



**Cross-cutting
program for
HIV & AIDS
Education**



47th International Conference
on Education

HIV & AIDS and Quality Education for All Youth

Preparatory seminar
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IBE



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A summary of this report is also available at IBE.

The complete report and the summary are available on IBE’s website: (www.ibe.unesco.org) and on the HIV & AIDS website: www.ibe.unesco.org/hiv aids

The IBE has also published a CD-ROM of the 47th ICE that contains all the ICE documents, as well as the complete report of the HIV & AIDS seminar and other related documents (see under “organization”). The CD-ROM can be ordered from the IBE, PO Box 199, 1211 Geneva 20, Switzerland, fax : +41 22 917 78 01

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Preparatory seminar
47th International Conference on Education
Geneva, 7 September 2004

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The IBE team

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ACRONYMS

ABC Abstinence, Be Faithful (or, in certain countries: Behavioural change), Condom use
ARVs Antiretroviral drugs
CBO Community Based Organization
CCO Committee of Cosponsoring Organisations
CILS Internal Committee for fighting against AIDS
CIS Commonwealth of Independent States
COSSEL Council of Senegalese unions and teaching for the fight against AIDS
DFID Department for International Development
ECOWAS Economic Community of West African States
EDC Education Development Centre
EFA Education for All
EI Education International
ETR Education Training and Research Associates
FBO Faith Based Organization
FLE Family Life Education
FTI Fast Track Initiative
GEEP Group for the study and teaching of the population
GFATM Global Fund to Fight AIDS, Tuberculosis and Malaria
HDI Human Development Index
IBE International Bureau of Education
ICE International Conference of Education
IIEP International Institute for Educational Planning
ILO International Labour Organization
MAP Multi-Country HIV & AIDS Program for Africa
NGO Non Governmental Organization
NCCA National Committee for the Control of AIDS
OVCs Orphans and Vulnerable Children
PCB Program Coordinating Board
PIASCY Presidential Initiative on AIDS Strategy for Communication to the Youth
PTA Parent and Teacher Association
RH Reproductive Health
STD Sexually transmitted diseases
STI Sexually transmitted infections
UNAIDS Joint United Nations Program on HIV & AIDS
UNDAF United Nations Development Assistance Framework
UNDP United Nations Development Program
UNESCO United Nations Educational, Scientific and Cultural Organization
UNESCO/PEQ UNESCO/Promotion of Quality Education
UNFPA United Nations Population Fund
UNGASS United Nations General Assembly Special Session on HIV & AIDS
UNHCR United Nations High Commissioner for Human Rights
UNICEF United Nations Children's Fund
UPE Universal Primary Education
VCT Voluntary Counselling and Testing
WFP World Food Program
WHO World Health Organization

EXECUTIVE SUMMARY

“A teacher can save more lives than a doctor”; a quote from Mr. Peter Piot, Executive Director of UNAIDS, at the opening of this high level seminar on HIV & AIDS and education. This short sentence sums up the vital importance of the education sector in the fight against HIV & AIDS.

This preparatory seminar, held on the eve of the 47th session of the International Conference on Education (ICE) brought together some 10 Ministers of Education and over 70 ministerial delegates, coming from around the world to participate in the ICE.

This event was organized by the International Bureau of Education (IBE/UNESCO) in collaboration with UNAIDS co-sponsors and with the support of the Interagency Task Team on HIV & AIDS Education. Its objectives were:

- To discuss the essential issues concerning the roles and responsibilities of the education sector in the fight against HIV and AIDS.
- To identify the priority measures required to ensure an effective response from the education sector.
- To prepare and transmit key messages to the ICE delegates so that HIV & AIDS issues were integrated into the discussions, and ultimately, into the results of the 47th ICE.

The following themes, in line with those of the 47th ICE, were taken up for this seminar:

1. How can girls be given full access to quality education and be better prepared to protect themselves as well as be given full access to education against HIV & AIDS? (prepared with UNAIDS Secretariat and UNICEF)
2. How can all orphans and vulnerable children and young people be assured of quality education, and how can their exclusion from the education system be prevented? (prepared with DFID and UNICEF)
3. How can the prevention of HIV & AIDS be fully integrated into school programs, particularly in addressing gender issues and life skills by using interactive methods of teaching? (Prepared with UNICEF and UNESCO/PEQ)
4. How can teachers be better prepared and supported? (Prepared with WHO and EI)
5. And finally, how can national and international partners be further encouraged to support the education sector to effectively respond to HIV and AIDS? (Prepared with DFID and the World Bank).

The contributions of the different ministers and delegates during the three plenary sessions and five working groups were encouraging. The education sectors in a number of countries have already put in place not only the conditions for an effective sectoral response, including taking crucial and concrete measures to deal effectively with the serious and urgent issues that HIV and AIDS represents for the quality of education.

It is now a question of expanding the responses and enforcing them so that all children, young people, teachers and education employees have access to quality prevention, care and treatment programs. These different target groups should all be enabled to protect themselves and access all necessary services, and to contribute to the prevention and mitigation of the impact of HIV and AIDS, including fighting against HIV and AIDS related stigmatisation and discrimination, both in their private and professional life.

“An extraordinary situation requires an extraordinary response”, another statement made by one of the Ministers present at this seminar, implies the strengthening and organizing of partnerships at international, regional and national levels. An extraordinary mobilization of

supplementary resources and a better channelling and management of funds are definite priorities to allow the education sector to fulfil its role and responsibilities.

Another issue raised during several sessions was: education per se has a protective effect. Children and youth that are often excluded, such as girls, orphans and other vulnerable children must have access to quality education, in order to reduce their vulnerability to HIV and AIDS and the impact thereof, particularly poverty. Programs to improve girls' education are especially important and urgent.

The education sector needs to put into practice lessons learnt in other areas of education in order to improve the teaching of life skills in HIV & AIDS education. Life skills are essential to fight vulnerability, diminish the transmission of HIV and combat stigma and discrimination. Lessons learnt in other sectors – in the public health sector for example – in the area of access to resources by groups that are hard to reach, need to be applied to the education sector. Existing resources in communities, youth themselves and other experienced community members should be mobilized and greater trust ought to be placed in their contribution to HIV & AIDS prevention education.

It is important to understand and take account of social and cultural dimensions of HIV and AIDS as some socio-cultural practices have a negative impact on HIV transmission and impact. It is however important not to reject traditions and practices altogether, but rather to promote those that are useful in HIV prevention and to support the modification of those that currently have a negative impact so that they may also contribute positively to the fight against HIV and AIDS.

Many of the issues discussed in Geneva are not new. However, the seminar provided the opportunity to openly share experiences and perspectives for feasible solutions. The feeling at the end of the day was that although much still has to be done, success was possible. Testimonies from several ministers and their delegates were encouraging and show that prevention education is possible and can be successful. Witnessing first hand that colleagues and experts from all over the world are aware of the necessity to act with courage, are committed and have already taken effective measures, was uplifting and provided the necessary hope, energy and commitment to continue the fight and to improve what already exists.

In addition, the seminar offered participants the opportunity to jointly study linkages between HIV and AIDS education and the quality of education in general. HIV and AIDS represent a very serious threat to education systems and to quality education for all, yet the pandemic can also be seen as an 'incentive' and opportunity to take measures to strengthen the quality of sector as a whole.

Programs and other measures that need to be taken by the education sector to fight HIV & AIDS effectively will also contribute to the realization of the objectives set by the EFA movement: provide better access to education for girls and make education more adapted to their specific needs; provide better access to education to all other groups of children and youth excluded from education; adapt curricula and teaching methods so that they are more relevant to the reality of learners and more effective, in particular by integrating competencies for life; and improve teacher education so that teachers are able to address new curricular and pedagogical approaches.

A summary of priorities and recommendations discussed during the seminar was prepared and distributed to the delegates to the 47th ICE during the sessions of the Conference itself, so that those who did not participate in the seminar could learn about and integrate issues related to HIV & AIDS and quality education for all youth in their comments and during the debates that took place at the 47th ICE.

KEY MESSAGES TO THE 47th ICE

(These messages were made available to the delegates during the sessions of the Conference itself)

Theme 1: Access to education for girls, gender issues and HIV & AIDS

Ensuring universal education for girls

1. Place efforts to promote girls' education within the wider context of overall national development strategies and integrated approaches to poverty reduction. Ensure that primary education is free.
2. Provide scholarships and stipends to help boost girls' participation at secondary and tertiary levels.
3. Institute school feeding programs in areas of food insecurity.
4. Encourage mothers' clubs, PTAs, and other forms of community participation to support girls' education.
5. Encourage mothers' clubs, PTAs, and other forms of community participation to support girls' education.

Ensuring a safe environment for girls

6. Invest in gender-sensitive school infrastructure.
7. Ensure that schools are safe, secure, and congenial environments for both boys and girls.

Identifying curriculum needs and improving teaching

8. Address gender issues, in particular, focus attention on the learning needs of both girls and boys as well as on the interactions between them.
9. Support teachers in providing high quality education.
10. Increase the number of female teachers.

Theme 2: Access to education for orphans and vulnerable children and youth (OVCs)

Fight discrimination and stigmatisation

1. Integrate questions related to HIV and AIDS in curricula.
2. Launch open discussions on discrimination with all relevant stakeholders and actors, including civil society, in order to mobilise, sensitise and increase commitment.
3. Set up a reference framework to allow verification of program implementation in classrooms.

Respond to specific educational needs of OVCs

4. Recognise and pay attention to specific needs of OVCs in school settings.
5. Integrate people living with HIV & AIDS in the education system by working with existing or creating associations or groups of people living with HIV & AIDS.
6. Recruit more teaching staff and train them to take care of and take responsibility for OVCs in schools settings.
7. Encourage free and universal education.

Address other obstacles to education of OVCs

8. Increase support to local and community organizations so that they can take better care for OVCs.
9. Develop a multi-sectoral approach for a better response to the needs of OVCs.
10. Increase the commitment of the whole education community.

Theme 3: HIV & AIDS and life skills education

Underscore again the importance of Life Skills Education and strengthen the implementation of programs

1. Seriously consider what makes a curriculum effective.
2. Seriously take into account specific needs of youth and urgently respond openly to their crucial needs for information on prevention methods and sexuality.
3. Bring the right / new resources to deliver life skills education.
4. Train teachers.

Better integrate Life Skills education in the school environment

5. Make sure that schools address the complexity of real life and the existence of contradictory messages.
6. Take culture into account, as well as the reality that the family structure has recently changed and has become, in urban settings, much smaller and more like a nuclear unit.
7. Increase involvement and participation of young people in all phases of life skills program, and better take their needs into account.
8. Balance of in-school and out-of-school programs.

Evaluate learning outcomes of life skills education

9. Develop evaluation tools that are relevant for the topics taught and the type of knowledge, attitudes and skills expected.
10. Develop standards to evaluate programs in schools to see how effective they are.

Theme 4: Teachers' roles, workplace policies and HIV & AIDS education

Train teachers and improve working conditions and support to teachers

1. Better prepare teachers to talk about sexuality.
2. Provide basic knowledge on HIV and AIDS for teachers and more importantly, make sure that they acquire the skills to protect themselves against the disease, and teach their pupils/students relevant skills.
3. Help teachers and provide guidance on how to deal with overcrowded classrooms and the difficulties that these may present to effective teaching on HIV and AIDS.

Support teachers and create a context favourable to HIV & AIDS prevention education

4. Put in place a clear, committed and progressive Government policy to address HIV & AIDS in the education sector.
5. Restore the image of and the respect for teachers in society.
6. Develop (or work on developing!) an environment that is open to HIV & AIDS prevention education.

Theme 5: Partnerships and financing for HIV & AIDS education

Improve mobilisation, allocation, channelling and implementation of funds and financial resources

1. Improve mobilisation and channelling of funds.
2. Increase the education sector's commitment in terms of resource allocation to better enforce policies, guidelines, sector plans and guidelines.
3. Set up control mechanisms to evaluate the quality of the response, in terms of coverage and quality of programs.
4. Establish full time HIV & AIDS focal points in Ministries and at local levels.

Improve partnerships and cooperation at international, regional and national levels

5. Set-up of mechanisms to manage partnerships and cooperation at various (two??) levels.
6. Develop standards for cooperation.
7. Promote cost effective regional cooperation.
8. Promote and strengthen partnerships with local NGOs and CBOs, for implementation of programs that are responsive to local needs and contribute to improved coverage, including in remote parts of a country.
9. Develop partnerships between the Ministries of Education and Health.

PART I: HIV and AIDS are also an education issue

1.1 HIV & AIDS prevention education: a bag of assorted candies?

Cecilia Braslavsky, Director of the International Bureau of Education (IBE)

“First of all I would like to welcome all Ministers of Education attending this seminar, all the other members of delegations for the ICE as well as all the experts and colleagues who gathered to share their experiences, their concerns and their knowledge in the field of education and HIV and AIDS prevention.

Before giving the floor to the specialists on this issue, I would like to express my thanks, in particular to:

- UNAIDS and its Executive Director, M. Peter Piot, whose presence among us demonstrates his commitment to the education sector and of the important role of education in the fight against HIV and AIDS.
- UNAIDS for its financial and intellectual support.
- The other co-sponsors of UNAIDS that IBE is working closely with, UNICEF, WHO, DFID and the World Bank in particular, most of them being represented here today.
- The experts, some of whom travelled from far to be here.
- Colleagues of UNESCO Paris and elsewhere who are present here today and who contributed to the preparation of this seminar.
- Of course, the ministers and all the participants who honour us with their presence.
- And all those who contributed to this day but were not able to come.

I would like to briefly say some words as a teacher and former national director of education. When we had the responsibility of elaborating a curriculum that aimed to promote quality education, we always encountered the same problem which had to be resolved: How can we manage to guarantee basic education that also includes key competencies for life: the capacity to think, to react, to know, to be? In addition, how can the education sector respond to the demand to deal with emerging problems? Some examples of these emerging problems are environmental problems, problems linked to poverty, problems of gender equality and the problem of HIV and AIDS.

In my country, there was a very contemptuous expression concerning this issue: the programs that came from abroad in order to face specific demands and that had to be dealt with were called “assorted candies”, that is: superficial or unimportant matters, that are added on to the daily work of teachers, principals and even decision-makers, and that they consider as parallel programs and a source of troubles. They already had their own programs: one was supposed to teach reading, one to teach writing and the other one to teach specific disciplines. Now all of a sudden, from one day to the other, the Ministry of Education was requested to elaborate a program for HIV and AIDS prevention and a program to improve the behaviour in the street. This tension and reluctance from educators, made it very difficult to establish a program for basic education that also included key competencies to teach life values such as peace, solidarity, the capacity to look after oneself, and to feel self esteem and self awareness, the capacity to build one’s personality, and identity, and to deal with daily problems the youth of today are facing.

As the Executive Secretary of the ICE, I would like to ask you to help us establish a balance between these two conflicting demands in the daily running of our schools and in the education of youth. The education sector is confronted with severe problems such as HIV and AIDS, and other problems, yet to come. I’m convinced that you will manage to communicate the message in such a manner that the initiatives that have to be taken in schools to include programs such as HIV and AIDS prevention education are no longer seen or evaluated as “assorted candies”, or in other words, something that is superficial and unimportant, and that

is added on to the daily work of teachers, principals and decision-makers, but to consider such programs as essential to quality education.

We hope that the results of this seminar will be disseminated during the ICE and that they will benefit the education sector in general.

I thank you once again for attending this seminar and wish you a good working session.”

1.2 HIV & AIDS and the importance of education

Dr. Peter Piot, Executive Director of UNAIDS

Introduction

“Thank you to the International Bureau of Education, UNESCO, and the UNAIDS Interagency Task Team on Education for inviting me to introduce today’s Seminar.

I also want to acknowledge UNESCO’s leadership in revitalizing work around HIV & AIDS and education as part of wider HIV prevention efforts.

As leaders in your governments and educational systems you also have a crucial role to play in addressing AIDS. That is what makes this Seminar so important, particularly as what we discuss here can be brought to the broader conference over the coming days.

The State of the Epidemic

Let me start with a brief status report on the global AIDS epidemic. In July, UNAIDS released our new Global Report and it documents an epidemic that is growing increasingly severe. More people became newly infected with HIV in 2003 than in any previous year.

- AIDS has entered its globalisation phase: Africa has been the hardest hit to date, but Eastern Europe, Asia and Latin America continue to see rapid growth in infections. Asia stands on the precipice of what could be a devastating regional epidemic.
- We are still in the early phases of AIDS. AIDS is fundamentally changing the fabric and functioning of societies, and the death toll will rise as more people infected in the last decade become ill.
- There is an increasing feminization of AIDS. Half of all people infected with HIV are women. In Africa, 57% are women. Adolescent girls in Sub-Saharan Africa are 3.4 times more likely to be HIV positive than their male counterparts.

Five points about HIV & AIDS and the importance of education

1. One of the insidious aspects of the AIDS epidemic is that it undermines the social systems that are most desperately needed in the response – particularly, education. So one of the most basic things we can do is get AIDS treatments to teachers so that whole school systems don’t collapse.

2. Young people need factual information and the opportunity to discuss HIV openly. If adults greet the reality of the lives of young people with judgment or avoidance rather than open dialogue, then the goal of ending the spread of AIDS is out of reach. We need HIV prevention based on evidence, not ideology. Certainly abstinence and programs to delay the onset of sexual behaviour have a role to play. But we also know that condoms are an essential part of prevention – someone’s age should not prevent them from having access to a tool that can save their life.

3. Study after study has taught us that there is no tool for HIV prevention or development more effective than the education of girls. No other policy is as likely to raise economic productivity, lower infant and maternal mortality and promote health. This is why UNAIDS’

new Initiative – the Global Coalition on Women and AIDS – is actively promoting girls education as a means of preventing the insidious increase of HIV infection among women and girls.

4. The importance of involving young people in planning and implementing AIDS services. They have the expertise. They have the credibility with their peers. The need to more fully involve youth leaders in AIDS planning and programming was one of the loud and clear messages to come out of the recent International AIDS Conference in Bangkok. Today's young generation has not known a world without AIDS, and there is no solution to the epidemic without their active involvement in the response.

5. The role of Education Ministers. As leaders in your countries' education systems you can have a profound effect on the future of this epidemic and the health of thousands. For example, where national or district-level curriculum reform is going on, you can make sure that high quality HIV education is included. And you can dedicate adequate resources to the effort. Support for teacher training is key. In addition, each Ministry of Education should have at least one full time staff person focusing on HIV. If you want to see real results, this work cannot just be thrust upon an already overburdened staff person.

Conclusion

I'm very pleased that the International Bureau of Education continues to receive active support from several UNAIDS co-sponsors. That is a testament of the importance of your role in responding to this epidemic. Thank you again for inviting me to speak.”

1.3 Messages from Ministers of Education and Representatives to the 47th ICE

1.3.1 Minister for Education and Sports, Uganda

Mrs. Namirembe Geraldine Bitamazire

“Chairperson,
Distinguished Participants,
Ladies and Gentlemen,

I bring you all greetings from the President, Government and people of the Republic of Uganda.

The Movement government of Uganda, and indeed the international community, have come to realize that HIV & AIDS is one of the leading causes of death in modern times. The HIV & AIDS pandemic is also a major development issue that calls for emergency proactive measures to curb its transmission and to reverse its impact on human life and society.

The virus has continued to perpetuate all forms of mortality and morbidity in society. Furthermore, it has further sustained the escalating misery and poverty levels especially among the poor communities in the developing countries in sub-Saharan Africa.

The pandemic has negatively impacted on all development sectors including that of education thus negating all efforts to improve the quality of education and the general quality of the lives of the people. There is increasing evidence that education in all its forms is very vulnerable to the disruptive impacts of the HIV & AIDS pandemic. The already threatening challenges and disparities within the education sector have been worsened by the scourge of HIV & AIDS.

The pandemic has several serious impacts on both the systemic and management fabric of education. In the first place the demand and supply of education which is a core element in the achievement of quality education is threatened in various ways with:

- Poor health among teachers and pupils thus affecting attendance and the teaching and learning processes in schools.

- Reduced economic production and poor earning capacities by parents and communities to raise resources for education.
- Rising mortality rates of both pupils and teacher, which affect school enrolment.
- Increasing numbers of orphans in the education institutions whose sponsorship poses new challenges to schools' resources.
- High rates of drop outs due to ailments among the schooling children and their teachers.
- Deteriorating levels of learning achievements resulting from weakened academic and intellectual capacities.
- Stigma resulting from losses of parents, relatives, neighbours and community members who give the required material and psychosocial support to the schooling children and their teachers, and loss of focus on critical education quality concerns.
- Poor school management due to irregular attendance, poor service delivery of instructions in classrooms by ailing teachers.
- Inadequate resources to support extra care programs for the orphans and the sick. For example, providing them with food, treatment and psychosocial guidance and counselling.

Available information within the African continent reflects a number of variations in HIV modes and rates of transmission between girls and boys and between men and women. In Uganda, for example, girls are 6 times more susceptible to infection than boys and this poses yet another challenge to the desirable strategies for protection and empowerment of the girl child.

Furthermore, girls are more likely to drop out of school than boys in the event that affected households require supplementary support for day-to-day survival. Girls' vulnerability to infection as a result of early/forced marriages and early engagement in sex for survival increases due to HIV & AIDS related poverty strains at the household levels. The need therefore to strengthen the girl child support programs through increased advocacy and funding is not only vital but also urgent. Governments and development partners require new commitments in this direction.

Today, the African continent registers an alarming number of orphans and vulnerable children as a result of the pandemic.

The most relevant and primary form of psychosocial support to orphans and vulnerable children is providing them with education through keeping them in school as this reduces their vulnerability to a large extent. Special leadership by the education sector is required to address the socio-economic determinants for school attendance and performance by orphans. The need for comprehensive systems that ensure protection, care, support and treatment of orphans cannot be underscored.

In light of the dynamism and magnitude of the pandemic, the need for the education sectors to establish strong, systemic and supportive policy frameworks, multisectoral programs and strategic implementation plans is both an urgent task and a challenge.

Education planning cannot afford to continue with “**business as usual approach**” in the face of HIV & AIDS raging scourge on the health and development of the schooling youth.

This calls for provision of an enabling political, social and cultural environment, for more strategic efforts to reduce HIV transmission but above all, to mitigate HIV & AIDS impacts on access and provision of quality education for all. Linking education with health services and community development services may prove effective in sustaining quality in education.

Policies aimed at improved economic production and household earnings indirectly impact quality in education.

The need for specific policies, clear administrative and practical provisions to protect the rights of those at risk of infection, particularly the children and youth as well as those already infected and affected by AIDS is a priority requirement in the present circumstances.

Under the committed leadership of His Excellency, the President of Uganda, Yoweri Kaguta Museveni, the Ministry of Education and Sports has successfully rolled out the Presidential Initiative on AIDS Strategy for Communication to the youth (PIASCY), behaviour change and life skills programs targeting the youth in school. The PIASCY program is implemented under the theme “Help Pupils to Stay Safe” and messages focus on Abstinence, Behavioural change and Condom use (ABC model).

Age appropriate messages on HIV & AIDS are given by school authorities and teachers at school assemblies and during school clubs meetings. Participatory methods are used to encourage the youth to voice their concerns and seek for guided and correct information and advice on issues relative to HIV & AIDS. Sex education and reproductive issues constitute some of the discussions with teenagers in upper educative classes. The program has further provided opportunity to retool teachers with new information and communication skills for effective counselling and provision of psychosocial support to young people.

Most important to note is the multipurpose objective of the PIASCY program, namely to create the awareness of the youth on the pandemic and to mobilize them as cadres in the general fight against HIV & AIDS in the country.

The President had this to say at the launch of the PIASCY program: *“All these young people are at great risk, yet they are easily accessible for people who want to inform them on the scourge. I call on teachers to talk directly and regularly to them”*.

The need for strong and committed leadership has been documented as best practice in dealing effectively and holistically with the pandemic. Uganda’s recent successes in containing the epidemic from relatively high levels to the current estimate of about 5-6 percent is largely attributable to the political will and leadership from the highest office in the country. The national open policy on the status, programs and strategies to curb the transmission of HIV & AIDS in Uganda has already proved effective and ideal for others to emulate.

In order to realize an effective response by the education sector, resource mobilization and allocation for HIV and AIDS interventions is a necessity. Despite increased funding to HIV & AIDS world wide, the education sectors have continued to underestimate the need for adequate resource allocations to reverse the effect of the disease on the quality of education. More funds should as a matter of urgency be provided to support HIV & AIDS interventions.

Given the scale and level of commitment required, the need for flexibility and institutionalisation of appropriate structures and resource allocation to support implementation of HIV & AIDS programs must be realized and supported. Multisectoral, regional and international networks and policy measures to provide quality education to the youth should give priority to educating the youth on the prevention and management of HIV & AIDS pandemic both at personal individual levels and in the local communities and at national levels. The education curriculum must be reviewed to include study topics on HIV & AIDS.

The potential of equitable quality education to significantly reduce transmission and mitigate the impact of the pandemic on society should be harnessed in its totality. The challenge for all of us is to plan to deliver quality education in the context of HIV & AIDS with systems that are more flexible, diversified, integrated and universally feasible and affordable without compromising quality.

I thank you.”

1.3.2 Minister for Education, Bangladesh

Mr. Osman Farruk,

“Madam Chairperson, Excellencies, Delegates,
I’m sorry for those who have not been able to join us yet because I think Peter Piot presented an excellent paper, you might call it scary, alarming but it was an excellent paper presented, sorry they missed it.

First of all, coming from Bangladesh, one of the comforting things that I can tell the audience here is that the incidence of HIV is still very low in the country, in a population of 130 million, the data is sort of debated but the governments official data is that only 213 people have so far been infected by HIV, although UNAIDS and other agencies say that it is about 13, 000. But whichever number you take, I think is still considered as a low prevalence sort of a country.

At the same time, we think that it is low prevalence at the moment but it is also in a very high-risk situation having countries like India, Myanmar sharing borders with us, and where the incidence of HIV & AIDS is quite high. Myanmar alone has half a million people who have been infected with AIDS. Proximity with Thailand is making our population become more vulnerable because of a trans-border travel by people.

We can see that because of the modern media or whatever you may call it, some behavioural changes, particularly among the younger people, are becoming a bit alarming at this point. If you look at ways of infection in Bangladesh, they are mostly related to drug use rather than sexual behaviours; still, this is a high-risk situation. As we are becoming more and more an open society, and despite being a Muslim country, we are not a very conservative Muslim country, but a very liberal Muslim country; people, particularly the youngsters, are getting exposed to cultural behaviours from other countries.

Migrant labourers are becoming a major source of infection in the country. One of the surprising data is that in Bangladesh there is a large number of housewives that are infected, rather than adolescent girls. This could be because of the migrant labourers who get infected and when they come home, their wives also get infected. Surprisingly, the incidence of HIV infection among children is still quite low. Children get infected through their mother. For all these reasons, we think on the whole, that we are in a high-risk situation, from our geographical proximity to other countries with higher HIV prevalence rates.

But, on the other hand, the strong points that work in our favour is that:

1. The cultural and religious values are quite strong against sexual promiscuity and risky sexual behaviour. Responsible behaviour that can prevent HIV & AIDS and those cultural and religious beliefs are quite strong and will help to prevent HIV & AIDS.
2. I think we have done quite well in raising awareness among the people. You will be surprised to see the big two-decker buses carrying AIDS prevention advertisement, and people talking about it. A couple of years ago, maybe ten years ago, people wouldn’t talk about AIDS at all, they would talk about only STDs. Now people think that STDs are something that is possibly not that bad; it is AIDS they are worried about. This awareness has come among our people quite strongly, despite being a Muslim country, there is no question about it.

Now, there is the question of girls being the most vulnerable and most at risk of HIV & AIDS. One of the things that have happened in Bangladesh over the last decade or so, is the expansion of girls’ education, starting from primary school. Ten years ago, only about 20-25% children attending schools of the primary and secondary levels were girls and at the moment more than half of the students at the primary and secondary levels are girls.

Peter Piot talked about empowerment of women. I think that a better access to education has given a strong sense of empowerment among adolescent girls in Bangladesh. Those going to school are getting exposed to all these values we are talking about. Education of girls is an important asset we have when talking of protecting the vulnerable population of a country.

We are trying to gradually infuse HIV & AIDS prevention education in the curriculum. It is not yet that strong, but we included it in health science studies where we talk about AIDS as one of the areas. It is not that explicitly taught yet, but we are making students aware, through the curriculum and health science studies, of the problems of AIDS, in particular how it is transmitted and how it can be prevented.

It was mentioned that one of the problems was the teachers, and I know of countries where teachers are so badly affected by AIDS that they can't even come to school. Fortunately, that is not yet the case in our country. We have seen very little HIV incidence among the teachers yet. This is largely due, I would say, because of the culture and religious beliefs that are quite strong against activities that can lead to the transmission of HIV.

We have a HIV focal point in the Ministry, where we take care of HIV education and other kinds of related conferences and seminars. One of the major problems that we face in making, what I should call a very strong intervention at the school level, are resource constraints. We don't have enough resources – financial or technical – that can really allow us a large coverage.

After all, we are talking of a population where you have 18 million students, attending primary school and 8 million attending secondary school. We are talking of nearly 80,000 primary schools and 30,000 secondary schools. To provide a complete coverage of these schools – through whatever medium you want; curriculum, the presence of trained teachers or even focal points in all these institutions – is a major task in terms of human and financial resources. But we do plan to address these problems very strongly.

Our primary concern is that we are surrounded by countries with high HIV prevalence rates (India, Myanmar and Thailand) and in this globalized world, people can travel as they want to. There are more tourists and young tourists, who travel to these exotic countries like Thailand, Myanmar, India and so forth are exposed to higher risk. They need to know how to protect themselves.

You talked about classroom instructions. That is all right, but I think that the major issue is social awareness, even outside the classroom. Classrooms can do only a little bit and the major part of prevention is broad. Social awareness requires a lot of effort and resources, both financial and technical expertise.

I do hope that we will come out of this seminar with a blueprint of how one addresses the problem of a situation where there is very low prevalence, but at the same time, high vulnerability, as we find in Bangladesh.

I would like to thank you for this opportunity to share these thoughts with you.”

1.3.3 Secretary of State, Ministry of Education, Youth & Sports, Cambodia Mr. Phok Than

HIV prevalence was very high in Cambodia a few years ago with a prevalence of 3.7%, but we reduced it to 2.6%. Women tend to be much more vulnerable to HIV & AIDS, due to several factors. The most vulnerable women are those working in restaurants, bars and employed in the garment industry, as they have very low salaries and little knowledge about HIV & AIDS.

HIV & AIDS education is central to achieve education for all. We therefore integrated the issue of HIV & AIDS in the education plan. In order to achieve a comprehensive HIV &

AIDS prevention program, the ministry uses a holistic approach to the issue, paying particular attention to vulnerable children.

The ministry adopted a holistic approach through a combination of systemic and targeted interventions:

1. We adopted measures to reduce vulnerability through ensuring food participation and primary and secondary school education. By getting school age children back to school and retaining them, we are hoping to reduce HIV & AIDS vulnerability.
2. The ministry introduced targeted prevention programs in Cambodia, in primary and secondary schools. These programs are being mainstreamed as part of a broader curriculum development, especially for health education and life skills. Using the school system as the knowledge delivery channel allows us to provide these programs in an efficient and sustainable manner.
3. For young people unlikely to return to school, the ministry introduced other HIV & AIDS education programs as part of a broader youth development program. Because in this case the target group is different, we are adopting a different strategy, focusing on peer education initiatives. These programs carefully integrate preventive education, being aware of the vulnerability in the context of child trafficking and HIV & AIDS.

The ministry realized that it cannot do this alone. Our ministry is therefore a very active partner in the national HIV & AIDS action plan coordinated by the ministry of health and by the national HIV & AIDS authority, presided by the prime minister.

Thank you.

1.3.4 Permanent Representative to the UNESCO Paris, PDR LAO

Mr. Kh. Nhouyvanisvong

The HIV & AIDS epidemic is spreading at a very high rate. All over the world more and more people are becoming infected, particularly in African and Asian countries.

The prevalence of HIV in Laos is still quite low with 0.4%, recent estimations have shown that in the most vulnerable groups the prevalence is 0.9%. Thus, our country is not exempted from this pandemic. The vast majority of infections occur among young people. At present, young Lao are conscious of the problems that HIV & AIDS poses to society. At the same time they wish to participate more actively in the struggle against this epidemic, paying attention to among others, lack of information, unemployment, transnational working migration and drug use, which are factors seen to contribute to the spread of HIV in their country.

Most young Lao feel that HIV positive people should not be victims of discrimination and that special care be given to them in order to fight the disease. This issue was one of the main matters addressed by youth during the 15th International Meeting on HIV & AIDS in Bangkok last July, during which more than 20,000 participants from 15 countries came together.

Laos is classified as one of the countries where the spread of HIV & AIDS is still relatively low, but is threatened by neighbouring countries where the disease is spreading more rapidly. Thus, diffusion of information on HIV & AIDS and modes of transmission is still the most efficient way to prevent the spread.

The consequences of the pandemic weaken families and can have very negative impacts on the relation between different generations. Children have to abandon school in order to look after their brothers and sisters and therefore, if the spread of HIV & AIDS cannot be controlled, it will have disastrous impacts not only on public health but also on national development.

Being aware of the gravity of the problem and the spread of the disease worldwide and in our neighbouring countries, our government founded the National Committee for the Control of AIDS (NCCA) in 1988. In order to fight against HIV & AIDS and to maintain the prevalence rate as low as possible, the NCCA recognizes the importance and necessity of addressing the pandemic through a multi-sectoral approach.

The United Nations System has given great support to our multi-sectoral response, by creating a mechanism called the “UN Team Group,” the “Working Group for HIV & AIDS/STI” and the HIV & AIDS Trust in 1998. This mechanism has been founded in collaboration with the UNDP and with the support of UNAIDS.

The UN Development Assistance Framework (UNDAF) has prepared – in consultation with our government and for the time span 2002-2006 – a strategic framework for cooperation, which includes the prevention of HIV & AIDS. Finally, one of the eight objectives of the National Strategic Plan against Poverty (2001-2010) addresses HIV & AIDS prevention.

Our government has also granted the National Committee for the Control of AIDS (NCCA) financial support for (or from?) international and non-governmental organisations. The national strategy and the various activities against HIV & AIDS are designed according to the following principles:

- A multi-sectoral and integrated approach
- Confidentiality
- Reinforcement of personal responsibility
- Gender equality
- Access to health care services
- Risk reduction of vulnerable people
- Participation of HIV & AIDS affected people in decision-making processes.

At present, Laos concentrates all its efforts on prevention assuming that if it is effective, the needs in the areas of treatment and care will be smaller. Thus, an information program on the danger of HIV & AIDS in the different languages and dialects of our population will be disseminated.

It is with great satisfaction that our government recognizes the work accomplished by the ministry of culture and communication in the fight against AIDS through newspapers, radio and television. While being very satisfied with the elaboration and execution of a national mass communication and prevention program, our government has requested public and private organizations, ministries and national institutions to coordinate their efforts more closely so as to efficiently fight against the spread of HIV & AIDS.

Our government appreciates the ministry of education’s work by the NCCA, particularly through the mass communication and prevention programs, which includes prevention of HIV & AIDS in schools. Children have received the necessary information and instruction on attitudes that are to be adopted in order not to get infected. The “National Strategy of Population and Development” declared that Laos has to incorporate medical care, reproductive health and sexual education in the curricula of formal and non-formal education”.

The prevention of HIV & AIDS is an integral part in youth’s education. The material used and the issues discussed in the classroom have to take into account the age and the level of the children. In addition, young people not going to school are also included in the overall target group for HIV & AIDS prevention messages.

1.4 Global Initiative on Prevention Education against HIV & AIDS

Gudmund Hernes, Director IIEP, Coordinator for HIV & AIDS, UNESCO

“In 2001, at the special session of the UN General Assembly (UNGASS) a *Declaration of Commitment on HIV & AIDS* was adopted. Among the goals, the following on prevention were to be reached by 2005:

- *To reduce HIV prevalence rates among young men and women aged 15 to 24 in the most affected countries by 25 per cent;*
- *To ensure a wide range of prevention programs which take into account local circumstances, ethics and cultural values is available in all countries, particularly the most affected countries;*
- *To ensure that at least 90 per cent of young men and women have access to the information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection.*

In the report on the UNGASS follow-up that was presented to the UNAIDS Program Coordinating Board (PCB) in 2003, it was concluded that *with current efforts, there is no way in which these targets on prevention can be reached* – indeed, we are falling further behind. With 5 million new infections – all of which in the future will require life-long anti-retroviral therapy – in each of the last three years, we can talk *of a massive failure of prevention*.

There is no vaccine – and one is long in coming. There is no cure – and one is long in coming. Even with the full scaling up of treatments, they are no match for the spread of the epidemic.

At the initiative of UNESCO, the heads of agencies of the UNAIDS Committee of Cosponsoring Organizations at its meeting in Livingstone on March 4, 2004, decided to unite behind and launch a joint program on prevention education to *complement* the new UNAIDS-WHO “3 by 5” initiative for treatment (providing antiretroviral therapy for 5 million people by the end of 2005) and to *link* treatment and prevention. Prevention and treatment are mutually reinforcing. A comprehensive strategy that combines the most effective practices in prevention, education and treatment is therefore imperative. Hence the partners in the initiative are united by a commitment to implement a jointly developed prevention education framework.

Prevention education

HIV & AIDS *prevention education* consists in developing the awareness, knowledge, skills, attitudes and values that will reduce infections and impacts of HIV, including the impacts on the education sector itself. It encompasses access to care, counselling and treatment education as well as preserving and enhancing the core functions of the education system by better planning and

“Fragmentation has real costs, in money and in lives. With new funding and actors coming in now we urgently must turn the “Three Ones” principles from a concept into reality.

...the reality in many countries...today: scores of AIDS donor missions, numerous evaluation frameworks, rival coordination mechanisms, an epidemic of workshops and meetings, and piles of paperwork.

Some of the greatest challenges we face today are of our own making: the obstructions of bureaucracy, the injustice of stigma, the rivalry, lack of coherence, and the failure of political leadership.

There is no time to be divided by institutional agendas. We all have the same goals, and we must work together - each playing to our individual strengths.

Today, I reiterate my own commitment - and that of the whole of UNAIDS - to doing so.

Friends, let us not forget that all the tools to change the course of this epidemic are in our hands. But are we really willing to change our institutional behaviours?

Are we ready to radically take on these challenges? To leave our flags behind? Every person in this room will provide part of the answer. But if we are not willing, we will massively fail.”

Peter Piot, Plenary Address at the Closing Ceremony of The XV International AIDS Conference, Bangkok, July 16, 2004

management. It aims to empower decision-makers spanning from authorities deciding on national strategies to individuals deciding on their life-styles.

Prevention education works – if agencies join countries in working together

The epidemic is producing a set of interrelated catastrophes in slow motion – leaving millions of orphans, undermining schools, decimating the ranks of professionals and adults in the most productive years of their lives. Sub-Saharan Africa is hardest hit. Asia is at a tipping point in the epidemic – it is still possible to contain it but it will require a fully focused effort on prevention. The same holds for several of the CIS countries.

Preventing a burst in the spread beyond the most exposed groups is easier and cheaper than trying to cope with a generalized epidemic. Experience shows that prevention education works. For example, a recent study from Uganda shows that it can have the same effect as a vaccine 80% effective (*Science*, April 30, 2004). Just being in school, independent of any curriculum, reduces infections.

Yet, at present, what we do in prevention is no match for the spread of the epidemic. Though there are many UN system activities, they take place more in parallel than as joint endeavours – indeed many of them are at best loosely coupled. Each UNAIDS cosponsor is dedicated, yet we are not doing a good enough job as a system. And though there are many broad strategies, declarations and reports¹, there is as yet no common action framework for concrete, comprehensive, complementary and collaborative prevention activities that can serve as a model of “jointness”.

There are, however, promising signs that a change is beginning to come about. In September 2000, the World Bank launched the *Multi-country HIV & AIDS Program* (MAP) for Africa.² In June 2001, the Governing body of ILO adopted its *Code of Practice on HIV & AIDS* which

World Bank studies show that a developing country typically may be dealing with 30 aid agencies across a wide range of social sectors. On average, each agency sends at least five missions a year to oversee its projects. For governments already stretched to make the most of their resources, the result is an enormous amount of time and money spent hosting nearly three aid agency missions a week. The development community must reduce the costs to the poorest countries of meeting donor demands for oversight and evaluation essential as they are to good outcomes and must take off the national and institutional labels that are often attached to projects merely for good public relations at home. Those attending the Rome meeting must consider aligning their own requirements with the home-grown approaches of developing nations. ... If, as a global donor community, we can get our act together, we will serve much better those people in developing countries who now want to lead their own development efforts. If we can make the tough political decisions needed to reverse the trend towards a high-cost development unilateralism, we will have taken a crucial step forward in meeting the UN Millennium Development Goal of halving the numbers of people who live in poverty by 2015.

James D. Wolfensohn, IHT 24.2.2003

since then has received the support of the UN Secretary General and UN system, as well as of national leaders, corporations, labour organizations and NGOs. In 2003, the UN's High-Level Committee on Programs discussed a document prepared by The World Food Program on *Organizing the UN Response to the Triple Threat of Food Insecurity, Weakened Capacity for Governance and AIDS*. In October 2003, UNICEF organized a *Global Partners Forum for Children Orphaned and Made Vulnerable by HIV & AIDS* where donors, UN aid agencies and advocacy groups agreed to boost their efforts in this area.

The common feature of these programs is that though *initiated by one* organization the overall purpose is to *mobilize all* members of the UN family to support each of them. The same

¹ Among them are the UNGASS *Declaration of Commitment*, Interagency Task Team's "HIV & AIDS and Education: A Strategic Approach" (IIEP 2002), The Global HIV Prevention Group's reports from 2003 and 2004.

² The MAP is designed to 1) empower stakeholders with funding and decision-making authority, 2) involve actors at all levels, from individuals and villages to region and central authorities, 3) provide support to the public and private sectors and in civil society, and 4) encompass all sectors and the full range of HIV & AIDS prevention, care and support, and mitigation activities. See appendix J.

holds for the “3 by 5” initiative. At the country level, the general goals for HIV & AIDS coordination have been spelled out under the so-called “Three ones”: to have:

- 1) one agreed national HIV & AIDS framework for action,
- 2) one national HIV & AIDS coordinating authority and
- 3) one agreed country level monitoring and evaluation system.

The realization of the “Three ones” would be facilitated if there was a joint set of policy options or modules for integrated prevention education, agreed and endorsed globally by the cosponsors which then could be drawn on, adapted to the needs and requests as well as coordinated at the country level.

The modules of the global initiative (see below) would so to speak provide the keys in a “keyboard” of mutually integrated activities, from which “chords” could be selected at the country level and well matched to local conditions and needs. At the country level, activities or modules can be selected appropriate to their circumstances as well as to their capacity to undertake the activities.

What is needed, therefore, is a generic program in prevention education that is:

- 1) *simple and standardized*, yet
- 2) *comprehensive and sensitive* to the particulars of each country and
- 3) *applicable and adaptable* to each community.

It has to be protective of individuals and supportive of institutions – *and* well integrated with the “3 by 5” treatment initiative as well as other initiatives from the cosponsors mentioned above. Such a program must provide a template for decision-making and well-considered policy options on a broad range of issues. All such and similar requirements to address the epidemic must be condensed into a tool-kit that can be put to immediate use and adapted to any country or community. (*See below*).

The guiding principles for such a program would be:

- *Urgency* – the epidemic does not wait and important element of the program should be ready for implementation as soon as funds are available
- *Country ownership* – national coordination and community involvement
- *Integration* – consistency across policy areas
- *Economy* – building on material and practices already developed
- *Linking* – combining treatment and care interventions and UN initiatives already under way to provide a comprehensive multi-sectoral response
- *Concreteness* – identifying a set of specific activities that can constitute a mutually supportive package set out in steps with a timeframe and milestones so that the whole becomes easy to realize
- *Ease of implementation* – activities tailored to the administrative capacity of country and community
- *Partnership* – the program should guide collaboration between national governments, cosponsors and other partners by providing programmatic content for the “3 ones” with roles and responsibilities clearly articulated
- *Equity and normative coherence* in setting priorities and in interacting with stakeholders, such as engaging people living with AIDS
- *Learning* – openness for experimentation and innovation resulting in evidence based recommendations, periodic reviews and easy updating and sharing
- *Accountability* – systematic monitoring and evaluation, and the country level within the “Three ones” framework.

It is also imperative that the program is designed in such a way that the whole is easy to overview and yet can function at different levels – global, regional, national and local – and for different audiences, e.g. national leaders, technical experts and local authorities.

What is to be done?

During the coming months four different tasks need to be done:

1. To develop a *compact version of the “tool-kit”* presenting components of the tool-kit in the format of *Information Sheets*. There would be a common format for each policy area addressing questions like the following:

- i. *What is the issue? Background (e.g. orphans or school health)*
- ii. *Why is it important in the context of HIV & AIDS? Rationale*
- iii. *What should be done and what works? Policy issues and implementation approaches*
- iv. *What are obstacles and opportunities for action?*
- v. *How can activities be costed and financed?*
- vi. *Who are key partners in finance and implementation?*
- vii. *Which are key sources, documents and existing tools on the issue?*
- viii. *Example of large scale successful implementation*

The *key audience* for such documents would be *ministers and ministries*, particularly of education. The Information Sheets should provide a quick, yet valid overview of effective actions and their rationale, and also make it possible to overview several related policy interventions simultaneously, e.g. for curriculum reform, teacher training, school feeding programs, etc.

2. For each of the Information Sheets there would correspond a “*manual*” for how to go about the task at the technical level.

The *key audience* here would be professionals at the *technical level*, e.g. in ministries or in community or school administration who will be charged with implementing a policy. It should be underlined that many such manuals already exist, so that the key task is to present and edit them in a common format and so that the link between different policy areas becomes evident.

The *Tool Kit* – both the information sheets and the manuals – should be *presented* within a common format as a consistent and integrated set of policy options, *organized* so that they can be easily revised and updated, made *available by different media* (e.g. as a folder, CD, Online version, etc.).

It would have to be accompanied by *special training and capacity building* on how to use and apply them.

In other words, an aim would be to provide a common framework for collective action with a high degree of accessibility, ensuring understanding of the basics as well as overview of the different components, and organized so coordination can be facilitated and training done simply and cheaply.

3. Identifying the *criteria for selecting a set of first wave countries* for joint action. Among the criteria could be:

- a. That a country is among those selected for the Fast Track Initiative spearheaded by the World Bank (but not exclusively FTI countries)
- b. Global regional balance (e.g. 4 from Africa, 2 from each of the other regions). (Being selected for the Accelerated Education Sector Response to HIV & AIDS in Africa can be an additional criterion)
- c. Functioning Theme Group and Country Team
- d. Having started on one or more of activities in the *Tool Kit*
- e. If a “large population country” is selected, focus on a manageable province
- f. Opportunity for working with the Women’s and Girls’ Education Initiative in Western and Central Africa.

4. Starting joint activities in the selected countries.

A key task of the country level authorities and HIV & AIDS Theme Groups would be to draw on the tool-kit, translate the modules into a set of integrated activities, which are costed and prioritized at the country level, with allocation of tasks to relevant stakeholders and present and organize it as a framework for collective action.

Key audience: Country level authorities and actors, Theme Group,

Cooperation between cosponsors

Since its adoption by the UNAIDS cosponsors in Livingstone in March 2004, the Global Initiative on prevention Education has been presented at a meeting of the Interagency Task Team on HIV & AIDS and Education in Ottawa in May, and at an informal meeting during the 15th International AIDS Conference in Bangkok in July.

At a consultation meeting in Geneva June 25, a *time frame* has been agreed upon:

- The deadline for first drafts of the *Information Sheets* is the *first week of September 2004*. They will then be circulated for comments and revision. A selection will then be presented at the CCO meeting in New York on October 29th 2004 for review and comments by the Heads of Agencies.
- The deadline for first drafts of the *Manuals* – a work that should start in parallel with the work on the Information Sheets – is October 15th. The manuscripts will then be circulated for comments and edited. A selection will be presented at the meeting of the UNAIDS *Program Coordinating Board* in Jamaica in December.
- Criteria for the selection of *first wave countries* will be continued during September and October, with a possible selection of First Wave countries at the CCO meeting in October.
- Joint activities at the country level in the selected countries can then start during the first months of 2005.
- Based on the experiences reached from that phase, the next task would be to *scale up* activities globally mobilizing affected countries and the full support of UN agencies.

The following division of labour for developing the first version of the components of the Tool Kit described has been accepted:

	Component	Agency (ies) Responsible
1	Planning a. Situation analysis b. Monitoring and Evaluation c. Projection models d. Human capacity, national planning	UNAIDS Secretariat World Bank UNESCO UNDP
2	Policy (including advocacy)	UNESCO
3	Coordination (process and mechanism)	UNAIDS Secretariat
4	Workplace policies	ILO
5	Prevention a. in school (formal) b. out-of-school (incl. emergency settings) c. school health (incl. access to services)	UNESCO UNFPA WHO
6	Orphans and vulnerable children	UNICEF
7	Vulnerable groups - Refugees - Migrant populations	UNHCR
8	School feeding	WFP
9	Financing	World Bank
10	Girls' education Women	UNICEF UNAIDS

1.5 Discussion

Two questions from Kenya (Mrs Rachel Omago, Kenyan Ambassador to France) were discussed following this set of presentations, the first one on cultural practices (in particular mass circumcision, wife inheritance, and polygamy) and HIV & AIDS prevention, and the second one on stigmatisation of students.

1.5.1 *Cultural practices and HIV & AIDS*

Q. “How are cultural practices related to HIV & AIDS prevention and what are the strategies a country like Uganda, that has had a fairly successful program in the reduction of HIV transmission and so on, has adopted in the re-engineering of the national psyche in terms of the departure from these cultural practices? What was the success rate in, for example, bringing down polygamy or changing the public’s perception of it?”

As an example, in Kenya there is a concern about cultural practices. These practices are difficult to move away from: they require a re-education of our people because they are practices that are innate in our social interaction and they have been found to accelerate the transmission of HIV & AIDS, in particular mass circumcision, wife inheritance and polygamy. The reason why those three cultural practices are mentioned here is because we have found in Kenya that, with regard to wife inheritance for example, when a man dies, his wife is inherited by his younger brother, which means that if the man died of AIDS, his widow will pass it unto his younger brother, who if he has three wives, will pass it unto each of the wives; when he then dies and the widows are inherited by his younger brother, the cycle continues.

The same would apply to polygamy. A man might be infected, will go and marry a young schoolgirl, infect her, and infect his three other wives. They may well have a relationship with someone else and the cycle continues. So what we are saying is that we need a “re-education” as to the place of these cultural practices in our countries because these are the practices that bring about AIDS orphans and their millions in our countries.

With regard to circumcision, our concern is in situations where the circumcisers use the same knife for 200 children. In Kenya, for example, there are huge festivals, where children are circumcised in groups over a month. Again we are concerned about the hygiene and whether or not the circumciser is aware that HIV & AIDS can be spread through that method?

The concern is not that the practices are terrible but that education needs to be put into place, to let us have a different perspective as to the place of these cultures in our communities. “

R. (By the Minister of Uganda): “Culture is an important question, and it relates not only to Uganda, but also to many countries in Africa and probably to many developing countries. Before the onset of HIV & AIDS, culture was looked at as a crucial component of development in the traditional sense, but today with the onset of HIV & AIDS, studies have looked at culture (positive and negative impacts of culture).

As a policy in our country, Uganda, the following answer may be provided. We don’t want to discourage and do away with culture, but the idea now is to look at culture from two points of view: a) negative, and culture must be discarded and b) positive, and culture must be encouraged. Of course, I should say that there is a positive culture, which can help us fight HIV & AIDS, but the studies have revealed that: wife inheritance, polygamy and so on is very dangerous as far as the transmission of HIV & AIDS is concerned. Studies have revealed several facts here:

1. We are looking at a community where wife inheritance is supposed to be a supportive cultural system, where a man or woman dies and to be able to sustain that wife of the late man, someone else has to take over, in that respect. In a traditional sense of culture that was a good support intervention, whereby the young girl, whom has lost her husband will not go hungry or just lose support. But now we are saying who is taking over this wife,

because by nature of the fact that the husband has died of HIV & AIDS, most likely the young wife is also infected.

So if in the past that support intervention was positive, today it is negative, so we are analysing these issues to the communities to see the problem, otherwise they will continue arguing about who will take care of the children and wife. We are explaining the negative and positive aspects at the same time and we have found that this has helped many communities, local traditional communities to realize the importance of culture.

It is not easy: it means going down to the grassroots; already announcements and political statements may not work in this respect, so what we have done is to bring on board our cultural leaders (clan leaders, cultural leaders, kings and queens and elders), as they are the ones at the grassroots level to explain the positive and negative aspects of culture. If we don't look and explain both the pros and cons, we might find ourselves with the same resistance from the traditional society, so we are looking at the bad and good at the same time, using the grass root leaders.

2. Polygamy was positive, as it would increase the population in the family. Positive in that cultural context, but today it is not any more. The same approach as above is helping us to bring the message home through the leaders, elders, clans, people at the grassroots, looking at the good of the past and the bad of today, because of the onset of HIV.”

In addition, it was underlined by Mr Osman Farruk (Minister for Education, Bangladesh) that these cultural practices were very relevant if looked at in the context of the past. Today we may have to look at them differently, and that gives us the dynamic aspect of culture, which is an inherent aspect of all cultures.

1.5.2 Stigmatisation of students

Q. “With regard to stigmatisation, one of the things that is of concern is that whereas it is government policy to allow all children, irrespective of their health status to have access to education in some countries, we are finding that children are increasingly being stigmatised because they have HIV & AIDS and the culprits are actually the parents of other children. What success rate have you had in Uganda in bringing down stigmatisation and opening education to children, who are either orphaned or carrying the virus? “

R. “In Uganda, one aspect which has succeeded is the Universal Primary Education (UPE): we have introduced universalised basic education. Everybody, all children of school-going age must go to school, so the community knows that whether sick or not, disabled and so on must go to school. We therefore find today in schools all those children who will not have been in school if there was no UPE. This has helped a lot to bring in all the sick and orphaned kids to go to school and mix with the rest of other children. We have adopted an inclusive sort of approach: kids don't have to be segregated by way of their lifestyles or level of infection; they will come to the same school.

But, the challenge is to cater for those needing immediate support because of the status of their health. The school authorities have to identify them, and then make special support services, liaising with parents and social community development officials to work out the psychosocial and health needs of those children.

Another challenge is at upper levels, post- primary levels, where it is even more complicated, of late. A study has revealed that the transmission of HIV at post-primary, at the age of 15-20 is posing a problem because they are the youth that did not know their health status or who were born with HIV. But at the teenage/adolescent age, they are beginning to acquire friends and to start dating, and in the sense, they are possible source for spreading HIV. So, how do we help these young people? Orphans in the first place, born with the virus, who have reached the adolescent age and are now making friends and relationships; unaware of their status but

at the same time spreading it to the others. How do we curb that? Shall we go and test every kid of 14-15+?

These are the two basic issues that must be looked at but I must say that the stigma has come down drastically. We started with stigma and now we are coming to the nitty-gritty of how to manage the issue.”

PART II: HIV & AIDS Prevention education works and can be done in schools

2.1 Choose life: The right to prevention and treatment for all youth

Sophie Dilmitis, Choose Life, Zimbabwe

“Good afternoon ladies and gentlemen. I am very honoured to be speaking here today representing Choose Life – a local Zimbabwean NGO that works with young people in schools. Choose Life utilizes the power that HIV-positive youths have in preventing further infections in their peers.

The question is no longer should sex education be taught in schools but rather how do we do it?

The first time I heard about HIV I was 15 years old. We had someone come into our school and talk to us about sex and AIDS. She told us not to ‘sleep around’ or we would contract HIV. She showed us pictures of body parts that were rotting away - using scare tactics. I passed the book on to the next person thinking – That will never happen to me. I am not one of those people and I don’t sleep around. Having thought that, 3 years later, I contracted HIV.

From my experience many young people who are HIV-positive were told this. It would have been more factual for her to say that having unprotected sex, even just once, exposes you to HIV and other sexually transmitted diseases.

Worldwide, over 10 million young people, aged 15 to 24 are living with HIV and AIDS. Implicit in this there is gross gender inequality. In Zimbabwe astounding new figures show that 80% of all new infections occur in young women and girls yet they are often ignored in debates about treatment, stigma and discrimination. They are not directly involved in creating and implementing policies and developing programs that directly affect them. Young women need to be involved in a meaningful and active way. If we are going to make changes we need to address this now. There are many issues that separate young men and women. We know that due to economic and cultural issues as well as physiology, young women and girls are at particular risk of being infected with HIV. Some cultural and traditional practices, that were originally supposed to protect young women, are now placing them at special risk and are common practice in many African countries.

Respecting and valuing African culture does not mean accepting that everything in African culture is good or bad. Culture is a very strong aspect of African society and must not be ignored. We need to find ways in which to use culture to our advantage. We need to create a new culture – one designed with respect for life and equality between men and women. We need to correct *Human Wrongs* and make them into *Human Rights*.

I am a young person who has been living with HIV for the past ten years. I myself have been on death’s door and because of access to treatment, good health care services and lots of tender loving care from family and friends I have been brought back to life physically, mentally and emotionally. Most other young people in African are not as fortunate.

It is vital that information, sex education and contraceptives are available and accessible to all young people.

Because of my diagnosis and realising the need that exists The Choose Life Trust was born. Through education, knowledge can be passed on, thereby conquering the fear, ignorance and silence that surround HIV & AIDS. Knowledge, accompanied by young people talking about changing their behaviour and receiving support from their community institutions can make a difference.

Choose Life hopes to reinforce a process of change that all young people have to go through if they want to take responsibility for their actions and to live healthy positive lives, irrespective of their HIV status. For any program to be effective we know that just by working

on the individual alone we will have no impact. Whilst targeting individuals we need to work on society and the environment at the same time. It is imperative that teachers receive education about HIV, as from my experience they are sometime the most ignorant group and do not know how to address issues relating to HIV and AIDS.

Over the past 4 years, Choose Life has implemented programs in 26 schools and reached over 6000 young people. Presentations are usually for a maximum of 40 students and generally 90 minutes in duration. Choose life is about young people talking about what it is like to live with HIV. Because the message is coming from a young person it is real and powerful. Giving a face to an infection helps make young people relate and make the scenario more realistic. One of the major problems with young people is that we do not see ourselves at risk and deep down believe that we are invincible.

The presentation given by Choose Life usually covers:

- Statistics on the growth and spread of the HIV & AIDS pandemic in Zimbabwe
- Who is at risk
- How HIV affects the human body and causes AIDS
- Dealing with the myths surrounding HIV & AIDS, including the different modes of transmission
- Providing information on counselling and HIV antibody testing
- Coping with HIV & AIDS as an infected person
- Different types of treatments available
- Diet and correct eating habits as an infected person
- Prevention and behavioural change
- Questions and answers
- Feedback questionnaire are filled in, to determine the information that has been retained and for evaluation of the program.

Follow up consists of facilitated discussion forums throughout the term, where the youth discuss ideas and topics amongst themselves. Participants are linked up with help lines and crisis centres. It is then up to them to keep the program alive by creating their own Choose Life clubs within their school. Choose Life assists them in their first fundraising project by giving them a roll of red ribbon and safety pins with which they are able to make and sell red ribbons and use that money to create more money with which to run their own projects and programs.

Currently sexual education and HIV and AIDS awareness in school, in most African countries is not youth friendly or realistic and does not address our needs. We have very specific needs, which greatly differ compared to the needs of older people. Being young means that we do not always have all the information we need. Sometimes young people lack the self-assurance to ask and search for the information and services they need. If and when we attempt to access health care services, the information is either not available or we are faced with judgemental health care providers.

The World Health Organisation and other bodies have scientifically proven that condoms protect people against most STIs, including HIV and unplanned pregnancies yet condoms are not as accessible as they should be to young people.

In my work with young people, I have seen the lack of basic information that exists and the lack of access to sexual and reproductive health services.

This means that we often lack the correct information we need to protect ourselves against sexually transmitted infections including HIV and unplanned pregnancies.

Young people, especially young women are the most vulnerable group at risk of contracting HIV yet some governments have not paid enough attention to us and included us in strategies. We are the future and should be protected and nurtured as the most valuable resource.

It is often said that talking to us about sex and sexuality promotes promiscuity. Therefore, adults, such as parents and teachers, avoid the subject perpetuating the lack of knowledge that exists among young people. Sometimes I have not been allowed to talk to the youth about condoms, let alone demonstrate how to use one. Youths are just as frustrated as I am when I tell them it is because it is against school policy. Their response is – Well what are we supposed to do? It is not about *if* young people are having sex. It is a question of *when* will they have sex and will they be protected?

In this day and age we need to be able to have all the skills and tools with which we will be able to protect ourselves.

Many different studies have proven that talking to young people about sex and issues of sexuality enables them to make informed and educated decisions. They are more likely to delay their first sexual experiences or abstain. If they do decide to have sex, they will have the knowledge of how to practise safer sex.

Youth today need:

1. Comprehensive education and information on HIV and AIDS
2. Knowledge and skills on how to prevent themselves from contracting the virus and how to prevent further infections
3. To be able to assess the risks, weighing up the pros and cons of abstaining, delaying sexual intercourse or beginning a sexual relationship
4. Self-efficacy – To feel that they will be able to follow through with decisions that they make the regard to their sexual and reproductive health.
5. Knowledge on what their rights are, including their sexual and reproductive health rights
6. The opportunity to discuss difficult issues surrounding HIV and AIDS in an open and transparent manner.

Peter Piot said adults need to work *with* young people and *not for them*. Young people have the creativity and the energy to be at the forefront of preventing further HIV infections. They should be involved at a decision-making and policy making level. They need to have a voice, be listened to and taken seriously. Governments should include youth in devising and implementing prevention messages for young people; after all they know what messages will work best for them.

It is vital that youth today have all the facts and not just the information adults think they are ready for. Young people have sex for exactly the same reasons that adults have sex. It feels great, it is wonderful to connect with another human being and like adults they too are experiencing, experimenting and exploring each other's bodies. We also know that beginning a sexual relationship too early can be devastating if one or both parties are not mature enough to deal with it. How will our youth know if they are ready if we are not even talking to them about sex? Aren't our actions encouraging them not to discuss the dangers of having sex, especially unprotected sex? It is high time that adults take their heads out of the sand and look at the realities of the situation on the ground and provide accordingly.

Just to clarify - I am not against abstinence. It is **100% risk free** and you do not get that any other way but I strongly believe in giving youth all the facts. This will allow them to make their own decisions about their lives that they will have to live with and bear the consequences thereof. How will they know what the consequences of their actions are if they do not have all the facts to begin with?

For young people to become great leaders we need your support. Currently you are the stakeholders and the leaders and you have the power to make decisions that will affect the lives of many young people. You the stakeholders can pass on the baton of leadership onto young people.

I hope that from this meeting we will all walk away with action plans and goals that will not remain on paper but that will be implemented. I hope that the best interests of young people will be the focus of your future programming.

Now that I am educated and informed I have the capability to be proactive and steer my own life. I would like this choice to be available to all young people in Africa and worldwide.

Thank you.”

2.2 The Education Sector and HIV & AIDS: Challenges, Roles and Responsibilities

David Clarke, DFID, London

1. AIDS, The Challenge (Kofi Annan, 2004, 4th Global Report)

- An unprecedented threat to human development
- Response requires sustained action and commitment over the long term
- The crisis continues to deepen in Africa, while new epidemics are growing with alarming speed in Asia and Eastern Europe
- No region has been spared

2. AIDS is preventable

- Education is critical for preventing HIV in young people
- Education in itself offers a measure of protection against HIV, particularly for girls
- Education can reduce vulnerability and risk by providing information and skills, by developing personal value systems, by increasing young peoples' connectedness and security and by increasing literacy

3. Education and HIV Prevention

Well-designed and implemented HIV prevention programs can:

- Delay the age of first sex
- Reduce the number of sexual partners
- Increase condom use
- Promote early treatment of STIs
- Promote access to VCT
- Reduce other forms of risky behaviour such as injecting drug use

4. AIDS Impacts on Education

- On supply: teacher (and other key staff) attrition, morbidity and mortality
- On demand: impacts on family and children; orphans and vulnerable children (OVCs)
- On quality: teacher productivity; teaching and learning
- On progress: towards national educational goals; UPE

5. International Commitments

a) EFA: Dakar Framework for Action:

- All 6 goals relevant to HIV: early childhood education, UPE, appropriate learning needs, adult literacy, eliminating gender disparities, quality improvement
- Goals 3 and 6 explicitly mention 'life skills'
- Strategy 7. "Implement education programs and actions to combat the HIV & AIDS pandemic as a matter of urgency"

b) UNGASS: Declaration of Commitment on HIV & AIDS:

- *Prevention*: Article 53 [...] access to education, including peer education and youth specific HIV -education (15-24)
- *Reducing Vulnerability*: Article 63 [...] ensuring access to primary and secondary education, including HIV & AIDS in curricula for adolescents
- *Children orphaned and made vulnerable by HIV & AIDS*: Article 65 [...] ensuring school enrolment

6. A Framework for Analysis. UK's Call for Action on HIV & AIDS

Four key challenges for Ministries of Education that are key to unlocking faster progress:

- Stronger political direction
- Better funding
- Better donor coordination
- Better HIV & AIDS programs

7. Stronger Political Direction

- Leadership. Commitment. Visibility. Responsibility at a senior level. Well informed. Partnerships. Address stigma.
- Policy setting. Specific for the entire education sector. Linked to National AIDS policy.
- Regulatory framework. Codes of conduct and practice for dealing with all aspects of HIV and AIDS. Human rights. Enabling environment.

8. Better Funding

- Costed priorities in education plan
- Resources provided within national budget for implementation
- Mobilization of funds from other sources– MAP, GFATM, EFA FTI
- Funding for all levels of the education sector
- Funds channelled to partners such as NGOs, FBOs etc.
- Long term financing

9. Better Donor Coordination

Three principles for concerted action at country level:

- One agreed HIV & AIDS action framework
- One national AIDS Coordinating Authority
- One agreed monitoring and evaluation system

10. Better HIV and AIDS Programs

- *Foundation for Action.*
 - policy, regulatory framework, leadership, partnerships
- *Assessments and information needs*
 - Vulnerability and risk profile
 - Impact assessment
 - Social assessment
- *Planning and implementation*
 - Strategic Planning
 - Costs and financial resources
 - Appropriate management framework
 - Capacity building. (technical, managerial etc.)

- *Key interventions*
 - Curriculum, teacher development and materials
 - Awareness, advocacy and sensitization
 - Counselling and testing
 - Access to health services
 - Care and support
 - Stigma and discrimination
 - Mitigating the impact of AIDS on the sector
 - Monitoring and evaluation.

- *Taking Action*
 - Prevention must be the mainstay
 - Building strong national programs: nationally developed, coordinated and led in a supportive environment
 - Developing a comprehensive approach: prevention, treatment and care, address impact
 - Going to scale
 - Measuring progress: assessing results and outcomes
 - Meeting the needs of marginalised and vulnerable groups
 - Taking a long term perspective

2.3 The impact on behaviour of sex and HIV education programs throughout the world

Douglas Kirby, PhD, Education Training Research Associates

The study presented is about sex and HIV & AIDS education programs for adolescents. It was carried out in three regions: developing countries, USA and other developed countries. The criteria for selecting programs were the following:

- Programs were curriculum-based, were designed to reduce behaviours that could lead to HIV, STD's or pregnancy, targeted youth 24 or younger and were implemented in groups, schools or community settings.
- Studies employed experimental or quasi-experimental design, had a sample size of 100 or larger, measured impact upon actual behaviour and were completed in 1990 or later.

The initial conclusions were that in the three regions, some programs changed sexual behaviour in desired directions, but others did not. One of the main points is that all programs increased the use of condoms or had no significant impact. The initiation of sex was not hastened (except in one case), the number of sexual partners did not increase and the use of contraception did not decrease (except in one case).

Characteristics of effective programs

1. Focus on reducing sexual risk-taking behaviour.
2. Based on psychosocial theories that were effective in other areas and that identified psychosocial sexual risk and protective factors, i.e. knowledge about modes of transmission and methods of protection, personal values about having sex, attitudes about condoms and contraception, perception of family values and peer norms about sex and condoms, self efficacy to refuse unwanted sex or to insist on condom or contraceptive use.
3. Give a clear message about sexual activity and condom or contraceptive use, i.e. always use a condom or avoid sexual intercourse.

4. Provide basic accurate information about risks of unprotected intercourse and methods of avoiding intercourse or using condoms or contraception.
5. Address social pressures on sexual behaviour and methods of avoiding them.
6. Provide modelling of and practice in communication and refusal skills.
7. Use teaching methods to involve participants and help them personalize information.
8. Incorporate behavioural goals, teaching methods and materials that are appropriate to the age, sexual experience and culture of the students.
9. Last a sufficient length of time to complete important activities.
10. Select teachers or peers who believe in the program and then provide training for those individuals.

Conclusion

- Not all curricula are effective. Knowledge is usually not enough. Generic life skills curricula without a clear focus on sex and without a clear message are usually not effective.
- Effective curricula have the ten characteristics summarized.
- Sex/HIV education programs do not increase sexual behaviour.
- Sex/HIV education programs may delay initiation of intercourse, reduce number of sexual partners, increase use of condoms. Some do all three.
- Emphasis upon abstinence, fewer partners and condoms are compatible.
- Programs are quite robust. They are effective with multiple groups:
 - Youth in different countries, different regions
 - Youth in advantaged and disadvantaged communities
 - Males and females
 - Sexually experienced and inexperienced
- Programs may be especially effective with youth in communities where HIV is more salient.

Implications for policy

- Should encourage the implementation of sex/HIV education programs demonstrated to be effective with similar populations.
- Should encourage the implementation of sex/HIV education programs with common characteristics of effective programs.
- Should provide adequate time in the classroom or in youth serving organizations for these programs.
- Should provide adequate training to teachers or staff so that programs are implemented with fidelity in other ways.

2.4 Quality Education and HIV & AIDS - Executive Summary

*UNESCO, Education sector, Division for the Promotion of Quality Education, Paris*³

This document is a summary of a longer paper developed by UNESCO's Division for the Promotion of Quality Education (ED/PEQ) for the UNAIDS Inter-Agency Task Team (IATT) on HIV and Education. It shows how education systems can and must change in their analysis and conduct in relation to HIV & AIDS. A new framework is presented containing 10 key dimensions of quality education, with consideration of how HIV & AIDS manifests itself in relation to these dimensions. Some practical applications of how education has responded and can respond to the pandemic from a quality perspective are summarized, along with some

³ This paper was not presented at the seminar, but the executive summary has been distributed to all participants the day of the seminar.

general conclusions that promote practical and strategic actions in support of quality education that reflects and responds to HIV & AIDS.⁴

Quality education has always been a priority for UNESCO, resolutely confirmed at the Ministerial Round Table on Quality Education held in Paris in 2003.⁵ The topic is even more salient now because of UNESCO's commitment to Education for All (EFA), goal number six of which refers to addressing all aspects of the quality of education so that recognised and measurable learning outcomes are achieved by all, especially in literacy, numeracy and essential life skills.

UNESCO promotes quality education as a human right and supports a rights-based approach to the implementation of all educational activities. If education is based on a commitment to rights, then it must embody rights in its conduct. This has implications when one considers the obligation of states to provide a quality education for all – including those infected and affected by HIV & AIDS.

The primary concern is learning and, therefore, the relationship between the learner and the teacher is critical. But, the inputs, processes, results and outcomes that surround and foster, or hamper, learning are key as well. All of these can be seen as affecting learning at two levels – at the **level of the learner** in her or his learning environment (adult or child, formal or nonformal) and at the **level of the learning system** that creates and supports the learning experience. Each of these two levels can be divided into five dimensions.

The following figure summarises the quality framework, representing a shift of emphasis from 'educating' to 'learning'. Learning is at the centre, and it is surrounded by two levels. The inner one is that of the level of the learner and the outer one is the level of the learning system. Both of these levels operate within a specific context which can vary considerably from location to location.

Implications

The implications of the HIV & AIDS pandemic for education are enormous. Not all of these can be addressed here. It is important, however, to draw some of the major conclusions that emerge from the quality framework that is presented in this document, recognizing that HIV & AIDS is a social, cultural, and economic, as well as a health issue.

1. Overcome the denial that HIV & AIDS is a priority for education

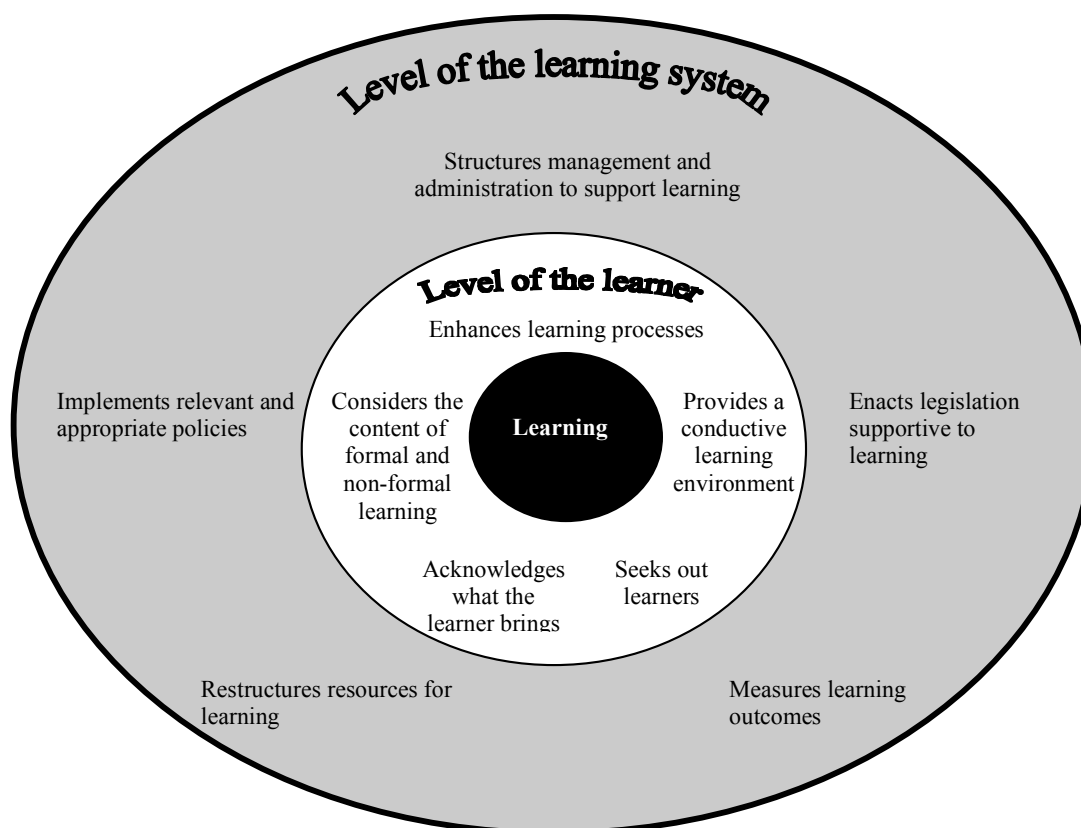
The time is long past for denial in education systems, but it prevails even as educators ask others to "break the silence". We have to admit that the pandemic is one of the greatest development, and hence educational, challenges of our times. It could also serve as a wonderful opportunity to change education so that it really is a "quality education for all".

We know that the disease is wiping out educational advances at an increasing rate. We also know that, at this time in history, education is the only effective means to stop it. Our education systems must change to be both reactive and responsive when it comes to HIV & AIDS. Using the quality framework presented in this document to reorient education is one way to do this. Denial, ignorance, and arrogance are traits present in our education systems that must be eliminated.

⁴ This paper does not address the impact of HIV & AIDS on education systems—this has been addressed elsewhere. Readers may find the IIEP website helpful: http://www.unesco.org/iiep/eng/focus/hiv/hiv_1.htm.

⁵ UNESCO, 2003. *Ministerial Communiqué*. Communiqué from the Ministerial Round Table on "Quality Education", Paris, 3-4 October 2003.

From Educating to Learning: A Framework for Considering HIV & AIDS and Quality Education



Quality education at the level of the learner:

1. **Seeks out learners** – through creative ways of seeking out learners from households affected by HIV & AIDS, working with them, their families and communities to support learning and fulfil the right to education.
2. **Acknowledges what the learner brings** – the experiences of learners need to be taken into account to enhance their own and others learning.
3. **Considers the content of formal and non-formal learning** – learning about HIV & AIDS requires factual and comprehensive content that is age and sex specific, introduced in the context of practical life skills that teaches how to protect and respect oneself and others.
4. **Enhances learning processes** – with emphasis on inclusion, participation and dialogue. Stigma and discrimination from classmates, teachers, parents and communities must be avoided and addressed so it does not exclude children from AIDS-affected households from learning
5. **Provides a conducive learning environment** – with the goal of ensuring safe, secure and supportive schools that address all forms of violence, provide adequate hygiene and sanitation facilities, and ensure access to health and nutrition services.

Quality education at the level of learning systems:

6. **Structures management and administration to support learning** – through the promotion of openness and transparency to allow a dialogue on HIV & AIDS and the right of all to learn and have access to education.
7. **Implements relevant and appropriate policies** – that are the foundation for safe, secure and supportive schools and that take account of the epidemic.
8. **Enacts legislation supportive to learning** – through a legislative framework supporting the right to education covering all aspects of the relationship between HIV & AIDS and education.
9. **Restructures resources for learning** – bearing in mind the increasing demands caused by HIV & AIDS on human and financial resources to ensure the provision of education for all.
10. **Measures learning outcomes** – to work towards a fair system of education without inadvertently discriminating against those affected by HIV & AIDS.

2. Focus on inclusion in education

A rights-based learning environment is one that reflects the principles of rights, with the potential to equip all learners with universally shared ethical and moral values, enabling them to learn and practice values of empathy, compassion, honesty, integrity, non-violence, and respect for diversities, thus learning to live together in peace and harmony. There is clearly no place for exclusion within a learning environment in any of its forms, from physical to psychological.

Everyone should have the opportunity to learn throughout life. All learners should have access to organized learning opportunities that enable them to meet their basic learning needs. This may mean efforts to make schooling more affordable through reducing or eliminating annual tuition fees and indirect costs. Equally important, however, is what and how learners learn – the quality of education. That is, learning processes as well as learning places have to include all learners. Inclusion is a concept that goes beyond access to inclusion in all aspects of learning, and the acquisition of learning itself. Without including all learners, the Education for All goals of learning achievement, for example, cannot be reached.

3. Recognize that gender issues are key to the problem

There is a growing body of knowledge to show that transmission, infection, and impact of the disease are greatly affected by gender relations. In order to prevent HIV and to minimize its impact it is important to understand the relationships with gender and to program and educate accordingly.

Gender does not mean female or male. Program implementers are increasingly turning to interventions that also target boys and young and older men as a means of increasing their awareness of power and gender dynamics, to encourage males to change their behaviours, and to move away from approaches that place all the responsibility for improved gender relations on women and girls. These approaches include strategies that seek to empower women while also involving men. There is a growing recognition that men must become much more aware of gender disparities in order for durable changes to occur.

4. Emphasize people, especially teachers and educators, their practices and preparation

The HIV & AIDS pandemic affects teachers and educators whether they are infected or not and whether they have family members who are infected or not – they have to deal with the stresses and constraints of the disease on the system in daily and very personal ways, yet there is little in the way of support for them.

Educators need to understand the responsibilities that they have towards learners, both as key mentors in the learning process and as adults who serve as important role models and as protectors of children. Teachers may need to change their classroom behaviours significantly in order to respect the rights of learners. They may also have to change their interactions with communities, parents, educational leaders, and educational institutions within the education system as each component changes to be more sensitive to meeting each child's right to a quality basic education. One obvious entry point for working with teachers' knowledge and teaching behaviour is through teacher preparation and training on HIV & AIDS, gender, human rights and life skills. Both pre-service and in-service education are implicated.

Teachers themselves, as well as non-teaching staff, are also vulnerable to HIV infection and AIDS. Policies protecting teachers and other school staff in the workplace and supporting such policies through teachers associations and unions are important. The International Labour Organisation (ILO) has developed a code of practice on HIV & AIDS in the world of work that can serve as a starting point for recognising the needs of teachers, viewing schools as a workplace.

5. Acknowledge that the curriculum is far more than what is taught directly

The intended curriculum is only a small part of what is learned. Learners also learn from informal education and observation, from practice, from hearing, from praise, from “body language,” and from recognition, for example. Thus, if the quality of education is going to contribute to decreasing the impact of and eliminating the disease it must be viewed in relation to the many dimensions of learning.

Teacher ease or discomfort with the topic of HIV & AIDS is likely to be perceived by learners and likely to influence how they learn about the subject. Attempts to deliver HIV & AIDS education in schools are severely restrained by social and cultural norms, and sexual relations and power inequalities. These constraints will often manifest themselves in selective teaching, where messages on HIV & AIDS are either not communicated at all, or restricted to overly scientific discussions without reference to sex or sexual relationships.⁶ Teacher training on communication to increase confidence and skills must be part of any program to improve teachers’ knowledge and teaching behaviour.

6. Introduce treatment education immediately and as a priority

Treatment education is an area of growing importance for UNESCO. It is linked to comprehensive prevention, to care, to treatment, which, using this framework is partially provided through a quality education. There is a number of important approaches/initiatives that deserve attention, analysis, and emphasis. These include counselling, help with obtaining and adhering to medication, general health education, and the new UNAIDS 3x5 initiative launched through WHO. The meaningful involvement of people with HIV takes on a new importance with improved treatment access, and also requires that prevention efforts be expanded to include ‘prevention for positives’, and area often overlooked in many prevention programs that have tended to focus almost exclusively on those not yet infected to stay that way.

7. Identify and reinforce elements of education plans that take account of HIV & AIDS

Among the areas that are essential in education plans and their implementation is the extent to which they address quality issues. Among these are prevention education, anticipation and analysis of, and then actions against, the impact of the pandemic on the entire system, and the role of the school and system in care and treatment.

Education systems and their processes cannot be expected to change overnight. To think so is unrealistic. A vision of quality that takes into account its various dimensions sets the standard. Teachers, schools, systems, and nations are the ones responsible for determining how this vision should be interpreted and incrementally put in place.

2.5 Responses by the education sector

2.5.1 Senegal: the fight against HIV & AIDS in the education sector

Mrs. Aminata Ndianor Mbodj, Assistant of the HIV & AIDS focal point, MOE

“National strategy of fighting against HIV & AIDS”

- Creation of a national program for fighting against HIV & AIDS in 1989.
- Creation of the Committee for Fighting against AIDS in 2002, with a multisectoral approach involving ministerial departments, NGOs and civil society.

⁶ ActionAid. “The Sound of Silence: Difficulties in Communicating on HIV & AIDS in Schools – Experiences from India and Kenya”. ActionAid, London, 2003.

Analysis of the response in the education sector

General objective

Improve learners' attitudes with the implementation of health skills in order to:

- Prevent disease, STD, HIV & AIDS
- Make investments profitable for schools to find a solution for the problem in terms of sanitation but also education

Actions implemented

- Preparation of a political health-oriented document (protocol of agreement) between the Ministry of Health and the Ministry of Education
- Preparation of a strategic plan against AIDS (2002-2006)
- Preparation of a consensual framework with the different school partners
- Preparation and implementation of regional action plans
- Implementation of a coordination structure between central services and school partners, the Internal Committee against AIDS (CILS)
- Development of a sub-component Health and Nutrition setting up a closer partnership between health and education

Initiatives in elementary schools

- Preparation of pedagogical material: the « Stop AIDS » notebook and a teacher guide
- Introduction of competencies against STD and HIV & AIDS in education (experimental phase in 2002-2003)
- Evaluation of the teacher guide and extension in 2004 to 1500 schools (out of the 6060 schools in Senegal)
- Integration of STD and HIV & AIDS in basic education curriculum (ongoing project)
- Creation of small information and awareness units on STD and HIV & AIDS in elementary schools, for teachers, pupils and parents
- Training of 7000 teachers (out of 28'842) to use the teacher guide on STD and HIV & AIDS

Initiatives in secondary schools

- Integration of STD and HIV & AIDS in school programs
- Creation of anti-AIDS units
- Integration of STD and HIV & AIDS in challenging assessments
- Preparation of teaching and training material
- Training of 300 teachers from all regions
- Training of 3100 teachers out of 8737
- Training of school health staff in Dakar in the area of STD and HIV & AIDS

Implementation of a pilot project to integrate reproductive health services in schools (within two institutions) 2002-2006

- Training of school health staff in both sites on reproductive health (RH), STD and HIV & AIDS and on the syndromic approach
- Training of 42 "reference teams" (made of parents, pupils, teachers) in RH, STD and HIV & AIDS
- Survey on attitudes, behaviours and needs of pupils with regard to Reproductive Health

Partnerships

Initiatives of school partners: with the GEEP (Groupe pour l'étude et l'enseignement de la population - Group for study and teaching of the population)

- Preparation of the curriculum on RH and experimentation in two regions (Saint-Louis, Louga)
- Creation of clubs "family life education" in secondary schools
- Creation of "youth corners" in schools
- Preparation of IEC tools (information, education, communication)

Initiatives of school partners with the COSSEL (Conseil de syndicats sénégalais et d'enseignement de lutte contre le sida - Council of Senegalese unions and teaching against AIDS)

- Training of 1700 teachers
- Activities for awareness raising and social mobilisation

Partners for development

Besides the government support, we can rely on:

- The World Bank
- The European Union
- UNICEF
- UNESCO
- UNPD
- UNFPA
- The Global Fund

Weaknesses

- Lack of synchronisation across programs
- Insufficient number of didactic materials
- Weakness of coordination and supervision
- Delay in generalisation of the elementary program
- Delay in making existing funds available for implementation

Prospects

- Wider dissemination of the official framework setting the plan to fight HIV & AIDS
- Wider dissemination of the CILS guiding tools at all levels
- Strengthening of partnerships between the Ministry of Education and other Ministries
- Strengthening of the ECOWAS (Economic Community of West African States) network of focal points in Ministries of Education to accelerate the response of the education sector to the HIV epidemic⁷
- Improvement of commitment of communities in the treatment of HIV in their environment
- Improvement of dialogue, coordination and supervision
- Generalisation of experiments and integration of HIV in all the programs
- Development of curriculum
- Tackling of HIV & AIDS issues in the pre- and in-service teacher training
- Planning, follow-up and assessment of implementation using a bottom-up approach
- Integration of HIV & AIDS programs in tertiary and non-formal education

Conclusion

The quality of human resources depends on education as well as on health. As with the rest of Africa, it is imperative Senegal commits itself to an endogenous and sustainable development to face the different challenges HIV & AIDS poses to the education sector. We request the international and national communities to strengthen efforts in order to mobilise the necessary resources.

⁷ See Appendix I

2.5.2 HIV & AIDS Prevention Education in Romanian Schools

*Mrs. Lucretia Baluta, National Coordinator of Associated Schools, UNESCO
Romania*

1. During 1990-1991, civil society – primarily through Non-Governmental Organizations – raised attention regarding a new problem, namely the existence of an increasing number of people infected by HIV. The former government had hidden this problem carefully.

A second step followed the first one: the recognition of the existence of children infected by HIV & AIDS. Then came the step concerning the education of those part of these infected young people's circle, i.e. parents, teachers and auxiliary personal. During this last phase, the media played an important role. But the information delivered often lead to the marginalization of people living with HIV & AIDS.

2. Between 1992 and 1995, the situation radically changed: large cities, especially on the Black Sea's coast and big harbours, experienced an increase of HIV prevalence. This forced the authorities to take measures to educate the population: courses, debates with youth, preventive education material was elaborated about this terrible disease and other Sexually Transmitted Infections. Media campaigns were regularly organized (at the moment of the World Health Day, the World AIDS Day etc.), and we could benefit from the participation of well-known personalities. All these events had a positive impact, especially among young people who became more cautious about sexual relations.

3. There was an emerging need to edit manuals that could be easily used by teachers in order to present ways to prevent HIV in an optimal way. To that purpose, the three manuals edited by UNESCO, WHO and UNAIDS turned out to be really useful. Thanks to National Commission of Romania for UNESCO, the "Teacher's guide" has been translated. It was initially transmitted only to the establishments of the UNESCO Associated Schools System, to the school part of the "Danube Bleu" Program and to the schools along the Black Sea-SEMPEP. The success of this Guide among professors forced us to print additional copies and to distribute them in other Romanian schools. Other small brochures, posters, leaflets, in majority produced by students for students or by young people for young people, were produced. Furthermore, the circle of involved institutions became broader, including the Ministry of Health, regional departments, Ministry of Youth, Red Cross, school inspectors and some NGOs.

4. The main achievements were, without a doubt the Teacher's Guide, a CD ROM and specialized exercise books elaborated by the Ministry of Education for young people between 11 and 15 years old. After the piloting and evaluation phase, these publications were to also be distributed to other age groups. The teachers have now a pedagogic manual adapted to different ages, allowing them to teach appropriate knowledge related to HIV & AIDS prevention.

5. The Romanian National Commission for UNESCO organizes lectures twice a year (through the UNESCO Associated Schools System) within the framework of a project called "Training of young trainers for health". The lecture is given at the "Carol Davila" school, where students from 19 to 24 years old receive necessary training to inform their younger colleagues from 11 to 15 years old, under direct supervision of specialists and professors. This type of course makes discussions between young people much more efficient, direct and useful, since the level of involvement of all participants is maximal.

The drawing and poster contests are also very efficient. In order to realize these contests and to have a maximum impact on young people, they first get informative material and then they meet with specialists - professors or doctors. The results obtained are excellent. It is important to have media coverage of these events, in order to increase their impact.

6. However, some isolated rural areas - where there is a lack of competent professors able to teach this subject area and/or a lack of medical staff - are still lagging behind. HIV prevalence however, is still low and under control in these regions. The most vulnerable groups are

young people consuming alcohol or drugs, street children and those who have a very low educational level. Continued efforts, time and – of course – money are necessary to stop the spread of HIV and to keep it under control. This requires efficient legislation and a good justice system, allowing controlling prostitution, drugs consumption as well as illegal migration.

2.5.3 The Brazilian Response to the HIV & AIDS Epidemic

*Cristina Raposo, HIV & AIDS Focal Point; Fabio Eon, Assistant, UNESCO/Brazil*⁸

Major Aspects

- 310,000 cases of AIDS were reported up to the end of 2003
- 597,000 people have been infected (15-49 years old)
- 10,000 deaths each year (2nd cause of death among young men and 4th cause among women)
- 60% of cases are registered among illiterate population or Brazilians with less than 8 years of schooling
- 3,702 municipalities in the country are reporting aids cases (66% of the municipalities in the country - Brazil has 180 million inhabitants spread in over 5,000 municipalities)
- Life expectancy of 67 years.
- 74th position in the HDI (Human Development Index – a combination index based on Gross National Product, life expectancy and literacy rate)

Present Trends of the HIV & AIDS Epidemic

- Heterosexualization
- Feminization
- Interiorization (in more remote and rural areas)
- Pauperization

Major Aspects in Brazilian Response to HIV & AIDS

- Early governmental response
- Strong civil society participation in all decision-making levels
- Multi-sectorial mobilization
- Balanced prevention & treatment approach with a human rights perspective in all strategies and actions
- Free distribution of anti-retroviral drugs and universal access to treatment
- The response to the HIV & AIDS epidemic – despite being considered innovative and effective in Brazil – is still very much based on a health perspective (i.e. considered a matter for public health practitioners)
- Only now Brazil is starting to approach the HIV & AIDS issue from an educational point of view.

Activities Implemented in Schools

- AIDS-related prevention actions targeted at children and adolescents both inside and outside the formal education system
- Availability of information about the risks associated with unsafe sex and the sharing of needles and syringes
- Capacity-building in HIV & AIDS prevention among teachers and education professionals in various fields
- Responsible and self-awareness exercise of sexuality
- Prevention of unwanted pregnancy
- No reference whatsoever to abstinence, fidelity, postponement (“ABC” approach)

⁸ This paper was not presented at the seminar, due to lack of time to do so.

Reaching Youth

For implementing an effective and sustainable program targeting youth, the National AIDS Program works in co-operation with the Ministry of Education and State Secretariats of Education in the following main strategies:

- Capacity and skill training for instructors
- Peer education
- Production of materials
- Availability of condoms
- NGO projects in all 27 states, in roughly 283 municipalities
- Nucleus of multilateral Studies on Education and Health (NEAMCES) from the University of Brasilia.

Main Results/Success/Achievements:

- 220,000 teachers were trained through distance education and 8,500 through a direct training course
- 15,933 adolescents were trained as prevention agents
- 5,610 thousand adolescents were accessed through community centres, health centres and schools
- Training of 623 street educators in coordination with the National Movement for Street Children, reaching about 9,000 children and adolescents in situations at risk.
- Availability of up to 235,000 condoms in Brazilian schools for youngsters (14-19) until 2004 (strategy “Saúde e Prevenção nas Escolas”)
- 44% of the population from ages 16-25 report consistent use of condoms
- Use of condoms among 17–19 year old young males:
 - 41.6% with stable partners;
 - 57.3% in paid sexual relationships;
 - 54.2% with casual partners.

Insertion of Health & Sexuality Related Contents in School's Curricula

- Prevention activities are undertaken by teachers from various backgrounds
- 70% of schools develop activities related to HIV & AIDS prevention
- 67% of schools include prevention-related topics in their pedagogical policy projects
- 80% of students favourably rate activities related to AIDS prevention
- 84% of parents that took part of prevention activities promoted by their children's schools are in favour of condom distribution.
- The main sources of information to students about STD, AIDS and drugs:
 - Teachers: 60%,
 - Mother: 40%,
 - Friends: 40%,
 - Father: 30%,
 - Brother: 25%.

This short presentation shows that despite progress, there is still much to be done, in particular in the education system.

2.6 Discussion

Five main aspects were discussed following this set of presentations, firstly in relation to the ten characteristics of effective programs, in particular regarding the difficulties to incorporate all these characteristics in certain contexts, and secondly about the impact of the context: poverty, girls empowerment and the influence of the media.

2.6.1 Condoms

Q. (By A. Ndianor): What are the support systems one can have that would allow us to improve the current situation, talking about delaying sexual relations, the use of condoms and so on? If we look at Muslim countries, it is a problem because one cannot talk to religious people about condoms; even if they agree with the use of such methods speaking in schools about condoms or making condoms available in schools, is a real problem in Muslim countries, particularly in Senegal, my own country for example).

R. (By D. Kirby): This is a very important issue and the answer is not simple, it is in fact very difficult. I'm going to answer one part of what you raised: you said that it is very difficult to talk about condoms and especially in schools in Muslim countries. That is certainly true, and in that case my recommendation would be – if you really cannot do that [i.e. promote the use of condoms for safer sex, IBE] to implement programs that do have these ten characteristics but which emphasise abstinence and faithfulness. If you include these ten characteristics then you increase your chances of helping young people delay their initiation of sex and reducing the numbers of their partners if they do have sex.

2.6.2 Poverty and girls empowerment

Q. (By A. Ndianor): HIV & AIDS is directly related to poverty and women empowerment (gender issues), especially in poor/underdeveloped countries like in Africa. This means that we have to mainstream HIV prevention in development planning. I believe that HIV & AIDS prevention education has to be integrated, not only in education or health, as HIV is not only an education issue or a health issue, but an issue of social development; an issue of poverty and so on. How do we go about mainstreaming HIV & AIDS in all social issues?

R. (By D. Kirby): You cannot address HIV & AIDS prevention education through the education system alone, but the effects of the education system can be enhanced by other measures. I'll give you a couple of examples:

- Studies show that even getting children to school and keeping them in school reduces the probability of infections, so irrespective of whatever you teach them, or whether there is any HIV teaching at all, getting them in school and keeping them there reduces infection. So one measure, which is related to policies, would be block grants such as those you mentioned earlier today. This is a way of financing education that tends to increase the number that goes to school.
- A couple of other measures are: if you want to get girls to school it is, for example, very important that they can get water close to home so that they don't have to go long distances in order to get water. A poverty reduction strategy would therefore be to increase water availability in order to reduce that part of the housework load of girls so they can go to school.
- A third example that one could mention is something like immunization programs for younger children; with this the smaller children in the family are less infected by other diseases and therefore, their older – female – siblings are not kept home to take care of them. So if you provide immunization programs then you enhance the probability that girls will go to school and thereby getting some added protection.

I am using these just as illustrations. These illustrations do however, underline the fact that when you think about these things you have to move from slogans about poverty reduction to measures, and these measures have to be very concrete. I think we have to use our collective imagination to develop them and communicating them amongst us and doing it in such a form that for any Ministry it is possible to get a quick overview of the many of possible actions that can be taken.

2.6.3 *Involving the parents*

On this issue, Mrs. Bitamazire, Minister of Education, Uganda said that the only and real way of sensitising children seems to be falling mainly on teachers, with parents being very quiet. In Uganda, government has gone through the Ministry of Education that has worked with and through the media. We have specific media programs, in particular magazines, where children write in, asking all sorts of questions. Just recently another program was launched specifically for parents, encouraging them to talk to their children. But this is not always easy, even under normal circumstances: some parents are too busy, they don't have time, and others are too shy to talk about certain things. In certain cases, by the time children reach age ten they realize that what their parents are doing is exactly the opposite of what others are telling them not to do.

On the same note, Dr. Kirby said that some but not all effective programs did involve parents and this greatly facilitates acceptance within the community. People have designed innovative ways of doing this. For example: they provide information about the program to the parents and to people in the community. Some programs involve homework assignments, in which the pupils go home and talk to their parents about particular topics, starting with topics that are less sensitive and then moving up to those which are a little more sensitive. Parents are informed ahead of time that this is going to happen through an informative flyer that is sent to them at home. So parents are much more comfortable in talking to their kids; they don't ask their kids why they are asking a certain question because they know that it is part of a homework assignment. The wonderful thing is that effective programs, if properly implemented can increase parent-child communication and not decrease it. It is not that parents and teachers are in opposition to one another but they can reinforce one another.

2.6.4 *The effects of the media*

On this issue, Dr. Kirby stated that we tend to overlook the effects of the media. For example, he said: go to any Internet café, pornography is accessible and those who are surfing are not old people, they are the young ones you want to protect. When you listen to music, read magazines etc, all these have glamourized sex in such a way that in all this glamour there is nothing like sexual responsibility. It is just glamour, and it attracts young children.

He further elaborated by saying that there is a tremendous amount of sex in the media and sex is represented as being sexy and romantic, wonderful and so forth. Negative consequences are not presented in the media. This is why it is so important – in the classroom or in small groups, in the churches or faith communities – to talk in a thoughtful way about sexuality and what really happens. Some of the effective programs [evaluated over the years, IBE] talk about sex, how it is presented in the media and how it's unrealistically presented in the media. The ten characteristics that I described tend to be essential. Not all effective programs talked about the media but some did.

Adding to what has been said, Dr. Clarke said that Jamaica has also experienced difficulty with the media and two years ago, introduced what was called the “children's code for programming” by the broadcasting commission. This made it obligatory for all broadcasting houses to follow a set of guidelines with respect to what they transmit at what time. Every single week, there were complaints from viewers not from our monitoring process of explicit sex and inappropriate language and violence. It was not just put as sex information; it was tied with other negative behaviours. That particular code is now legally binding and there is a progressive reduction in the number of complaints that we are getting as the responsible entities now seek to comply.

2.6.5 Knowledge, attitudes, values and behaviours

Citing an example, S. Clarke, from Jamaica, indicated that his country was one of the first countries to have introduced a pilot education program, right after the pandemic was discovered. One of the interesting things was that after about a year, a “knowledge/attitudes/practices” test was carried out and it was discovered that youngsters had the knowledge and there was an impact on their behaviour. A year or two later, the test was done again. Youth still had the knowledge but in terms of behaviour had reverted to the same old practices. Knowledge alone is not going to change behaviours, because sooner or later youngsters are going to go back to previous practices. It seems as though something else is missing as hinted earlier on. S. Clarke indicated he thought that it was necessary that we have the courage to try and explore what that thing is, that “humanitas” that gives a sense of value to each individual and therefore would cause that person to avoid risk. We have to go beyond knowledge and find out what we need to do to prepare our youngsters to be ready to deal with any of the new things that are going to come and be a risk for them.

In agreement to this issue, D. Kirby said that these are several factors that affect behaviours, and knowledge is just one of them. We need to address and include all these factors and then you will end up changing behaviour. This seems to be valid across cultures and there are studies indicating that these factors also apply in every community. They could vary a little bit, but knowledge and values, attitudes about condoms and contraception in general, perception of peer and family norms, and self-efficacy to avoid and refuse sex, etc. are the matters that, if addressed jointly, will end up changing behaviour. We indeed need much more than knowledge. (D. Kirby)

2.6.6. Other topics to be discussed

Other issues were mentioned but were not discussed further. Two are worth mentioning as they were referred to as “this is what I see happening on the ground in schools”:

- In schools in Uganda there is a problem of male teachers, who defy young girls.
- There is also a problem of conflicting messages: some religions tell people not use condoms, whilst government is promoting the use of condoms. Or, another example, when you go out to schools, children tend to think that using condoms prevents pregnancy. And now they have learnt during biology lessons that there are certain times of the month when it is not safe [one can become pregnant, IBE] or that one can use a condom and at other times when it is safe and one can forget a condom. The infection rate is still very high within the age group that we are striving to protect.

Some questions did not receive an answer, for instance, the question of long term financial support and durability of actions, as mentioned by one participant: “as for all the programs we are implementing, how can we, the government, particularly the Ministries of Education, commit effectively to these programs? For instance, some partners may support our actions initially but have to stop their support later on. Many of these programs fail because we don’t have the financial resources, so how can we encourage our ministries to take on board these projects in schools to ensure durability? It is a concern we all share and perhaps we can find a solution.”

This question leads us to the final section of this report that focuses on pertinent issues, challenges and responses in relation to HIV & AIDS education.

PART III: Issues, Challenges and Responses (working groups)

3.1 Introduction

During the seminar five main themes relating to those of the 47th ICE, were addressed in working groups. This section intends to give an overview of the guidelines and reference documents provided during the working groups as well as a summary of the discussions during these working groups.

The themes of the working groups were as follows:

- Theme 1: *Access to education for girls, gender issues and HIV & AIDS*, in relation to workshop 1 of the 47th ICE on “Quality education and gender equality”
- Theme 2: *Access to education for orphans and vulnerable youth*, in relation to workshop 2 of the 47th ICE on “Quality education and social inclusion”
- Theme 3: *HIV & AIDS and life skills education*, in relation to workshop 3 of the 47th ICE on “Quality education and competencies for life”
- Theme 4: *Teachers’ roles, workplace policies and HIV & AIDS education*, in relation to workshop 4 of the 47th ICE on “Quality education and the key role of a teacher”
- Theme 5: *Partnerships and financing for HIV & AIDS education*, in relation to the final plenary meeting of the 47th ICE on “Promoting partnerships for the right to quality education for all young people”

3.2 Theme 1: Access to Education for Girls, Gender Issues and HIV & AIDS

Prepared in collaboration with UNAIDS and UNICEF

[...] An estimated 104 million primary school-aged children were not enrolled in school at the turn of the millennium with girls making up 57 percent of the total. Girls are less likely than boys to attend school. They are also more likely than boys to fail to complete secondary education because of early marriage, pregnancy and care duties at home.

In high prevalence countries, girls’ enrolment in school has decreased in the past decade. Girls are the first to be pulled out of school to care for sick relatives or to look after younger siblings. HIV & AIDS is threatening recent positive gains in basic education and disproportionately affecting girls' primary school enrolment.

Girls and young women are often expected to know very little about sex and sexuality, but this lack of knowledge puts them at risk of HIV infection. Surveys have shown that fewer girls than boys aged 15-19 have basic knowledge about how to protect themselves from HIV & AIDS and many misconceptions exist and remain uncorrected in communities with limited access to accurate information. Often, these myths can be damaging to girls and women, for example, “having sex with a virgin can cure HIV”. [...]

Going to school is protective. Education is one of the key defences against the spread of HIV and the impact of AIDS and the evidence for this is growing. While ensuring girls are in school is important to reducing overall vulnerability, it is insufficient without specific measures to provide information, skills and links with school-community services. [...]⁹

⁹ Source: AIDS and Girls education – media backgrounder. The Global Coalition on Women and AIDS (2004) For more information, go to <http://womenandaids.unaids.org/about/default.html> or contact: womenandaids@unaids.org.

Main issues

Ensuring universal education for girls

- a) Enabling girls to go to school expands their life chances (primary education for girls (and boys) provides them with essential life and social skills, and secondary education increases their opportunity of employment and economic self sufficiency, thereby reducing their risk of, and vulnerability to HIV.)
- b) School may be the only place where girls can access information, as they cannot spend time outside the house as easily as boys.
- c) Abolition of school fees along with selective provision of bursaries removes the financial barriers that prevent many girls going to primary and secondary school
- d) Countries in which the education system is heavily affected by HIV & AIDS may need to develop flexible learning systems which allow for double shifting, multi-grade learning and distance learning for girls and boys from AIDS-affected families.

Ensuring a safe environment for girls

- a) Schools need to be safe for girls – girls should not face sexual harassment or abuse from boys or teachers in the classroom.
- b) Ministries of Education, individual schools and communities need to develop and enforce stringent codes of conduct in relation to sexual abuse at school.

Identifying curriculum needs

- a) Information and skills that address gender prejudice, bias, roles, etc. should be taught from an early age
- b) Schools should provide comprehensive sexuality and life skills education. These subjects could be taught by teachers or specialist health educators, depending on the kind of programs and availability of different types of educators.
- c) Parents and communities sometimes resist provision of sex education at schools.
- d) Involve young people, and consider them a resource, not a burden.

Key messages and summary of discussions

➤ Ensuring universal education for girls

1. *Place efforts to promote girls' education within the wider context of overall national development strategies and integrated approaches to poverty reduction.* Measures such as provision of safe water supply near homes; establishment of community-based early child care opportunities; enhanced agricultural production; income generation activities; and domestic labour-saving technologies will all contribute indirectly to increasing girls' participation at school by releasing them from the burden of household labour which represents a significant opportunity cost for poor households.
2. *Ensure that primary education is free.* This includes abolishing school fees as well as considering other indirect costs of schooling (for example, uniforms, school materials), which often serve as key barriers to poor households.
3. *Provide scholarships and stipends to help boost girls' participation at secondary and tertiary levels.* These have proven highly successful and should target the levels at which girls are dropping out. Secondary benefits of long schooling for girls include delay in marriage, reduction in fertility rates, and greater opportunities for the empowerment of girls and their preparation for participation in their societies.
4. *Institute school feeding programs in areas of food insecurity.* These serve as an important incentive for poor parents to send their children – boys and girls – to school and can be designed to target girls in particular.

5. *Encourage mothers' clubs, PTAs, and other forms of community participation to support girls' education.* Such groups can help monitor girls' attendance and enrolment at the community level, reduce early marriages, and encourage other parents to send their daughters to school. They can also serve as a focus of income-generating activities that can, in turn, help them sustain their daughters' attendance.

➤ **Ensuring a safe environment for girls**

6. *Invest in gender-sensitive school infrastructure.* This includes, in particular, separate latrines for girls and boys as well as other sorts of social infrastructure (for example, separate social spaces for girls; school walls; schools – including multi-grade schools and other flexible, non-formal forms of education – closer to homes).
7. *Ensure that schools are safe, secure, and congenial environments for both boys and girls.* This should come both through investments in infrastructure that would encourage this as well as through appropriate teaching/learning processes that instil gender-sensitive values and the development and implementation of school policies that are protective of all children.

➤ **Identifying curriculum needs and improving teaching**

8. *Address gender issues broadly speaking in order to focus attention on the learning needs of both girls and boys as well as on the interactions between them.* In some parts of the world (for example, the Caribbean), girls are actually enrolled in greater numbers and outperforming boys in school. This calls for efforts to address social values related to masculinity, femininity and the view of education within them. Extra-curricular activities (such as school clubs) that encourage open and equal discussion and interaction between girls and boys should also be encouraged.
9. *Support teachers in providing high quality education.*
10. *Increase the number of female teachers.*

3.3 Theme 2: Access to education for orphans and vulnerable youth

Prepared in collaboration with DIFD and UNICEF

“Poverty, conflict, disability, the spread of HIV, are significant barriers to all children getting into school, attending regularly, and achieving academically. Economic hardship and reduced parental care and protection mean that orphans and vulnerable children may lose the opportunity to go to school. Children who have been orphaned by AIDS are frequently shunned by society, denied affection and care and left with few resources to fall back on. For economic and other reasons, many of these children drop out of school. These sometimes suffer from malnutrition and ill health and are at risk of exploitation and abuse, increasing the chance they, too, will contract HIV & AIDS.”¹⁰

Main issues

Fight discrimination and stigma

- a) In many countries, being a child orphaned by HIV & AIDS, and subjected to the associated stigma, aggravates a battle that is already uphill for many, many families – including the emerging numbers of child-headed families.

¹⁰ Source: “The role of Education in the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS” (2004)
http://portal.unesco.org/fr/ev.php-URL_ID=21652&URL_DO=DO_TOPIC&URL_SECTION=201.html

Respond to special educational needs of OVCs

- a) The impact of AIDS in the family affects the ability of children to learn. Traditional curricula may be perceived as less relevant in a world with HIV and AIDS. The emotional stress accompanying the loss of a family member or caregiver along with the stigma attached to being an “AIDS orphan” can deter school participation.
- b) Teachers have a critical role to play in keeping school-aged children free from HIV, providing emotional and psychosocial support and protecting them from abuse.
- c) Building sustainable teacher capacity and providing support and supervision will also make an important contribution to quality improvement in schools.
- d) Making the curriculum more relevant to the daily needs of children and youth will help to keep more children in school and give them appropriate knowledge and skills for living in a world with HIV and AIDS.

Address other HIV and AIDS-related barriers to access, attendance and school completion

- a) *Poverty*: A sudden increase in poverty which often accompanies the death of a parent or the onset of AIDS in a household is a significant causal indicator leading to lower enrolment rates as children are unable to pay school related costs.
- b) *The burden of care*. Children are increasingly relied upon to take care of siblings or ailing family members and are therefore unable to begin (or finish) school. When a family member falls ill, older children and girls are more likely to drop out of school to assume household and care-taking responsibilities.
- c) *Nutrition and hunger* may also represent another barrier, limiting attendance and/or the capacity to learn.

Key messages and summary of group discussions

➤ Fight discrimination and stigmatisation by

1. *Integrating questions related to HIV & AIDS in curricula*, at all levels of schooling, including tertiary level.
2. *Opening the discussion on discrimination with all stakeholders and actors*, to increase commitment and mobilization of civil society, teachers unions and parents and to create a network and framework to encourage sensibilization.
3. *Setting up a reference framework to allow the verification of the implementation of programs in the classrooms*. It would also allow learners to adopt the right behaviour towards the persons affected by HIV & AIDS.

➤ Respond to specific educational needs of OVCs by

4. *Recognizing and better taking into account specific needs of OVCs in school settings*.
5. *Integrating people living with HIV & AIDS in the education system by creating associations or groups of people living with HIV & AIDS*.
6. *Strengthening financial means and human resources in schools, recruiting more teaching staff and training them to take care and responsibility for OVCs in schools settings*.
7. *Encouraging free and universal education*.

➤ Address other obstacles to education of OVCs by

8. *Increasing support to local and community organizations so that they can take better care for OVCs*.
9. *Developing a multisectoral approach for a better response to the needs of OVCs*.
10. *Increasing the commitment of the whole education community*.

3.4 Theme 3: HIV & AIDS and life skills education

Prepared in collaboration with UNICEF and UNESCO/PEQ

The potential for widespread prevention coverage by the education system is well understood. What remains is **how** to ensure the education response is effective in achieving behavioural outcomes that reduce the vulnerability to and risk of HIV transmission. The urgency of this agenda also is.

A recent analysis of how HIV & AIDS prevention education was integrated in the curriculum of 35 countries in three different regions (18 in Africa, 10 in Asia-Pacific and 7 in Latin America and the Caribbean) shows that Ministries of Education still have a long way to go in most parts of the world. Although most countries under review included HIV & AIDS education in the curriculum at primary and secondary levels of schooling, existing curricula often remain very general and do not provide the conditions for a strong and effective implementation.¹¹

Young people need in particular to be given the everyday 'life-skills' that enable them to translate knowledge into action. These life-skills include:¹²

- communication skills
- values clarification
- negotiation skills
- decision making skills
- coping and stress management skills

Main issues

Underscore again the importance of life skills education

- a) While accurate information is needed in order to prevent HIV infection, knowledge alone is not sufficient. HIV & AIDS creates specific needs in terms of life skills to acquire in order for youth to adopt safer behaviours.
- b) Most promising programs used participatory teaching techniques and concentrated on program content which included a mix of knowledge, attitudes and (life-) skills.
- c) Curriculum and didactic materials have to be adapted to respond to those new needs. Education as means of delivering behavioural, in addition to academic outcomes entails doing things differently; a major challenge for what are typically large, conservative and under-funded systems.

Strengthen the implementation of programs

Evaluations show that, in many countries, there is still a very low coverage of life skills education in secondary education, and extremely low coverage at primary education level. There are many problems and difficulties in implementing effective life skills programs.

- a) Life skills education is often a non-compulsory activity added on to the margin of the curriculum, or in an already overcrowded curriculum.
- b) Not enough time is provided in the curriculum for an approach that is highly time consuming. It is indeed essential to provide modelling of and practice for life skills

¹¹ For more details, see: International Bureau of Education/UNESCO. The state of the curricular response for HIV & AIDS prevention education (Executive Summary) – EFA Monitoring Report, 2004
<http://www.ibe.unesco.org/hivaids/doc/efa%20monitoring%20report.pdf>

¹² For more detailed definition and documents, see UNICEF website, section on life skills:
<http://www.unicef.org/lifeskills/index.html>

- c) Teaching methods that actively involve the participants have to be used to give them the opportunity to examine (and change) their attitudes and learn and practice new skills that will help them maintain healthy lifestyles and avoid risk situations.
- d) Sensitive topics are often skipped by teachers who do not feel comfortable and are not sufficiently prepared to address these kinds of topics in the classroom. Systematic teacher training and support is needed.

Better integrate life skills education in the school environment

- a) The process of curriculum renewal to introduce life skills education or the decision to strengthen the life skills element in the existing curriculum will require major efforts not only on the part of education managers and teachers, but also from students and parents who will also need to readjust their expectations and will have to adapt to a new approach.
- b) Local cultures, issues and languages are important to include within program design to overcome resistance in addressing sensitive topics in schools. Evidence shows that not enough attention has been given to this aspect.
- c) Clearly any move to emphasise life skills education and HIV & AIDS prevention education needs to be developed in consultation with all stakeholders. This will include parents, teachers and representatives of the various groups in society.

Assess learning outcomes

- a) Experience shows that if life skills education is not assessed, it will not be taught properly.
- b) Life skills education is also criticised as it may reduce accountability of schools regarding learning outcomes, as assessment is often not (yet) implemented or required.

Key messages and summary of group discussions

➤ **Underscore again the importance of life skills education and strengthen the implementation of programs**

- 1) *Better take into consideration what makes a curriculum effective.* The following comments were made during the workshop:
 - It is the interconnection of knowledge and practices that is effective in life skills education learning outcomes.
 - Teachers should be examples for children and youth, and it is important that they put into practice the values they encourage children to adopt.
 - Negotiation skills, critical thinking, analysis and problem solving are important in a Life Skills program.
 - Programs aimed at children from age 9 to 13 exist. They encourage children to express their concerns and the problems which children face. The language is appropriate.
 - The emphasis should also be on behaviour outcomes.
- 2) *Better take into account specific needs of youth and urgently respond openly to their crucial needs for information on prevention methods and sexuality,* and all other questions they may have. Young people need more support and dialogue when making decisions.
- 3) *Bring the right/new resources to deliver life skills education.* It is necessary to identify the right people who have the skills to teach life skills effectively. Life skills programs were often developed with out of school children and youth in mind. Other

people in the community could be identified and used to deliver these programs in the schools. We could think of organizing schools as communities, using resources from outside the school. A school environment alone will not suffice.

- 4) *Train teachers.* Teachers often don't have the capacity to teach life skills. Teachers also need to improve their own life skills, in order to behave according to acceptable standards, as expected from them.

➤ **Better integrate Life Skills education in the school environment**

- 5) *Make sure that schools address the complexity of real life and the existence of contradictory messages*
 - Children must know what will happen when they leave school and face the realities of daily living.
 - Preventing HIV & AIDS is complex. Hypocrisy was given as an example of things that children must learn how to deal with in relation to life skills and the promotion of safer behaviour.
 - Abstinence may not be taken seriously as a solution, because teachers and parents don't abstain themselves.
 - Many teachers may teach about Life Skills, but in other settings, may themselves abuse vulnerable children.
 - The media also promotes a form of hypocrisy.
- 6) *Take culture into account,* as well as the reality of recent changes in the family structure that has become, in urban settings, much smaller and more like a nuclear family. Remember also that sex education is still not an obvious subject to address in schools, even in countries with high HIV & AIDS prevalence. For instance, it has been said that:
 - Condom is a problematic topic: the distribution of condoms is not allowed. The belief is that it encourages promiscuity.
 - "We will not call it sex education" said one participant. It is called FLE (Family Life Education), which covers HIV & AIDS, Life Skills and STIs.
 - Somewhere else, only abstinence is promoted. Sex education is not taught in schools.
 - Cultural factors and the traditional societies have to be taken into account and FLE be presented in a manner that does not violate the norms of those traditional and local societies.
 - "Sex Education" is not a proper name for the programs being introduced in schools. Health or FLE is better.
- 7) Increase involvement and participation of young people in all phases of life skills program and better take their needs into account. Young people should be recognized as a resource; to illustrate, it was said that it would have been good to involve more young people in this seminar. In the end, young people are "the clients" of education. It is essential to adapt it to their needs so that they will "buy" it.
- 8) *Balance between in-school and out-of-school programs.* Too much focus is on teaching curriculum in schools. In some countries, many children are not in school, and non-formal education has to be part of the HIV & AIDS prevention education planning. Extra curricular approaches can also be very useful to teach life skills on the one hand and on the other they can be used to create links between in and out of school children and youth.

➤ **Evaluate learning outcomes of life skills education**

- 9) *Develop evaluation tools that are relevant for the topics taught and the type of knowledge expected (HIV & AIDS, relationships, sexuality, life skills, etc.).* The importance of assessing life skills has to be considered carefully:
- “When something is tested it is taken seriously.” This may be true and false. Citing religious studies, some may score high marks, but this may not influence their attitudes and moral behaviours.
 - In addition, children tend to hate what is presented as a subject, followed by a formal examination.
- 10) *Develop standards to evaluate programs in schools and see how effective they are.* (The example of Uganda is given as an illustration of how this is possible).

3.5 Theme 4: Teachers’ roles, workplace policies and HIV & AIDS education
*Prepared in collaboration with Education International and WHO*¹³

A teacher is moving away from being a mere “transmitter of knowledge” towards becoming a “mediator in the construction of knowledge”, a facilitator and even at times a health or social worker. This is occurring as we learn more about effective educational processes and because for reasons of survival and quality of life, new learning areas demand increased attention. Among such new learning areas are HIV & AIDS prevention, sex education and life skills training.

The role of teachers is particularly critical to addressing the HIV & AIDS pandemic. The need to address this learning area is leading to teachers to become "skill builders" capable of using participatory learning experiences to help children and young people acquire skills for dealing with the challenges of prevention, and to respond to specific educational and psycho-social needs of children and youth affected by HIV & AIDS.

Teacher training should have three main goals:

- To raise their awareness on the nature and extent of the HIV pandemic and help them protect themselves and others
- To provide them with the necessary factual knowledge and enable them to use participatory teaching/learning activities that help students acquire prevention and life skills
- To help teachers to handle new situations created by HIV and AIDS in their communities and to better respond to specific needs of affected learners.

Main issues and questions

Training teachers

Clearly, before teachers can be expected to play a significant role in responding to HIV & AIDS, they will need to be prepared to address such challenges and to become confident in using teaching/learning activities that address the sensitive topics of prevention and related discrimination.

- a) In reality, in most countries, even when HIV and AIDS education has been integrated in the curriculum and didactic material developed, teacher training for HIV & AIDS education appears to be lagging far behind and is clearly insufficient.

¹³ See Appendices G and H

- b) Lack of commitment from teachers, since HIV and AIDS education is not mandatory, has also been mentioned as an additional possible barrier.
- c) Although reactions from teachers to the introduction of HIV and AIDS prevention at school are generally positive, it is universally perceived as being challenging:
 - It represents an additional task in an already crowded curriculum.
 - Teachers are exposed to criticism from parents and the community and often lack support from school authorities.
 - There are also opinions in some communities that teachers should not teach subjects related to sexuality.

Ensuring support for teachers

Teachers are themselves affected in numerous ways by HIV & AIDS and need support to protect their own health and to be able to continue teaching in good conditions.

- a) Too often it is overlooked that the psychological trauma teachers experience due to repeated episodes of grief and mourning, the loss of friends and family, and the mental and financial burden that is forced upon them leads to poorer classroom teaching performance.
- b) HIV and AIDS also affect fundamental rights at work, particularly with respect to discrimination and stigmatisation of employees and people in general living with and affected by HIV and/or AIDS. The education sector is as liable to the effects of HIV and AIDS on its workplace and workforce as any other.
- c) There is a range of issues concerning teachers, HIV & AIDS and the world of work that need to be addressed, including:
 - How can an effective workplace policy on HIV & AIDS be developed for the education sector?
 - What are the components, the partners involved and the process?
 - How can the education sector ensure that teachers affected by HIV are not discriminated against?
 - How can the education sector enable teachers to protect themselves from HIV infection?
- d) Responses are needed in terms of policies for:
 - Non-discrimination of those affected by HIV & AIDS.
 - Preventing transmission.
 - Fighting stigma related to HIV & AIDS control and prevention.
 - Ensuring confidentiality.
- e) Responses are needed in terms of services for:
 - Enabling teachers to obtain knowledge and skills to avoid HIV infection.
 - Voluntary HIV testing and counselling.
 - Care and support of those affected by HIV & AIDS.
 - Access to ARV treatment.

Recruiting and retaining teachers

- a) Although there is still a lack of hard and systematic data on teacher shortage and attrition caused by AIDS, it has been observed that the nature of the disease causes increasing periods of absenteeism from classes as teachers are sick themselves, take time off to attend funerals or take care of sick relatives.
- b) Training of additional teachers, mobilizing additional human resources to deliver education or/and to find new delivery systems for education is necessary to overcome the strains caused by teacher shortage and attrition.
- c) Training processes may need to be shorter, more flexible, and more open in order to train untrained teachers and to mobilize additional human resources.

Key messages and summary of group discussions

➤ Train teachers and improve working conditions and support to teachers

- 1) *Better prepare teachers to talk about sexuality.* It is essential to use traditional ways of talking about sex for HIV & AIDS prevention. In most African societies, to speak about sexuality and intimate parts of the human body is taboo. Even between husband and wife the issue is not addressed. Therefore, it is very difficult for teachers to address issues linked to sexuality. However, some of the participants did not agree with this point of view saying that in traditional African society, sexuality was very openly discussed, and only due to western influence has a veil of shame been put over this subject. In addition, the presence of a male teacher can hinder girls from talking about sexuality.
- 2) *Provide basic knowledge on HIV & AIDS for teachers. More importantly, make sure that they acquire the skills to protect themselves, and teach these skills to their pupils/students,* as in fact, teachers themselves are often victims of HIV & AIDS.
- 3) *Find solutions to overcrowded classrooms.* Overcrowded classrooms make it difficult to apply participatory teaching methods, which is essential in the process of acquiring knowledge and life skills concerning HIV & AIDS.

➤ Support teachers and create a context favourable to HIV & AIDS prevention education

- 4) *Put in place a clear, committed and progressive government policy to address HIV & AIDS in the education sector.* Teachers expect their Government to take the lead in the fight against HIV & AIDS. It was noted that some Governments are hesitant since they face an electorate, which may not re-elect them when being too pro-active or progressive on HIV & AIDS. That may be a reason for delegation of responsibility in the field of HIV and AIDS to NGOs.
- 5) *Restore the image of and the respect for teachers in society.* Causes of their bad image are multiple. Often, teachers get very low wages and get very little compensation for being placed in very remote areas. But one participant pointed out the fact that teachers often do not behave decently towards their female pupils. Sometimes their students become pregnant because of them.
- 6) *Create a context and attitudes that are open to HIV & AIDS prevention education.* The teaching of necessary skills can only be effective when teachers can work in a school environment that accepts and is open to HIV & AIDS education. This requires a positive attitude from political authorities and parents.

3.6 Theme 5: Partnerships and financing for HIV & AIDS education

Prepared in collaboration with the World Bank and DFID¹⁴

Several mechanisms and programs exist to support Ministries of Education in planning policy and strategic frameworks, mobilizing resources and improving partnerships in the field of HIV & AIDS prevention education.

Coordination between NGOs and other community initiatives needs to be improved also at a higher level: International, regional and national integrated dialogue to develop policies and guidelines that have strong legitimacy in order to better coordinate partnerships between NGOs and ministries of Education.

¹⁴ See appendices I and www.schoolsandhealth.org and as well following websites for the Fast Track Initiative <http://www1.worldbank.org/education/efafti/> and for the MAP program, see Appendix J and <http://www.worldbank.org/afr/aids/map.htm>

Communication between different levels (policy, planning, curriculum development and teacher training) would also help to improve the development of a coherent and comprehensive response, and to use resource efficiently.

Main issues

Develop a strong and coherent sectoral response to HIV & AIDS to strengthen resource mobilization and international coordination

- a) Strengthening communication and partnerships at national level, would allow Ministries of Education to take a stronger leadership and assume a more active role in coordinating the sectoral response with implementing and financing partners and thus also increasing partnering.
- b) Dialogue is necessary in order to better integrate and mainstream external resources from NGOs and other funding agencies into a national legitimate framework to address short term and longer term development of HIV and AIDS education.
- c) One challenge for the education sector is to increase its access to external financial resources. Working with their National AIDS Commissions to increase the education sector's share of resources available for the multi-sectoral response to HIV & AIDS, is crucial to this regard.
- d) Working with external donors to increase resources for HIV & AIDS through education sector projects is also important.
- e) Strengthening donor coordination will also reduce transaction costs for countries.

Strengthen partnerships for HIV & AIDS Curriculum and life skill program development and delivery

- a) Inputs from the non-formal sector and NGOs often allow innovative educational approaches to be developed and implemented at local level into the classrooms and the schools as a whole.
- b) Non-formal education innovative approaches need to be evaluated, as well as tools and resources for their scaling up, adaptation and generalization whenever relevant.
- c) Such coordination and partnerships between formal and non-formal education and NGOs is often missing or still too limited. It would be necessary to strengthen them to better steer interventions in schools.

Implement teacher training and effective work place policies

- a) Inputs from the non-formal sector and NGOs can provide a contribution and support to teachers to adapt to a new and difficult topic and to new teaching approaches without the necessary training and support.
- b) Collaboration and partnership with the health sector and social affairs, as well as with teachers' unions and teachers training institutes will allow to the necessary support they need to fully take their responsibility in preparing the young generation to face life in general and HIV & AIDS in particular.

Develop partnership to provide access to education for orphans and other youth (OVCs) affected by HIV & AIDS

- a) The education system will not be able to provide such access alone.
- b) Collaboration and partnership with the health sector and social affairs, as well as with community organisations and NGOs, will facilitate a better and multi-dimensional response to specific needs of OVCs.

Key messages and summary of group discussions

- **Improve mobilisation, allocation, channelling and implementation of funds and financial resources**
 - 1) *Improve mobilization and channelling of funds*
 - Harmonization of donors is needed.
 - Development and implementation of a national sector plan by the education sector.
 - Setting up of mechanisms for channelling funding (through a unique AIDS funds, for example).
 - Integration and stronger presence of the education sector in the multi-sectorial HIV & AIDS body to request more funds for the education sector.
 - 2) *Increase the education sector's commitment in resource allocation to better enforce policies, guidelines, sector plans and guidelines.*
 - 3) *Set up control mechanisms to evaluate the quality of the response, in terms of coverage and level of quality of programs.*
 - 4) *Establish full time HIV & AIDS focal points in the Ministry and at decentralized level.*

- **Improve partnerships and cooperation at international, regional and national levels**
 - 5) *Set-up of mechanisms to manage partnerships and cooperation at two levels*
 - a) Macro-level: Develop and implement a HIV & AIDS national sector plan to organize and monitor the response of the education sector and coordinate fundraising
 - b) Micro-level: Set up mechanisms of decentralized direct funding and implementation at local level, by supporting local NGOs and CBOs
 - 6) *Develop standards for cooperation.* These standards do not exist yet.
 - 7) *Promote cost effective regional cooperation*

Two examples have been given:

 - development of a regional curriculum prototype in the Asia/Pacific region
 - development of education sector plans, addressing planning, and implementation of the education sector response in several sub/regions of Africa.
 - 8) *Promote and strengthen partnerships with local NGOs and CBOs, for implementation of programs responsive to local needs and improve coverage, including in remote parts of the country.* The education sector should:
 - Set clear overall priorities (through sector plans and guidelines)
 - Provide resources directly to the communities and individual schools to implement locally adapted programs.
 - Find mechanisms to bring NGOs and CBOs together in networks. (This could contribute to fight counter productive competition and provide a better visibility and common understanding of the roles and services provided by each NGO and CBO).
 - Be careful that these mechanisms do not become too costly to administer.
 - 9) *Develop partnerships between the Ministries of Education and Health, by establishing partnerships at policy level and building upon, or modelling following already existing partnerships between the education and the health sectors (food programs, immunization, etc.) that could be expanded to HIV & AIDS prevention education and services, to the identification of children affected by HIV & AIDS and provision of care to them.*

CONCLUSION

The contributions of the Ministers and delegates during the three plenary sessions and five working groups were encouraging. The education sector in a number of countries have already put in place not only the conditions for an effective sectoral response, but also some crucial steps towards the realization of necessary measures for dealing with the urgent and serious issues that HIV & AIDS presents for education.

It is now a question of expanding the responses and enforcing them so that all children, young people, teachers and education employees have access to quality prevention, care and treatment programs. These different target groups should be enabled to protect themselves and access all necessary services, and to contribute to the prevention and mitigation of the impact of HIV and AIDS, including fighting against HIV and AIDS related stigmatisation and discrimination, both in their private and professional life.

The seminar was the occasion to once again underline several important points:

1. Young people have an urgent need for clear, open and straightforward information from the adults around them, including their teachers. Young people must also have access to services for prevention (condoms and anonymous testing and counselling) and care. It is also necessary to recognize that young people themselves represent valuable resources. It is therefore important that adults trust them more and include them in all HIV & AIDS prevention and education activities.
2. Teachers certainly have the responsibility towards children and young people of informing them, and respecting their integrity and all their rights. Teachers need to be better supported in this task.
3. Those in charge of the education sector have to commit to make schools safe and to create school environments in which the silence surrounding HIV and AIDS is broken and stigma and discrimination is fought. Trust and openness are essential to an effective response in terms of prevention and care.
4. Schools have to be more open to communities to win parents' support for their roles in preventing HIV and AIDS and to benefit from resources available in communities.
5. Cultural dimensions of HIV and AIDS should not be neglected, as they are of critical importance. However, although some cultural practices have a negative impact on HIV transmission, it is important not to reject traditions and cultural practices altogether, but rather to try to promote those that are useful to HIV prevention and to support the modification of others, so that they may also contribute positively to the fight against HIV and AIDS.

“An extraordinary situation requires an extraordinary response”, another statement made by one of the Ministers present at this seminar, implies the strengthening and organizing of partnerships at international, regional and national levels. An extraordinary mobilization of supplementary resources and a better channelling and management of funds are definite priorities to allow the education sector to fulfil its role and responsibilities.

Another issue raised during several sessions was: education per se has a protective effect. Children and youth that are often excluded, such as girls, orphans and other vulnerable children must have access to quality education, in order to reduce their vulnerability to HIV and AIDS and the impact thereof, particularly poverty. As girls are particularly vulnerable, programs to improve girls' education (access and relevance of contents and teaching methodology) are especially important and urgent. Governments and development partners have to commit to include this issue as a priority in their policies and programs.

In addition, we need to look at the linkages between HIV and AIDS education and the quality of education in general. HIV and AIDS represent a very serious threat to education systems and to quality education for all, yet the pandemic can also be seen as an ‘incentive’ and

opportunity to take measures to strengthen the quality of sector as a whole. In fact, many of the measures the education sector needs to take by to effectively fight the spread and impact of HIV and AIDS will also contribute to the realization of the objectives set by the EFA movement:

- provide better access to education for girls and make education more adapted to their specific needs;
- provide a better access to education to all other groups of children and youth excluded from education;
- adapt curricula and teaching methods so that they are more relevant to the reality of learners and more effective, in particular by integrating competencies for life;
- improve teacher education so that they are able to address new curricular and pedagogical approaches.

Many of the issues discussed in Geneva are not new. However, the seminar provided the opportunity to openly share experiences and perspectives for feasible solutions. The feeling at the end of the day was that although much still has to be done, success was possible. Testimonies from several ministers and their delegates were encouraging and show that prevention education is possible and can be successful. Witnessing first hand that colleagues and experts from all over the world are aware of the necessity to act with courage, are committed and have already taken effective measures, was uplifting and provided the necessary hope, energy and commitment to continue the fight and to improve what already exists.

MORNING

Plenary

- 9h15-9h30 Welcome address (*Mrs. Cecilia Braslavsky, IBE*)
- 9h30-9h45 Opening of the seminar (*Mr. Peter Piot, UNAIDS*)
- 9h45-10h30 Messages by Ministers: concerns and questions
- 10h15-11h00 Responses by the Education sector, (*Senegal, Romania and Brazil*)
- 11h00-11h15 The Global Initiative to Expend Prevention Education (*Mr. Gudmund Hernes, UNESCO*)
- 11h15-11h30 The education sector and HIV & AIDS: Challenges, roles and responsibilities (*Mr. David Clarke, DFID*)
- 11h30-11h45 *Coffee break*
- 11h45-13h15 Working groups (part one)
- WG 1: Access to education for girls, gender issues and HIV & AIDS
- WG 2: Access to education for orphans and other youth affected by HIV & AIDS
- 13h15-14h45 *Lunch break*

AFTERNOON

Plenary

- 14h45-15h00 Voices of the youth (*Ms. Sophie Dilmitis, Chose Life, Zimbabwe*)
- 15h00-15h45 The Impact On Behaviour of Sex and HIV Education Programs throughout the World (*Mr. Douglas Kirby, ETR Associates*)
- 15h45-16h00 *Coffee break*
- 16h00-17h15 Working groups (part two)
- WG 3: Life skills education and HIV & AIDS
- WG 4: Teachers' roles, workplace policies and HIV & AIDS education
- WG 5: Partnerships and financing for HIV & AIDS education
- Plenary**
- 17h15-17h45 Report from the working groups on key-issues
- 17h45-18h00 Closing remarks
- Starting 19h00 "Soirée" with the youth
-

APPENDIX B: List of participants

HIV & AIDS and quality education for all young people: Preparatory Seminar to the 47th ICE VIH & sida et éducation de qualité pour tous les jeunes: séminaire préparatoire à la 47ème CIE

September 7th, 2004 - Geneva

COUNTRY / ORGANIZATION	NAME	Title/Function
Ministers and Delegates to the International Conference on Education and other country representatives		
Angola	Mr. Manuel Kaerungo MAYIMONA	Conseiller du Ministre de l'Éducation chargé des relations avec les organisations internationales
	Mr. Adão G.F. do NASCIMENTO	Conseiller du Vice-Ministre chargé de la réforme éducative
Bangladesh	Mr. Osman FARRUK	Minister for Education
Bulgaria	Mrs. Deana MEHANDJIYSKA	Third Secretary, Diplomat at the Permanent Mission in Geneva
Burkina Faso	M. Mathieu OUEDRAGO	Ministre de l'Enseignement de Base et de l'Alphabétisation (MEBA)
Cambodge	Mr. Phok THAN	Secretary of State of the Ministry of Education, Youth and Sport
Canada	Mr. Paul CAPPON	Director General, Council of Ministers of Education
	Mrs. Arpi HAMALIAN	Présidente, Commission sectorielle de l'éducation - Commission Canadienne pour l'UNESCO
	Mrs. Kathleen MEAGHER	Program Officer, Education Canadian Commission for UNESCO
	Mr. Thomas FETZ	Second Secretary, Permanent Mission of Canada in Geneva
	Mrs. Terry PRICE	President, Canadian Teachers' Federation
China	Mr. Gangyang GONG	University Professor
	Mr. Yue DU	Deputy Secretary General of the Chinese National Commission for UNESCO
	Mrs. Jiahong DONG	Director Education Division, Chinese National Commission for UNESCO
Colombia	Mr. Luis Gerardo GUZMAN VALENCIA	Ministro Plenipotenciario de la Misión de Colombia en Ginebra
	Mrs. Victoria GONZALEZ ARIZA	Ministro Consejero de la Misión de Colombia en Ginebra
Congo	Mrs. Rosalie KAMA-NIAMAYOYA	Ministre de l'Enseignement Primaire et Secondaire, chargé de l'Alphabétisation
	Mr. Moise BALONGA	Conseiller à l'Enseignement Primaire et Secondaire
	Mr. Roger Julien MENGA	Ambassadeur, Mission Permanente du Congo à Genève
Côte d'Ivoire	M. Michel Amani N'GUESSAN	Ministre de l'Éducation Nationale
Czech Republic	Mrs. Michaela ANDRESOVA	Deputy-Secretary General de la Commission pour l'UNESCO
	Mr. Karel KOMAREK	Permanent Delegate to UNESCO
Democratic People's Republic of Lao PMA	Mr. Soutsakhone PATHAMMAVONG	Ambassadeur de la République Démocratique Populaire du Lao
	Mr. Khamliène NHOUYVANISVONG	Délégué permanent auprès de l'UNESCO

Ethiopia	Mrs. Genet ZEWDIE	Minister of Education
	Mrs. Showawork AMIN	Third Secretary, Permanent Mission of Ethiopia in Geneva
France	Mrs. Audrey LEGUEVEL	
	Mrs. France AUER	
Gambia	Mr. Yaya Sireh JALLOW	Permanent Secretary
	Mrs. Fatou NJIE-JALLOW	Director of Standards and Quality Assurance
	Mr. Yahya AL-MAHTARR JOBE	Program Officer at the Gambia NATCOM Office
Ghana	Mr. Kwadwo BAAH-WIREDU	Minister for education, Youth and sports
	Mr. Ato ESSUMAN	Chief Director, Ministry of youth and sports
	Mr. S.K. AGYEPONG	Principal, Methodist University
	Mrs. Charity AMAMOO	Deputy Secretary-General, Ghana national commission for UNESCO
	Mrs. Matilde ALOMATU	First Secretary at the Permanent Mission in Geneva
Guatemala	Ms. Ingrid MARTINEZ	Primer Secreteria, Mision Permanente de Guatemala en Ginebra
Jamaica	Mr. Simon CLARKE	Representative of the Minister of Education
Japan	Mr. Yuzuru IMASATO	Minister Counsellor
	Mr. Takashi ASAI	Assistant Director General for Intl. Affairs
Jordan	Mr. Azzam ALAMEDDIN	Second Secretary, Permanent Mission in Geneva
	Mr. Hussam QUDAH	Attache, Permanent Mission of Jordan in Geneva
India	Mr. Sudeep BANERJEE	Additional Secretary, Government of India
Indonesia	Mrs. Santi AMBARUKMI	Technical Staff of Directorate of Senior Secondary Education
Kenya	Mrs. Raychelle OMAMO	Ambassador of Kenya to France/Permanent Delegate to UNESCO
Kuwait	Mr. Taleb AL-BAGHLI	Délégué Permanent adjoint UNESCO
Lebanon	Mrs. Leila MALIHA	Présidente du Centre de Recherche et de Développement Pédagogique
	Mr. George NEMEH	Director General of the Ministry of Education
Lithuania	Mrs. Loreta ZADEIKAITE	Head of the Basic and Secondary Education Division at the ministry of Education and Science
Madagascar	M. Haja Nirina RAZANFINJATOVO	Ministre de l'Education Nationale et de la Recherche Scientifique
	Mr. Henri RAMJEVA	Directeur de Cabinet, Ministère de l'éducation nationale et de la recherche scientifique
	Mrs. Yvette RABETAFIKA RANJEVA	Ambassadeur permanent auprès de l'UNESCO
	Mr. Alfred RAMBELOSON	Ambassadeur, Mission Permanente de Madagascar à Genève
Mauritius	M. Santosh Kumar MAHADEO	Director Curriculum Renewal and Polytechnics
	Mrs. Marie Lise HHOW FOK CHEUNG	Permanent Secretary, Ministry of Education and Scientific Research
Mexico	Ms. Gracia PEREZ	Asistente, Mision Permanente de Mexico in Ginebra
	Mrs. Dulce Maria VALLE - ALVAREZ	Consejera, Mision Permanente de Mexico in Ginebra
	Mr. Antonio GAGO HUGUET	Coordinador de Asesores

Myanmar	Mrs. Aye Aye MU Mr. Soe AUNG	Conselor at the Permanent Mission in Geneva Attaché à la Mission Permanente à Genève
Niger	M. Oumarou HAMISSOU	Secrétaire Général du Ministère de l'éducation de base et de l'alphabetisation.
Nigeria	Mr. Nuru YAKUBU	Executive Secretary, National Board for Technical Education
Pakistan	Mr. Haroona JATOI Mr. T.M. QURESHI Mr. F.N.TIRMIZI Mrs. Iqbal Ali JATOI	Joint Educational Adviser Deputy Educational Adviser First Secretary, Permanent Mission of Pakistan in Geneva Teachers Training Project, Ministry of Education
Rwanda	Mrs. Jeanne d'Arc MUJAWAMARIYA Mr. Eliphaz BAHIZI	Secrétaire d'Etat à l'éducation chargé de l'enseignement primaire et secondaire Secrétaire permanent de la commission nationale pour l'UNESCO
Saudi Arabia	Mr. Ibrahim A. AL SHEDDI	Deputy Minister of Education for Cultural Affairs
Senegal	Mme Aminata NDIANOR MBODJ	Experte - Adjointe au point focal VIH & SIDA
Serbia	Mr. Miodrag PAVLICIC	Minister of Health
Sri Lanka	Mr. MEDAGAMA	Advisor Ministry of Education
Syria	M. Ghassin NSEIR	Délégué permanent de la République Arabe Syrienne auprès de l'UNESCO
Tunisia	Mrs. Fatma TARHOUNI- HAJJI Mr. Naceur BEN FRIJA	Commission Nationale pour l'éducation, la Science et la Culture Premier Conseiller, Ambassade de Tunisie à Berne
Thailand	Mr. Kasama VARAVARN	Permanent Secretary, Ministry of Education
Uganda	Mrs. Namirembe Geraldine BITAMAZIRE Mr. Richard RWEGALLE AKANKWASA Mrs. Rose NASSALI - LUKWAGO Mr. Hajji Badru LUBEGA-WAGGWA Mr. Augustin OMARE-OKURUT	Minister of Education and Sports Director of Education Director, Education Standard Agency Chairman, Education Service Commission Secretary General, Uganda National Commission for UNESCO
United Republic of Tanzania	Mr. Joesph J. MUNGAI Mr. Haroun SULEIMAN Mr. Ricky A. MPAMA	Minister for Education and Culture Minister for Education, Culture and Sports, Zanzibar Chief Education Officer, Ministry of Education and Culture
Zambia	Mr. Love MTESA Mrs. Isabelle M. MATYOLA - LEMBA	Zambian Ambassador to the U.N First Secretary
Zimbabwe	Mr. D.K. MUNJERI Mr. F.T. KANYOWA	Deputy Permanent Delegate to UNESCO Deputy Director- Teacher Education
Others	Mr. Seidik ABBA	

UNITED NATIONS AND OTHER INTERNATIONAL EXPERTS

AFFILIATION	NAME	TITLE/FUNCTION
Aga Khan Foundation	Mrs. Caroline ARNOLD	Senior Program Officer, Education
	Mrs. Salima ALLIBHAI	Program Assistant, Health
Choose Life / Zimbabwe	Mrs. Sophie DILMITIS	Expert
Agence Française du Développement	Mme Aline VILLETTE	Chargé d'études sur l'impact du VIH & sida sur l'éducation
DFID	Mr. David CLARKE	HIV & AIDS specialist
Education International	Mr. Wouter Van der SCHAAF	Coordinator for the programs on Education for All and on HIV & AIDS
ETR Associates	Mr. Douglas KIRBY	Expert
Romanian National Commission for UNESCO	Mrs. Lucretia BALUTA	Expert on Education
UNAIDS	Mr. Peter PIOT	Executive Director
	Mrs. Gillian HOLMES	UNAIDS secretariat
UNICEF	Mrs Amaya GILLESPIE	Secretariat for The Secretary General's Study on Violence Against Children
	Mrs. Carol WATSON	Senior Advisor
	Mrs. Miroslava PERISIC	Project Officer, Adolescent Development and Participation
WHO	Mr. Chuck GOLLMAR	School Health and Youth Health Promotion Team Leader
UNESCO	Mme Florence MIGEON	Spécialiste du program section de l'Education Primaire
	Mr. Gudmund HERNES	Director of International Institute for Educational Planning, HIV & AIDS Coordinator (IIEP)
	Mr. Chris CASTLE	Senior Program Specialist (PEQ)
	Mr. Victor BILLEH	Director UNESCO Regional Office for Education in the Arab States
	Mrs. Namtip ASKORNKOOL	Spécialiste du program section de l'Education Primaire
UNESCO/BRAZILIA	Mr. Fabio EON	Assistant of the Director
UNESCO/IBE	Mrs. Cecilia BRASLAVSKY	Director
	Mrs. Christine PANCHAUD	HIV & AIDS Program Coordinator
	Mrs. Dakmara GEORGESCU	Program coordinator
	Mr. Joel PII	Consultant
	Mrs. Karen ATTAL	Research Assistant, HIV & AIDS Program
	Mrs. Tayo OMOTOLA	Research Assistant, HIV & AIDS Program
	Mrs. Sandrine BONNET	Research Assistant, HIV & AIDS Program
	Mrs. Sandra BERNEY	Research Assistant, HIV & AIDS Program
	Mrs. Yvonne DIALLO	Research Assistant, HIV & AIDS Program

APPENDIX C: Opening and Closing speech from the 47th session of the ICE by the Director General of UNESCO (extracts) ¹⁵

Opening Speech

[...] As part of the strategic review process, I have identified three vital areas where UNESCO will build strong initiatives which will have real impact at the country level. These programmatic emphases and niches are focused on literacy (within the context of the United Nations Literacy Decade); on HIV & AIDS, particularly the already-announced Global Initiative to Expand Prevention Education against HIV & AIDS; and on teacher training in sub-Saharan Africa. In each of these areas, the issue of quality will be central.

[...] For example, in regard to the teacher training initiative, the close linkage between teachers and quality education is one that all of you will understand. Having enough qualified teachers is essential for raising and maintaining quality and for delivering a sound education to young people. We shall be focusing on the particularly severe problems concerning the shortage of qualified teachers in sub-Saharan Africa but, more generally, all of our work on teachers everywhere is connected with quality improvement. I cannot fail to note, of course, that the role of teachers vis-à-vis quality education is the theme of one of the workshops in this Conference.

[...] For UNESCO, quality is an aspect of the whole as well as of the parts. This requires taking account of the overall context within which the debate over quality is taking place. That debate cannot and must not be insulated from the real world and its problems such as gender inequality and social exclusion [...].

Closing speech

[...] As I stated in my opening remarks, this Conference occurs within a sustained process of engagement with the question of quality education. The outcome of this process will not be some final resolution of this matter but something more attainable. My hope is that two main benefits will emerge: first, a growing international consensus on the importance of addressing quality education issues seriously, urgently and, as much as possible, collaboratively; and, second, a deepening of the debate in such a way that our educational policies, programs and actions are adequate to the challenges we face.

There has been much discussion of those challenges, which arise within education systems and schools as well as within the broader context that shapes our educational endeavours. The theme of “humanizing globalization” has provided the main framework of the debate. I was struck by a phrase in Dr Peter Piot’s address to the preparatory seminar on HIV & AIDS and quality education on the eve of this Conference. Referring to the spread of the epidemic, he said that “AIDS has entered its globalization phase”. Sadly, increasing numbers of young people are victims of this global epidemic, and this has major implications for education. In particular, it means that prevention education against HIV & AIDS must be part of our efforts regarding quality education.

This example points to the fact that, whatever else globalization may mean, it signifies that our lives are unavoidably interconnected, as are our problems. This adds complexity to everything we do, and the challenge of quality education is no exception. Many of you have noted that, while everyone wants the quality of education to improve, we often have quite different things in mind. However, I believe that within this multiplicity of meanings there is a growing recognition that “quality” cannot be addressed only in terms of inputs and outputs as these are customarily understood. Instead, the debate leads us towards recognizing the vital linkage between the quality of education and its relevance [...].

¹⁵ You can find the integral text at the following URL:
http://www.ibe.unesco.org/International/ICE47/English/FinalRep/Finalrep_main.htm

APPENDIX D: Message of the 47th ICE (Extracts) ¹⁶

HIV & AIDS and several challenges and priority actions related to it have been mentioned in the final message to the 47th session of ICE.

CHALLENGES

[...]

9. Gender equality

[...]In most parts of the world, there are unacceptable gender differences in access, opportunities, retention and learning outcomes. This reflects the inability of many education systems to be gender-responsive.

10. Competencies for life

Currently, education systems do not provide young people opportunities to obtain and strengthen the complex set of competencies for life, including technical and vocational education. Many of these competencies are essential for addressing modern problems such as HIV & AIDS and other pandemic diseases, exiting and entering the labour force and social and political indifference. Lack of technical and vocational education and training, including entrepreneurship and training for creativity, hampers employability.

11. Social inclusion

In a world that is increasingly becoming closer due to globalization and information and communication technologies, exclusion is on the increase. Factors such as poverty, gender, ability, origin, language, culture and various kinds of discrimination can impinge on effective learning.

12. Conducive conditions for teachers

Teachers and trainers in many parts of the world lack sufficient training, resources, support, materials and conducive conditions of service. As a result they cannot be effective in facilitating the learning of young people[...].

[...]

15. Alliances and partnerships

[...] Effective alliances for quality education for young people are not sufficiently mobilized among students, teachers, parents, local communities, civil society, media, economic enterprises, the global community and other stakeholders. Particularly, young people are in many instances not given enough opportunities to be active partners in the development and conduct of their education [...].

[...]

PRIORITY ACTIONS

[...]

17. Develop a comprehensive strategy.

[...] In order to attain development, peace and justice at the global level it is essential to conduct a comprehensive strategy ensuring that the learning needs of all young people are met through equitable access to appropriate learning and life skills and training programs. All the aspects of the quality of education must be included.

¹⁶ You can find the integral text at the following URL:

http://www.ibe.unesco.org/International/ICE47/English/FinalRep/Finalrep_main.htm

18. Increase access and equity for all young people.

New approaches to education, involving organizational and pedagogical creative methods and the use of ICT have to be constructed to increase access and retention. It is important to recognize the correlation between formal and non-formal learning. Governments are encouraged to implement systems for validation of non-formal learning [...].

[...]

20. Take affirmative action to compensate gender imbalance.

[...] In many instances it will be necessary to take concerted affirmative actions to compensate for historical and new inequalities. A great deal of research, knowledge and good experiences exist, and this must be taken into account as a matter of urgency to universalize gender equality at national, regional and global levels.

21. Put in place strategies to focus on competencies for life.

In order to learn to solve problems and act, competencies have to be better defined, to assist with preventing HIV & AIDS, enhancing employability and active citizenship. Proven practices include conflict-resolution, peace-building and intensive reading and writing of meaningful materials [...].

[...]

23. Recognise the importance of teachers and trainers.

[...] Improved possibilities for in-service teacher education are needed. Moreover, working conditions, career paths and wages that make teaching attractive must be secured to reinforce teachers' status in society. Good management is needed to support teachers [...].

[...]

26. Promote alliances and partnerships at all levels.

[...] Incentives and appropriate legislation would help the effective functioning of better partnerships. Governments are encouraged to continue involving such stakeholders as students, teachers, parents, NGOs, media, social partners, including teachers unions, and other decision-makers. A cross-sectoral approach is desirable. The role of UNESCO as a leading agency to enhance quality education for all young people is essential [...].

APPENDIX E: Extracts of Messages from Ministers of Education to the 47th session of the ICE (Selection)

BENIN

La pandémie du VIH & sida constitue un souci majeur pour le Bénin. Nous affirmons que notre enseignement supérieur doit s'en préoccuper tant au niveau des actions de prévention que des travaux de recherche qui pourraient conduire à maîtriser cette pandémie.

Kémoko Osséni Bagnan

Ministre de l'Enseignement Supérieur et de la Recherche Scientifique

CAMEROON

L'objectif d'égalité implique d'assurer aux filles et aux garçons les mêmes conditions d'accès, de traitement et de résultats. Pour que cet objectif soit atteint, le système doit surmonter des contraintes internes à tout système éducatif, des contraintes liées aux inégalités économiques et sociales, aux discriminations d'origines diverses liées au genre, au milieu socioculturel et pour les pays du sud, aux discriminations liées à la pauvreté et aujourd'hui à la pandémie du sida.

Joseph Owona

Ministre de l'Education Nationale

GHANA

Attention is being focused on the identification and promotion of educational programs to assist in the prevention and engagement of HIV & AIDS. Courses in HIV & AIDS prevention, counselling, care, management and support are provided for teachers in pre-service and in-service training

Kwadwo Baah- Wiredu

Minister for Education, Youth and Sports

GUINEA

Par ailleurs, au moment même où nos pays doivent relever le défi de l'Education Pour Tous, ils restent un terrain propice à la propagation de graves maladies endémiques comme la tuberculose, le paludisme et particulièrement le VIH & SIDA

Galéma Guilavogui

Ministre de l'Enseignement pré-Universitaire et de l'Education Civique

LIBERIA

I was somehow taken aback recently on listening to my colleagues from other post-conflict countries (Sudan, Sierra Leone, Burundi, DR Congo, etc.), to hear that similar problems exist in their educational systems as obtain in ours such as the inroads being made by HIV & AIDS in these vulnerable situations...sexual abuse of girls; predominance of overage youths in school; the long periods of time that lapse before schools/universities open and re-open in these conflict and post conflict countries

Evelyn S. Kandaki

Minister of Education

MALAWI

Malawi as the host of the Guidance, Counselling and Youth Development Centre for Africa is collaborating with participating member states in strengthening guidance and counselling courses in the teacher training colleges to ensure that counselling services are accessible to all persons in the education sector especially HIV & AIDS orphans.

Yusuf Mwawa

Minister for Education and Human Resource Development

MOROCCO

L'éducation en vue du développement durable n'est pas simplement un nouveau thème qui, s'y ajoutant, viendrait compléter la panoplie des thèmes récemment introduits dans les programmes scolaires et qui vont de l'éducation à l'environnement à l'éducation au patrimoine culturel, en passant par l'éducation à la population, à la paix, à la tolérance, aux droits de l'homme, à la gestion de l'eau, à l'égalité des genres et à la lutte contre le VIH & sida. Il représente au contraire un bond qualitatif dans l'évolution de l'éducation.

Habib EL- MALKI

Ministre de l'Education Nationale, de l'Enseignement Supérieur de la formation des cadres et de la Recherche Scientifique

MYANMAR

One important step taken in basic education is the inclusion of life skills in the curriculum which covers health and prevention of HIV & AIDS and human rights.

U Than Aung

Minister for Education

NAMIBIA

In our efforts, to prevent HIV and AIDS and mitigate its effects on our young people, to decentralise educational services to communities, enhance community involvement, eradicate illiteracy especially among our rural population, and take advantage of the new technologies, we need to remember that it is not only what happens in the classroom that has an impact on young people's achievements, but also whether they are part of a learning society, with an integrated approach to learning – one that seeks synergies between different components of the education system

John Mutorwa

Minister for Basic Education, Sports and Culture

RWANDA

Les priorités clés du DSRP incluent les Objectifs de Développement International de l'EPT vers 2015 et la réduction de l'inégalité des sexes dans l'éducation; l'approvisionnement des manuels scolaires et des curricula appropriés à tous les niveaux du système éducatif; la formation d'enseignants plus spécialement au niveau du primaire; et la transmission d'une éducation au VIH & SIDA à tous les enfants dès le bas âge.

Mujawamariya Jeanne d'Arc

Secrétaire d'Etat Chargée de l'Enseignement Primaire et Secondaire

SEYCHELLES

It is also recognized as a potentially powerful means for achieving gender equality and mitigating against a range of ills that threaten humankind including HIV & AIDS and environmental degradation.

Danny Faure

Minister for Education and Youth

SIERRA LEONE

Those who have suffered most cannot be allowed to suffer the second time. Therefore, priority is given to skills, vocational and technical training such that they can also contribute meaningfully to the Development of Sierra Leone while we protect their health by the provision of adequate HIV & AIDS program.

Alpha Tejan Wurie

Minister of Education, Science and Technology

SWAZILAND

For those of us living in the Southern Africa region, delivery of a curriculum that fully equips our youth for the future is meeting with a number of obstacles. Our region has been identified as the epicenter of the HIV & AIDS pandemic [...] Once at school, the child needs to be provided with life-skills that will ensure avoidance of contracting the HIV virus, coping with the difficult socio-economic environment and being able to cope with the challenges of 21st century existence.

Constance T. Simelane

Minister of Education, Science and Technology

SWEDEN

The social dimension of sustainable development is about person-to-person relationships. This includes education that seeks to strengthen human rights, ethics, democracy and equal opportunities for women and men; it also includes education in the fight for good health, and against HIV & AIDS.

Thomas Ostros

Minister for Education and Science

TOGO

[...] mais pour accomplir ces missions, tout système éducatif doit avant tout relever les défis relatifs à l'accès, la qualité, la pertinence des apprentissages, l'inclusion sociale, la lutte contre le VIH & SIDA.

Kondi Charles Agba

Ministre de l'Enseignement Supérieur et de la Recherche

TRINIDAD and TOBAGO

For the out-of-school youth there is public education in the form of radio programs, which educate them on issues such as HIV & AIDS and parenting skills...

Hazel Manning

Minister of Education

APPENDIX F: Message of the Youth to the Ministers of Education

Reaffirming that education is a right of all and not only the privilege of a few;

Knowing that the education process promotes and stimulates the humanization of the individual;

Considering that education should always be linked to the social reality, that it is consequently affected by its problems and that it has a great potential to solve them;

Understanding that the bases of Quality Education are access, retention and performance;

We, the youth of different countries assembled at the 47th session of the International Conference on Education, held in Geneva from 8 to 11 September 2004, call on the Ministers of Education of the world to establish the achievement of Quality Education for All as a priority policy by adopting the following resolutions:

1. To provide poor students with means to have access to education, to keep on studying and to have a good performance at school, since a condition for the achievement of Quality Education is the inclusion of all children and youth, especially by eliminating gender disparities;
2. To assure a sufficient number of teachers in the education system, observing that those teachers shall be well trained and adequately paid;
3. To revise the content of the courses that is taught, in order to make them:
 - a) more useful for the lives of the youth;
 - b) more linked to our cultural and social realities;
 - c) up-to-date with the new information and communication technologies;
 - d) a source of encouragement for us to become active citizens;
4. To establish teaching practices that allow a greater interaction between the teacher and the student, so as to assure a constant monitoring of the teaching/learning process in order to quickly identify problems and to support students that may face difficulties;
5. To avoid an excessive number of students per class, so as to guarantee that the teacher can provide quality teaching and that the students can develop quality learning;
6. To focus on the learning process of each and every student, hence replacing the traditional focus on the teaching process and making teaching practices more dynamic;
7. To raise awareness on the importance of education for all and to publicize the stories of people who have overcome social exclusion by becoming educated;
8. To develop initiatives that increase the value that society attributes to the teacher and the teaching career;
9. To promote the exchange of experiences among countries, so that they can share the policies and actions that have been successful in achieving Quality Education;
10. To further the support given by developed countries to developing ones, in order to provide the latter with the means to achieve Quality Education;
11. **To enhance preventive education and to mobilize more funds in order to fight the pandemic of HIV & AIDS among youth;**
12. To give priority to education over military spending when allocating public financial resources;
13. To expand and improve the teaching of foreign languages, so that young people from all over the world can communicate among themselves and exchange ideas to build a peaceful world;
14. To establish mechanisms for the participation of the youth in the policy-making processes, therefore guaranteeing that they be heard by the institutions that work with education.

Dear Ministers, we fully hope and expect that all the above be taken into consideration and put into practice, so that the next International Conference on Education may have even more to celebrate.

APPENDIX G

Global Partnerships in HIV & AIDS Education Influence Attitudes and Help Save Lives Worldwide

In 1989, Jonathan Mann, the first head of the World Health Organization (WHO) Global Program on AIDS, addressed the World Congress of the International Federation of Free Teachers' Unions (IFFTU), one of the predecessors of Education International (EI). Before hundreds of teacher leaders from all over the world, he spoke on the impact of HIV & AIDS and mapped out what was to be expected in the coming decade. Despite their interest, many teacher trade unionists wondered whether Mr. Mann's words of warning really should be directed to them. Should he not be giving his presentation at a congress of medical doctors?

Fifteen years later, not one EI-affiliated teacher organization doubts that educators should be involved in the fight against the HIV & AIDS pandemic.

All are fully aware that they can and must play a crucial role in the prevention of HIV. This can be accomplished by sharing information with colleagues and students, raising awareness in the community and making skills-based health education an integral part of the curriculum.

Teachers' unions around the globe have adopted resolutions and policies on HIV. They have started disseminating information and made training programs on the virus part and parcel of their day-to-day work. In the United Republic of Tanzania, the Teachers Union decided that specific attention would be given to HIV and AIDS in all its meetings. Every issue of the monthly magazine of the South African Democratic Teachers Union features articles on HIV & AIDS and contributes to raise the awareness of the 210,000 Union members about the disease.

The education sector, like all other sectors in society, is heavily affected by HIV & AIDS. Teachers in Zambia and elsewhere in southern Africa are dying at a rate faster than those being trained; within the next ten years, one teacher in every five is expected to die. In Zimbabwe, with a teaching force of 108,000, almost one teacher in three lives with the virus. In Africa, teachers report that an ever-increasing number of schoolchildren are orphans, and in Ethiopia alone, there are more than 1 million orphaned children. Teachers also note that an increasing number of their pupils stop attending school because they have to run a household and take care of their younger brothers and sisters.

Education International unions organize millions of teachers, who have the best and largest organized profession worldwide. It is safe to say that teachers unions have members in almost all villages and hamlets—a tremendously fine network by all standards. The 315 national EI affiliates also organize 26 million workers from the education sector.

Teachers' organizations have long been identified with one single issue: salary demands and conditions of service. Obviously, these items remain high on their agendas, but many organizations are undergoing change and making a major step forward. They recognize that the focus on salaries and conditions of service alone is too narrow. An increasing number of unions are broadening their scope of action to focus on other issues.

Issues such as education policies, quality of education, the gender gap in education, and the relation between education and the labour market are coming to the fore. The new orientation is a challenge to unions to give their input on such key issues as "Education for All" and the future of education systems. And in that context, EI affiliates know that they can make a valuable contribution within the school system to the prevention of HIV.

Education International strongly supports and promotes this new orientation. It wants to provide the best service possible to its members, including in the area of HIV and AIDS. To achieve that goal, it had to build new coalitions to get the necessary expertise. On school health and HIV & AIDS prevention, the organization in the last decade has developed a close working relationship with WHO. Through WHO, links were established with the Centers for Disease Control and Prevention (CDC), the Education Development Center and others. A whole new network of partnerships was opened, and

these partners worked together to enable EI affiliates to develop their own "global" guidelines and recommendations for HIV-related policies, curricula and professional development.

Through regional seminars, union leaders gained knowledge and understanding to implement HIV-related policies for their unions and work with their respective Ministries of Health and of Education to strengthen national policies, curricula and training. A survey of actions undertaken by teachers unions showed a significant increase in the number of unions that developed such policies and worked with their Ministries to strengthen HIV-related efforts. The seminars also revealed that teachers lacked the necessary training and educational resources to implement effective prevention efforts.

Education International and WHO, therefore, agreed to continue to work in partnership to support unions at the national level. They worked with EI affiliates to create a school health/HIV-prevention training and resource manual.

The manual can be used by unions to train teachers to help adults avoid HIV infection, advocate for effective prevention efforts in schools, and help students acquire skills to avoid infection through regional seminars. At first, meetings between unions and ministries felt like strange encounters. Both showed hesitation. It took some time for these potential partners to get used to each other and overcome "natural" antagonisms. But nowadays, in many countries, the representatives of the ministries of health and education are part of the unions' HIV Steering Committee. They provide input, share information and seek ways and means to strengthen their working relationship at the national and local levels. The Ministry of Education in Rwanda provided study leave for all teachers to attend HIV training seminars organized by the unions, while in Senegal, its Ministry decided to finance the printing of a large number of training manuals to be used by the union. The Ministry of Health in Zambia provided medical experts for the union-led training program on HIV & AIDS.

Currently, Education International and WHO work together in Haiti, Guyana and 15 countries in Africa; other unions in Africa and in the Caribbean are getting involved as well. In essence, the focus of the program is on providing teachers and learners with the skills to prevent risk behaviour. It has become clear that knowledge alone is not enough; knowledge per se does not lead to changes in attitude and behaviour. Information and awareness-raising campaigns are important components in the fight against HIV & AIDS, but time and again practice shows that change can only be brought about through a systematic approach and a participatory learning process. Change in behaviour does not happen overnight, and teachers worldwide are fully aware of that. It is a process which demands perseverance from the educators, long-term commitment from the unions and, above all, sustainable partnerships between the stakeholders. Education International, WHO and their partners at the national level have shown that such partnerships can be successful. They have produced results that could not be achieved by one sector alone.

Wouter van der Schaaf
Education International coordinator

Education International is a worldwide trade union organisation of education personnel, whose 26 million members represent all sectors of education from pre-school to university. EI has 315 affiliates in 161 countries and territories.

Wouter van der Schaaf is the coordinator for the programs of Education International on Education for All and on HIV & AIDS. He started his career as primary school teacher in Amsterdam and has been working in the Dutch and International labour movement for 25 years.

in: UN Chronicle. Volume XLI, Number 1 2004. Reaching Out on AIDS

<http://www.un.org/Pubs/chronicle/2004/issue1/0104p49.asp>

<http://www.un.org/french/pubs/chronique/2004/numero1/0104p49.asp>

APPENDIX H

What is the EI/WHO/EDC Teacher Training Project to Prevent HIV Infection and Related Discrimination through Schools and Why is it Unique and Distinct from Many Other HIV & AIDS Related Efforts

Education International, World Health Organization, Education Development Center, Inc. July 2004

The EI/WHO/EDC Teacher Training Project to Prevent HIV Infection and related Discrimination through Schools is a project that is based on research that shows:

- programs that most effectively influence risk behaviour help people practice and acquire skills for prevention.
- the use of participatory learning experiences is recognized as one of the most effective ways to help people practice and acquire prevention skills.
- teachers require training to most effectively implement participatory learning experiences aimed at building skills for the prevention of HIV & AIDS

Since 1995, EI, WHO, and EDC have worked in partnership* on school health and HIV prevention. Together and with other partners, these organizations convened a Global Conference on HIV & AIDS Prevention for teachers unions followed by five inter-country workshops to build the capacity of teachers unions to work as full partners with their respective ministries of health and education. Throughout these efforts, in virtually every region, *the need to train teachers to address HIV & AIDS and advocate for effective intervention* dominated calls for action and support.

In 2000, in response to increased knowledge about what makes HIV & AIDS education programs effective and the calls for training, the EI/WHO/EDC Partnership began working with teachers unions in Africa to prepare the best possible training and support materials for teachers. That training is now going on in 17 countries, mostly in Africa, and is urgently needed in all countries to mitigate the impact of HIV & AIDS. The EI/WHO/EDC Partnership is seeking funding to continue, expand and enhance the Training Project and it will do so, to the extent of the resources. The more unions know about the Training Project, and why it is unique among other HIV prevention efforts, the greater the possibilities will become to obtain the resources necessary to train teachers and address the pandemic with seriousness and urgency it clearly deserves.

A CALL TO ACTION

Read the information in this short handout, use it in talks with potential partners and donors in your countries and beyond, and create a partnership with your health and education ministries and other agencies interested in preventing HIV & AIDS. There is much you can do on your own, using this information. As resources become available, through the fund raising efforts of the EI/WHO/EDC Partnership or through your own efforts, the Partnership will strive to provide training and material support, as well as technical, administrative, managerial and assessment assistance, to ensure the highest quality and effectiveness of the Project.

* The Partners:

Education International (EI), the largest global federation of teachers' unions, is a singular institutional means of reaching a major portion of the world's teachers. EI's 319 affiliated teachers unions in 162 countries *represent more than 29 million teachers and workers* in the education sector. EI is headquartered in Brussels with regional offices in Togo, Malaysia, Fiji, St. Lucia and Costa Rica. E.I. provides unparalleled access to the world's teachers through its affiliates and their international and national administrative structures and communication channels.

WHO's School Health/Youth Health Promotion (WHO/SHP) is part of WHO's Department of Chronic Diseases and Health Promotion. It provides the public health and science background, strategic and programmatic planning and access to Members States' ministries of health and education through its Regional and country representatives.

Education Development Center, Inc. (EDC) is a not-for-profit, international NGO with country offices across the world. Its Health and Human Development Program (EDC/HHD) serves as the WHO Collaborating Center to Promote Health through Schools and Communities. EDC/HHD provides technical expertise in behavior change, social science, teacher education and training, materials and curriculum development. It works to rapidly transfer the most up-to-date social science and educational research on effective behavior change strategies, as well as research on teacher development, to health and education agencies worldwide.

WHAT IS THE NATURE AND SCOPE OF THE TEACHER TRAINING PROJECT

The nature and scope of the Teacher Training Project can be quickly and easily understood by examining the content of the EI/WHO/EDC Teachers' Exercise Book for HIV Prevention. This book is available to everyone, at no charge, on the EI, WHO and EDC websites (www.ei-ie.org, www.who.org and www.edc.org). The book contains **participatory learning activities** that were designed by teachers, working in collaboration with health and training experts, to prevent HIV infection and related discrimination. With these activities, you can help adults and students develop skills relevant to HIV & AIDS prevention. Each activity contains information that you can use to help other teachers learn to implement these activities, too. You can achieve much more by working with others than by working alone.

There are **three sets of learning activities** in this booklet. Each set is designed for a specific target group with specific purposes.

- I. Five participatory learning activities to help adults avoid HIV infection.**
 1. Understanding HIV & AIDS
 2. Would you take that risk?
 3. Why we take risks
 4. Developing skills to protect ourselves
 5. Practicing effective condom use

- II. Three participatory learning activities to help adults and young people advocate for effective HIV prevention efforts in schools.**
 1. Using role plays to develop advocacy skills
 2. Thank you for your question: Brainstorming and peer feedback
 3. Breaking the silence: Advocating for HIV & AIDS education in schools

- III. Sixteen participatory learning activities to help students acquire skills to prevent HIV infection and related discrimination.**

For young children:

1. Fundamental skills for healthy interpersonal communication
2. Practical and positive methods for dealing with emotions and stress

For pre-adolescents:

1. Skills for communicating messages about HIV prevention to families, peers and members of the community
2. Skills for communicating clearly and effectively a desire to delay initiation of intercourse
3. Skills related to help-seeking and for interviewing to increase knowledge about sexuality
4. Skills for communicating about sexuality with peers and adults
5. Skills for critical thinking about consequences of making decisions
6. Skills for problem-solving to make healthy decisions in life
7. Skills for communicating to refuse to have sexual intercourse
8. Skills for expressing empathy toward a person who is infected or has AIDS
9. Skills for talking about sexual behaviour and personal issues confidently
10. Skills for maintaining a personal system of values independent of peer pressure

For adolescents:

1. Skills for assessing risk and negotiating for less risky alternatives
2. Skills for appropriate use of health products (e.g., condoms)
3. Skills for identifying sources that provide help for substance abuse
4. Skills for identifying where condoms can be obtained

TRAINING IS ESSENTIAL

The learning activities in the EI/WHO/EDC Teachers' Exercise Book for HIV Prevention address a logical order of teacher training needs:

- Before teachers can expect to help other adults and students avoid HIV infection, they will need to examine their own vulnerability to infection, their own knowledge of the disease and its spread, and their own attitudes toward helping others, especially students, avoid infection. *The first set of learning activities above addresses this need.*
- Before teachers can expect to implement effective HIV prevention efforts in schools, they will need to justify their intent and convince administrators, teachers, parents and members of their community that HIV prevention through schools is appropriate and essential to the welfare of their children, their families and their nations. *The second set of learning activities above addresses this need.*
- Before teachers can expect to help students acquire the skills needed to prevent HIV infection, teachers themselves will need to acquire skills to use participatory learning activities to enable their students to acquire prevention skills. *The third set of learning activities above addresses this need.*

For these reasons, every effort must be made to ensure that teachers are *actually trained* to use the activities in the book.

HOW IS THE EI/WHO/EDC TEACHER TRAINING PROJECT UNIQUE AND DISTINCT FROM OTHER HIV & AIDS PREVENTION EFFORTS?

In seeking support for teacher training, it is important to explain the unique qualities of the Training Project to trainers, teachers and others who are involved in health, education and HIV prevention. Use this handout when visiting organizations to explain the overall nature and scope of the Project. In addition, consider making the following points about the Project as a way of describing its unique purpose and qualities.

- Studies of HIV & AIDS education programs show that the most effective programs help people practice and acquire skills for prevention. Furthermore, the use of participatory learning experiences is recognized as one of the most effective ways to help people acquire skills.
- In inter-country workshops held by the EI/WHO/EDC Partnership, union members repeatedly noted that teachers require training to implement participatory learning experiences aimed at skill building for HIV prevention.
- Skills *directly relevant* to the prevention of HIV infection and related discrimination were used as the basis for developing the EI/WHO/EDC Teacher's Exercise Book on HIV Prevention.
- The activities in the EI/WHO/EDC Teacher's Exercise Book on HIV Prevention were developed by teachers working in collaboration with health and training experts to ensure that the activities are teacher-friendly and suited to helping adults and young people acquire skills for HIV prevention.
- The activities in the EI/WHO/EDC Teacher's Exercise Book on HIV Prevention offer a unique approach to HIV prevention among the many other projects focused on HIV prevention because they are specifically designed to enable *teachers* to use participatory learning experiences to help: 1) other teachers and adults *avoid HIV infection*; 2) other teachers, adults and students *advocate for effective HIV prevention efforts* in their communities and schools; and 3) students (young children, pre-adolescents and adolescents) to obtain the skills needed to prevent HIV infection and related discrimination.

In summary, the primary focus of the Training Project is skill building. The primary aim is to ensure that teachers receive the actual "training" they need to use the activities in the Teacher's Exercise Book on HIV Prevention. By clearly describing the *unique qualities* of the Training Project, and marketing the Project as unique among other HIV-related programs, you and your partners may be able to generate increased support and cooperation from local and national education and health officials, as well as agencies interested in school health and HIV prevention.

APPENDIX I : Accelerating the Education Sector Response to HIV & AIDS in Africa

Education is one of the most effective preventive approaches against HIV & AIDS, and can help ensure that school age children, who have the lowest rates of infection of any age group, can grow up free of infection. But at the same time, the HIV & AIDS epidemic is damaging the education systems which can provide this “social vaccine”, by killing teachers, by increasing rates of teacher absenteeism, and by creating orphans and vulnerable children who are less likely to attend school and more likely to drop out. Young people, particularly girls, who fail to complete a basic education are more than twice as likely to become infected, and the Global Campaign for Education has estimated that some 7 million cases of AIDS could be avoided by the achievement of EFA.

The education sector has a central role in the multi-sectoral response to HIV & AIDS. But current evidence shows that the education sector response by both countries and agencies has often been slow and inadequate. This does not appear to reflect a simple lack of resources: although the overall resource envelope may be inadequate, those resources that are currently available (e.g. from the World Bank Multi-Country AIDS Program and from the Global Fund) are underutilized by the education sector. Indeed, few education systems have begun to address HIV & AIDS systematically and many countries have yet to develop a formal strategy for an education sector response to HIV & AIDS.

At the request of countries affected by HIV & AIDS, the UNAIDS Inter Agency Task Team for Education was established as a mechanism for coordinating action on AIDS and education among the UNAIDS co-sponsors, bilateral donors and Civil Society. In 2002, the IATT established a Working Group with the specific operational aim of helping countries to “*Accelerate the Education Sector Response to HIV & AIDS in Africa*”. Working with country teams, the Working Group identified four key areas for support: donor coordination, leadership in the education sector, capacity building, and sharing of information on good practices in sectoral responses to HIV & AIDS.

Key elements of this activity are sub-regional and national workshops that bring together education, health and AIDS teams to share good practices and develop more effective strategies that result in implementation at the school level. The workshops are a point of entry for dialogue to: promote sectoral leadership; identify gaps in knowledge and build capacity; share information and build networks; strengthen stakeholder coordination; and identify new resources for the education sector.

Since November 2002, education teams from 29 countries and 42 states or provinces in Africa have sought the assistance of the Working Group to assist them in undertaking situation analyses, and strengthening education sector strategies, policies and work plans. The work has focused on four key thematic areas: management and planning, prevention, workplace policy and ensuring education access for orphans and vulnerable children.

Key outcomes since 2002 include

Increased information sharing and network building. AIDS and Education information networks have been established in East, Central and Lusophone Africa, and a new network is being created in West Africa in 2004. Case studies of 14 programmatic examples of good practice have been prepared by country teams, and regional peer reviewers have identified 24 core documents on HIV & AIDS and education. These have been translated into English, French and Portuguese, and over 75,000 copies have been distributed to education policy makers and practitioners in sub-Saharan Africa.

Strengthened sectoral leadership and increased technical capacity. Full time HIV & AIDS advisors to the Minister of Education have been appointed by some countries (e.g. Mozambique) while others have established specific education sector HIV & AIDS Units (e.g. Nigeria, Ethiopia and Zambia). The Nigerian Federal Unit has developed the capacity of the National Institute of Education Planning and Administration to train HIV & AIDS focal points for each State – so far 14 State teams have been trained, serving a population of 60 million, with plans to support all 36 States in the coming year.

Strengthened donor coordination and reduced transaction costs for countries. More than 20 agencies, bilateral donors and civil society organizations have worked together to provide technical and financial support to participating countries. By focusing their efforts within a single working group they have optimized the time spent in training and workshops, and ensured harmonization and synergy.

Increased access to external financial resources. The education teams have worked with National AIDS Commissions to increase their share of resources available for the multisectoral response to HIV & AIDS, and with external donors to increase resources for HIV & AIDS through education sector projects. The scale of this support can be substantial: in Eritrea resources to the sector have almost trebled, while in Nigeria nearly half of the States have access for the first time to AIDS resources.

Greater impact at the school level. Participating countries have translated their central policies into actions that benefit teachers and school children. For example, in Eritrea peer education has become a weekly reality in all schools in 4 of the 5 provinces, in Zambia an annual school plan is being used to roll out HIV & AIDS and school health interventions in 4000 primary schools, and in Mozambique the Direct Grant to over 8000 primary schools has been supplemented to allow each school to develop an HIV & AIDS prevention program.

Any country in Africa can join this effort to Accelerate the Education Sector Response to HIV & AIDS.

For more information on past and planned activities please visit: www.schoolsandhealth.org or contact the Coordinator of the Working Group dbundy@worldbank.org

APPENDIX J. About the Multi Country HIV & AIDS Program (MAP)

(From: <http://www.worldbank.org/afr/aids/map.htm>)

In September 2000, the Bank launched the **Multi-Country HIV & AIDS Program for Africa (MAP)**. The MAP addresses the short-comings that are summarized below by committing substantial IDA resources and leveraging co-financing on a country-by-country basis through the International Partnership Against AIDS in Africa (IPAA)

MAP made an initial amount of US\$500 million in flexible and rapid funding available to African countries to assist in scaling up national HIV & AIDS efforts. The Bank also approved an additional US\$500 million in IDA financing in 2002 for the second stage of the Multi-Country HIV & AIDS Program (MAP) for Africa.

So far, **28 African countries** and three regional programs have received **US\$1,088.2 million** within the MAP approach and MAP projects are being prepared in another ten countries and for regional programs.

Most Sub-Saharan African countries have strategic plans and ongoing AIDS prevention programs. While some countries in Sub-Saharan Africa have made progress in reversing the spread of the epidemic most have not, despite having national HIV & AIDS programs.

Their efforts have fallen short for five principal reasons:

1. they have been inadequately financed
2. there has been inadequate government commitment and leadership;
3. support from governments and the international community has been too slow, especially for scaling up programs, often developed by NGOs, that have proven effective;
4. not enough resources have reached communities;
5. programs have been too narrowly focused on the health sector.

The overall development objective of the MAP is to dramatically increase access to HIV & AIDS prevention, care, and treatment programs, with emphasis on vulnerable groups (such as youth, women of childbearing age, and other groups at high risk). The specific development objectives of each individual country project, as stated in the national strategic plans, provide the basis for this program and are agreed upon at the time of appraisal of the national projects. A key feature of the MAP is direct support to community organizations, NGOs, and the private sector for local HIV & AIDS initiatives.

MAP Approach

The emphasis of the new approach, due to the nature of the epidemic, is on speed, scaling up existing programs, building capacity, "learning by doing" and continuous project rework, rather than on exhaustive up-front technical analysis of individual interventions. The new approach relies on immediate monitoring and evaluation (M&E) of programs to determine which activities are efficient and effective and should be expanded further and which are not and should be stopped or benefit from more capacity building. Funding "good" programs quickly is more important than funding "best practices" with delay which results in even more HIV & AIDS victims.

The MAP approach represents the first phase of a long-term World Bank commitment to support the national mobilization of Sub-Saharan African countries against the HIV & AIDS epidemic. In its design, the MAP is unprecedented in its flexibility and coverage.

Country programs are designed to:

1. Empower stakeholders with funding and decision-making authority;
2. Involve actors at all levels, from individuals and villages to regions and central authorities;
3. Provide support to the public and private sectors and in civil society; and
4. Encompass all sectors and the full range of HIV & AIDS prevention, care and support, and mitigation activities.

UNAIDS, as a cosponsored programme, unites the responses to the epidemic of its nine cosponsoring organizations and supplements these efforts with special initiatives. Its purpose is to lead and assist an expansion of the international response to HIV & AIDS on all fronts. UNAIDS works with a broad range of partners – governmental and nongovernmental, business, scientific and lay – to share knowledge, skills and best practices across boundaries.

UNAIDS CO-SPONSORS

For 58 years, the **United Nations Children's Fund (UNICEF)** has been working with partners around the world to promote the recognition and fulfilment of children's human rights. This mandate was established in the Convention on the Rights of the Child, and is achieved through partnerships with governments, nongovernmental organizations and individuals in 162 countries, areas and territories. UNICEF brings to UNAIDS this extensive network and its ability for effective communication and advocacy. UNICEF's priorities in addressing the AIDS epidemic include prevention among young people, reducing mother-to-child transmission and caring for and protecting orphans, vulnerable children, young people and parents living with HIV or AIDS.

The **World Food Programme (WFP)** is the world's largest humanitarian agency. It helps poor households affected by hunger and AIDS by using food aid and other resources to address prevention, care and support. WFP's food assistance helps keep parents alive longer, enables orphans and vulnerable children to stay in school, permits out-of-school youth to secure viable livelihoods and enables tuberculosis patients to complete their treatment. WFP works in partnership with governments, other United Nations agencies, nongovernmental organizations and communities and helps people—regardless of their HIV status—who lack adequate food to secure nutrition and food security.

The **United Nations Development Programme (UNDP)** is a development agency with strong country presence. Its role is to promote an enabling policy, legislative and resource environment which helps create an effective response to AIDS. UNDP supports countries in placing AIDS at the centre of national development agendas; promotes government, civil society, private sector and community leadership; helps countries to develop capacity for action as well as to plan, manage and implement responses to the epidemic. UNDP also works to ensure that women and people living with HIV are empowered and directly involved in the response to AIDS.

UNFPA, the United Nations Population Fund, builds on over three decades of experience in reproductive health and population issues by focusing its response to the epidemic—in over 140 countries—on HIV prevention among young people and pregnant women, comprehensive male and female condom programming and strengthening the integration of reproductive health and AIDS. UNFPA further contributes through meeting the reproductive health rights and need of HIV-positive women and adolescents, promoting voluntary counselling and testing as well as services which prevent mother-to-child HIV transmission, improving access to HIV and AIDS information and education and to preventive commodities, including those needed in emergency settings. It also provides demographic and socio-cultural studies to guide programme and policy development.

The **United Nations Office on Drugs and Crime (UNODC)** is responsible for coordinating and providing leadership for all United Nations drug control activities, and for international cooperation in preventing and combating transnational crime and terrorism. In this context, UNODC supports comprehensive approaches to HIV prevention and care among injecting drug users. In prison settings, UNODC assists in implementing international instruments, norms and standards, which ensure that all inmates receive health care, including for HIV and AIDS. UNODC helps governments to combat people trafficking, and provides guidance to reduce trafficked victims' health consequences, particularly from HIV infection and AIDS.

The **International Labour Organization (ILO)** promotes decent work and productive employment for all, based on principles of social justice and non-discrimination. The ILO's contribution to UNAIDS includes: its tripartite membership, encouraging governments, employers and worker to mobilize against AIDS; direct access to the workplace; long experience in framing international standards to protect the rights of workers; and a global technical cooperation programme. The ILO has produced a Code of Practice on HIV & AIDS and the world of work—an international guideline for developing national and workplace policies and programmes.

Within the UN system, the **United Nations Educational, Scientific and Cultural Organization (UNESCO)** has a special responsibility for education. Since ignorance is a major factor in the AIDS epidemic, prevention education is at the top of UNESCO's agenda. Education is needed to make people aware that they are at risk or vulnerable, as well as to generate skills and motivation necessary for adopting behaviour to reduce risk and vulnerability and to protect human rights. UNESCO works with governments and civil society organizations to implement policies and programmes for prevention education, and to mitigate the impact of AIDS on education systems.

The objective of the **World Health Organization (WHO)** is the attainment by all peoples of the highest possible level of health. Its work in HIV and AIDS is focused on the rapid scale up of treatment and care while accelerating prevention and strengthening health systems so that the health sector response to the epidemic is more effective and comprehensive. WHO defines and develops effective technical norms and guidelines, promotes partnership and provides strategic and technical support to Member States. The Organization also contributes to the global AIDS knowledge base by supporting surveillance, monitoring and evaluation, reviewing the evidence for interventions and promoting the integration of research into health service delivery.

The **World Bank's** mission is to fight poverty with passion and professionalism. To combat AIDS, which is threatening to reverse the gains of development, the Bank has committed more than US\$2 billion for HIV and AIDS projects worldwide. Most of the resources have been provided on highly concessional terms, including grants for the poorest countries. To address the devastating consequences of AIDS on development, the Bank is strengthening its response in partnership with UNAIDS, donor agencies and governments. The Bank's response is comprehensive, encompassing prevention, care, treatment and impact mitigation.