The AIDS Epidemic: Why Must the Education System Respond?

Presentation
to
The University of the West Indies
and
The Association of Caribbean Universities and Research Institutes

by

Professor M. J. Kelly
University of Zambia
Lusaka, Zambia

February 2002

Preamble

Allow me to begin my address by thanking the authorities of the University of the West Indies for inviting me, as part of the University's special response initiative to HIV/AIDS in the Caribbean Region, to share with you from my African experience. I am humbled and honoured that they have asked me to do so. But equally I am encouraged and heartened at the imaginative steps the University is taking to cope with this crisis. In the words of the united voice of Africa, enunciated in Addis Ababa in December 2000, “Success in overcoming the HIV/AIDS pandemic demands an exceptional personal, moral, political and social commitment on the part of every (person). Leadership in the family, the community, the workplace, schools, civil society, government and at an international level is needed to halt the preventable spread of HIV/AIDS”.[1]

The activities so far initiated in the University are incontrovertible proof of the existence of this exceptional personal commitment. They are also proof that the university leadership is ready to confront the AIDS epidemic through a more strategic, coordinated, programmatic response that will incorporate current individual initiatives into a broad institutional effort. I applaud the University for what it has accomplished so far and I congratulate the Vice-Chancellor on its significant achievements. In addition, I join with his many well-wishers in acclaiming Professor Nettleford on his being honoured as the Gleaner Man of the Year for 2001. Not only is the University on the right track. It is manifestly in the hands of the right man.

In such auspicious circumstances we can feel certain that the University will be a significant actor in responding to the threat that HIV/AIDS poses to human development in the Caribbean Region. The key role that the University has begun to play within the Caribbean Community framework, focusing on long-term AIDS-related capacity building and curriculum development and addressing the needs of all the language groups in the Region, gives assurance of this. The Region is indeed fortunate in being able to look with confidence to the University of the West Indies to provide each and every one of the acts of leadership necessary to prevent HIV/AIDS and to help those living with HIV/AIDS live a more decent human life.

HIV/AIDS: The Global Situation

When the people of Hiroshima in Japan woke up on the morning of 6th August 1945, they did not know that they faced a day of catastrophic doom. It was on that day that the world's first atomic bomb devastated their city, taking an estimated 150,000 lives.

When personnel from New York and the surrounding areas arrived at the World Trade Centre on the morning of 11th September 2001, they did not know that they too faced a day of catastrophic doom. It was on that day that terrorist attacks destroyed the Twin Towers, taking an estimated 5,000 lives.

When the people of the world awake each day, are they aware that because of HIV/AIDS they face an even more calamitous situation than either of these, a situation which sees almost 9,000 people dying every day—five to six every minute—from a disease that was almost unknown two decades ago?

This is the reality we face, a reality considerably worse than the worst-case scenarios of earlier years. Ten or twelve years ago it was projected that by 2000 there might be 15 to 20 million persons living with HIV/AIDS. Today we know that there are in fact 40 million, in addition to some 25 million who have died over the years from AIDS-related causes. Although there is more hope now than there was even five years ago, UNAIDS, the Joint United Nations Programme on HIV/AIDS, has warned that barring a miracle most of those who are currently infected will die over the next decade or so. UNAIDS has also advised that "unless action against the epidemic is scaled up drastically, the damage already done will seem minor compared with what lies ahead".[2]

With each passing year we see an increase in the total number of persons living with HIV/AIDS. The increase would be even greater were it not that the number is being depleted by AIDS deaths which currently occur at the rate of 3 million each year. At the end of 2001, it was estimated that 1.2% of the world's adult population, those aged 15 to 49, were living with the disease, up from 1.1% at the end of 2000. In the Caribbean region, the prevalence rate was also up, from 2.1% at the end of 2000 to 2.2% at the end of 2001, with the total number of infected persons increasing from 390,000 in 2000 to 420,000 in 2001.[3]

But hope has also accompanied these long years of HIV/AIDS. There is the hope generated by the success of some countries, notably Uganda, Thailand, Senegal, and more recently but to a more limited extent, Zambia, in controlling and reducing the spread of the disease. There is the success of the antiretroviral drugs that suppress the activity of HIV in the body for as long as they are being taken. There is the substantial reduction in the risk of mother-to-child transmission through the timely use of effective and relatively inexpensive drugs. There are the efforts being directed towards the development of a vaccine. There is the evidence that through their leaders and organisations communities are assuming greater responsibility for prevention and care. There is the new determination shown by the United Nations and the world's political leaders to attack the epidemic with full force.

But these developments, which give rise to hope, are being accompanied by other, more ominous rumblings. The exponential rise of new HIV cases in Eastern Europe and Central Asia, the region which is currently seeing the world's fastest rate of HIV increase, is a cause for great alarm. There are dire predictions that HIV expansion in the world's most populous countries, China and India, could grow out of all control in the coming decade. The very availability of antiretroviral drugs in the United States appears to have triggered a sense of complacency that has resulted in an increase in HIV incidence. And most worrisome of all, recent studies suggest the emergence of strains of the HIV virus which are resistant to some of the antiretroviral drugs currently in use. One almost feels

that blocking off one channel used by HIV/AIDS to perform its devastating work is the signal for opening new and potentially more destructive avenues of death.

HIV/AIDS and Development

HIV/AIDS poses a major threat to human welfare and development progress. Its most immediate impacts are experienced at the individual and household levels where the effects have many facets: prolonged and repeated illness, physical and psychological pain and suffering, health care and costs, income loss, reduced household productivity, death, funeral costs, mourning and grief, increased poverty, increased vulnerability of women, growth in the number of orphans, the social dislocation of those who survive, and in some cases the ultimate disappearance of households and whole communities.

These very personal experiences adversely affect household, industrial, commercial and national economies. All experience similar economic problems: a reduction in the labour supply, because of the way the disease brings sickness and death to young adults in their most productive years, and increased outlays due to the direct costs of AIDS-related expenditures and the indirect costs of lost labour time, training expenses, and orphan care.[4]

In countries where the disease has established a firm hold it is exerting a crippling effect on current activities and future development prospects. Although the epidemic is more than a health problem, it has significant adverse impacts on the health sector, necessitating the diversion of considerable resources and expertise to dealing with an increasing number of AIDS-related illnesses, and giving rise to a reduction in the number of health-care personnel due to AIDS-related illness and mortality.[5] Through its toll on the agricultural labour force and in other ways, HIV/AIDS affects agricultural production and food security, first at household level and then by spillover effects at national level: remote fields tend to be left fallow; there is a switch from labour-intensive crops to less demanding ones; there is less variety in crops being grown; animal husbandry and livestock production show decline; food storage and processing are impaired; and staff illness and mortality lead to a breakdown in support services.[6]

In many respects, these adverse social impacts are being surpassed by the enormous challenge of massive increases in the number of orphans. In some countries, it can be said that every household is caring either directly or indirectly for an AIDS orphan. In others, one-third or more of children below the age of 15 have lost a parent to AIDS, and the proportion may rise higher. As with AIDS itself, nothing of such all-encompassing magnitude has ever before been experienced by humanity. No well-developed paradigms exist for coping with it. There is no real understanding of how best to support millions of children who have no caregivers in their households or how to enable communities respond to the care, nutrition, health, education and other needs of children who have lost one or both parents to AIDS. Questions are asked about how orphans in rural areas can learn to be productive when there is nobody to pass on to them the relevant knowledge and skills.[7] Questions are also raised about how today's orphans will become tomorrow's parents when they will never have known the formative years of a normal childhood, being parented in a normal family with father, mother, brothers and

sisters.[8] In severely affected countries, concerns are expressed that the increase in the number of orphaned juveniles as a proportion of the general population will lead to a sustained increase in crime levels.[9]

In a recent address, the Vice-President of Malawi underlined that the orphans crisis is an integral part of the security risk that HIV/AIDS poses to global security.[10] The destabilizing potential of the disease, especially in light of the way it is expanding in very populous countries that possess nuclear capability, should not be underestimated. In response to the potential threat that HIV/AIDS poses to global security, the United Nations Security Council made a significant departure in January 2001 by debating the issue, the first time the Security Council had ever discussed a health or development matter.

Why the Education System Must Respond to HIV/AIDS

It is against this sombre background that we ask why the education system must respond to the situation being created by the HIV/AIDS epidemic. Essentially there are three reasons.

First, ***the epidemic places every system and institution under profound threat***. An education system that does not come forward with an appropriate response runs the risk of being overwhelmed by the epidemic and the variety of its impacts. When a person is infected with HIV, the immune system slowly but inexorably breaks down, leaving the individual vulnerable to the hazards of several opportunistic illnesses. HIV does something similar to institutions and systems. In the absence of an appropriate response, they are likely to experience various problems that can develop to the stage where they are no longer capable of functioning in the way they ought. Our first task will be to gain insight into some of these problems so that recognizing them we may be able to plan for dealing with them.

The second reason why an education system must respond to HIV/AIDS is that ***in the present state of human knowledge every prevention effort, the majority of coping strategies, much of the activity directed towards the mitigation of impacts, and virtually every programme designed to outwit and get ahead of the disease, depends on education***. HIV/AIDS is relatively new to the world and hence there is need for extensive learning about it and its management—and learning is the core business of education. Messages relating to the prevention of HIV transmission are educational messages. Messages on the need for public and private systems, organizations and institutions to adjust to the impacts of the disease are educational messages, which must likewise be followed through by further messages on how to make such adjustments. Every legitimate response to the disease has a basis in education. Hence it is of paramount importance that the education system itself respond in a visionary and dynamic way to the disease—partly in order to equip individuals to cope with it, but of even greater moment, in order to equip them to outwit and get ahead of HIV and AIDS.

There is a third reason why an education system should respond to HIV/AIDS. ***Both have a particular interest in the young***. It is mostly the young who are in schools, colleges and universities, acquiring the values, attitudes, knowledge and skills that will serve them subsequently in adult life. But if education is largely the sphere of the young, so also is HIV/AIDS. About one-third of those currently living with HIV/AIDS are aged 15–24, while more than half of all new infections (over 7,000 each day) are occurring among young people.[11] In addition, since the epidemic began, more than 13 million children below the age of 15 have lost their mother or both parents to the epidemic and this figure is forecast to more than double by 2010.[12]

Very clearly, young people are at the centre of the HIV/AIDS epidemic, just as they are at the centre of an educational system. This common sphere of interest makes it imperative that the education system grapple with the epidemic so as to equip young people with the values, attitudes, skills and knowledge they need to prevent HIV transmission, to cope with the consequences of the disease, and to strengthen one another and humanity in the creation of an AIDS-free world. We simply must save the young, and it is largely through education that we can do this.

What HIV/AIDS Can do to Education

When considering the impact of HIV/AIDS on education, we can think of it as affecting the system in a number of different ways. The disease

1. reduces the demand for education
2. affects the pool of those who should be attending school
3. reduces the ability to provide or supply educational services
4. affects the availability of resources for education
5. affects the way schools can go about their business
6. affects the content of what is taught at all educational levels
7. affects the way schools and much of the education system are organized
8. affects the planning and management of the education system

1. HIV/AIDS reduces the demand for education. One reason for this is that the epidemic results in the population of school-going age being smaller than it would otherwise have been. This is because AIDS brings increases in child mortality, a reduction in births owing to the premature death of women in their child-bearing years, and a lower fertility rate. Hence there will be fewer children seeking admission to schools and ultimately fewer young people seeking admission to colleges and universities. The number of children who will want to enter or stay in school also declines because those in AIDS-affected families must engage in economic activities to support themselves, or they must attend to the needs of sick parents and relatives, or there is fatalistic disillusion with school, with older people asking why bother sending children to school when they will die young from AIDS and will not live long enough to reap the benefits of their education.

This decline in demand at the very base of the system will, of course, work its way progressively through the system as each cohort grows older. The result will be a smaller pool of applicants seeking admission to higher level education programmes and ultimately a less well educated population, something that no country can afford.

2. HIV/AIDS affects the pool of those who should be attending school. This is because, with the peak age-range for AIDS deaths being 20 to 35 for women and 30 to 45 for men, parents are dying before they have had time to finish their work of rearing their children. The result is a very rapid growth in the number of orphans and the consequent massive strain this places on the extended family and the public social and welfare services. The evidence from a number of countries bears out that when orphans have been incorporated into a household where resources are scarce, they come last in the pecking order: they receive less food, less is spent on their personal needs, and there is less chance that they will be sent to school or that school fees will be paid on their behalf.

A particularly tragic result from the way HIV/AIDS is decimating families is the phenomenon of the child-headed household. These are households where all adult members have died and the children must fend for themselves, frequently under the guidance of the oldest among them who may be a boy or girl aged 14 or less. The education needs and schooling possibilities of these children, and those in their care, differ very substantially from the needs of those from households headed in the usual way by an adult. The relevance of conventional forms of schooling can also be questioned in regard to the many children who seek their livelihoods on the streets of towns and cities, and the even larger numbers of rural children for whom HIV/AIDS has converted formal education into an almost meaningless ritual.

3. HIV/AIDS reduces the ability to provide or supply educational services. The supply of teaching and other educational services is reduced because of the impact on human resources. Trained teachers and lecturers are either dying in large numbers or are leaving teaching to take up more lucrative positions that have become available because of AIDS deaths in other sectors. Teachers whose HIV infection has not developed into full-blown AIDS are not able to work at their full potential—it is estimated that repeated bouts of sickness will lead to such teachers losing about six months of teaching time during the years of infection, prior to the period of terminal illness.[13] During this latter period, which usually lasts for about nine months prior to death, they will, of course, be completely incapable of teaching. In addition, the education system finds its ability to provide various services disrupted because of the loss, through mortality or sickness, of education officers, inspectors, finance officers, building officers, planning officers, management personnel, curriculum and examination specialists, and teacher educators.

4. HIV/AIDS affects the availability of resources for education. This is because there are fewer private resources, owing to the numerous negative effects AIDS has on household economies. In particular family incomes decline because of the reduced productivity of those in self-employment or the loss of household income when the breadwinner succumbs to the disease. Moreover, family resources that might have been used for educational purposes must now be diverted to the care and medical treatment of

infected household members. Public funds for the sector are also less than they would otherwise be, owing to the AIDS-related decline in national income and the need to allocate more to health and AIDS-related interventions. Moreover, some of the funds allocated to the education sector do not bring due benefits because they are committed to paying salaries for sick but inactive teachers. Further, the ability of the community to contribute in cash or kind for school developments is growing smaller because of the way AIDS weakens communities and increases claims on the time and work capacity of those who survive.

5. HIV/AIDS affects the way schools can go about their business. This is largely because of the presence in the school community of HIV-infected individuals or of individuals with infection in their immediate families. This is the place to pause and reflect on the chilling fact that HIV is no respecter of age and that school, college and university enrolment may well include several young people with HIV/AIDS. Internationally, relatively few AIDS cases manifest themselves among those aged 5 to 14, but there is a very sharp rise in AIDS incidence among young people aged 15–19, especially among girls. Since it takes five or more years for HIV to develop into full-blown AIDS, it seems clear that these young people must have become infected when they were still attending primary or lower secondary school. Also, the fact that the peak age for AIDS among girls begins at age 20 suggests that many become infected while they were still of school-going age. Recently, the Jamaican Minister of Health underlined the scale of this problem when he reported that the number of HIV/AIDS cases among adolescents has been doubling each year, and that 17 girls in the 10 to 14 age group tested positive for HIV in April 2001.

Because of the low occurrence of AIDS among those aged 5–14 many regard these children as a "window of hope" who constitute the genesis of a future HIV-free society. But there is growing realization that such children also constitute a "window of concern" and that the school—even primary school—may constitute a high-risk situation that facilitates HIV transmission.[14] *Mutatis mutandis*, colleges and university campuses may also constitute high-risk situations where the transmission of HIV can all too readily occur.

Almost two decades ago, Jonathan Mann, the late former director of the WHO's Global Programme on AIDS, spoke about "the epidemic of stigma, discrimination, blame and collective self-denial". Fear, anger, stigma, ostracism, and discrimination, directed towards those infected with HIV or coming from AIDS-affected families, also affect the way a school or educational institution goes about its business. The sickness of HIV or AIDS may affect only a few. The sickness of discrimination and negativity is unfortunately much more widespread and is something that every educational institution must seek to cure.

6. HIV/AIDS affects the content of what is taught at all educational levels.

Speaking at an International HIV/AIDS Conference held in Burkina Faso in December 2001, Peter Piot, the Executive Director of UNAIDS, asked: "Can we imagine a response to AIDS without schools changing what they teach?"

This challenge extends far beyond the simple curriculum introduction or development of reproductive health and sexual education. The epidemic imposes a variety of demands for changes in what schools and other institutions teach and communicate:

- every educational institution should seek to influence its students to adopt appropriate life-protecting value systems, those learned concepts of the desirable which motivate individuals and which serve as criteria against which they appraise and evaluate actions;
- curriculum content needs to be targeted specifically at HIV/AIDS prevention in order to help equip learners and teachers with the attitudes, knowledge and skills to avoid infection;
- facility in exercising psycho-social life-skills, important at all times, needs to be enhanced in order to equip learners for positive social behaviour, strengthen their ability to withstand negative social pressures, and enable them to base their practice of interpersonal relationships on a more comprehensive understanding of themselves and others;
- earlier inclusion in the school curriculum of work-related training and skills is necessary, so as to prepare those compelled to leave school early (because of orphanhood or for other reasons) to care for themselves, their siblings, or their families;
- HIV/AIDS needs to be mainstreamed within the professional dimensions of college and university programmes with a view to producing AIDS-competent graduates who are equipped to deal with the epidemic in their professional areas;
- teaching methodologies require adjustment so that they can promote greater flexibility on the part of all learners, with greater emphasis on independent and self-initiated learning, in order that in their subsequent life they may be better equipped to take over roles and responsibilities from those whom HIV/AIDS is removing from the work-force;
- colleges and universities need to introduce or expand programmes and courses to respond to new needs arising from an AIDS-affected society.

7. HIV/AIDS affects the way schools and much of the education system are organized. This is because the disease is creating the need for a flexible timetable or calendar that will be more responsive to the income-generating activities that many students must undertake. The role of children in attending to sick members in their families, and the hazards that young girls may experience if they have to walk long distances to school, also point to the need to provide for schools that are closer to children's homes. The inability of many orphans, street children, and children from infected families to attend school in the normal way suggests the need for a revolutionary form of educational provision whereby, instead of requiring children to come in to some central educational complex called “school”, schooling goes out to them. Recent advances in information and communication technology appear to be bringing such a revolution within reach.

The absolute imperative of helping young children remain free from HIV infection necessitates the careful examination of a wide range of assumptions about schooling. At what age should children commence? What can be done to prevent age-mixing in class? Do boarding schools provide any answer or do they create greater HIV/AIDS problems? Should special, closely supervised boarding provision be made for girls? Is it prudent to bring together large numbers of young people in relatively high-risk circumstances? The importance of these and similar questions is now being faced by some education ministries which are grappling with the problem of how to protect the young while providing universal access.

8. Finally, HIV/AIDS affects the planning and management of the education system. Negatively, the disease affects the ability of systems to plan because of the loss through mortality and sickness of various education officials charged with responsibility for planning, implementing, and managing policies, programmes and projects. Positively, systems find themselves obliged to attend to a variety of AIDS-related planning activities, such as:

1. ensuring the provision of HIV prevention programmes directed to students, educators and support staff;
2. providing for personnel losses so that schools continue to function, with teachers teaching and students learning;
3. developing schools into institutions that are safe, adequately resourced, multi-purpose centres of hope, learning and service in their communities;
4. establishing care and support programmes that will deal sensitively with the personnel and human rights aspects of AIDS-affected employees and their dependants;
5. forging partnerships with communities, faith groups and others that are based on mutual respect and shared commitment to a healthy AIDS-free future;
6. expanding the potential of an education ministry to play a leading role in the national response to HIV/AIDS.

The Response of an Education System to HIV/AIDS

Faced with these daunting challenges, one naturally asks about the response that an education system can make. Before doing so, let us remind ourselves that similar problems face agriculture, health and other systems, and that they too should devise responses appropriate to their situation. But they can learn much from what occurs in education and the form of response that answers the needs of an education system.

Protect the System

This said, the very first response an education system or institution must make to HIV/AIDS is to secure itself against the onslaught of the disease. If it fails to do so, it will not be able to come to the assistance of the children and young people it is meant to serve. The system that is meant to offer protection is itself in need of protection.

Protecting HIV/AIDS-threatened education systems, so that they can continue to provide and, where necessary, expand quality education and training, requires efforts directed at stabilizing the system, mitigating impacts on learners and educators, and responding creatively and flexibly to the disease.

Stabilizing the system entails ensuring that even under attack by the pandemic, the system works so that teachers are teaching, children are enrolling and staying in school, older learners are learning, managers are managing, and personnel, finance and professional development systems are performing adequately.

Mitigating the pandemic's potential and actual impact on all learners and educators (and therefore on the system as a whole) implies ensuring that those affected and infected by the disease can work and learn in a caring environment which respects the safety and human rights of all. Of major concern here would be efforts to make the system fully and patently inclusive by challenging all forms of AIDS-related stigma and discrimination, providing for the most extensive possible participation by persons living with HIV/AIDS, and rooting all provision in strong human and child rights frameworks. Above all, each and every learning institution must be a place of safety for all who are associated with it.

Mitigation efforts should also be addressed to providing counselling services; making provision for voluntary counselling and testing; working with social welfare and health ministries to provide learner-friendly services; and ensuring responsiveness to the special needs of infected or affected learners and educators. This latter would include such actions as prompt and trouble-free payment of sickness or death benefits and creative provisions for the treatment and/or retirement of educators who are HIV-positive.

An education system responds creatively and flexibly to HIV/AIDS when it continues to provide meaningful, relevant educational services of acceptable quality to learners in and out of the formal system, in complex and demanding circumstances. This creative response will require a policy and management framework that can make things happen. Key components of this framework include[15]:

- Committed and informed political and educational leadership.
- Broad-based multisectoral management partnerships with other government sectors, non-governmental organizations, faith groups, community groups, and the private sector.
- A policy and regulatory framework that includes common understanding about the nature of the pandemic and its potential impact on education, as well as guidelines, regulations and codes of conduct which clarify the responsibilities of implementers.
- Strategic and operational planning processes which lead to realistic and realizable operational plans.
- Effective management that provides for the appointment of senior full-time mandated HIV-and-education managers at all levels, and within major institutions, until such time as the ministry is in full control of the problem.

- Capacity building at all levels of the system, and adequate provision for personnel replacement and training.
- An HIV/AIDS-in-education research agenda that can develop understanding of the impact of the disease on the system and provides for the regular monitoring of a set of benchmarks and crisis indicators.
- Adequate budgetary provision with streamlined access to resources.

In essence this means that ***an education ministry must commit itself to a major exercise in strategic planning for its response to HIV/AIDS***. So also must a university or other major semi-autonomous educational body. In the absence of a strategic framework, the response to the epidemic is likely to be haphazard and ad hoc. The strategic approach ensures better coordination and more comprehensive incorporation of issues, while the process of developing a plan generates understanding, ownership and commitment to outcomes. Basically a strategic approach to planning for HIV/AIDS in education involves six steps:

1. A situation analysis that examines the manifestations, context and causes for the HIV/AIDS situation within the sector or institution.
2. An analysis of the response the education sector is already making to the disease within its own social, cultural and economic framework.
3. The formulation of broad principles that will guide the sector's response during the planning period—such as respect for human rights, sector-wide ownership of strategies and solutions, the involvement of persons living with HIV/AIDS, the United Nations target that virtually all of those aged 15–24 have access to the information, education and services necessary for developing the life skills required to reduce their vulnerability to HIV infection.
4. The identification of priority areas and strategic goals for the sector's response, e.g., promoting behaviour change, preventing and controlling sexually transmitted infections, increasing voluntary counselling and testing, reducing casual sexual activity among learners and education personnel, building capacity, extending services to out-of-school children and youth.
5. Developing a series of steps or strategies for reaching the priority objectives, e.g., design and introduce curriculum changes, produce and disseminate learning materials, train educators in use of materials, design workplace HIV/AIDS education and support systems. This stage also includes some identification of the human, financial and material resources needed for taking the identified steps.
6. Determine the institutional framework (focal points, task force, committee, special unit, etc.) best suited to ensure the implementation of the strategies and to establish the evaluation procedures that will monitor whether the plan is being implemented and goals are being attained.

Respond to the Real Needs of Students and Society

The second response that an education system must make to HIV/AIDS is to take account of the real needs of its students and society. This entails innovative adjustments in its curriculum and service delivery.

First and foremost, the system should ***ensure the integration of good quality sexual health and HIV/AIDS education into the curriculum***. While as yet there is no infection**,** such an expanded curriculum can work to reduce the likelihood of HIV by promoting values and attitudes that say yes to life and no to premature, casual or socially unacceptable sex and sexual experimentation. This it can do by providing information and inculcating skills that will help self-protection, promoting behaviour that will strengthen the young person's capacity to avoid HIV infection, enhancing capacity to draw others back from the brink, and reducing the stigma, silence, shame, and discrimination so often associated with the disease. At the school level, this HIV/AIDS education should, as a minimum, deal with the following areas:

- Ensuring that every pupil is well equipped with correct information on HIV/AIDS and its transmission, with special attention to the information needs of girls.
- Abstinence as the most certain method for preventing HIV transmission, and hence an elaboration of reasons, skills and strategies for remaining or becoming abstinent from sexual activity.
- Information and skills on other means of protection against infection from HIV and other sexually transmitted infections. These means include deferring the experience of sexual intercourse, remaining faithful when neither party is HIV-positive, reducing the number of sexual partners, and using condoms.
- Treatment of the myths, false beliefs and wrong attitudes that can lead young people to disaster. Many of these false beliefs cluster round ‘macho’ images that expect boys and men to display sexual prowess while denying sexual decision-making power to girls and women.
- The false sense of security that young people frequently have, that they face no risk of contracting HIV infection. A critical challenge for the education system is to dispel young people's erroneous beliefs in their own invulnerability, the false perception that “HIV will never happen to me”—a perception shared, for example, by almost two-thirds of sexually active girls aged 15–19 in Haiti.[16]

UNAIDS has noted that the heterosexual epidemics of HIV infection in the Caribbean are driven by the deadly combination of early sexual activity, frequent partner exchange by young people, unprotected sex, and a mixing of ages (mostly young girls having sex with older men).[17] This highlights the importance of using the school and every other educational channel to impart to young people the values, knowledge, and skills they need to protect themselves from infection. In the words of the UN Declaration of Commitment, prevention must be the mainstay of the response.[18]

Adjustments in curriculum and service delivery must also take account of new learning needs that HIV/AIDS occasions, both in learners themselves and in society. These needs include those experienced by orphans and other children disadvantaged by the disease and those of a society that may be losing its most productive young people at a very early age. Major challenges that the school curriculum and the technology of delivering educational services must address include:

- Devising ways of reaching those who appear to be unreachable, especially orphans and other out-of-school children and youth

- Preparing very young people, many of them mere children, for the immediate assumption of adult economic responsibilities, as heads of households or within the framework of households headed by elderly relatives
- Transmitting skills to young people, when the practitioners who should pass on the training are no longer alive
- Adjusting teaching methods to focus on the development of flexibility, innovativeness and learning how to learn
- Replenishing the skills society is losing through the premature deaths of skilled and qualified adults.

Universities and HIV/AIDS

Clearly a university must be part and parcel of these responses. It too must take determined steps to protect itself against the disruptive havoc that HIV/AIDS can wreak among its members and in its activities. It must adopt a broad policy and planning approach that will ensure that its operations and arrangements take adequate account of the disease. It must ensure that it responds to the imperatives of the disease by taking account of the real needs of students and an AIDS-affected society.

In this regard it is excellent to know that the University of the West Indies has established a response programme—the UWI HIV/AIDS Response Programme, HARP—as part of an initiative to strengthen its response to the HIV/AIDS epidemic. The HARP initiative seeks to raise and maintain awareness within the campuses of the University about the epidemic and its potential impacts. Through its stress on policy development it acknowledges that HIV/AIDS can pervade every aspect of university life. Through its adoption of a multidisciplinary approach, it recognizes that HIV/AIDS is more than a health problem. By committing itself to working closely with governmental and non-governmental agencies working in the areas of prevention and care, it is ensuring a vigorous two-way engagement with society that commits university expertise to an area of recognized public need, while nourishing the professional teaching and research life of the University. Full marks to the University for this creative initiative—it is surely the earnest wish of everybody here that it may be successful in contributing to the control of HIV/AIDS in the region.

There will be opportunity on another occasion to deal more extensively with aspects of what HIV/AIDS can do to a university and what a university can do to HIV/AIDS. Suffice it here to do no more than indicate key areas and issues, some of which are already being addressed by the UWI HARP initiative:

1. Being a person-intensive industry as well as an institution catering principally for young people in an AIDS-affected society, a university is vulnerable to the many impacts of the disease.
2. Because part of its core business is to equip its students with the instruments of learning and specific high-level skills that their post-university work will require, a university in an AIDS-affected society must seek to produce graduates who are AIDS-competent, that is, who have a professional understanding of how the disease affects their areas of expertise and what can be done about it in these areas.

3. Because another component of its core business is the extension of the frontiers of knowledge through research, a university in an AIDS-affected society must make a commitment to advancing a greater understanding of the many facets of HIV/AIDS—scientific, biomedical, epidemiological, sociological, economic, cultural, ethical.
4. Since a university is also mandated to engage with society and to seek jointly with society to find solutions for identified problems, it should collaborate extensively with external agencies and individuals who work in the field of HIV/AIDS.
5. Since the foregoing points imply that HIV/AIDS must be a consideration in virtually every aspect of the life of a university, the institution should commit itself to the process of developing policies and plans that can accommodate these new demands.

Responding to HIV/AIDS when Infection Has Occurred

If the worst comes to the worst and HIV infection occurs, the school and education system continue to have important roles to play. A critically important contribution that the education system and those in its institutions can make at this time is to ***ensure that there is not even a hint of condemnation of the infected person***, while at the same time providing reason for hope and showing that even with AIDS life can still be fulfilling and meaningful. Finding oneself HIV-positive brings its own special anguish. Nobody should ever increase that anguish by blame, condemnation, criticism, cruel remarks, or any of the other negative reactions that flow so spontaneously and easily from many who are not infected. In a strange and very challenging way the life-purpose of the infected individual here and now is to accomplish within what will likely be fewer years what the majority of humans spend decades in achieving. In spite of HIV and AIDS the person can do something positive and really worthwhile with life. All is not lost.

Openness about Personal HIV Status: A positive but courageous step the infected individual can take is to be open about her or his HIV status. Such openness is key to breaking the silence that surrounds the disease and moving the response forward. The education system needs to facilitate such openness by enabling, or working with other services to provide voluntary counselling and testing, and by establishing the encouragement of frank acknowledgement of one's HIV status as integral to the culture of the system. At the same time, there must be great sensitivity about confidentiality. Neither the system nor any of its institutions may ever divulge information to anybody on the HIV status of a member of the school community without the consent of the individual concerned. Where an individual has taken the courageous step to acknowledge being HIV positive, efforts should be made to involve the person in AIDS-related activities and educational sessions. Nobody knows the importance of these better than a person who has already become infected.

Responsibilities and Obligations: Referring to both the time when staff members and others involved in the education system are sick and to the time after their death, it is important to be clear on responsibilities and obligations. There is need for guidelines on such areas as sick leave, sporadic absenteeism, time off to receive medical attention for

oneself or for a member of one's family, benefits, special conditions for school participation by orphaned children of recently deceased staff, working situations that may pose risks to the others (e.g., if the infected employee has TB but work continues). These guidelines also need to point out clearly the situations where there is no risk whatever of HIV transmission, such as sharing eating utensils, common use of toilets, or casual physical contacts. In all this area, there is need for sensitivity to the special needs of female employees. Thus allowance should be made for the difficulty in reporting in time for the first class of the day experienced by a female teacher who is caring for someone in the home with an AIDS-related sickness. As regards those who are likely to become orphans, experience from severely infected countries is that parents who are dying of AIDS find great solace and peace in the assurance that their children will be looked after, and in particular that there will be proper provision for their education.

Protection of Human Rights: An important role for every school and college, and for the entire education system, is to be proactive in standing up for the human rights of infected members of the educational community. Human rights and HIV/AIDS are intimately connected. “An environment in which human rights are respected ensures that vulnerability to HIV/AIDS is reduced, those infected with and affected by HIV/AIDS live a life of dignity without discrimination, and the personal and societal impact of HIV infection is alleviated”.[19] It is a serious violation of human rights and an offence to human dignity to deny access to a student infected by HIV, or to terminate the employment of an infected teacher or employee, whether because of the HIV status itself, because of pressure from the parents of non-infected students, or because the individual's HIV status makes it difficult to meet institutional requirements. On the other hand, no student or member of staff should use their HIV status as justification for poor performance, unless medical opinion finds that in the circumstances this is unavoidable.

Maintaining the Quality of Life: One very valuable service the school can render is to make infected members of the school community aware that if they look after themselves properly, the quality of their life can be as good as that of their neighbours for many years. Very ordinary things help towards this: eating nourishing food; taking a reasonable amount of exercise on a regular basis; avoidance of tobacco, cannabis and all other abusive drugs; moderation in the use of alcohol; going quickly to see a doctor and get treatment as soon as they feel unwell. But they, and all in the school, need to be informed about these things. They will not hear much about this in the community or in their families. The school is almost the only channel through which this information can be provided.

Treatment and Antiretrovirals

An education system, and institutions which include persons living with HIV/AIDS, must confront the difficult question of treatment. Treatment with antiretrovirals will restore to infected individuals the possibility of life routines that are very close to normal. A person in receipt of antiretroviral treatment can work as productively as anybody else and, as far as we know at present, for decades into the future. The question is whether it is feasible for an education system to take on responsibility for the provision of such treatment to educational staff, other employees,

and students. The trend towards dramatic reduction in the price of antiretroviral drugs makes it all the more important that a defensible position be adopted.

At the contractual level, it seems that education ministries, universities and other major educational employers should strive to have the rules governing medical insurance schemes reviewed so that they cover access to whatever HIV/AIDS treatment may be necessary. This might possibly entail an increase in premiums, but this would be a more humane and very likely more cost-effective solution to the HIV problem than allowing the disease to take its inevitable course to terminal illness and death. Students, however, do not benefit from these contractual arrangements. Institutions that do not have health facilities will have to continue referring such students to public or private medical centres where the treatment they receive may depend heavily on their ability to pay. Institutions with health centres should strive to develop HIV/AIDS "wellness" programmes that would provide blood and other tests, inexpensive therapies, early treatment of opportunistic infections, and advice and assistance in maintaining a healthy lifestyle.

In this context we should remind ourselves that in June 2001 the states participating in the United Nations Special Assembly on HIV/AIDS committed themselves to ensuring in an urgent manner that by 2003 they would make every effort to:

> provide progressively and in a sustainable manner the highest attainable standard of treatment for HIV/AIDS, including the prevention and treatment of opportunistic infections, and effective use of quality-controlled antiretroviral therapy in a careful and monitored manner to improve adherence and effectiveness and reduce the risk of developing resistance (UNGASS, 2001, §55).[20]

This commitment, and the resources that it seeks to mobilize, should make it that much easier for educators and those being educated to receive appropriate antiretroviral therapies.

Responding to HIV/AIDS when Death Has Occurred

A role remains for the education system and the school even when HIV/AIDS has run its full course and has resulted in the death of an individual. Clearly at such a time, the bereaved family needs support in coping with grief and loss. But unfortunately instead of this it may encounter criticism, hostility, apprehension, denunciation, and other forms of discrimination born out of fear of the disease and its misguided association with sexual promiscuity. An education system should be ruthless in its efforts to outlaw such heartless stigma. Those in an educational institution should go out of their way to show that there is no place in their lives for such pettiness and spiteful small-mindedness.

In some cultures, the death of a husband or father ushers in a period when the rights of the surviving widow and children are placed under threat. The family unit may be dismantled, property and inheritance rights may be infringed, and individuals, especially the widow, may be coerced into unwelcome and potentially HIV-transmitting sexual unions. In such circumstances, there is scope for the education sector to provide every possible support for the assertion of the personal rights of the widow and children. The system can also make provisions to ensure that the orphaned children of its employees can exercise their right to education.

At another practical level, it should be ensured that there is no delay in paying whatever benefits are due to the family of the deceased person. If, as is so often the case, that person was the breadwinner for the household, the bereaved family may have to depend on the terminal benefits as their immediate source of income. Delaying payment runs the risk of driving the family into precarious circumstances, with some of them turning to income-generating prostitution, a coping strategy that occurs with depressing frequency in some parts of the world, but also a strategy that serves to maintain the momentum of HIV transmission.

The Challenge for the Education System

An education system is intrinsically oriented to the future. Its core business is to equip children and young people with the information and skills that they will need for a productive, fulfilling life. But because of HIV/AIDS there will be no future for many young people. In several countries with high HIV prevalence rates, half the young people will die in their twenties and thirties. In several countries life expectancy at birth is now hovering around 40 years (compared with 75 in several Caribbean countries). The magnitude of the HIV/AIDS crisis is such that countries are facing the bleak possibility of no future to educate for, and even worse, with reduced populations, a smaller future to educate.

But the relatively low HIV prevalence rate in the Caribbean, and the comparatively high levels of prosperity, are no cause for complacency. At some point in its HIV history every country has been a low-prevalence country. In 1990, HIV prevalence among women attending antenatal clinics in South Africa (a country where the per capita GDP is higher than that of any Caribbean country, other than Barbados) was less than 1%. Ten years later it was almost 25%.[21] With an average adult HIV prevalence of approximately 2%, the Caribbean is the second most affected region in the world. If they are not to go the way of South Africa and similar countries, the Caribbean countries must intensify their response to the AIDS epidemic, and they must do so now. Tomorrow may be too late.

The most important component in this stepped-up response is the education system. That is why it must be protected at all costs. That is why it must be used imaginatively in the struggle with HIV/AIDS. What is needed is to get the education system in every country in the region up and moving, not just in reaction to the problems posed by HIV/AIDS, but proactively. This will necessitate using the system imaginatively for its own protection, for the protection of those who are involved in it in any capacity, and for devising ways of getting ahead of the disease, outwitting it before it gets an opportunity to take even deeper root.

In practical terms this entails:

- undertaking a major exercise in strategic planning to map out a comprehensive, proactive sector-wide response to HIV/AIDS

- continuing to provide meaningful, relevant educational services of acceptable quality to learners in and out of the formal system, in complex and demanding circumstances
- ensuring that those affected and infected by the disease can work and learn in a caring environment which respects the safety and human rights of all
- using the system to enable all who are involved to understand more about the epidemic and its consequences
- integrating good quality sexual health and HIV/AIDS education into the curriculum so that the system may contribute to the formation of attitudes and behaviour patterns that will reduce the likelihood of HIV transmission
- using the system to help young people prepare for a productive life in a different kind of society
- responding to the new learning needs that HIV/AIDS occasions, both those experienced by orphans and other children disadvantaged by the disease and those of a society which may be losing its most productive young people at a very early age.

HIV/AIDS can be stopped. The negative impacts of the disease can be controlled and managed. The time to do so is now. We do not want to experience another two decades of dilly-dallying while people die, children are orphaned, systems are endangered, and the epidemic rolls on. We have had enough talk and large-scale planning. It is time now to enter on an era of great and urgent action. In the words of the Executive Director of UNAIDS, I say to the education system, and in particular to its schools: “take your power and use it in this great struggle to turn back AIDS”. Let everybody here and throughout these countries set to work and turn our schools and colleges into HIV-free islands in the murky HIV/AIDS waters that surround them. Let us ensure that our institutions become beacons of well-based hope, confidence, and certainty that HIV/AIDS will be overcome, that those who have been entrusted to our care remain HIV-free, and that every member of our educational community is fired with a passion to conquer this disease and to mitigate the suffering that it brings to our less fortunate fellow human beings.

Notes

[1] *Africa Development Forum, Consensus Document*, p. 1. Addis Ababa: Economic Commission for Africa, December 2000.
[2] *Report on the Global HIV/AIDS Epidemic, June 2000*, p. 8. Geneva: UNAIDS.
[3] *AIDS Epidemic Update: December 2000, & AIDS Epidemic Update: December 2001*. Geneva: UNAIDS.
[4] The Economic Impact of AIDS in Zambia, by L. Bollinger & J. Stover. Washington: The Futures Group International, September 1999 (processed).
[5] "In some countries, health-care systems are losing up to a quarter of their personnel to the epidemic." *AIDS Epidemic Update, December 2001*, p. 8. Geneva: UNAIDS.
[6] *The Impact of HIV/AIDS on Food Security*, §19. Committee on Food Security, 27th Session, Rome, 28th May–1st June 2001. Rome: Food and Agricultural Organization (FAO).
[7] *AIDS Epidemic Update, December 2000*, pp. 13–14. Geneva: UNAIDS
[8] The Impact of HIV/AIDS on the Rights of a Child to Education, by M. J. Kelly. Paper presented at SADC-EU Seminar on the Rights of the Child in a World with HIV and AIDS, Harare, Zimbabwe, 23rd October 2000 (processed).
[9] "Age and AIDS: A lethal mix for South Africa's crime rate," by M. Schönteich. *Konrad Adenauer Stiftung Occasional Papers*, Johannesburg, June 2000.
[10] Statement by the Right Honourable Justin Malewezi, Vice-President, delivered at the Consultation Forum on Global Fund to Fight AIDS, Tuberculosis and Malaria, November 12th—13th, 2001. Lilongwe, Malawi.
[11] *AIDS Epidemic Update, December 2001*. Geneva: UNAIDS.
[12] *Children and Young People in a World of AIDS*, p.6. Geneva: UNAIDS, August 2001.
[13] The Economic Impact of HIV/AIDS on the Education Sector in Zambia, by N. Grassly, K. Desai, E. Pegurri, A. Sikazwe, I. Malambo & D. Bundy. Department of Infectious Disease Epidemiology, Faculty of Medicine, Imperial College of Science, Technology & Medicine, London (processed draft, November 2001).
[14] "Standing education on its head: Aspects of schooling in a world with HIV/AIDS," by M. J. Kelly. *Current Issues in Comparative Education* (CICE), Vol. 3, No. 1, December 2000. New York: Teachers' College, Columbia (online journal available at www.tc.columbia.edu/cice).
[15] "Education as a vehicle for combating HIV/AIDS," by C. Coombe & M. J. Kelly. *Prospects*, Vol. XXXI, No. 3, September 2001, pp. 435–445.
[16] *The Progress of Nations 2000*, p. 7. New York: UNICEF.
[17] *Report on the Global HIV/AIDS Epidemic, June 2000*, p. 18. Geneva: UNAIDS.
[18] United Nations General Assembly, 26th Special Session, *Declaration of Commitment on HIV/AIDS, 27th June 2001*, §47. New York: United Nations.
[19] *HIV/AIDS and Human Rights. International Guidelines*, p. 5. Geneva: UNAIDS.
[20] United Nations General Assembly, 26th Special Session, *Declaration of Commitment on HIV/AIDS, 27th June 2001*. New York: United Nations.
[21] *AIDS Epidemic Update, December 2001*, p. 5. Geneva: UNAIDS.