

# **THE IMPACT OF THE AIDS EPIDEMIC ON TEACHERS IN SUB-SAHARAN AFRICA: A FURTHER UPDATE**

**PAUL BENNELL**  
**Knowledge and Skills for Development, Brighton, UK**

It is still widely anticipated that the AIDS epidemic will have a devastating impact on the education sector in Africa. Faced with this impending crisis, leading experts have called for a 'transformation' in the functioning of schools and the mainstreaming of HIV/AIDS in education sector support by aid donors. Numerous reports and articles state that the number of teachers dying from AIDS-related illnesses continues to increase very rapidly and that this is causing serious shortages of teachers. For example, it has been recently reported that that one in nine teachers in Mozambique were expected to die in 2008 alone<sup>1</sup>.

Teachers continue to be regarded as a relatively 'high-risk' group. Projections of teacher mortality made by impact assessments estimate that, in the high HIV prevalence countries, 4-6% of all teachers will die each year from AIDS-related illnesses in 2009-10. In response to this threat to education provision, enrolments in teacher training colleges have been significantly increased in some countries (for example, Zambia).

What is striking though is that the evidence base for these assertions and predictions remains so weak. Assessments of the impact of the AIDS epidemic on the education were commissioned in a number of African countries during the early 2000s (Botswana (2), Malawi, Mozambique, Namibia, Rwanda, South Africa, Swaziland, Uganda, and Zimbabwe) but, surprisingly, only one (in Swaziland)<sup>2</sup> has been undertaken since then. Apart from South Africa<sup>3</sup>, no comprehensive risk assessment of the teaching profession (including voluntary anonymous HIV testing) has ever been undertaken in an African country. This paucity of accurate information about the impact of the epidemic on teachers in Africa has serious implications for teacher policy.

Teacher mortality is the most serious consequence of the epidemic for teachers and thus the overall provision of education in Africa. The table below summarises the available information on teacher mortality (from all causes) in 13 high-medium HIV prevalence countries in Africa. What is most noticeable is that mortality rates are not only generally low (both in absolute terms and in relation to projected rates), but have been stable or declining in most countries during the last five years or so. Only Mozambique (and possibly Zimbabwe) seem to be exceptions.

---

1. Mortality rates of similar magnitudes have been reported at various times for other countries. For example, in Malawi in 2003, the BBC World Service reported that one in seven teachers would die of AIDS in that year.  
2. See Abt 2001a, 2001b, 2002a and 2003, Bennell, 2001, 2004, 2005, Kadzamira 2001, Hyde, 2001, Verde Azul 2003, HDA 2003, and MTK Consulting 2000.  
3. See HSRC, 2003.

**Teacher mortality rates in selected high HIV prevalence countries, 1998-2007**

Country	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Botswana*		0.7	0.7	0.8	0.9	0.7	0.7	0.8		
Kenya*		0.6					0.4			
Lesotho*							1.1			
Malawi*	1.0	0.9			2.4		1.8			1.5
Mozambique			0.7		0.8		1.2			
Namibia	0.5			1.5			0.6	0.4	0.3	0.3
Rwanda			0.3							0.05
South Africa**	0.5		1.0		0.9	0.9				
Swaziland			0.4				1.0	0.9		
Tanzania			0.8	0.9	0.8	0.8		0.5		
Uganda*		0.9				0.7	0.7			0.4
Zambia	2.8		2.0	2.1	1.7		1.9	1.5	0.9	1.0
Zimbabwe		0.4	0.9	1.0						

*Note:* \*primary school teachers only. The total number of deaths among secondary school teachers in Botswana fell from a peak of 59 in 2000 to 40 in 2006; \*\*Kwazulu-Natal Province only.

*Source:* Bennell 2006; Ministry of Education records; Shinkolo 2007.

These mortality levels and trends are likely to be due to a combination of two factors, namely declining HIV prevalence and increasing access to anti-retroviral medication among teachers. It is quite possible that teachers have reduced their levels of high-risk sexual behaviour. While no surveys have been undertaken over time of the sexual behaviour profile of teachers, it is the case that teacher mortality rates in high HIV prevalence countries in Africa have been consistently much lower than the adult population as whole. For example, in Swaziland, in 2003, if teachers had had the same pattern of mortality rates as the rest of the rural adult population then, given the age profile of teachers, one would have expected 465 teachers to have died in that year. The actual figure was only 63. In the two countries (South Africa and Namibia) where large numbers of teachers have been tested for HIV, prevalence rates are appreciably lower than for the population as a whole. A partial risk assessment was undertaken in five of the 13 regions in Namibia in 2008. Nearly 2,000 teachers were tested on a voluntary, anonymous basis. The overall HIV prevalence rate was 6% compared to an estimated national rate for the 15-49 population of 17.8%<sup>4</sup>. In South Africa, the corresponding percentages were 12.7% and 21.5% in 2004.

It is also the case that HIV positive teachers have increasingly been able to access anti-retroviral medication when they have needed to. Most teachers in the Southern African (which have the highest prevalence rates in the world) are members of public sector medical aid schemes and have been able to access these drugs for some years. Botswana is a prime example with ARTs first being made available in 1998 (despite their very high costs at that time). The number of teachers accessing these drugs through the public service medical scheme increased from less than 50 in 1998 to over 1,400 in mid 2007 (around 6% of teachers). The MoE in Zambia introduced a comprehensive testing and treatment regime for teachers in 2003. After a slow start, by 2007, 4,065 teachers were accessing ARTs (around 8% of all teachers in government

4. The prevalence rate for all teachers in Namibia is likely to be considerably lower than six percent because the five selected regions have among the highest HIV prevalence rates in the country and individuals wanting to be tested may be more likely to have engaged in high risk behaviour.

schools). In Malawi, the number of teachers accessing ARTs increased from 451 in January 2002 to 1,850 (3.5% of total teachers in post) by September 2006 (see Makombe et al, 2007). The much increased nationwide availability of ARTs during the last three years (particularly as a result of PEPFAR funding) means that treatment is now likely to be available for all affected teachers in all high prevalence countries. Given the effectiveness of these drugs, it is hardly surprising that teacher mortality rates among teachers are now low and declining.

For a long time, the evidence on low and declining mortality among teachers was not generally accepted, especially by the HIV/AIDS policy community. However, this has begun to change in the last two-three years as it becomes increasingly clear that schooling systems are not being massively affected by teacher absenteeism and deaths. For example, Risley and Bundy have revised their earlier impact projections. They state that ‘in SSA, the 2006 (projected) costs of the impact (of the epidemic) on education are less than one-half those estimated in 2002, reflecting reductions in HIV prevalence and better understanding in HIV epidemiology’ (Risley and Bundy, 2007, p.1). Michael Kelly, who, for many years, has highlighted the serious consequences of very high and increasing levels of teacher mortality, has also recently concluded that ‘while the epidemic continues to have major impacts within the education sector, it is not causing as much turbulence as had earlier been anticipated in terms of morbidity and mortality (of teachers)’ (see Kelly, 2008, p.9).

June 2009

## REFERENCES

- AbT Associates .2001a. 'Impacts of HIV/AIDS on the South African Education Sector: Summary', Mimeo, AbT Associates, Johannesburg.
- AbT Associates. 2001b. Impact of HIV/AIDS on the education sector in Botswana. Mimeo, AbT Associates, Johannesburg.
- AbT Associates. 2002a. Impacts (*sic*) of HIV/AIDS on Education in Namibia. Mimeo, AbT Associates, Johannesburg.
- AbT Associates. 2003. The Impact of HIV/AIDS on the Education Sector in Zimbabwe. Mimeo, AbT Associates, Johannesburg.
- Bennell, P.S., Chilisa, B., Hyde, K., Makgothi, A., Molobe, E. and L. Mpotokwane. 2001. The Impact of HIV/AIDS on Primary and Secondary Schooling in Botswana: Developing a Comprehensive Strategic Response. *DFID Education Research Series*, No.47, London.
- Bennell P. 2008. Teacher supply and demand in Botswana. Ministry of Education, Gaborone.
- Bennell, P.S. 2008. Teacher supply and demand for primary and secondary schooling in Namibia. Ministry of Education: Windhoek.
- Bennell P. 2006. Teacher mortality in sub-Saharan Africa: an update. KSD, Brighton.
- Bennell P. 2005. Countering the impact of the AIDS epidemic on schooling in Swaziland. World Bank, Washington D.C. mimeo.
- Health and Development Africa. 2003. The Impact of HIV/AIDS on the Education Sector in Rwanda, Mimeo, Health and Development Africa, Johannesburg.
- Human Resources Research Council. 2003. South Africa
- Hyde, K., Ekatan, A., Kiage, P. and C. Barasa. 2002. 'The impact of HIV/AIDS on formal schooling in Uganda.' Centre for International Education, University of Sussex, Brighton.
- Kadzamira, E.C., Swainson, N., Maluwa Banda, D. and A. Kamlongera. 2001. The Impact of HIV/AIDS on Formal Schooling in Malawi. Centre for International Education, University of Sussex, Brighton.
- Kelly, M. 2008. Gender, HIV/AIDS and the status of teachers. Paper presented at the Third Commonwealth Teacher Research Symposium, Maputo, 19 February.
- Makombe, S.D., A. Jahn, H. Tweya, S. Chuka, J. Kwong-Leung, M. Hochgesang, J. Aberle-Grasse, L. Thambo, E.J. Schouten, K. Kamoto and A.D. Harries. 2007. A national survey

of teachers on antiretroviral therapy in Malawi: retention in therapy and survival.  
PubMed Central, vol. 2, no. 7, 2007.

MTK Consulting. 2000. Impact Assessment of HIV/AIDS on the Education Sector in Swaziland.  
MTK Consulting, Mababane.

Risley C. and Bundy D. 2007. Estimating the impact of HIV/AIDS on basic education. Mimeo.  
University of London.

Verde Azul Consultants. 2001. Assessment of the impact of HIV/AIDS on the education sector  
in Mozambique'. Mimeo, Verde Azul Consultants, Maputo.