also underscored that key issues remain to be addressed. These constraints have been highlighted throughout this summary report and provide pointers for critical areas of attention for the future that could become part of a priority agenda for the UNAIDS IATT on Education. These areas include:

✓ Addressing some of the priority gaps in mainstreaming HIV&AIDS including:

  ▪ Support to decentralization and capacity (especially at decentralized levels including for managers and teachers, but also advocacy and negotiation skills for education within a multi-sectoral approach).
  ▪ Leadership.
  ▪ Strategies for addressing the increasing feminization of the pandemic.
  ▪ Enhanced support to teachers both as facilitators of learning and in order to protect them and help them manage the disease.

The symposium also identified the importance of:

✓ More and consistent support to the monitoring and evaluation of progress in mainstreaming.

✓ The targeting of wide systemic reforms of management and information processes and the introduction of systems and procedures which guarantee that HIV&AIDS will continue to be seen as key management issues.

✓ Ensuring adequate attention to services within a comprehensive approach to HIV&AIDS prevention, care and support.

✓ Developing the evidence base by continuing to document good practices and developing strategies for dissemination/use of these good practices and for ensuring these have an impact on policy and practice.