

AIDS and education

The planner's perspective



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Introduction

In the past 20 years, HIV and AIDS have been rightly considered the world's most devastating epidemics, particularly in Sub-Saharan Africa. In severely affected countries, HIV and AIDS have reversed decades of health, economic and social progress: they have reduced life expectancy quite dramatically in some countries, slowed economic growth, worsened poverty and created a growing human capacity crisis. They have also undermined the operation of the education system and affected its quality.

Thanks to numerous efforts at national and international levels, achievements are being recorded in response to the pandemic. The development of antiretroviral therapy, a real scientific breakthrough, has helped lower the number of AIDS-related deaths. An unprecedented mobilisation of funds has made it possible to broaden access to treatment, organise prevention education programmes, and set up counselling and testing services in many countries. There is some evidence that the prevalence rates are beginning to stabilise, and even decline, in a few countries. The number of new infections is also starting to decline. Action is beginning to pay off.

Yet, in 2007, there were still 33 million people living with AIDS in the world, and only one person out of four that needed treatment in low- and middle-income countries was actually receiving antiretroviral therapy. In most countries of Sub-Saharan Africa, fewer than 10% of those who need treatment have access to it. No vaccine is in sight, and the epidemic remains largely out of control.

Achievements

Over the past ten years, ministries of education have made considerable progress towards institutionalising a response to the pandemic. HIV and AIDS management structures have been put in place in several ministries; HIV and AIDS strategic plans have been developed for the education sector; information on HIV and AIDS has been integrated into the curricula of primary and secondary schools, particularly in high-prevalence countries; HIV and AIDS are mentioned as a key issue in the education sector plans and in the education chapter of several poverty reduction strategies. Last, but not least, HIV and AIDS appear on the agenda of many ministers' meetings, and large-scale surveys in the education sector are, for the first time, attempting to measure the scale of the impact of the epidemic.

Challenges

Nevertheless, HIV and AIDS may very well not be at the centre of the preoccupations of ministries of education and civil societies. The impression sometimes given is that the problem is no longer one of urgency and can even be resolved through providing treatment. HIV and AIDS are once again becoming essentially a health issue. With the preparation and publication of HIV and AIDS strategies and the nomination of an AIDS focal point within the education sector, it is considered that the problem is sufficiently addressed. Senior officials then increasingly concentrate on what they believe to be more burning issues, such as the expansion of secondary education, the abolition or the level of fees, and the organisation of technical and vocational education.

The epidemic is not over, however, and much remains to be done in education to address the problem.

- Policy documents and guidelines, where they exist, have been unevenly distributed in districts, schools and colleges. Many heads of schools and institutions have not read them and therefore do not implement them.
- Funds for HIV and AIDS do not always reach schools and the intended beneficiaries. Most education sector plans, yearly action plans and education budgets do not include specific programmes or budget lines to cover HIV and AIDS.
- Prevention education is not always implemented at school level. Teachers – many of whom are unqualified – have only been trained in AIDS education through very short courses. Materials are not available at classroom level. Teachers do not feel at ease teaching such subjects.
- Independently of HIV and AIDS, the quality of education is low: pupils' reading levels are such that they have difficulty reading the materials provided. Supervisors rarely visit schools. Teacher absenteeism is high and is exacerbated by problems related to HIV and AIDS.
- Young women and girls are disproportionately affected by HIV and AIDS due to high gender inequalities, cultural traditions and violence in the home, at school and in society.
- Orphans and poor and vulnerable children represent a high proportion of the school-age population in some countries. Programmes that concern these young people are still few and far between. Many such children run the risk of not being able to attend school due to costs and other reasons.



- Related stigma within society remains very strong, driving the epidemic underground, and thereby preventing the implementation of an effective response. There has never been any serious political or programmatic commitment to doing anything about it.
- Too often emergency ad hoc responses predominate, whereas sustained actions in the framework of long-term comprehensive planning are needed if there is to be a lasting impact.

Some of the problems mentioned above require a change in cultural norms and long-standing habits. Such changes cannot be effected immediately, nor can they be implemented by one single ministry or the public sector alone. It is necessary to continue addressing them through education programmes and different media in partnership with many players. Progress is slow, but advocacy and commitment on the part of the leadership can do a lot to move in the right direction. Other problems are more management related and have to be addressed by planners and managers at different levels of the system.

Priority actions

Urgent steps need to be taken by decision-makers and managers; these actions are outlined below.

1. Expand access to quality education, which includes prevention education.
2. Pay attention to teachers.
3. Work in partnership with different players.
4. Monitor the impact of the pandemic on education systems and inform policies.
5. Mainstream HIV and AIDS-related activities in Education For All (EFA) initiatives and set aside proper resources in the framework of education development plans.

Expanding access to quality education

In the absence of a cure and a vaccine, prevention is the most cost-effective response to the epidemic. Education contributes to a number of factors that reduce vulnerability to HIV: it equips young people with skills to read information materials; it develops self-confidence and critical thinking; it contributes to postponing the age of marriage (or the age of first sexual relations), and where there is sexual activity, it encourages the use of protection; and last, but not least, it empowers girls.

To mitigate the impact of HIV and AIDS, educational managers have to first emphasise access to quality education for all children and youth until the end of primary education, and preferably beyond to secondary level: educating a population is the best way to respond to the epidemic. An education that emphasises the four pillars – learning to know, learning to do, learning to be and learning to live together (UNESCO, 1996) – is the one most likely to reduce vulnerability, to provide a good basis on which to develop HIV and AIDS education, and to be able to fight stigma and discrimination.

AIDS education is to be introduced in all curricula. Experience shows that it is difficult to teach about HIV – a sensitive subject – in

schools and classrooms that do not provide conditions conducive to successful teaching and learning. Teachers are asked to teach programmes for which they are largely unprepared. They often feel embarrassed, focus on scientific information, and overlook issues such as values, attitudes and behaviours. Moreover, HIV and AIDS education is often added to an already overloaded curriculum, which does not sufficiently challenge the existing cultural norms nor adequately address issues of stigma and discrimination (IBE-UNESCO, 2006).

A successful integration of HIV and AIDS education into the curriculum requires that sufficient time be allocated to it throughout primary and secondary education. HIV and AIDS may be taught as a stand-alone subject or integrated (mainstreamed) into some specific subjects such as biology and civics education. Attention needs to be paid not only to the transfer of knowledge, but also to the necessary life skills to deal with daily problems and situations. Peer education is an extremely helpful complement to school-based programmes, but it cannot substitute for teacher-based education.

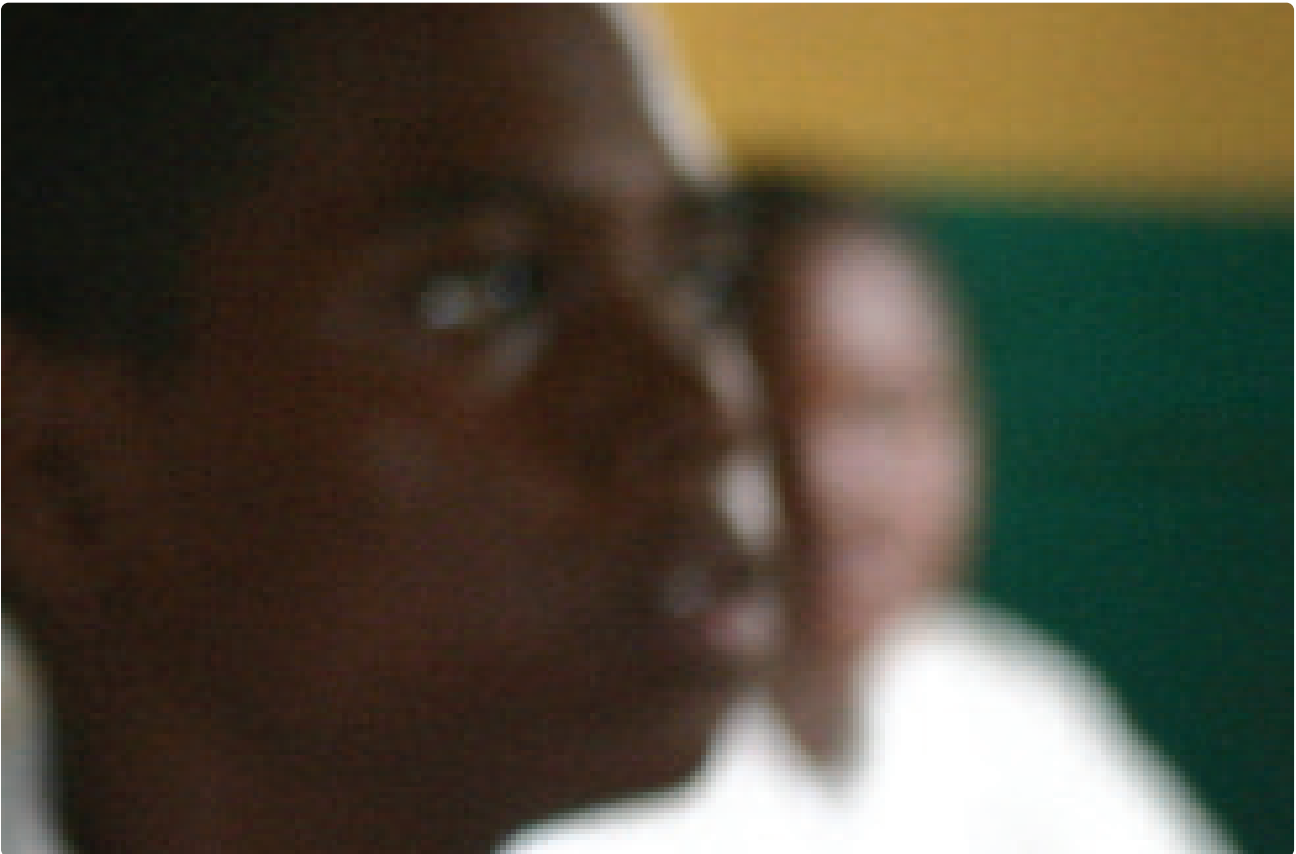
The implementation of such programmes needs to be carefully planned. Teaching materials are to be distributed to all schools; teachers have to be trained on how to use them and how to teach the subject. Major areas that should be addressed in these programmes for teacher education include information and understanding that will help teachers to become personally engaged with the epidemic and its impacts; the poverty and gender contexts and how they affect vulnerability to HIV; and negotiation, self-assertion and other important life skills in order to enhance the capabilities of teachers to teach critical competencies to students.

Paying attention to teachers

To sustain the rapid expansion of education in developing countries and reach the objective of education for all, large numbers of teachers will have to be hired over the next decade. Yet, in many countries, particularly in Southern and Eastern Africa, the AIDS epidemic has created additional obstacles preventing countries from meeting their objectives. HIV makes existing issues of teacher shortages, absenteeism and unequal deployment much worse than they would otherwise be.

The number of teachers leaving the profession because of death and sickness has increased. There are also more movements as teachers leave their posts to take up employment in other areas where AIDS has created vacancies. As a result, attrition rates are high and managers are faced with the challenges of training large numbers of teachers, many of whom may not stay in a post for very long. Existing problems of teacher absences are magnified as more teachers are falling sick or have to care for relatives and attend funerals. Absenteeism has major implications for education quality as an absent teacher often means that a class goes untaught. Absenteeism is high in many countries independently of HIV and AIDS.

In order to protect its capacity, education systems must provide all education sector staff with the relevant prevention information, care and support. This can be achieved through the adoption of policies and practices for prevention education that promote a safe working



A student at Dolphin Secondary School in Guyana learns about HIV and AIDS

environment for education sector staff. A workplace policy needs to be developed, in consultation with HIV-positive teachers, students and key stakeholders to ensure access to treatment, services and referral for those who are affected and/or infected. Managers need to make sure that the workplace policy, once adopted, is disseminated and understood by principals, teachers, parents and the community at large, and that it is accompanied by functioning (and legally binding) mechanisms to protect teachers as employees.

Working in partnership with other organisations active in the field

The challenge is too big for any single ministry to handle. Mitigating the impact of the epidemic requires co-ordinated actions from different partners. Ministries of education have to establish partnerships with ministries of health and social affairs and national AIDS commissions in order to finance and implement co-ordinated actions. Addressing the needs of orphans and vulnerable children implies working with the communities, the local government and non-governmental agencies. They are the ones who can best identify the young people and families most in need, and they can assist in finding solutions that allow orphaned children and young people to remain part of a family.

Whenever possible, other educators are to be associated and invited to give talks in schools. Associations of persons living with HIV, and networks of teachers infected or affected by the epidemic, can go a long way to make people realise the disastrous impact of

stigma and discrimination. Ministries of education have to support such groups and work in partnership with them.

In many countries, NGOs (national and international) and faith-based organisations are heavily engaged in programmes that provide food and scholarships for vulnerable children, as mentioned above, while others organise life skills training or provide treatment for infected teachers. Ministries of education are to work with these NGOs, co-ordinate their activities and encourage them through proper incentives to go beyond their traditional areas of intervention.

Monitoring the impact of the epidemic and of HIV and AIDS programmes

In developing national education plans that take into account the impact of AIDS, the planner's first task is to collect the information necessary to guide interventions and allocate resources. Relevant, timely and accurate data is essential for monitoring the impact of HIV on teachers, for planning teacher's supply in response to demand, and for forecasting training and recruitment needs at national and regional levels.

Increasingly, ministries of education in highly impacted countries have integrated proxy indicators of the impact of HIV and AIDS into the census. The information that can be collected nationally includes the number of orphans by sex (one or both parents) and the availability of HIV and AIDS prevention materials, as well as teacher deaths and attrition. Education Management Information



Systems (EMIS) monitor the state of the system and consider issues of impact, whatever the cause. This information can be completed by specific in-depth research studies on a sample of schools to evaluate, for example, the share of teacher and pupil absenteeism that is AIDS related, or to pilot strategies for orphans and vulnerable children.

More and more countries have been decentralising their education systems so that the decision-making unit is closer to the source. Data collected and processed closer to the source is more reliable, and when collected on a regular basis allows for rapid decision-making and interventions. Routine and systematic data collection on teacher and learner absenteeism, illness, death and orphan status is needed to provide the basis for informed policies and planning, such as finding substitute teachers and assisting school management committees, NGOs and other bodies in supporting persons affected by HIV and AIDS. Without proper monitoring and evaluation, impact cannot be measured and resources are wasted.

Mainstreaming HIV and AIDS in EFA plans and allocating of resources

Ministries need to allocate sufficient resources to select and train good teachers; replace absent or missing teachers; prepare and distribute teaching materials; train teacher trainers, supervisors and administrators; develop new AIDS-sensitive systems of information; provide food programmes and bursaries for girls, female students and other vulnerable children who would otherwise not continue their studies; and organise life skills, livelihood education and training for young adolescents. All of these programmes have to be planned as part of the education development plan. They have to be costed and budgeted, and be integrated within the overall budget (yearly budget or medium-term expenditure framework), even if specific funds can be found from specific agencies to cover precise activities.

Once HIV and AIDS programmes are fully integrated into the everyday activities of ministries of education instead of being a list of separate actions that are financed by exceptional sources, there is a greater chance that they will receive the full and steady attention that they require. Of course, addressing the numerous challenges of the pandemic requires more than proper planning and funding: a dynamic, engaged and sustained leadership is necessary to bring about all the necessary efforts to articulate a response, and nothing can replace it. Yet, a well functioning organisation that collects data to guide and monitor policies and backs the response with proper resources is essential. Hopefully, improving the management of a multi-partner HIV and AIDS response will contribute to inspiring all planning and management activities of the education sector.

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