DOSSIER

EDUCATION IN THE ERA OF HIV/AIDS

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Saving the lives of children and teachers

Although World AIDS Day on 1 December will provide the backdrop for a new, damning review of the AIDS pandemic, we must continue to insist that AIDS is not a fatal illness, and that education must be central to prevention.

As Peter Piot reminds us, the impact of AIDS on education systems 'clearly threatens the EFA goal of ensuring everyone's fundamental right to education'. Teachers, particularly those affected in Sub-Saharan Africa, must involve themselves fully, and we must continue to support them, and to help them to educate themselves so that, for their pupils, their parents and the whole community, they become the people who raise awareness among the young. This allows them to offer information and education to enable them to alter their practices, and behave in a way that that does not jeopardise their own lives or the lives of others.

This Dossier offers another reminder of the heavy toll that AIDS has taken among girls and women. Helping girls and women is also part of our joint responsibility: violence and traditional practices, combined with a lack of information and education, and their economic dependence, make them potential victims.

The fight against AIDS obliges us to work in partnership. It is our best chance of achieving success. Since its foundation, EI has worked closely with the women and men (from the WHO, UNESCO, Centers for Disease Control and Prevention, the Education Development Center, UNAIDS and other organisations) who agreed to contribute to this Dossier, and we want to take the opportunity offered by the publication of this special Dossier to thank them for their continued financial support and technical assistance over the years.

In Durban in July 2000, at the International AIDS Conference, the international community decided to 'break the silence' - the silence of indifference, the silence of fear, and silence from politicians. We need to involve ourselves more than ever before. We must argue for a universal display of political will, and for the necessary resources to be made available to the education sector for school curricular reform, teacher training, and the production of quality teaching materials adapted to needs and to different cultures.

Education and health are more closely linked than at any time in the past. It is therefore the responsibility of all stakeholders in the education sector to teach young people how to become citizens of the 21st century with responsibility for their health.

If we all agree that education is essential for action – let's act!

1 WHO: World Health Organisation; UNESCO; CDC: Centers for Disease Control and Prevention; EDC: Education Development Center; UNAIDS: Joint UN Programme on HIV/AIDS.

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Monique Fouilhoux
EI Coordinator

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40 million people have HIV/AIDS, according to the Joint UN Programme on HIV/AIDS (UNAIDS) and the World Health Organisation (WHO)[1]. In addition to these horrifying figures, the epidemic is having a disastrous impact on numerous sectors of society, including education.

IMPACT OF HIV/AIDS ON SCHOOL SYSTEMS IN AFRICA

Country	Number of primary school children who have lost a teacher due to the AIDS epidemic in 1999	Total of enrolment in primary school
South Africa	100,000	8,000,000
Kenya	95,000	5,600,000
Zimbabwe	86,000	2,400,000
Zambia	56,000	1,700,000
Malawi	52,000	2,800,000
Ethiopia	51,000	4,300,000
Côte d'Ivoire	23,000	1,700,000
Botswana	14,000	350,000
Namibia	9,500	350,000
Burkina Faso	7,400	700,000
Lesotho	6,200	360,000
Congo	3,900	450,000
Swaziland	3.600	210.000

Source : UNICEF, The Progress of Nations, New York, 2000

The AIDS epidemic sets a number of specific challenges for the education sector, and in particular threatens its ability to provide quality education for all. In the countries most affected, the education sector has literally been ravaged by the AIDS epidemic: it is estimated[2] that 860,000 children in Sub-Saharan Africa lost teachers due to the AIDS epidemic in 1999.

Many schools are facing high operational costs due to teacher absenteeism and caregiving responsibilities, thus threatening the schools' very survival.

For children, school drop-outs, trauma and discrimination are on the increase. There are fewer children to educate because so many children whose parents have died of AIDS are obliged to leave school to start earning a living.

The direct consequences of the epidemic are numerous. The high morbidity and mortality rates of teachers and administrators have severely affected the supply and quality of educational services, both in formal and non-formal education systems. Evidence shows that in the most affected countries in Africa, there will be an average annual loss of teachers due to AIDS of at least 2% from 2000 to 2010. In some countries many more teachers die than retire. The teaching force is being depleted almost as rapidly as new teachers can be trained.

There is little information, and few figures, on the impact of the HIV epidemic on the education sector. However, according to a UNPD study[3], the infection rate is likely to be as high among employees in the education sector as in the rest of the adult population, if not higher.

In countries with a high incidence of an HIV/AIDS (infection rate of 15-25% of the adult population), the death rate is reducing human and institutional capacity to an alarming degree. The situation is worse in urban areas where the HIV Infection rate is much higher than in rural areas. In Francistown, Botswana, the HIV infection rate is close to 50%.

AIDS becomes the main cause of death among teachers

Educational gains that were achieved with great difficulty are now being slowly eroded. Other sectors are favoured to the detriment of education in order to deal with other aspects of the AIDS crisis, and this means that the education sector does not have the resources either to hire or train teachers, or to replace those who have died.

In the Central African Republic, HIV/AIDS has become the main cause of death among teachers: UNAIDS predicts that 25-50% of all teachers in the country will have died of AIDS by 2005[4]. Between 1996 and 1998, the number of teachers who died was almost as high as the number of those who retired. Of those who died, about 85% had AIDS.

These deaths lead to the closure of many schools because of teacher shortages. In Mozambique[5], the Minister of Education estimates that several thousand teachers will die of AIDS in the coming years. He plans to increase the number of new recruits by almost 30% in order to replace the teachers who will die between now and then. The AIDS epidemic will therefore weaken the effectiveness of the education system, and in particular this will be reflected in a reallocation in expenditure on education. Most of this money will be spent for pensions for the families of AIDS victims; the rest will help to finance the training of new teachers.

Delphine Sanglan
Education International

1 UNAIDS, WHO, AIDS epidemic update, December 2001
2 UNICEF, The Progress of Nations 2000, New York, 2000
3 UNPD, The HIV Epidemic and the Education Sector in sub-Saharan Africa, 1999
4 In IRIN, HIV/AIDS Leading Cause of Death for Teachers, 1 September 2001
5 In PANA, Impact of AIDS on Mozambique's education sector, 23 September 2001
6 ONUSIDA et al. Le VIH/SIDA et le Corps des Enseignants : Santé et Personnel Enseignant. Bulletin N°3. 1998. Projet : Impact du VIH/SIDA sur le système éducatif ivoirien et suivi des objectifs de l'éducation primaire pour tous
7 UNICEF, The Progress of Nations 2000, New York, 2000
8 Government of Malawi and UNICEF, Youth and Education Sectoral Review. Malawi, 1999

In Côte d'Ivoire during 1996-1997 and 1997-1998 respectively, 64% and 70% of deaths among teachers, where the cause of death is known, were linked to HIV/AIDS[6].

In Malawi, of approximately 2.8 million primary school pupils, 52,000 lost a teacher because of AIDS in 1999[7]. About 40% of education staff in urban areas are likely to die from AIDS between now and 2005[8].

In Swaziland, the government estimates that it will have to train 2.21 times as many teachers because of AIDS-related deaths if it wants to maintain services at 1997 levels[9].

In Zambia, schools have been ravaged by the HIV/AIDS epidemic. According to Ministry of Education figures[10], 680 teachers died of AIDS in 1996, 624 in 1997, and 1300 during the first 10 months of 1998. The number of teachers who died in 1998 represents a mortality rate of 39 per 1000, that is to say about 70% higher than the normal mortality rate of 23 per 1000 for the population aged 15-49 (Ministry of Health, 1997). The number of teachers who died in 1998 is equivalent to a loss of about two thirds of newly trained teachers[11]. ◆

The response of the education sector and of Education International

Education International is making every effort to fight HIV/AIDS. Education is at heart of any strategy to wipe-out the epidemic because it is key to sustainable economic and social development.

The education sector can undoubtedly contribute to reducing the consequences of the HIV/AIDS tragedy in sub-Saharan Africa. It can also help prevent the spread of HIV by improving training for teachers, learning activities, and access to education. School based programs need to integrate information on reproductive health and HIV with critical life skills at all levels. Implemented by skilled teachers, a program aimed at teaching responsible sexual behaviour is an essential element to slow down the spread of the epidemic among young people.

Health education requires a global approach. It is not a question of just transmitting knowledge, but more importantly of influencing and changing attitudes and behaviours in response to situations faced in daily life. This global approach requires a global collaboration. Since 1994, Education International (EI), the World Health Organisation (WHO) and UNESCO have been working together to meet this need in the field of health education and more specifically on HIV/AIDS prevention issues. Sharing capacities and knowledge improve the effectiveness of efforts made in this field.

New partners like Centers for Disease Control and Prevention (CDC) and Education Development Center (EDC) joined our alliance. In 1995 in Zimbabwe, the International Conference on School Health and HIV/AIDS Prevention was organised to raise and strengthen the awareness of teachers on the importance of developing health education programmes within schools and to show the vital role they could play in promoting health. Finally, in 1996, shortly after its creation, UNAIDS (the Joint United Nations Programme on HIV/AIDS) also joined the collaborative efforts.

As follow up to its major conference in 1995, EI organised regional seminars to promote the decisions taken and implement long term action. Seminars were hosted in San José, Costa Rica; Kuala Lumpur, Malaysia; Budapest, Hungary; Lomé, Togo; Harare, Zimbabwe; Durban, South Africa; and Gaborone, Botswana.

These seminars allowed EI member organisations to gain better awareness and understanding of their country's national plans in the fight against HIV and about school-based health, HIV/AIDS and Sexually Transmissible Disease (STD) prevention programmes. This helped them build partnerships and increase collaboration with existing partners, thereby enabling them to better implement strategies and programmes of education and prevention training.

Today, AIDS continues to cause terrible devastation world-wide, especially in Africa. EI is very concerned about the extent of the epidemic and its disastrous impact on the education sector. EI determined to strengthen its efforts has increased its activities to enable teachers to protect and educate themselves, and effectively train young people through interactive teaching methods to articulate their concerns and make responsible choices.

EI and its partners wish to further develop their co-operation programmes for health education in general, and HIV/AIDS and STD prevention in particular, because we believe the school is a fundamental place for action in protecting the health of children, adolescents, and the community in general against HIV/AIDS and related discrimination.

On the agenda are health education and HIV/AIDS/STI prevention programmes in the following countries: Botswana, Burkina Faso, Côte d'Ivoire, Guinea, Haiti, Lesotho, Malawi, Mali, Namibia, Rwanda, Senegal, South Africa, Swaziland, Zambia and Zimbabwe. ◆

HIV : HUMAN IMMUNODEFICIENCY VIRUS
AIDS : ACQUIRED IMMUNODEFICIENCY SYNDROME
STI : SEXUALLY TRANSMITTED INFECTIONS

CDC : CENTERS FOR DISEASE CONTROL AND PREVENTION
EDC : EDUCATION DEVELOPMENT CENTER
FRESH : FOCUSING RESOURCES ON EFFECTIVE SCHOOL HEALTH
IIEP : INTERNATIONAL INSTITUTE FOR EDUCATIONAL PLANNING
ILO : INTERNATIONAL LABOUR ORGANIZATION
UNAIDS : JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS
UNDCP : UNITED NATIONS INTERNATIONAL DRUG CONTROL PROGRAMME
UNDP : UNITED NATIONS DEVELOPMENT PROGRAMME
UNESCO : UNITED NATIONS EDUCATIONAL, SCIENTIFIC AND CULTURAL ORGANIZATION
UNICEF : UNITED NATIONS CHILDREN'S FUND
UNFPA : UNITED NATIONS POPULATION FUND
WHO : WORLD HEALTH ORGANIZATION

Monique Fouilhoux
Education International

9 Ministry of Education, Impact assessment of HIV/AIDS on the education sector. Provisional document. Mbabane, Swaziland, 2000

10 Kelly, Michael, The impact of HIV/AIDS on schooling in Zambia, Document presented to the 12th International Conference on AIDS and STDs in Africa (ICASA), September 1999

11 Op cit

Education in The Era of HIV/AIDS:

by Dr. Peter Piot, Executive Director, Joint United Nations Programme on HIV/AIDS (UNAIDS)

The education sector has the powerful potential to be at the center of community initiatives on HIV/AIDS prevention, but it will need political will, leadership, and resources to extend education beyond its current bounds. Transforming the sector in the context of AIDS will entail placing HIV/AIDS at the center of the educational agenda as well as placing education at the core of national and global AIDS responses.

Eleven years after the World Conference on Education for All (EFA), HIV/AIDS has emerged with such force – especially in sub-Saharan Africa – that it compels us to place it at the heart of development efforts. There is no single phenomenon in our modern world that so systematically undermines the gains of decades of investment in human resources, education, health and the wellbeing of nations.

While the epidemic spares no particular gender, age group, or social status, it has hit young people hardest. Those between 15-24 years old comprise 50% of new infections around the globe. The extraordinary response an epidemic of this proportion requires is embodied in the global commitment of the United Nations General Assembly Special Session on HIV/AIDS in June 2001 and the Millennium Report of the UN Secretary General. The goal is to reduce HIV infection rates among 15 to 24 year olds by 25% within the most affected countries before the year 2005, and by 25% globally before 2010.

Young people offer us a window of hope because where HIV prevention has been successful, young people have been at the forefront of change. Depending to what extent young people are protected from HIV will spell the difference for the future course of the AIDS epidemic.

Impact of AIDS on education systems

AIDS clearly threatens the EFA goal of ensuring everyone's fundamental right to education. It has seriously affected the education system on all fronts – enrollment figures have declined at all levels; teachers have died because of AIDS; and already struggling systems are unable to respond effectively to these challenges and to mitigating the impact on students, teachers, and administrators. AIDS has reversed achievements in infant and child mortality rates, drastically reducing the population that needs to be educated in the worst-hit areas. In the most affected countries in Southern Africa, the number of children of primary school age is expected to drop by 20% compared to the pre-AIDS projections by 2010.

A painful reality of the epidemic is that in countries with generalized epidemics, such as in sub-Saharan Africa, we see less children *needing education and less families wanting and able to afford education*. Various studies show that some of these countries will suffer a loss of enrolment between 12% and 24%. Because of AIDS, school drop-out has dramatically increased. The epidemic has generated enormous demands on children and adolescents, particularly girls, to provide care in the family, or to work in order to augment reduced family income. They must also deal with the trauma related to illness and death in the family due to AIDS. In addition, the effects of discrimination and stigma limit their access to school. Sadly, a high percentage of these drop-outs will likely be orphans, street kids and working youth who already have very limited resources and few clear incentives for entering the education system.

Joint United Nations Programme on HIV/AIDS
UNAIDS
UNICEF • UNDP • UNFPA • UNDCP
UNESCO • WHO • WORLD BANK

Meeting its Challenges

How education can contribute to the extraordinary response

UNAIDS believes that education is a key vehicle for changing attitudes and beliefs, for combating prejudice, enhancing understanding, and building tolerance and compassion. Education offers a powerful way of engaging with the hearts and minds of children and young people. The UNAIDS Cosponsors – UNICEF, UNDP, UNFPA, UNDCP, UNESCO, WHO, and the World Bank – are working to support the education sector to be part of this extraordinary response. This action agenda includes policy development and advocacy, AIDS curriculum reform, skills-based teacher training on AIDS education, counseling and health services, building the capacity of the educational system, resource mobilization for AIDS education, partnerships for AIDS and education, and research and evaluation.

For example, UNICEF has focused attention on young people in situations of armed conflict as well as street youth. WHO and UNICEF Europe are addressing sexual behavior and substance use among especially vulnerable young people in the Baltic states and Poland. UNFPA, with funding from the Bill and Melinda Gates Foundation, has increased programming on young people, with a special emphasis on adolescent girls. In its Act Africa program, the World Bank is encouraging governments to provide school fees, care of children, nutrition and succession planning for young people affected by AIDS. The Bank is also promoting the integration of HIV in school curricula as well as increasing funding support for out-of-school young people.

How the education sector should deal with AIDS impact

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The education sector must expand its role beyond teaching to become a community resource for advocacy on the sensitive issues surrounding HIV/AIDS, such as gender-based inequalities and anti-discrimination. It should also help in providing community infrastructure to support welfare services and protect those most marginalized, such as orphans; and for mobilization of critical community stakeholders, such as parents and local leaders.

Personal, social and health education, life skills education, substance use education and education for tolerance and greater understanding are all essential if headway is to be made against AIDS. Much of this education takes place in schools. Yet all too often, the fears that sexual and reproductive health education will encourage promiscuity and experimentation prevent this education from taking place. The opposite is true. Major international scientific reviews have demonstrated that well-structured programmes on sexual and relationships education actually lower the levels of risk among young people. Moreover, such programmes can delay the onset of sex among those who are not yet sexually active.

In many cases, AIDS initially spread more extensively in the more mobile, wealthier and better educated parts of populations. However, when HIV becomes entrenched it reproduces patterns of wider social vulnerability. In Africa and Latin America it seemed early in the epidemic that higher educational attainment was positively associated with likelihood of HIV infection, but as the epidemic has matured there is widespread evidence of a persistent association between HIV and lower educational levels, as boys and girls with more education are more likely to delay sexual initiation and protect themselves from HIV when sexually active.

One conclusion is clear: when children and young people are denied the basic information, education and skills to deal with HIV, they are much less empowered to reduce their own risk of infection.

Countries and communities in many parts of the world have managed to slow down their rates of HIV infection, due to the education sector putting in place policies supportive of sexual education in schools, strong life skills-based programmes, and intersectoral partnerships of community groups.

But across the world, millions of young people remain ignorant about ways to prevent HIV, services are limited or non-existent, and condoms are often inaccessible. Sustained and comprehensive prevention efforts targeting young people have been proved successful when they combine life skills education, peer education and support, access to youth-friendly services and to prevention commodities like condoms, and community-wide efforts to change social norms.

Unfortunately time is not on our side. Urgency is essential. Every delay in mounting an effective prevention response will help spread the epidemic. ◆

The Joint United Nations Programme on HIV/AIDS (UNAIDS) is the leading advocate for global action on HIV/AIDS. It brings together eight UN agencies in a common effort to fight the epidemic: United Nations Children's Fund (UNICEF), United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), United Nations International Drug Control Programme (UNDCP), International Labor Organization (ILO), United Nations Educational, Scientific and Cultural Organization (UNESCO), World Health Organization (WHO) and the World Bank.

The goal is to reduce HIV infection rates among 15 to 24 year olds by 25% within the most affected countries before the year 2005, and by 25% globally before 2010.

Education for Health Prevention: An Obligation For All of Us

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As we develop our strategies to better address the challenge of HIV prevention among young people, we need to look back at what have the past two decades taught us regarding what works in school HIV/AIDS education and what the barriers are for implementing a comprehensive program in schools. At the same time we need to look into the content and the structures that will permit effective implementation of new interventions. The task is a complicated one, but the sharing of responsibility and new partnerships provide a good perspective.

"An effective school health programme ... can be one of the most cost effective investments a nation can make to simultaneously improve education and health."

Dr Gro Harlem Brundtland, April 2000

Inon Schenker,
WHO Department of Mental Health and Substance Dependence

Jack Jones,
WHO Department of Noncommunicable Disease Prevention and Health Promotion

Interestingly, the first open and direct call to begin education about AIDS in early elementary school came from a leading public health figure, not an educator. U.S. Surgeon-General, Dr. Everett Koop, had realized back in 1987 what is today a common practice: schools are a priority setting for preventing HIV/AIDS and related discrimination.

Since then, we may refer to five generations of school-based responses to HIV/AIDS. The first generation of responses (mid 1980's), were fear-driven, non-organized, with strong local reactions, often in response to news media reporting. Content was information-based focusing on new and evolving information about basic facts – the virus, its transmission and general concepts of prevention.

The second generation of responses (late 1980's) were more organized, reflecting a growing recognition that young people needed knowledge about HIV and AIDS to protect themselves. National guidelines, curricula and teachers' training were initiated to increase the spread of basic and accurate information about HIV and AIDS, but without pre-assessment of needs.

In the third generation of responses (early 1990's), teachers and health educators began to draw upon social and behavioral theories, and experience in a variety of related fields, including health education, sex education, drug and alcohol prevention, and reproductive health to design and implement HIV/AIDS related interventions. Many educators began to recognize that 'AIDS education' and 'sex education' were not the same. Indeed, sex education, because of its own controversial nature, was often found not to be the most ideal means of rapidly introducing HIV/AIDS into schools. At this stage, interventions with out-of-school youth were launched, as well as value-focused (e.g. abstinence only) programs.

In the forth generation of school-based responses (mid 1990's), education about HIV/AIDS was viewed as only one part of an effective school-based intervention strategy. Increasingly, education about HIV/AIDS focused on skills young people must acquire to prevent their own infection and that of others. Prevention of discrimination and stigma also began to receive increased attention and education about HIV/AIDS was integrated within the general school curricula. The close association between AIDS education and health education was established, connecting prevention of HIV transmission to primary prevention of substance use, family life education, personal development and sex education. Needs assessments and research on intervention effectiveness, feasibility and acceptability was introduced.

The fifth generation of response (today) is characterized by three inter-related strategies aimed at reducing the impact of HIV/AIDS on the education system, decreasing vulnerability and reducing risk. These are:

1. **Effective school health programmes** that provide school health polices that reduce the risks of HIV infection and related discrimination; a healthy, safe and secure physical and psycho-social environment that is conducive to risk reduction and prevention of discrimination; skills-based health education that enables students to acquire the knowledge, attitudes, values, life skills and services needed to avoid HIV infection; and school health services with links to other relevant services to reduce risk and provide HIV-related care, counseling and support.
2. **Formal and non-formal HIV/AIDS prevention programmes** that address sexuality, reproductive health and substance abuse, especially in schools that do not have effective school health programs, areas of high or increasing incidence of infection; and settings that are available to youth who do not attend school.

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3. **Coordinated school/community HIV/AIDS prevention** programmes that increase access to information, resources and services at places and times, and in manners, that are likely to be appealing and acceptable to young people who do not attend school as well as students, including peer education, distance learning, anonymous learning, and new technologies for learning.

Clearly, school-based responses to HIV/AIDS have evolved into a more complex and encompassing set of strategies. Yet, today, too few schools are implementing the strategies listed above. Schools continue to face barriers that they alone cannot overcome, including – at all levels:

- Denial of the HIV/AIDS problem;
- Negative attitudes toward HIV/AIDS education in schools;
- Lack of HIV/AIDS related policies;
- Lack of pre-service and in-service professional development for school personnel;
- Inadequate preparation of teachers to teach about HIVAIDS and help young people to develop skills to prevent HIV infection and related discrimination;
- Lack of proper age-appropriate HIV/AIDS education curricula for different grades of students, with local adaptations.

For these reasons and others, the WHO, UNESCO, UNICEF and the World Bank are working together to help education and health agencies; teachers and health workers; and students, parents and community leaders mobilize resources and support for effective school health. Many international movements, such as those promoting Education for All and a A Culture of Peace, or international agencies such as UNAIDS provide strategic frameworks and partnerships through which local, national and international commitments can be transformed into effective action to improve the capacity of schools to prevent HIV/AIDS. Such movements provide direction and power for change. WHO and its FRESH[2] partners call upon all agencies to consider and support fifth generation responses delineated above as strategies to improve school-based responses to the HIV/AIDS pandemic. ◆

SCHOOL HEALTH IS A HEALTH SECTOR RESPONSIBILITY

The WHO, as the leading health agency with a public health mandate in HIV/AIDS, considers school health a responsibility that is fully shared with the education sector.

WHO is playing a major role in strengthening school health programmes – globally, in collaboration with health and education sector organizations. The implementation of effective school health programmes is an important strategy for preventing HIV infection and related discrimination through schools.

WHO's school health effort in Africa is one example of its collaborative approach to improving school health and HIV/AIDS prevention: The Department of Noncommunicable Disease Prevention and Health Promotion (NPH), Education International (EI), and the Centers for Disease Control and Prevention (CDC) have initiated a joint effort to prevent HIV/AIDS and related discrimination in Africa through schools, with country projects in Botswana, Lesotho, Malawi, Namibia, Swaziland, and Zambia.

The projects in these countries are building the capacity of teachers unions to work in full partnership with their respective ministries of education and health to enable teachers to:

1. prevent their own infection and help other adults avoid HIV/STI[1];
2. make strong arguments for implementing effective HIV/STI prevention interventions in schools;
3. use modern, interactive teaching methods with young children, pre-adolescents and adolescents to help them acquire the skills they need to prevent HIV/STI and related discrimination now and in the future; and
4. implement effective school health programmes, as called for in the FRESH[2] initiative .

Effectiveness of Condoms in Preventing STIs Including HIV

Prevention is the first line of defence against HIV/AIDS and condoms have long been a mainstay of HIV prevention programmes. Recently, however, questions have been raised about the effectiveness of condoms as a means to prevent sexually transmitted infections (STIs), including HIV. An extensive review of all available studies was conducted by a panel convened by the US National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) in June 2000 in the United States, with the participation of WHO. The review concluded that condoms, when used correctly and consistently, are effective for preventing HIV infection in women and men, and gonorrhoea in men.

WHO and the UNAIDS Secretariat find the recent NIH/CDC report comprehensive and outline the following key findings of the report:

- The consistent use of male latex condoms significantly reduces the risk of HIV infection in men and women, and gonorrhoea in men;
- Laboratory studies have established the impermeability of male latex condoms to infectious agents contained in genital secretions, including the smallest viruses;
- Male condoms may be less effective in protecting against those STIs that are transmitted by skin-to-skin contact, since the infected areas may not be covered by the condom.

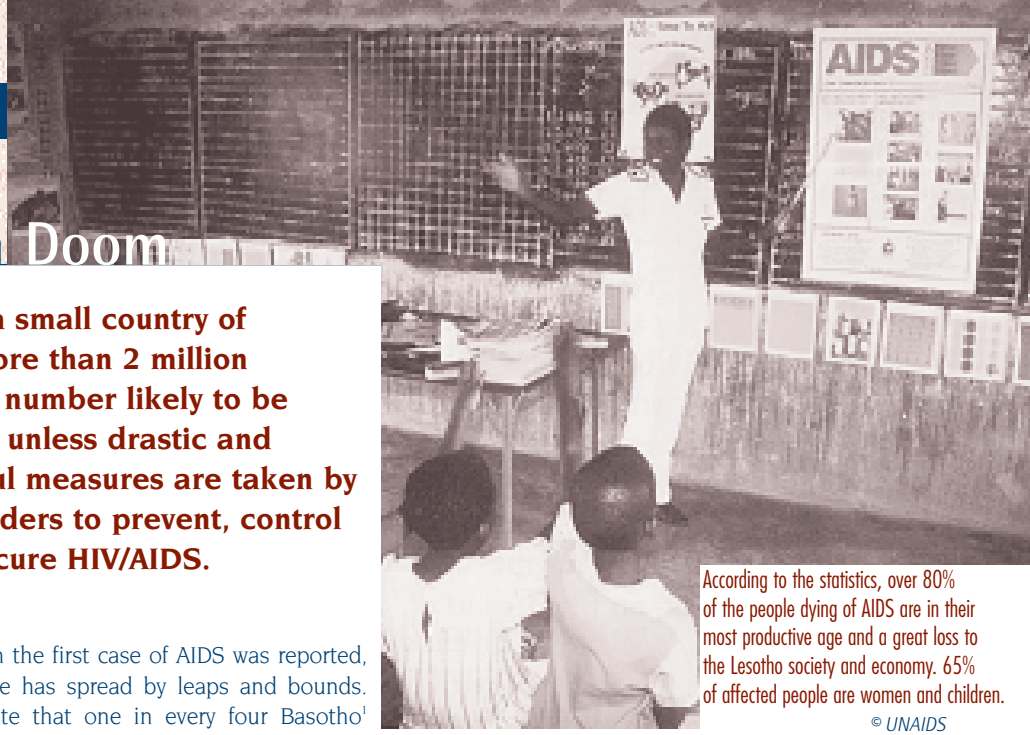
The report concluded that additional research was needed to fill the gaps in currently available evidence.

For further information contact Dr Tim Farley, WHO *Department of Reproductive Health and Research, (tel:* +41 22 791 33 10, *email: farleyt@who.int).* ◆

1 Sexually transmitted infections (STIs)
2 A FRESH start to enhancing the quality and equity of education http://www.who.int/hpr/gshi/index.htm

LESOTHO

AIDS and Human Doom



According to the statistics, over 80% of the people dying of AIDS are in their most productive age and a great loss to the Lesotho society and economy. 65% of affected people are women and children.

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Lesotho is a small country of slightly more than 2 million people, a number likely to be wiped out unless drastic and meaningful measures are taken by all stakeholders to prevent, control and finally cure HIV/AIDS.

Since 1986, when the first case of AIDS was reported, this killer disease has spread by leaps and bounds. Estimates indicate that one in every four Basotho[1] adults is likely to be infected with HIV and that by 2015 almost 650,000 people will be living with HIV/AIDS in Lesotho[2]. This is a frightening piece of information for the Basotho.

It becomes more frightening when one realises that these estimations are solely based on reported cases, and the situation may be worse than meets the eye. The human immunodeficiency virus (HIV) is destroying the most valuable resource that our small mountain kingdom has, its people.

UNAIDS' estimations further indicate that 23.6% of those aged 15-49 years live with HIV. This is highly threatening to the teaching force because most of our teachers fall within that age range. According to UNICEF[3], of around 360,000 primary school students, 6,200 of them lost a teacher to AIDS in 1999.

It becomes crystal clear that Lesotho Association of Teachers (LAT) has to play an outstanding role in combating HIV/AIDS. As our own LAT members become victims, our very existence is threatened. With the destruction of the child population in Lesotho, the existence of schools is threatened. 12% of all reported cases were among children under the age of four.

Affected families are sliding into desperate financial situations, first due to the long illness and loss of income, and then from the high cost of an adequate funeral. Our children are in grave distress. Between the loss of parents and the fading opportunity to receive adequate education, their ability to rebuild and maintain their families in the future is become more and more unlikely.

As a result of the above scenario, brief as it is, LAT is relentlessly collaborating with all sectors engaged in the combat against HIV/AIDS. It has met Ministry of Education, Ministry of Health, and the Lesotho AIDS Programme Co-ordinating Authority (LAPCA). In the framework of the Education International programme, LAT works with the World Health Organisation (WHO) and non-governmental organisations.

LAT holds seminars for its members as a way of creating awareness and ensuring the education needed for their survival. It also meets with the Ministry of Education to assess the effectiveness of HIV/AIDS interventions made by the education sector. This helps us to review our strategies regularly.

I wish to conclude by saying no one, not even the Queen or King or President, is immune from this pandemic. So why stand aloof, why the silence? Let us all of us pick-up our picks and shovels and dig a deep grave for this killer disease and reverse the present situation where so many graves are being dug for the victims of AIDS. ◆

UNAIDS REPORT 2000	
Population:	2,108,000
population aged 15-49:	1,000,000
people having HIV/AIDS:	240,000
% of total population having HIV/AIDS:	11.4%
adult prevalence rate of HIV/AIDS:	23.6%
% of total HIV/AIDS people are women:	54.2%
living AIDS orphans:	29,469

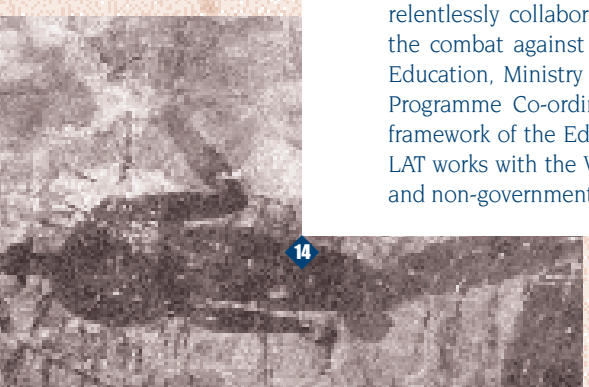
Pitso Mosothoane
President
Lesotho Association of Teachers

"For a long time the disease was surrounded in secrecy and was an extremely sensitive issue", says a UNICEF officer in Lesotho. "It has been a big cultural taboo to talk about sexuality."

In the early 1990's, the country put in place awareness education programmes to try to arrest the spread of the dreaded disease but there has not been any significant impact on sexual behaviour. Basotho men still feel they have the duty to prove their manhood by having many lovers.

In 1995, when a story appeared on the front page of the local newspaper, Lesotho Today, on the reported cases of AIDS in the country, people still believed AIDS did not exist, but was just a myth[4].

"The reluctance of the older and more traditional Basotho to discuss sex and sexuality exacerbates the difficulty of reaching the youth," adds the UNICEF representative in Lesotho. A report by the ministry of health released in December 1998 underlined that one disturbing trend that has emerged is the number of children that are HIV-positive or who have full blown AIDS.

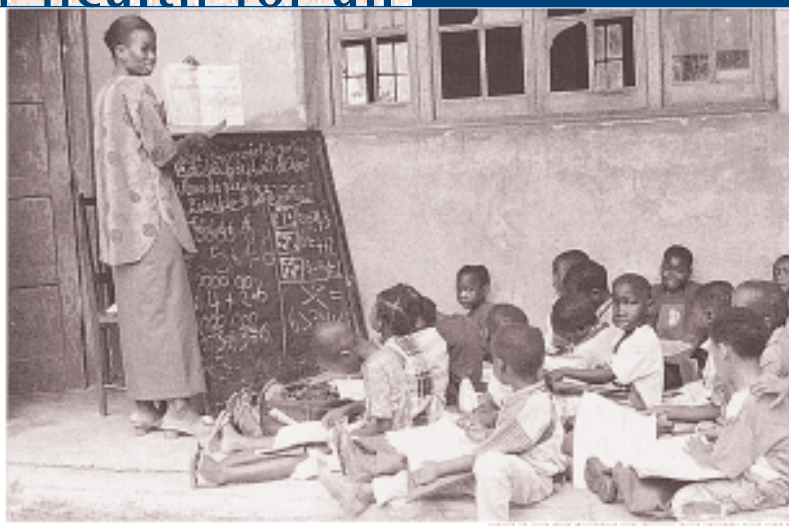


© Basotho art

1 Lesotho nationality is described as Basotho
2 UNAIDS 1999
3 UNICEF, The Progress of Nations, 2000, New York, 2000
4 In Lesotho, AIDS Sounds Like Myth, by Faith Zaba, PANA, 3 November, 1995

UNESCO
Education For All is a precondition for health for all

In less than two decades AIDS has evolved from a medical curiosity to an international emergency. No longer can it be viewed as just a health problem. Already a development disaster - it is becoming a security crisis with social impacts as devastating as any war.



© UNICEF

Its toll in death and its tax in suffering match any scourge in human history. It is unlike other epidemics in a critical way: it primarily affects the young adults. Though striking the poor, it heavily affects the skilled, the trained and the educated – i.e. the groups most vital for development. In some African countries life expectancy has dropped from about 70 to less than 40 years old. Half of the young risk being decimated before becoming productive adults. The AIDS epidemic aggravates discrepancies between developing and industrialised countries and exacerbates inequalities within them.

The AIDS epidemic not only hampers development, but reverses it by destroying capacity. The epidemic is having an exceptional impact on the economy in two ways. Firstly, by loss of productivity from loss of the most productive. Secondly, by the burdens of caring for the sick and tending for orphans. Many youth will grow up desocialised and disconnected. AIDS is wiping out decades of investment in education and human development. Its impact on teachers and other trained professionals interferes with the capacity of key institutions to function. AIDS attacks not only human bodies, but the body politic as well.

For any minister of finance, the infection rate is therefore more important than the interest rate. The epidemic will erode the tax base and deplete funds for development. The more that has to be spent on coping with AIDS, the less is left for everything else.

When the health of a society – indeed in some cases its very survival – is at stake, it is no longer an issue just for ministers of health or the medical community. It is an emergency that in each country must be met by mobilisation from the highest level of government and from all ministries – particularly ministries of finance, health and education.

Ignorance is a major reason why the epidemic is out of control. Preventive education must make people aware that they are at risk, and why – and how the spread can be curbed. However, knowledge is often not enough to change behaviour. Preventive education must address problematic mentalities and the culture within which they are embedded in order to provide the skills and generate and sustain the motivation necessary for changing high-risk behaviour to reduce vulnerability.

Much is yet to be learned about the virus, but we know enough to act – and we know that we must act immediately. Among the most important lessons is this: education is the most effective strategy because prevention is not only the cheapest response – it is the most patent and potent response. Knowledge about what not to do is what has reduced the infection rates in developed countries. Variation of infection rates worldwide are due to uneven distribution of knowledge. Where knowledge is brought to bear on practices, the epidemic is curbed. Where it reduces superstition and removes misconceptions it changes behaviour.

A coherent overall strategy is crucial

Fighting HIV/AIDS through preventive education is no single-point programme. UNESCO's activities will be directed towards five core tasks: advocacy at all levels; customising the message; changing risk behaviour; caring for the infected and affected and coping with the impact. The fight against HIV/AIDS must also be an integral part of providing Education for All. Through a holistic approach based on its interdisciplinary experience, UNESCO can play a lead role in these areas by an approach that is sensitive to culture as well as potent for practice. The critical test of UNESCO's efforts will be the impact on the most infected countries, in the most affected communities and for the most vulnerable groups.

AIDS has a deep and negative impact on education systems in many affected countries. Understanding those effects are critical in order to keep them functioning and to protect students and teachers. We need to mobilise the education system and build its capacity to translate knowledge into action. There is no time to lose. Not acting now on what we know would be a moral failure of unprecedented proportions.

Knowledge and education is the most potent means to reduce illness, enhance health and secure well-being. By doing what UNESCO was set up to do – transmitting knowledge and improving education – it can also contribute to longer and better lives. Indeed, education for all is a precondition for health for all. ◆

Gudmund Hernes
UNESCO Coordinator on HIV/AIDS
Director, International Institute for Educational Planning (IIEP)

UNESCO

Preventive AIDS Education in Schools: Need for stronger partnerships

© ILO/J. Maillard

During an open student - teacher discussion on AIDS in a New Delhi school, a male adolescent asked daringly "I *don't understand why are we being told not have sex, if we don't have sex how will* I *get the experience*". Times have changed: students are becoming more vocal, they are critical of adult dictates, but there are only a few teachers who can comfortably handle such questions without being judgmental or moralistic.

If school-based AIDS education is going to be pragmatic, the capacities and competencies of the teachers need to be strengthened, parents need to be oriented and above all an enabling environment needs to be created. While there should be a collaborative effort between teachers, principals and parents, today most of the responsibility for HIV/AIDS education is falling entirely on the teachers – most often the biology teacher or some other type of science teacher. Naturally, they are not appreciating this.

India, as a single country, is probably the home of largest number of people living with HIV/AIDS. A recent estimate puts the figures at 3.86 million. Unprotected sexual intercourse is the main mode of transmission. The age group most at risk are people between 15 to 30 years of age.

In spite of living a decade with HIV and AIDS campaigns, in India, still today the role of advocacy at the school level is far from over. At an orientation meeting with the principals of leading private schools, they almost unanimously said: *We understand the seriousness of* AIDS *and the threat it poses to our younger generation, but this threat is much greater to the children who belong to the economically poorer section of our society as they have plenty of free time and have no access to extra-curricular activities. Therefore, preventive* HIV/AIDS *education should be targeted at those schools. Our children come from the upper class and are well informed.* At a similar meeting with government school principals, some insisted that HIV/AIDS awareness should be targeted at private schools because their students could afford to enjoy life while poor students had to help in household chores after school. One can only conclude that sustained advocacy efforts are still needed to enable the 'gate keepers' to overcome denial and view HIV/AIDS education, not as an added burden to the school, but as the need of the hour.

In India well designed information, education and communication strategies are in place, though primarily targeted at the urban settings. A recent UNESCO initiated survey conducted by NGOs revealed that adolescents from urban areas attending schools tend to be better informed than their teachers. The majority of students could rattle of the modes of transmission and prevention. However, their negative attitude was disturbing "I *would not like to sit next to anybody who is infected*" or "I *would not eat in a restaurant if the cook was* HIV *positive*". These are but a few examples. The more critical findings were the inability to say "no" to peer pressure related to smoking, alcohol or even experimenting with sex. Knowledge related to their body and sexuality was surrounded with misconceptions.

Preventive AIDS education is sometimes the 'Pandora's Box', where all the pent-up emotions, all the mysteries surrounding sex and sexuality, and all the myths and misconception are ready to be aired. The need is sensitive and communicative teachers, sensitive and communicative parents and an enabling school environment.

Life skills approaches and techniques need to be integrated into preventive HIV/AIDS education, with understanding about the growing-up process and while at the same time addressing needs and concerns of adolescents and young adults.

Keeping in view the cultural sensitivity and to avoid backlash to the program, the government of India in partnership with UNESCO/UNICEF has launched an impressive school HIV/AIDS education programme. Realising that the school curriculum is overloaded, the manual *Learning for Life: A Guide to Family Health and Life Skills Education* is based on a series of participatory co-curricular activities for the teachers and peer educators. NGOs are playing a key role in the training and capacity building of teachers and peer educators.

Participation of parents is still peripheral, but efforts are being made to bring them to centre stage. It is vital that they share a part of this responsibility with teachers of all subjects. ◆

Dr. Shankar Chowdhury
National Programme Officer
HIV/AIDS
UNESCO, New Delhi

Enlisting African Teachers In War on AIDS

In Zimbabwe, the rate of infection may be as high as 35% among the adult population. "Teachers have a higher rate of HIV infection than any other segment of the population," admits Dennis Sinyolo, General Secretary of the Zimbabwe Teachers' Association (ZIMTA). "Of the 90,000 people who teach, an estimated 40% are infected with HIV," he says.

The impact of death and illness on the struggling economies and education systems of Africa is staggering. Schools, already hard-pressed for resources, are facing severe teacher shortages. Education budgets are being squeezed to the limit by the rising costs of absenteeism, death benefits and the training of replacement teachers.

Many governments are being forced to reduce training time and to find other ways to compensate for the loss of experienced teachers. Educators dying of AIDS in Zimbabwe are being replaced either by unqualified temporary workers or new graduates, many of whom are also infected.

The life expectancy of HIV-positive teachers in Zimbabwe is six to eight years. Even those who do learn of their infection cannot afford the drugs to fight the illness, without financial aid. The medicinal "cocktails" needed to stave off AIDS or subdue its effects cost thousands of dollars more than the average worker earns annually.

Meagre salaries and scant benefits force teachers to continue working as long as they can, even up to the very last days of their lives.

Infected teachers face certain death. "In three or four years, 30% of our 50,000 members will be dead." gloomily summarises Dennis Sinyolo of ZIMTA. Zimbabwe teachers are not alone in this struggle against the deadly AIDS plague. In Zambia, the number of teachers who died of AIDS in 1998 equalled two-thirds of the teachers trained that year. In Malawi, the government trains two new teachers for every one lost to AIDS. In Ivory Coast, every week of the school year, five teachers die of AIDS or related infections.

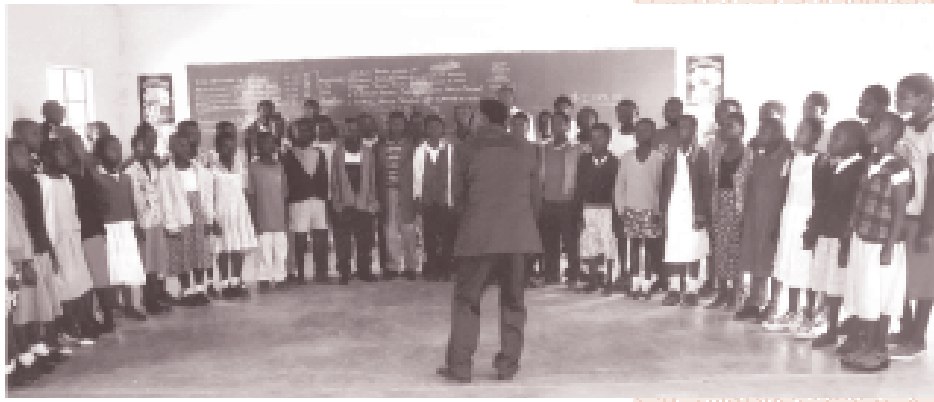
"The likely premature death of teachers means fewer students will receive the education they need to help our poor country compete in the global market," stresses the ZIMTA General Secretary. Currently, more than half the students who complete compulsory education — schooling for children ages 5 to 12 — do not further their education, though opportunities are provided.

Teachers perpetuating the disease

Many teachers not only fail to acknowledge the AIDS epidemic ravaging Zimbabwe, but are perpetuating the deadly disease by having unprotected sex with their students, experts say.

"Few in Zimbabwe are surprised to learn that teachers have the highest rates of HIV infection", Dennis Sinyolo says. He acknowledges that in rural sub-Saharan Africa, many girls are infected while they work as prostitutes to earn money for their schooling.

At the EI Congress, the General Secretary of Education International shared the same concern: "I have received reports explaining that parents present their children to the local teacher for sex in return for a place in the classroom. This appalling practice is a disgrace to our profession; it undermines almost everything we try to do to promote quality education for all, and we must stop it," stressed Fred van Leeuwen. ◆



Children and teachers who are active in the work to fight the spread of this modern day plague. These are the images of hope rather than despair.

© AFT

HIV/AIDS PILOT PROJECT WITH ZIMBABWE TEACHERS

IN PARTNERSHIP WITH EI AFFILIATE ZIMTA ZIMBABWE, THE AMERICAN FEDERATION OF TEACHERS (AFT)[1] IS SPEARHEADING AN EFFORT TO CURB THE DEVASTATING IMPACT OF AIDS ON TEACHERS IN SOUTHERN AFRICA. THE PROJECT IS PART OF A REGION WIDE CAMPAIGN BY EDUCATION INTERNATIONAL TO TRAIN TEACHERS AND THEIR UNIONS TO COMBAT THE SPREAD OF HIV/AIDS. AS AFT PRESIDENT SANDRA FELDMAN NOTED: "HELPING IN THE STRUGGLE AGAINST AIDS IS THE MOST IMPORTANT WAY AMERICAN TEACHERS CAN HELP AFRICAN TEACHERS AND STUDENTS."

THE AFT 19-MONTH PROJECT – PARTLY FUNDED BY A GRANT FROM THE U.S. STATE DEPARTMENT – WILL ASSIST ZIMTA IN DEVELOPING AIDS PREVENTION TEACHING MATERIALS AND TRAINING TO REACH ITS 53,000 MEMBERS IN OVER 6,000 SCHOOLS.

© Article put together on the basis of articles from AFT: AFT Aims to Enlist African Teachers in War on AIDS, Julie Blair, in Education Week, August 8, 2001, Washington and AFT launches HIV/AIDS pilot project with Zimbabwe Teachers, in American Teacher, October 2001

1 AFT Africa Campaign against AIDS, please contact Joe Davis, tel +1 202 3927 484 or jdavis@aft.org

Women are four times more vulnerable to sexual diseases

Women account for almost half of all new HIV infections worldwide and the number of infections among women and girls has increased steadily each year. Phyllis Scattergood, in charge of Health and Human Development Programs with the Education Development Center explains why women aged 15-49 years are four times more vulnerable than men to acquiring sexually transmitted diseases, including HIV.

Across Africa 12 to 13 women are currently infected for every 10 men. Over 55% of adult infections in sub-Saharan Africa are women. Women account for 30% of HIV infections in South East Asia, and 20% in Europe and the United States. Young people are especially vulnerable with approximately half of all new infections occurring in youth ages 15-24. Among those infected youth two-thirds occur among young women and girls.

Why are women and girls more vulnerable?

Access to prevention information, education and decision-making power is often limited for women and girls. Within many countries and cultures women are not permitted or expected to discuss or make decisions about sexuality. They cannot request, or insist on, their male partners using a condom. Women who refuse sex or insist on condom use risk physical and sexual abuse that can result in HIV infection. This form of violence is often motivated by the suspicion of infidelity. Because violence against women often takes the form of sexual coercion, it is a major risk factor for HIV infection. In many settings multiple partners for men including commercial sex workers are a culturally accepted gender norm. Women and girls are frequently expected to have sexual relations with older or married men who are more experienced and may be infected. In some cultures men seek very young women to have sex in order to avoid HIV infection and because they believe that having sex with a virgin can cure them.

Is the economic dependence of women an aggravating factor?

Demand for sexual services and economic vulnerability are significant factors in promoting HIV infection among women. Many women and girls exchange sex for material favors such as food, clothing and shelter to ensure daily survival for themselves and their children. Under impacting conditions of poverty and dependency, long term health issues become irrelevant and selling sex often enables daily survival.

In many countries health care providers, religious institutions, and schools are unwilling or unable to provide sex education or promote discussions and information sharing about sexuality because of cultural constraints, the lack of accurate information, inexperience with effective teaching and training methods, or because of cultural demands to protect young girls and women.

Do gender norms impact risk prevention and condom use?

Women's traditional expectations and ideas learned from families, friends, media, cultural and religious institutions and schools can undermine prevention efforts and increase their risk of infection. Many countries demand that girls who become pregnant must leave school while boys who father children are supported to remain. Some cultures believe that women seduce men into having sex and because male sexual needs are so strong, men are unable to control themselves and therefore accept no responsibility for sexual behavior. These contrasting norms and beliefs for men and women may inhibit women from taking protective measures against risk for HIV. Women may be reluctant to obtain and use condoms because it is not considered an appropriate role or because they may be accused of infidelity or of trying to seduce men. This behavior may directly impact their health and position in society or the family.

What are often defined as cultural practices may also exacerbate women's physical risk for HIV infection. In addition anal intercourse and female genital mutilation cause lesions or tears in the mucosal surface providing increased opportunity for the HIV virus to enter. These practices put women at high risk for HIV infection. Very young women are even more vulnerable in this respect.

Why are women and girls at increased vulnerability to HIV as a result of sexual violence ?

Sexual violence against women and girls and rape are factors that remain inadequately addressed and often socially condoned in many parts of the world. Wars, economic disruption and armed conflict have added to women's vulnerability to violence and increased risk of spreading HIV infection.

The physical trauma of violent sex and rape increases the likelihood of transmission and may become an entry point for HIV infection. A report from Human Rights Watch reports that "nearly two thirds of children

World Health Organization, Fact Sheet 242: Women and HIV/AIDS.
World Health Organization, WHO Information Series on School Health, Document 6, Preventing HIV/AIDS/STI and Related Discrimination: An Important Responsibility of Health Promoting Schools, Geneva, Switzerland, 1999.
Population Briefs [2001;7;2], CDC HIV/STD/TB Prevention News Update, September 05, 2001, Medical News.

who are denied their right to education are female and that policy makers must place an emphasis, not only on girls attendance, but on keeping them safe in school settings." It goes on to report that "girls are disproportionately victims of physical and sexual abuse in schools. Many girls have left school entirely as a result of their experiences with sexual violence." Violence and abuse have become a norm for young women within school environments. This places them at high risk for HIV.

© UNICEF/Balaguer

How can teachers and trade union leaders help to prevent HIV?

Schools are important settings in which HIV prevention can be delivered. Teachers and trade union leaders, in collaboration with ministries of education and health can take leadership and responsibility, through policy and practice, that will enable both boys and girls to receive complete, equitable information about HIV/AIDS/STI, and acquire skills to promote health and prevent HIV infection. Schools can also ensure that both young men and women are taught about risk behavior, respect and care for partners. A gender equitable approach to HIV prevention education enhances the roles and responsibilities of teachers. Teachers can and must be catalysts to ensure that girls and young women's rights are both met and respected in school and that they develop the necessary skills to achieve those rights and make healthy, safe decisions both in and out of school settings to protect them from HIV/AIDS. ◆

In Papua New Guinea infected women outnumber men

Papua New Guinea is facing the threat of the HIV/AIDS epidemic. It is estimated that 10,000 to 15,000 people are infected, and the number of new infections is growing by about 30% a year. Women seem to bear the brunt.

Papua New Guinea is the only country in East and Southeast Asia where women outnumber men in the number of AIDS infections in the age group 15-29.

According to the Director of the National AIDS Council Secretariat of Papua New Guinea, the average age for women to be infected is about 28, as against 35 for men. A recent UNAIDS study[2] shows that 94% of the infections were acquired through unprotected sexual intercourse.

AIDS is the leading cause of death in the Port Moresby General Hospital Medical Ward[3]. The study shows that 60% of married men acknowledge engaging in commercial sex activities.

Papua New Guinea's vulnerability to the HIV-AIDS epidemic is directly related to the various social, economic and cultural dynamics that define the country's development context, explains a report from the Anglican Church of Papua New Guinea (Diocese of Port Moresby), which mentions poor health status of the population, lack of infrastructure and basic services, limited education and gender disparities, as factors contributing to the spread of HIV/AIDS.

HIV is most prevalent in the 20-29 age group. Many of these people have families and earn an income or provide food to support that family. HIV will therefore have a significant impact on Papua New Guinea's economic development as well as its health, education and traditional support systems.

The National AIDS Council (NAC) is co-ordinating a national response to the epidemic. The NAC is working with all government departments, churches, the private sector, non-government organisations and other community groups to prevent the spread of HIV, and care for those infected or affected by the disease. The NAC includes projects and policies to alleviate poverty through promoting economic growth and employment opportunities, improving education, literacy, nutrition and law and order, as well as strategies to deal with gender inequalities and domestic violence.

D.M. - EI

1 Human Rights Watch, Scared at School: Sexual Violence Against Girls in South African Schools, March 2001
2 UNAIDS APICT (2000):" Get a Picture" UNAIDS Asia Pacific Intercountry Team, June 2000, p3
3 WHO/ National AIDS Council Papua New Guinea (2000): "Consensus Report on STI, HIV and AIDS Epidemiology Papua New Guinea", p7 and speech from Minister for Health, On the current status of HIVIAIDS in Papua New Guinea

EI

A new Training and Resource Manual on School Health and HIV/AIDS and STI prevention for teachers' use

EI and the World Health Organisation (WHO) have recently released a new training tool *"Training for teachers' use: A Training and Resource Manual on School Health and HIV/AIDS and Sexually Transmissible Infections (STI) prevention".*

This Manual was designed in collaboration with EI affiliates through different seminars on school health and HIV/AIDS and STI prevention held in 1999 and 2000. It was prepared by the Health and Human Development Programs at EDC (Education Development Centre, Boston, USA).

This Manual contains several resource documents such as Education International's *Resolutions and Recommendations on Health Promotion and Education for* HIV *Prevention*, common questions and controversies concerning HIV and suggested responses, fact sheets about HIV/AIDS and the latest UNAIDS data.

It also contains two resource documents produced by WHO: *Local Action: Creating Health Promoting Schools* and the sixth document in the WHO Information Series on School Health, *Preventing* HIV/AIDS/STI *and Related Discrimination: An Important Responsibility of Health-Promoting Schools*, as well as, the ILO's *Code of Practice on* HIV/AIDS *and the World of Work*.

Along with these resource documents, the Manual contains several participatory learning activities for HIV prevention divided into three parts: participatory learning activities for adults to reduce their risk for HIV infection; activities to strengthen teachers' skills to advocate and build support for effective HIV prevention in schools; and developmentally appropriate skill-building activities for young people: young children, pre-adolescents and adolescents.

Together, these tools can strengthen teaching and advocacy skills of teachers and trade union leaders. The manual designed to support and increase the effectiveness of unions' efforts to apply their unique capacities and experiences to strengthen HIV-related curricula and training programs for teachers and other members of the community.

The objectives of the Manual are to provide, involve, and support teacher union leaders and teachers with:

- A sustainable product they can use in their countries to strengthen school health programmes, in general, and to prevent HIV infection, in particular
- Ongoing EI seminars in different countries, and assist EI members in implementing the EI Recommendations and Resolutions on Health Promotion and Education for HIV Prevention
- The design, development and revision of the manual as local experts and implementers
- Useful activities and resources to strengthen their advocacy skills and their use of participatory teaching methods to prevent HIV/STI and related discrimination
- Resources and learning activities to address their own risks and concerns about HIV/STI and other health issues
- Modern, interactive learning experiences to help young people acquire the skills needed to avoid HIV/STI and reduce related discrimination.

The teachers are a window of hope in a world with AIDS. For this reason, it is important for EI to share this manual as a contribution to school prevention efforts in fighting AIDS. ◆

This Manual is already available in English and in French and will be soon translated into various languages. You can view it on our website at the following address : http://www.ei-ie.org/aids.htm

A rights-based approach to combat HIV/AIDS at the workplace

The HIV epidemic affects adults of working age rather than those traditionally vulnerable to disease, the young and the old. A major indirect cost of the HIVIAIDS epidemic is the loss of skilled labour and productivity. As a result, the progress achieved through training is now being undermined by the loss of experienced workers, teachers, business people, trade union activists and community leaders.

The International Labour Organisation (ILO) estimates that over 23 million workers in their productive prime (15-49 years of age) are HIV positive. It has also calculated that the size of the labour force in high-prevalence countries will be between 10 and 30% smaller by 2020 than it would have been without HIV/AIDS. The projected loss for Côte d'Ivoire, for example, is 12.8%, for Malawi 16%, and for Zimbabwe 29.4%. These figures do not take into account the reduced capacity of many of those still in the labour force suffering from AIDS-related illnesses. The concern is not only with the size of the labour force, but also its quality.

ILO's Programme on HIV/AIDS and the world of work

The ILO approach to the HIV/AIDS issue is based on the principles of social justice and equality and on the respect of the core labour standards.

The ILO Programme on HIV/AIDS was adopted by the International Labour Conference in June 2000. Its long-term goal is to contribute to the containment of HIV infection; to help mitigate its consequences for individuals, enterprises, and governments; and to protect the fundamental rights of men and women workers who are affected. The immediate objective of the programme is to enhance the capacity of the ILO's tripartite constituents to design and implement policies and programmes which would help to cope with the various dimensions and consequences of the spread of the infection in the world of work and beyond.

The Programme focuses on five particular areas :

i) Improving knowledge and understanding of the economic and social consequences of HIV/AIDS

ii) Pursuing advocacy on the socio-economic impact of HIV/AIDS and its implications for workers' rights and enterprises

iii) Setting standards and guiding national action programmes on HIV/AIDS, ensuring they include the world of work, and oppose discrimination

iv) Strengthening the capacity of employers' and workers' organisations in education and prevention, counselling and support, and action against discrimination

v) Applying the special expertise of the ILO's sectoral and technical cooperation programmes to particular workplace needs, especially in training, social protection, and safety and health at work.

ILO Code of Practice on HIV/AIDS and the world of work

The ILO Code of Practice, in establishing the rights and the responsibilities of the tripartite partners, provides practical guidance for developing national and workplace policies and programmes to combat the spread of HIV and mitigate its impact.

The Code was developed through widespread consultations, taking into account examples of good practice in many regions. It is based on respect for fundamental rights at work and covers the key areas of:

- prevention through education, gender-awareness programmes, and practical support for behaviour change;
- protection of workers' rights, including employment protection, gender equality, entitlement to benefits, and non-discrimination;
- care and support, including confidential voluntary counselling and testing, as well as treatment in settings where local health systems are inadequate.

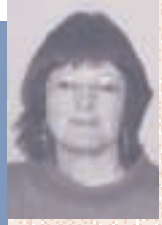
Through its unique tripartite structure, the ILO can mobilise governments, employers and workers against HIV/AIDS. With nearly a century of experience in guiding laws and framing standards to protect the rights of workers and improve their working conditions, the ILO has developed expertise in many relevant sectors, from occupational safety and health to social security. The ILO has a well-established record of research, information-dissemination and technical co-operation, with a particular focus on education and training, making it a necessary partner in the workplace. ◆

"...From an ILO perspective, discrimination in the world of work is one of the most significant human rights abuses in the area of HIV/AIDS"

Juan Somavia, ILO Director-General
June 2000

HOW DOES HIV/AIDS AFFECT LABOUR AND SOCIAL PROGRESS?

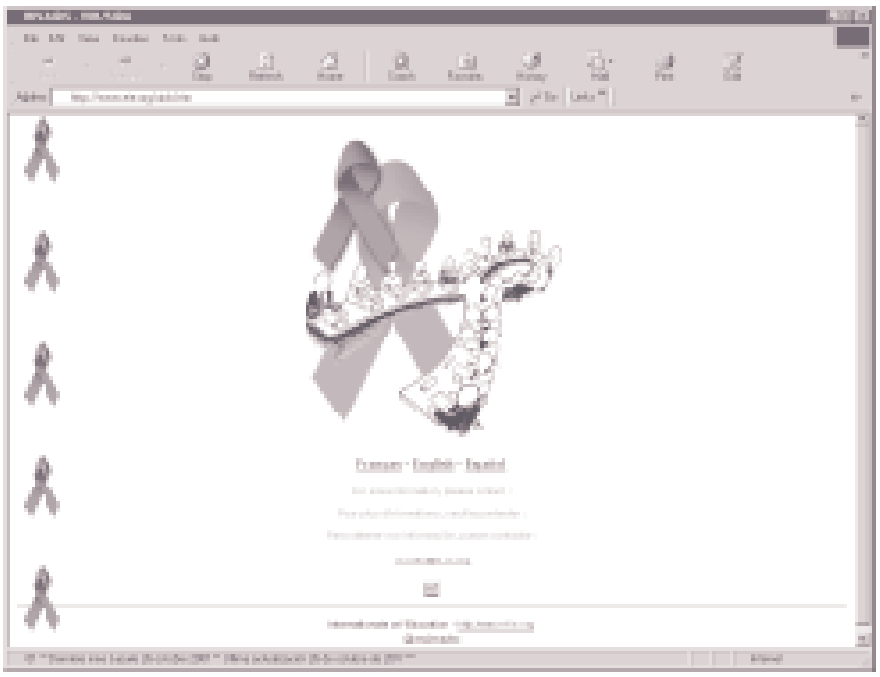
- **reduced supply of labour**
- **loss of skilled and experienced workers**
- **absenteeism and early retirement**
- **stigmatisation of and discrimination against workers**
- **increased labour costs for employers from health insurance to retraining**
- **reduced productivity, contracting tax base and negative impact on economic growth**
- **investment discouraged and enterprise development undermined**
- **social protection systems and health services under pressure**
- **loss of family income and household productivity, exacerbating poverty**
- **increase in single female-headed households**
- **early entry of children into active employment**
- **pressure on girls and women to survive through sexual favours**

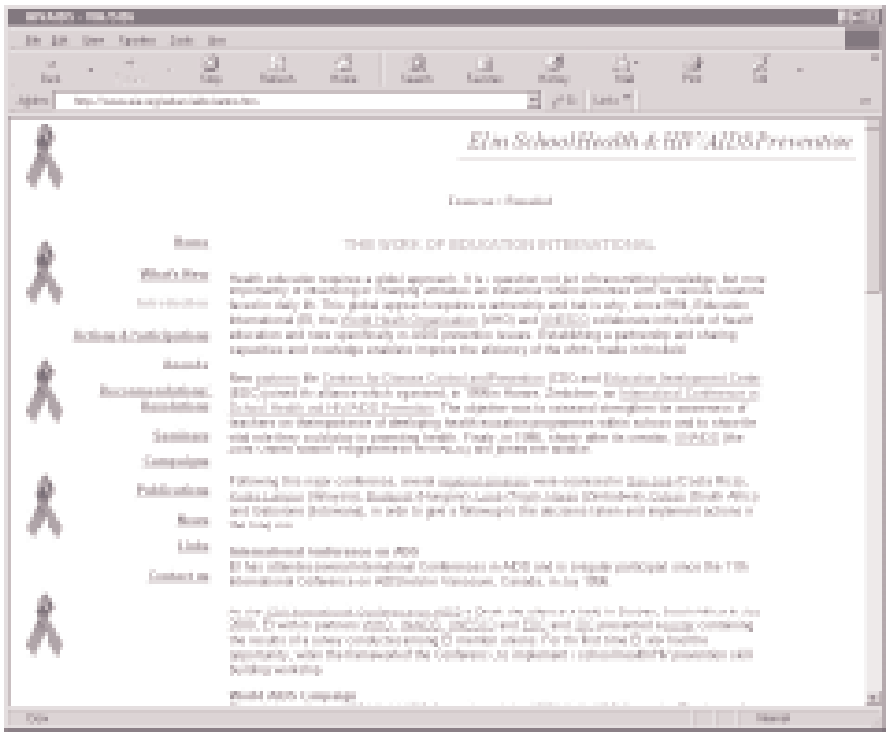


Susan Leather
Consultant with the ILO's Global Programme on HIV/AIDS in the World of Work and the ICFTU HIV/AIDS project

http://www.ei-ie.org/aids

Resources on shool health and HIV/AIDS Prevention





EDITOR RESPONSIBLE AT LAW: Fred van Leeuwen, General Secretary
EDITOR: Dominique Marlet
EDITORIAL STAFF: Monique Fouilhoux, Dominique Marlet, Delphine Sanglan, Anabel Vallines
ADDRESS: Education International
5, Boulevard du Roi Albert II
1210 Brussels, Belgium
Tel.: +32 2 224 06 11
Fax: +32 2 224 06 06
E-mail: headoffice@ei-ie.org
Internet: http://www.ei-ie.org

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