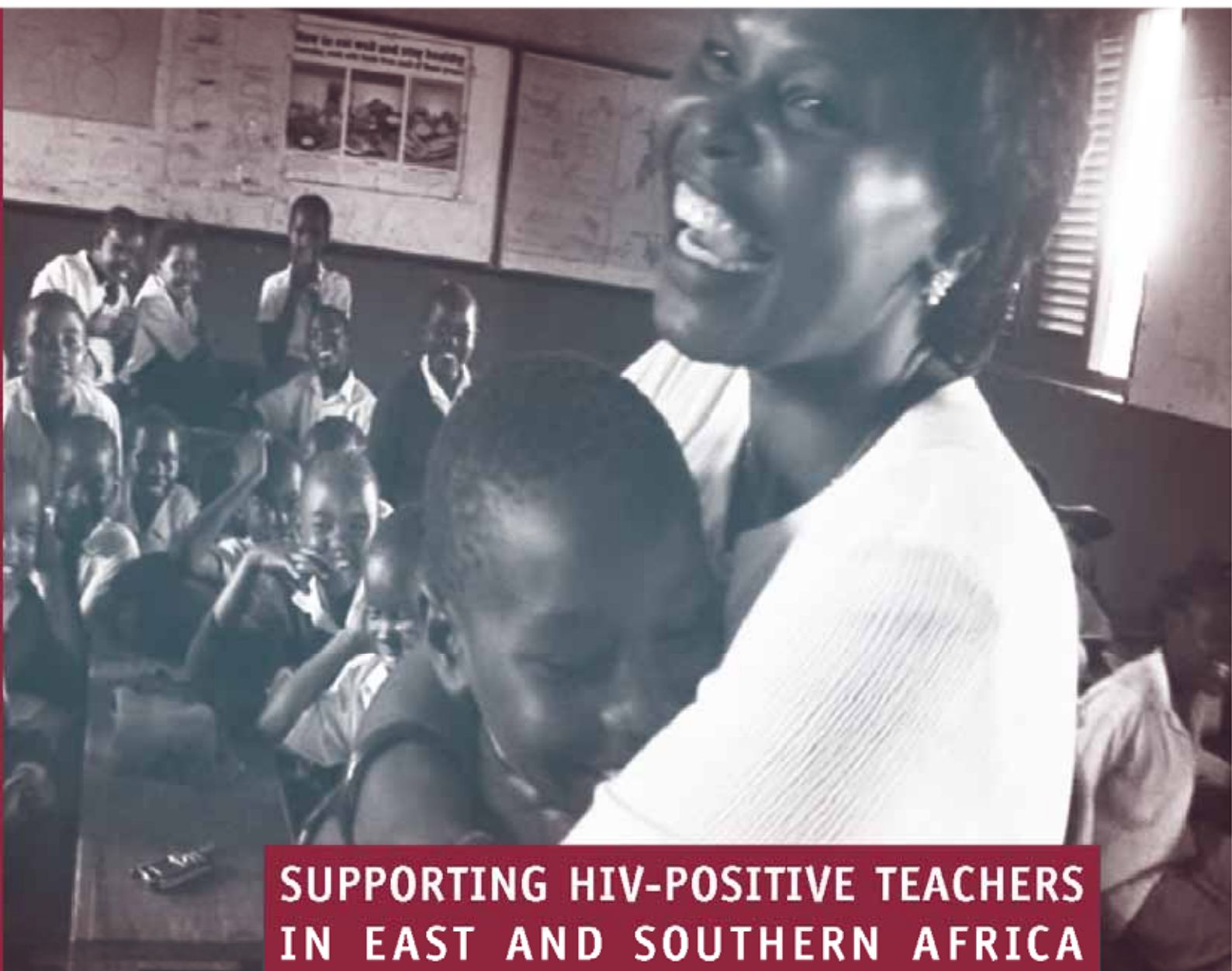




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## SUPPORTING HIV-POSITIVE TEACHERS IN EAST AND SOUTHERN AFRICA

TECHNICAL CONSULTATION REPORT

30 NOVEMBER – 1 DECEMBER 2006 – NAIROBI, KENYA

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# TABLE OF CONTENTS

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Acknowledgments .....	4
Acronyms .....	4
Executive Summary .....	5
<b>1.</b> Introduction .....	7
<b>2.</b> The impact of HIV and AIDS on HIV-positive teachers .....	9
2.1 Defining the impact of HIV and AIDS on teachers living with HIV .....	9
2.2 Why a specific response for HIV-positive teachers? .....	12
<b>3.</b> Support for teachers by teachers .....	13
3.1 HIV-positive teachers' networks, groups and associations .....	14
3.2 Supporting HIV-positive teachers through Teachers' Unions .....	15
<b>4.</b> Support for teachers by the education sector .....	18
4.1 Ministries of Education .....	18
4.2 Workplace policies .....	20
4.3 Monitoring tools and systems .....	21
4.4 Teacher training .....	21
4.5 Teacher deployment and relief policies .....	22
4.6 The role of school administrators .....	22
4.7 Support by communities .....	22
4.8 Other key partners .....	23
<b>5.</b> Conclusions and recommendations .....	24
References .....	26
Annex I: Message from participants on the occasion of World AIDS Day .....	27
Annex II: Participants list .....	28

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## Acronyms

AIDS	Acquired Immune Deficiency Syndrome	PMTCT	Prevention of Mother To Child Transmission
ART	Antiretroviral (ARV) Therapy	TAAG	Teachers Anti-AIDS Action Group (Uganda)
EDC	Education Development Center	TANESA	Tanzania Essential Strategies Against AIDS
EDUCAIDS	UNAIDS Global Initiative for Education and HIV & AIDS	TAPOTI+	Tanzania Positive Teachers' Initiative
EFA	Education for All	UNATU	Uganda National Teachers Union
EI	Education International	UNESCO	United Nations Educational, Scientific and Cultural Organization
EI - EFAIDS	EI's Global Partnership Programme with EDC and WHO on EFA and HIV & AIDS	UNESCO IICBA	UNESCO International Institute for Capacity Building in Africa
EMIS	Education Management Information System	UNESCO BREDIA	Bureau Régional de l'UNESCO pour l'éducation en Afrique (UNESCO Regional Office for Education in Africa)
GIPA	Greater Involvement of People with HIV and AIDS	UNGASS	UN General Assembly Special Session on HIV/AIDS
HIV	Human Immunodeficiency Virus	UNICEF	United Nations Children's Fund
IEC	Information, Education and Communication	USAID	United States Agency for International Development
KENEPOTE	Kenyan Network of Positive Teachers	VCT	Voluntary Counselling and Testing
KNUT	Kenya National Union of Teachers	WHO	World Health Organization
ILO	International Labour Organization	ZIMTA	Zimbabwe Teachers' Association
MoE	Ministry of Education	ZNUT	Zambia National Union of Teachers
MoH	Ministry of Health		
MoL	Ministry of Labour		
NANTU	Namibia National Teachers' Union		
PLHIV	People Living with HIV		

# EXECUTIVE SUMMARY



East and Southern Africa are the two regions in the world which are the most highly affected by HIV and AIDS. A significant number of people with HIV are educators, ranging from primary school teachers to head teachers and university lecturers.

Due to their unique custodian role in society, HIV-positive teachers often experience high levels of stigma and discrimination within schools and outside of school settings. Stigma and discrimination have posed a major barrier to supporting teachers with HIV and fostering their involvement in responding to the AIDS pandemic.

In response, UNESCO together with the three partners in the EI-EFAIDS programme – Education International (EI), Education Development Center (EDC) and the World Health Organization (WHO) – convened a consultation with HIV-positive teachers and other key stakeholders from Ministries of Education and teachers' unions from Kenya, Namibia, United Republic of Tanzania, Uganda, Zambia and Zimbabwe. The consultation aimed to share experiences and articulate common, key elements of comprehensive responses for HIV-positive teachers. Specifically, the consultation aimed to:

- Determine the unique needs of and the impact of HIV on HIV-positive teachers, who – to date – have received relatively little focused attention; and
- Identify the type and level of support required to adequately address HIV-positive teachers' needs.

This report presents a summary of the key points, outcomes and recommendations emerging from the consultation. In order to provide a comprehensive

response for HIV-positive teachers, there needs to be support for HIV-positive teachers to continue teaching in a supportive environment which is free of stigma and discrimination, and the promotion of their meaningful involvement in education sector responses. For this to be in place, a number of actions were seen necessary, including to:

**Identify and address the varying needs of HIV-positive teachers** – Teachers are not a homogenous group and, as such, their experience of being HIV-positive will vary. To address their differing needs, it is necessary to assess the unique and varying situations that teachers face. Furthermore, a comprehensive response for supporting and involving teachers with HIV must recognise and target teachers at several levels: the individual (e.g., health and emotional well-being); the occupational (i.e. discrimination and absenteeism); the community (such as stigma); and the systemic (e.g., undermining of provision of education).

**Tackle stigma and discrimination** – A key challenge when implementing any programme or policy is how to support HIV-positive teachers without increasing their vulnerability to stigma and discrimination. In other words, care should be taken not to identify HIV-positive teachers as the only group which is sexually active and requires special treatment, or to create conflicts with other staff. Well-meaning actions may have negative consequences.

**Ensure access to prevention programmes, treatment, care and support** – One of the most urgent needs in East and Southern African countries is to ensure that teachers who are in need of treatment, care and support

are able to access affordable and confidential services. The consultation highlighted the need to build upon existing public treatment services rather than create parallel programmes specifically for teachers which are unsustainable and may inadvertently increase stigmatisation.

**Build links between teacher's unions and networks of HIV-positive teachers** – The consultation highlighted the pivotal role of HIV-positive teachers' networks and teachers' unions. Networks of HIV-positive teachers are active in many countries in East and Southern Africa and have been vocal in promoting the needs of their members. Although these groups are growing, they may have limited membership, weak structures and low sustainability. Teachers' unions are one of the strongest potential allies of networks of teachers with HIV. With membership figures of over 90 percent in some countries, teachers' unions are the largest and most powerful bodies for promoting the welfare of teachers. However, some unions in the region have been unsure of how to support HIV-positive teachers. The consultation provided an important opportunity to bring together these two different types of support, and the overwhelming conclusion was that unions and networks of teachers with HIV must work more closely together.

Other important programmatic components of comprehensive responses for supporting HIV-positive teachers include:

- Workplace policies on HIV and AIDS in the education sector that address the needs of HIV-positive teachers;
- Training and skills-building to reduce stigma towards teachers with HIV and to equip all teachers with the knowledge, skills and confidence they need to reduce their own risk to HIV infection and to teach about HIV;
- Strategic partnerships with school administrators and other sectors including, for example, Ministries of Health (e.g., on antiretroviral therapy (ART)), Ministries of Labour (e.g., on workplace policies for education sector staff) and Ministries of Planning (e.g., on Education Management Information Systems (EMIS));
- Community-based activities to reduce stigma and discrimination towards teachers with HIV and to educate parents that a teacher with HIV poses no threat to the safety and well-being of the students, does not hinder his or her ability to be a good educator and has the right to the same level of respect as any other teacher; and
- Relevant, timely and accurate data for planning, monitoring and evaluation.

# 1. INTRODUCTION

Teachers hold a special position in our societies. They educate our children and act as custodians, serving as positive role models and providing adult supervision. At the same time teachers, just like anyone else, are vulnerable to HIV infection and may be personally affected by HIV in their families and communities or caring for someone. Precisely because of their special role, parents may feel it is unacceptable for their child to be taught by an HIV-positive teacher. Yet the reality is that in East and Southern Africa, thousands of teachers are HIV-positive. Human rights conventions<sup>(i)</sup> make it clear that stigma and discrimination against anyone with HIV, including HIV-positive teachers, are unacceptable. The education sector has the responsibility to support all teachers, regardless of their HIV status.

Given the sensitivity this issue may have in some communities, it appears that some teachers' unions and governments have been uncertain about how to respond to the needs of HIV-positive teachers. There have been piecemeal efforts in many countries in East and Southern Africa but, to date, little has been done to draw together experiences to develop a comprehensive response for HIV-positive teachers that fulfils their right to access HIV prevention, treatment, care and support services as well as their right to work without discrimination. In response to this need, UNESCO and the three partners in the EI-EFAIDS programme – EI, EDC and WHO – organized a technical consultation in Nairobi, Kenya, from 30 November to 1 December 2006 focussing on East and Southern Africa. This report highlights the key issues and recommendations that emerged from the consultation.

The consultation brought together a range of different stakeholders including Ministries of Education, teachers' unions and HIV-positive teachers' networks from six countries: Kenya, Namibia, Tanzania, Uganda, Zambia and Zimbabwe. In addition, representatives from UNESCO, EI, EDC, WHO, UN, bilateral agencies and civil society partners were present. For the full list of participants, see Annex 2.

## The objectives of the consultation were to:

- Review actions and frameworks at global, country and community levels and 'take stock' of what is happening in the sub-region;
- Examine barriers to responding to the needs of HIV-positive teachers and those affected by HIV and AIDS and make recommendations on how they can be overcome;
- Identify the potential to develop and maintain HIV-positive teacher network structures within teachers' unions and partnerships between networks and key stakeholders at country and regional levels; and
- Improve linkages between existing initiatives.

The report is presented in three parts. The first part provides an overview of the impact of HIV on teachers and the specific issues that HIV-positive teachers face. Part two summarises support mechanisms for teachers with HIV and the final part presents the key conclusions and recommendations from the consultation regarding how the education sector can support HIV-positive teachers.

The organizers and participants would like to note that while this particular consultation focused specifically on HIV-positive teachers, this does not imply that the challenges and needs of teachers *affected* by HIV and AIDS (e.g., in their families or communities or by caring for learners and orphans affected by HIV and AIDS) are less significant and/or easier to address.

The consultation was framed within the goals of Education for All (EFA) in recognition that the EFA goals will remain unattainable if the impact of HIV and AIDS on the education sector is not adequately addressed.

(i) For examples of relevant Human Rights conventions, see: "International Guidelines on HIV/AIDS and Human Rights: 2006 Consolidated Version", Geneva: OCHCR and UNAIDS, 2006. Accessed online 12 September 2007 at: [http://www.ohchr.org/english/issues/hiv/docs/consolidated\\_guidelines.pdf](http://www.ohchr.org/english/issues/hiv/docs/consolidated_guidelines.pdf)





**“Teaching is a psychological job;  
my mind needs to be settled”**

HIV-positive teacher at the technical consultation

## 2. THE IMPACT OF HIV AND AIDS ON HIV-POSITIVE TEACHERS

### 2.1 Defining the impact of HIV and AIDS on teachers living with HIV

The impact of HIV and AIDS on teachers occurs at a number of levels. The most direct impact is on the teacher as an individual, in terms of his or her HIV status. Teachers may be reluctant to undergo an HIV test due to fear of discrimination if they are found to have HIV. Those teachers who know they are HIV-positive may be unlikely to disclose their status in schools where HIV-related stigma is found and may be unaddressed, where they feel they would not be treated fairly, or where they might lose their jobs. They may also isolate themselves from their colleagues and communities in an attempt to conceal their HIV-positive status. This can be both psychologically and emotionally damaging.

In addition to the individual level, the impact of HIV and AIDS on teachers is also experienced at the professional, community and systemic levels. For example, HIV and AIDS can have significant impacts on the quality of education through increased teacher absenteeism which increases the burden on remaining teachers and can weaken educational provision and quality. These impacts are explored in further detail in Figure 1.

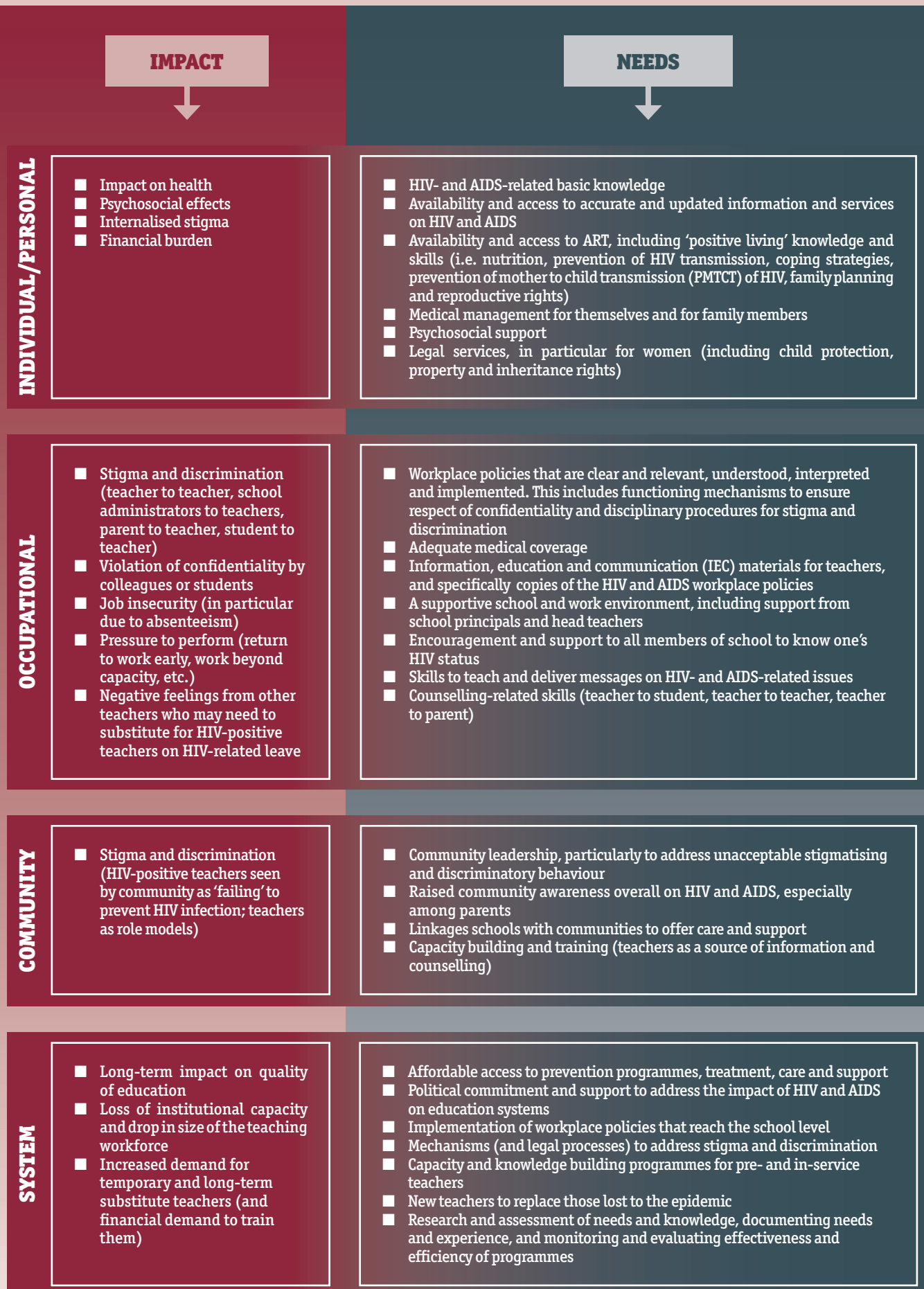
Numerous studies have illustrated the negative effects of HIV and AIDS on teachers.<sup>[1,2]</sup> In Tanzania, for example, 100 primary school teachers are estimated to die of AIDS-related illnesses each month and in 2006 an estimated 45,000 additional teachers were needed to make up for those lost to the epidemic.<sup>[3]</sup> The number of teachers estimated to be living with HIV is also striking. In Kenya, for example, over 14,500 teachers are thought to be HIV-positive.<sup>(ii)</sup>

A recent survey in Kenya shows that at least 75% of teachers do not know their HIV status.<sup>[4]</sup> Furthermore, 60% of teachers not tested said they do not want to know their status because they fear discrimination.<sup>[4]</sup> Clearly, in planning to address the impact of HIV and AIDS on education, it should not be presumed that teachers know their status. A comprehensive approach needs to support all teachers in dealing with HIV – not just those who know their HIV status.

Several of the HIV-positive teachers at the consultation were receiving ART but discussed how without proper support from the school, even this could become problematic. Managing HIV treatment involves regular visits to the hospital which can be difficult in rural and remote areas where it can take one or two days just to travel to and from the hospital. Taking time off work to visit the hospital means taking time off teaching, which in turn increases the workload of other teachers. Some teachers also expressed concern of parents starting to notice regular absences of teachers, beginning to suspect something, and some even filing complaints to the head teacher. Moreover, some teachers found that if they had not disclosed their HIV-positive status, taking time off work to visit the hospital could become extremely difficult without raising the suspicion of colleagues. Finally, teachers mentioned that disclosure of HIV-positive status does not imply the same level of disclosure nor is confidentiality always respected among colleagues and parents (see Box 1 for more on disclosure).

(ii) Assuming HIV prevalence among teacher workforce to be similar to HIV prevalence among general population (6.1%; UNAIDS 2006) and a teacher workforce of 240,000. The estimate given by K. Kiragu, Horizons Programme - Population Council, during a presentation at the consultation was 16,500.

Figure 1. Impact of HIV and AIDS on HIV-positive teachers and their HIV-related needs



## Box 1: Disclosure of HIV status

The decision to disclose one's HIV status is the choice of the individual and should not be forced. Making the decision to disclose will likely depend on the extent to which the individual thinks he or she will be supported by their family, friends, workplace and community. Access to treatment, care and support services is also an important factor in disclosure.

The main motivations for disclosing one's own HIV-positive status vary from individual to individual, but often fall under four overlapping categories: maintaining psychological well-being; accessing treatment; educating others; and nurturing existing relationships.

Levels of self-disclosure can vary and include:<sup>[5]</sup>

- At home with one or several relatives
- With one or several friends
- With sexual partner(s)
- With a doctor or other health professionals
- At work with one or several colleagues
- Within the union
- At work with a supervisor
- In self-help groups or networks of people living with HIV
- In local and international NGOs
- With public officials
- In the media, at national and/or international levels
- In other fora, such as HIV- and AIDS-related workshops or conferences, at national and/or international levels

All of these issues highlight the shared experience among participants that schools were not doing enough to support HIV-positive teachers. This lack of support was also reflected in a lack of availability of basic information on HIV and AIDS in most schools for teachers and their students. Teachers complained that it was impossible for them to teach successfully about HIV if they were not provided with up-to-date materials. Materials available through the curriculum, for example, did not contain information on treatment or other issues such as male circumcision or how to live positively with HIV.

In most of the participating countries, HIV-positive teachers were concerned that while HIV and AIDS workplace policies may be in place, they were not being implemented. HIV and AIDS workplace policies for the education sector are necessary to ensure protective and supportive environments for teachers and non-teaching staff in schools. However, the existence of these policies is not enough: they must be operationalised and accompanied by functioning (and legally binding) mechanisms to protect teachers as employees. None of the teachers knew of schools where policy at the 'system level' had been translated into impact at the 'individual teacher' level, in particular for HIV-positive teachers. The general consensus at the consultation was that HIV and AIDS workplace policies might exist at the level of Ministries of Education, but these are typically not accessible to teachers. As a result, there is a general lack of awareness of the existence and content of workplace policies.

**“There is a lack of understanding that disclosure for HIV-positive teachers is a process that can have positive and negative consequences.”**

HIV-positive teacher at the consultation

## 2.2 Why a specific response for HIV-positive teachers?

Early in the epidemic it was thought that teachers were at a relatively high risk of HIV infection due to their high levels of social mobility.<sup>[6,7]</sup> However, as the epidemic has evolved, and statistical data have become more accurate, the bulk of evidence is now suggesting that HIV prevalence among teachers is similar to HIV prevalence in the general population.<sup>[1]</sup> The reality is that precise rates of HIV infection among teachers remain unknown in the majority of countries. A South African survey of approximately 22,000 teachers reported HIV prevalence among teachers at about 13% which is lower than the national HIV prevalence of the country, but could be as high as 21% within the age group of 25-34.<sup>[8]</sup>

If teachers are just as likely to become HIV-positive as the general population, then it leads to the question, why should there be a specific response for teachers?

Participants felt a specific response was necessary as:

- Teachers have the potential to play a significant role in educating about HIV and AIDS. However, if the school environment tolerates HIV-related stigma or if HIV-positive teachers are not supported adequately, this potential cannot be fully realised.
- Teachers serve as role models for their communities outside of their workplace. As such, it is important to support HIV-positive teachers and to provide positive role models of people who openly live with HIV.
- If the impact of HIV and AIDS on teachers is not addressed, increased levels of HIV-related absenteeism and mortality will lead to a long-term erosion of the quality of education.

Given all of the above, the impact of HIV on teachers creates a unique set of needs which must be addressed by appropriate policies and structures and, most importantly, by the meaningful engagement of the key population at stake – teachers living with HIV.

**“Positive attitudes count, but for them to be developed we need care and support and we need head teachers, students and parents and the Ministry of Education to be convinced and support us.”**

HIV-positive teacher at the consultation

## 3. SUPPORT FOR TEACHERS

# BY TEACHERS

**T**he consultation provided an important opportunity to discuss in detail how teachers themselves wish to be supported. As discussed earlier, the needs of teachers range from individual and school levels to community and national levels. At each of these levels, the overriding consensus was that HIV-positive teachers themselves must be part of the first line of response. This is in line with the GIPA (Greater Involvement of People with HIV and AIDS) principle (see Box 2).

**“HIV-positive teachers are part of the solution to fight HIV/AIDS in the education sectors and not a problem.”**

Margaret Wambete  
Kenyan Network of Positive Teachers (KENEPOTE)  
(ADEA film “The Teaching Profession United Against HIV/AIDS”, 2006)

### Box 2: Background on the GIPA Principle

The movement to involve people living with HIV in the response to HIV and AIDS was first voiced by members of the HIV-positive community in the 1983 *Denver Principles*<sup>[9]</sup> which advocated for their greater involvement in decision-making. However, it was not until December 1994 that the Paris AIDS Declaration<sup>[10]</sup> was signed by 42 countries, committing them to the principles of greater involvement of people with HIV. Countries reaffirmed their commitment to GIPA at the UN General Assembly Special Session on HIV/AIDS (UNGASS) meeting in June 2001.<sup>[11,12]</sup>

The Paris Declaration also brought attention to the importance of networks of people with HIV and the urgent need to strengthen the capacity of these often fragile networks.

A review in 2003 found that the principles of GIPA can take four forms:<sup>[13]</sup>

- **Access to services** – People living with HIV (PLHIV) take part in activities as users of services, such as health care, counselling or training. This is the most common type of PLHIV involvement.
- **Inclusion** – PLHIV serve as volunteers in HIV- and AIDS-related service delivery, such as providing informal peer support and community outreach.
- **Participation** – PLHIV deliver services on a formal, regular basis. Their expertise is officially recognised (with or without remuneration) by the organization offering the services as volunteers or staff members.
- **Greater involvement** – considered to be the highest level of involvement of PLHIV and can be in management, policy-making and strategic planning as directors, trustees or programme managers.

Throughout East and Southern Africa, experience shows that there is a great strength in people with HIV coming together and working to assert their rights collectively rather than at the individual level. The opportunity to meet other people confronting similar challenges can provide an important source of support. However, given the high levels of stigma associated with being an HIV-positive teacher, levels of public HIV disclosure remain low and consequently, it remains a challenge to include HIV-positive teachers in the response.

### **3.1 HIV-positive teachers' networks, groups and associations**

Despite the tremendous impact of HIV on the education sector and its personnel in the region, the mobilisation of HIV-positive teachers to form their own networks and groups has often proven to be difficult. To this day, only a minority of countries in the region have HIV-positive teachers' groups. In fact, from the six countries represented in the consultation, only four have formal organizations of teachers with HIV.

The first network of HIV-positive teachers in the region was the Kenyan Network of Positive Teachers (KENEPOTE), formed in January 2003, followed by the Ugandan Teachers Anti-AIDS Action Group (TAAG) in 2005, Tanzania Positive Teachers' Initiative (TAPOTI+) in July 2006 and most recently the Zambian Teachers Ring of Hope.

#### **Membership**

While most of the groups and networks limit memberships to teachers with HIV, one group in the region (TAAG) is unique in that it applies an inclusive approach in its membership criteria and advocates for the rights of teachers living with and affected by HIV. The HIV-positive teachers' networks in Namibia and Zimbabwe are at a nascent stage of development and mostly consist of informal gatherings and occasional mobilisation of teachers with HIV.

The size of the existing HIV-positive teacher networks varies from well-established networks with over 3,000 members (KENEPOTE) to limited but rapidly growing groups (Uganda's TAAG and Tanzania's TAPOTI+ have a membership of about 70 each) to smaller groups of individuals who are just beginning to come together (including in Namibia, Zambia and Zimbabwe).

#### **Origins**

It is clear from discussions on the origins of these groups that all of the networks sprung up in response to a similar set of challenges across the region; namely, difficulties in accessing treatment services, poor working conditions and stigma and discrimination in the workplace and the community.

KENEPOTE was formed by two teachers who wanted to address issues around stigma and discrimination from parents who had been advocating their removal from schools and colleagues who excluded them from workplace gatherings. Similarly, TAAG was formed by eight individuals who came together in order to advocate for the rights of HIV-positive teachers following their own and other colleagues' experiences, which included loss of work, transfers and forced retirement.

#### **Objectives**

HIV-positive teachers' groups share common objectives and face similar needs and challenges. As well as advocacy for teachers' rights and access to treatment, care and support services, which is a priority for all groups, the main objective of the networks is the improvement of quality of life of their members through:

- Reducing stigma and discrimination in schools and communities;
- Increasing access to treatment, care and support services; and
- Ensuring the protection and exercise of rights of teachers with HIV in their workplaces and beyond.

In addition to improving members' quality of life, HIV-positive teachers' groups can also achieve a number of other functions. They can promote – both by their simple existence as well as through specific advocacy efforts – colleagues to access voluntary counselling and testing (VCT) services to know their HIV-status. By putting a human face to HIV and AIDS, and through their roles as teachers, HIV-positive teachers open about their HIV status can share their experiences and, thus, help to break down taboos and discriminatory attitudes.

The impact on reducing stigma is already evident in the case of KENEPOTE. In Kenya, the public support from the Ministry of Education to KENEPOTE is a factor in creating an environment where the individual HIV-positive teacher may gather the psychosocial support they need to seek out treatment and support services. The combination of KENEPOTE and its programmes with the HIV and AIDS workplace policies for the education sector have also

started to change attitudes of teachers, parents and communities towards HIV-positive teachers.

## Challenges

While TAPOTI+, TAAG and Teachers' Ring of Hope are growing rapidly, the relatively small number of members and the even smaller number of key figures within the groups raises issues of representativeness. At issue is the extent to which the members of an HIV-positive persons' group (in this case teachers) represent the entire HIV-positive population/community (in this case the teaching workforce of a country). Participants at the consultation were aware of this challenge and expressed the urgent need to reach out widely to all of the teaching staff in their countries and bring together a critical mass of members who in turn can give voice to the needs of all teachers living with HIV.

Attempts to expand to include new members has been done through IEC materials and various activities such as holding meetings at the teachers' unions, and other activities at school and support groups' functions. Participants found that reaching out to the entire teacher workforce requires significant financial resources, a large network and stronger infrastructure. Even when networks have been able to reach out to colleagues, stigma and discrimination may limit teachers' willingness to join.

The need to collaborate and share lessons between countries is a clear priority and the consultation provided a useful forum to discuss shared strengths and challenges. One shared challenge across countries was the lack of office space and a full-time secretariat. All of the networks were reliant on the voluntary support of their members operating in schools and Ministries of Education, which raises issues of sustainability and coverage. If there is no office with a secretariat, where and how can funding be mobilised? How can rights and access to services be advocated for in a harmonised and unified manner? Furthermore, how long can individual members provide their services without compensation? Or more importantly, how long can members continue to provide services on a voluntary basis at the expense of their home/annual leave and regular teaching duties in schools?

In the absence of secretariats and offices, support from teachers' unions and other organizations proves to be critical to the groups' and networks' sustainability. This support is even more critical in countries where teachers with HIV are in the initial stages of formalising networks. For example, at present there is no organization in Zimbabwe that specifically focuses on the needs of HIV-positive teachers. The teachers' unions in the country are struggling to address the issues faced by teachers with HIV through other programmes, but they do not have

specific activities focused on the inclusion of members living with and affected by HIV.

Given these challenges, the general consensus was that working with and through national teachers' unions would provide far greater leverage with governments and an existing infrastructure to reach larger numbers of teachers.

## 3.2 Supporting HIV-positive teachers through teachers' unions

Teachers' unions remain the largest organized unions across the region with average membership of often over 90% of the teacher workforce. The union is the official body in a country which represents the views of teachers and acts on their behalf to negotiate working conditions and to support and protect their rights.



Over the last twenty years, teachers' unions in East and Southern Africa have been instrumental in campaigning for a wide range of issues related to teachers' welfare including: fairer working conditions for teachers, action against violence in schools, and free primary education for all children. More recently, teachers' unions have been



taking on the issue of HIV and AIDS through a number of different channels. Through Education International (EI – the international organization of teachers’ unions), training on how to teach HIV and AIDS has been rolled out across East and Southern Africa (see Box 3 for more details). Teachers’ unions have played an important role in providing HIV prevention training to union members through in-service training and producing IEC materials for teachers on general HIV- and AIDS-related information and workplace policies.

The potential for unions to address the needs of HIV-positive teachers is very high simply because they possess the necessary structures to reach and support all their members (irrespective of HIV status) and have a strong role to play at the decision-making level with Ministries of Education.

Despite this potential, the unions have not been very active in supporting the rights of HIV-positive teachers (apart from a few exceptions such as the South African Democratic Teachers’ Union or the Zimbabwe Teachers Association). One of the key causes for this lack of action is likely to be resistance and stigma from other union members against HIV-positive teachers. In addition, fear of stigma from communities and potentially negative labelling of teachers may have influenced some teachers’ unions to be silent on the need to support HIV-positive teachers.

This situation is beginning to change in these regions. Unions are increasingly realising that the needs of a fairly large section of its membership must be addressed. On the basis of the discussions held in the framework of the EI-EFAIDS programme, EI and EDC are now planning a number of activities to expand the role of unions in supporting HIV-positive teachers, including the publication of a practical toolkit.<sup>[5]</sup>

In addition to the suggested actions identified in Box 3, participants at the consultation recommended the following priority action areas for teachers’ unions:

- Serving as mediators between employers (MoEs) and employees (teachers);
- Ensuring that teachers possess information on how to access services;
- Equipping teachers with the skills, confidence and materials necessary to build their knowledge on HIV and AIDS;
- Providing support to ensure that teachers’ rights are assured and their needs are met;

- Having an identified HIV and AIDS focal point within the union;
- Engaging and representing the teachers’ unions in the National AIDS Councils.



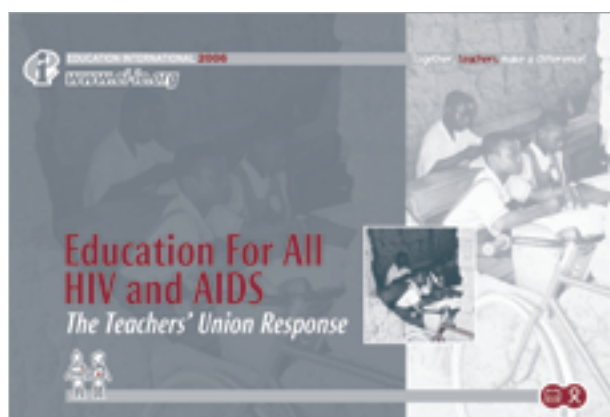
It is clear that teachers’ unions can support HIV-positive teachers more effectively by expanding their efforts, and moving from supporting individual members to supporting HIV-positive teachers’ groups and networks. In fact, it was noted with some disappointment that unions have not been very active in developing partnerships with existing HIV-positive teacher networks despite their common objective of improving the welfare of their members, which includes HIV-positive teachers. The challenges of sustainability and coverage which are faced by the HIV-positive teachers’ networks could be overcome by working through teachers’ unions.

Participants discussed a number of ways in which teachers’ unions and HIV-positive teachers’ networks could collaborate. Potential partnerships could range from creating formal partnerships with existing HIV-positive teachers’ groups and networks to providing a ‘home’ for such groups within the structures of the unions. Given the existing and usually well-functioning structures of teachers’ unions, and the fact that HIV-positive teachers are a subset of the total teaching workforce, HIV-positive teachers’ networks and groups could be considered as sub-structures of teachers’ unions.

Partnerships between teachers' unions and HIV-positive teachers' groups can also take the form of formal agreements, participation of representatives of HIV-positive teachers' groups in union decision-making processes, or the establishment of a unit within teachers' unions to focus on the HIV- and AIDS-related needs of members. Partnerships could also include joint organization of events, training sessions for teachers or other awareness-raising campaigns and the elaboration of IEC materials or HIV and AIDS union policies.

Nevertheless, with the exception of Uganda's TAAG and UNATU, none of the teachers' unions have an official partnership with HIV-positive teachers' groups or associations. Reasons for the lack of formal partnerships vary from a lack of resources and capacity within teachers' unions (including sometimes a union HIV and AIDS focal point) and a lack of trust between teachers' unions and HIV-positive teachers' groups. Although political will and commitment from teachers' unions to support their HIV-positive members is evidently strong, there is still a need for advocacy inside unions for the inclusion of HIV-positive union members in governing structures and decision-making processes.

In light of the potential relationship between teacher unions and HIV-positive teacher networks, the most important and urgent recommendation emerging from the consultation is to formalise the relationships between teachers' unions and HIV-positive teachers' groups, with the unions offering a 'home' for the networks and ensuring the sustainability of internal structures specific to HIV and AIDS. Some HIV-positive teachers' groups may not want to be absorbed into teachers' unions, but rather opt for developing formal relationships with unions, especially at an early stage of their formation, as retaining a separate identity can serve as a catalyst for advocating and addressing needs and support for HIV-positive teachers from both Ministries of Education and teachers' unions.



### Box 3: EI - EFAIDS Programme's recommendations for union support to HIV-positive teachers

Through its EI-EFAIDS programme, Education International and its partners, the Education Development Center and the World Health Organization, have identified the following ways in which unions can support teachers living with HIV:

- **Creating a union policy** that protects teachers who have HIV from stigma and discrimination. If an HIV and AIDS policy already exists, work on improving it. A policy should aim to :
  - Involve people with HIV at all levels in union HIV- and AIDS-related activities
  - Address issues of disclosure of HIV status and confidentiality
  - Create a safe space within the union for people with HIV to meet (i.e. a support group)
  - Build the capacity of people with HIV
- **Developing partnerships** with groups, organizations and networks of people living with HIV, and advocate to the government and the public for the rights and interests of teachers infected with and/or affected by HIV.
- **Providing assistance** to support groups for teachers with HIV, whether the groups are within or outside of the union. If no support groups exist, help to form them.
- **Involving HIV-positive teachers** in union HIV and AIDS programmes.

<http://www.ei-ie.org/ef aids/en/index.htm>

**The most important and urgent recommendation emerging from the consultation is to formalise the relationships between teachers' unions and HIV-positive teachers' groups**



## 4. SUPPORT FOR TEACHERS

# BY THE EDUCATION SECTOR

**“Success in mitigating the effects of HIV in the teaching service can only be achieved if there are proper structural and policy frameworks put in place”**

Mr. Ibrahim Hussein, Chairman,  
Teachers Service Commission, Kenya,  
Closing Speech

Responding to the needs of HIV-positive teachers must occur in a number of different ways. Peer support from HIV-positive teachers’ networks and teachers’ unions is the first line of response. However, such support will be limited unless it is accompanied by a supportive management and policy environment.

The following section describes key areas of action identified at the ministerial, school, and community levels as well as through other key sectors.

### 4.1 Ministries of Education

Ministries of Education have the ultimate responsibility for guiding the response and supporting HIV-positive teachers. Within the framework of moving toward universal access to prevention programmes, treatment, care and support, the Ministry of Education (in its role as employer of teachers) should ensure that teachers are accessing related services. This includes supporting the development of workplace policies, the professional development of teachers and monitoring and evaluation of the response (see Box 4 for an example of efforts undertaken by the Ministry of Education in Zambia.)

## **Box 4: Treatment access for HIV-positive teachers in Zambia – The experience of the Zambian Ministry of Education**

Zambia's Ministry of Education provides a range of support for HIV-positive teachers including peer support, treatment literacy and expanded access to ART.

### **Programme Objective**

To improve the quality of life of HIV-positive teachers through access to VCT, treatment and support.

### **Approach**

- ART is recognised to be an important need for affected teaching staff.
- Treatment access must be accompanied by treatment education, adherence, health management and peer support. Nutrition is also addressed through the programme, including the provision of food supplements.
- Innovative administrative procedures ensure the confidentiality of individuals' HIV-positive status at all levels: school, healthcare service facilities and Ministry of Education.
- Treatment is funded by the Ministry of Education for an initial period, after which the teacher is gradually integrated into the public treatment access system.
- HIV-positive teachers are also provided with loans – individual or group (for support groups) – to sustain livelihoods, improve nutrition, etc.

### **Implementation process**

- The first step of the programme trains peer educators and facilitators on the importance of ART and VCT, and is followed by an intensive VCT awareness programme.
- When an HIV-positive teacher is in need of ART, he or she is referred to a private clinic.
- Access to treatment at the clinic is anonymous. The teacher is assigned a number, which is then transmitted to the Ministry of Education (MoE) for payment processing.
- Recovery of loans to HIV-positive teachers is done through a deduction from teachers' salary on a regular basis. There is nothing attached to the loan regarding HIV-status. In case of death before loan repayment, the pension can be used to reimburse the loan.

### **Achievements as of 2006**

- 4,500 teachers have undergone HIV testing through the programme.
- 4,065 teachers are accessing ART through private hospitals and clinics.
- Two support groups have been established in each of Zambia's nine provinces.
- Teachers throughout the country have been sensitised on the importance of VCT and ART.
- MoE assessment shows that quality of life and life expectancy have improved among HIV-positive teachers.

### **Challenges**

- Monitoring programme implementation is difficult.
- Insufficient funding for treatment of all teachers who need it.
- MoE cannot easily reach rural schools to monitor those on treatment. Similarly, teachers in harder to reach areas face difficulties in regularly accessing treatment, which has serious implications for adherence.
- High cost raises challenge of programme sustainability.
- Phasing teachers from high-cost private clinics into public treatment access programmes remains onerous.

### **Lessons learned**

- The use of private clinics encourages teachers to seek treatment and is preferred to public healthcare centres as teachers can go without being seen by students and parents. Private clinics are also less crowded (in addition to inconvenience, long queues have consequences on teachers' workload and absenteeism).
- The integration from private into public healthcare centres is a gradual process.

## 4.2 Workplace policies

HIV and AIDS workplace policies for the education sector are powerful tools to support and protect teachers, learners and non-teaching education staff. Workplace policies comprise a code of conduct and legal guidance on how to respond if the code is violated. With respect to HIV and AIDS, a workplace policy will typically include regulations regarding: prevention; care and support; confidentiality; stigma and discrimination; planning, management and impact mitigation; grievance procedures; and universal precautions.

It is worth noting that HIV and AIDS workplace policies for the education sector, including those at regional and national levels, tend not to include specific sections or mechanisms for HIV-positive teachers. Instead, current workplace policies address the teaching workforce as a whole, and in some cases there is not even a separation between educators, learners and non-teaching staff. Adapting policies to include sections on HIV-positive teachers' access to treatment, care and support services would be useful to motivate and empower school administrators to develop appropriate leave schemes and address their other needs.

HIV and AIDS workplace policies have been developed by most, if not all, of the education sectors in East and Southern Africa. The delivery of the workplace policy to the school level can take place in different ways. Zambia reports a process that includes not only formulation and adoption of policy, but also thorough training at different stages (provincial level followed by training at district level and finally at school level). Other countries have utilised a multi-phase and staged approach which starts from the ministerial level and proceeds to district and finally to school level.

Participants raised two areas of concern about these policies. First, although the policies discuss teachers and HIV in general, very little mention is made of the specific needs and rights of HIV-positive teachers. Again, this appears to reflect an underlying uneasiness to openly discuss the HIV



status of teachers.<sup>(iii)</sup> Second, workplace policies have been written but little action has followed to ensure that the code of conduct is widely understood or implemented in schools. This lack of transition from 'policy' at system level to 'action and impact' at school level was seen as a challenge for all aspects of the education sector response to HIV.<sup>(iv)</sup>

Most schools already have broader grievance mechanisms in place, which should – in theory – be able to be utilised to implement an HIV and AIDS workplace policy. However, participants noted that these broader systems are not fully functioning in many schools, thereby limiting the implementation of any code of conduct.

The consultation provided an important opportunity to share experiences between countries in the region on some of the challenges of policy implementation (see Box 5 for a country example). These included:

- The consultation process which accompanies the development of a workplace policy on HIV and AIDS is often under-valued (i.e. under-costed) and the participation of HIV-positive teachers and students has been limited.
- Involving too many stakeholders in the policy development process risks diluting the content in an attempt to satisfy all stakeholders. In addition, some workplace policies have become all-encompassing policies on HIV and AIDS, including recommendations on training and curriculum and missing the opportunity to make an impact on workplace issues.
- In many cases, the process of implementation was not budgeted for, leading to a situation in several countries where there were not even enough funds to print and disseminate the workplace policy, let alone train staff on its use.
- None of the countries had evaluated policies or started a process of review in light of feedback. A workplace policy needs to be a living document which is updated. Such a review process needs to be costed and budgeted for over the long term.
- Workplace policies are limited unless placed within wider sector policies and also within wider national policies that concern all public sectors. For this to happen, coordination must be achieved between sectors, such as MoE and Ministry of Labour (MoL).

Participants noted the value of sharing experiences across countries and highlighted the need to document and disseminate country experiences.

(iii) The underlying dynamic could be uncertainty about how to raise the issue of HIV-positive teachers without further enhancing existing stigma.

(iv) This lack of transition characterises many other fields apart from HIV, including gender equity, school-based violence, and access to (free) education for all.

## Box 5: Kenya's experience in the development of an HIV and AIDS workplace policy for the education sector

### Process

A steering committee, which assisted in the identification of stakeholders (community-based organizations, student organizations, teachers' unions, universities, faith-based organizations, etc.), developed an outline for a policy framework. This outline was then reviewed by stakeholders. The policy draft was presented to all those involved in order to reach a consensus on the text and, thus, adopt the policy. The consultation with all stakeholders for reaching consensus was by far the most challenging step of the process. In addition to being time consuming and more expensive than anticipated, the consultation had implications on wording around some sensitive issues (e.g., the policy does not contain the word 'condom' after reaching consensus). Once the policy was adopted, evaluation and indicators were established and a multi-level policy implementation plan (with priorities identified) was developed. District level implementers supported a process of refining policy priorities based on the needs of local needs. Funds and partners were separately identified for each district.

### Challenges

- Reaching consensus among key stakeholders including religious leaders, unions, teachers, and gender activists.
- Reaching a consensus on not only the issue but what needs to be done.
- Appropriate costing of all of the steps in the process.
- Translating policy into action at school level.

### Lessons learned

- The consultation process was the most time- and resource-consuming component of policy development.
- It is important that all stakeholders agree on the policy content.
- Budgeting for the consultation and consensus-building process was insufficient and exhausted a considerable portion of the policy development budget. As a result there were insufficient funds remaining to print and disseminate the policy to all schools.
- The policy is not merely a document, but a reflection of views from all stakeholders. These views also shift with time and thus the policy should be seen as a 'living' document.
- The work needs to be placed within existing structures.

## 4.3 Monitoring tools and systems

Monitoring tools and systems are important for collecting data, which is necessary to identify needs and inform any response. Participants discussed the urgent need to adapt existing monitoring systems to include HIV-sensitive indicators. One of the key challenges is collecting relevant information without violating confidentiality. Many teachers did not feel comfortable being asked directly about HIV status through open surveys.

The impact of HIV and AIDS can be ascertained more indirectly through indicators of chronic morbidity, in-service teacher mortality and child indicators such as the number of orphans. However, these indicators measure some of the last stages of the impact of HIV and AIDS and it would be preferable to develop measures of earlier stages of HIV infection.

Participants also noted that adapting a large pre-existing monitoring system such as Education Management Information Systems (EMIS) would take time and money. It has been much easier and faster to conduct smaller-

scale surveys. However, these are not sustainable in the long-term and do not feed into wider monitoring and educational planning processes. This point is pertinent to all aspects of the HIV and AIDS response because not being integrated into wider educational processes reduces the impact but conversely, integrating into educational processes takes a considerable amount of time and internal advocacy.

## 4.4 Teacher training

The issue of training and capacity-building is crucial in responding to the needs of HIV-positive teachers. Although teacher training for delivering HIV- and AIDS-related curricula is an important area that needs to be urgently addressed, in this consultation participants focused on training designed to reduce teachers' vulnerability to HIV infection and support teachers (pre- and in-service) living with HIV. Participants highlighted the urgent need to tackle stigma against people with HIV through participatory training.

Skills-building workshops can address some of the issues around rights (e.g., workplace policies), available services (VCT, treatment, PMTCT, etc.) and how to teach/talk to others about HIV and AIDS. This is of particular importance for in-service HIV-positive teachers who are often sought out by colleagues, students and parents as sources of information on HIV and AIDS. Moreover, teachers who have disclosed their positive HIV status are often called upon to provide informal counselling to others, underlining the need for continuous learning and training support.

It cannot be assumed that teachers already have the knowledge and skills necessary to discuss HIV and AIDS. Training needs to be provided on a range of issues from basic facts to implementation of workplace policies and supporting students and teachers with HIV.

#### **4.5 Teacher deployment and relief policies**

Ministries of Education are responsible for the health and well-being of the education workforce. Treatment needs to be available for HIV-positive teachers. In the absence of treatment, the health of HIV-positive teachers will deteriorate and the provision of education will be undermined (see section 2.1 above). Teacher relief strategies and deployment policies need to be re-evaluated and developed both at the school level (e.g., when an HIV-positive teacher takes leave for treatment and/or illness) and at the system level (e.g., to replace teachers who may have died from AIDS-related illnesses and/or are too ill to continue teaching). For the consultation, 'deployment services' were seen as relating to system-level impact and needs. Furthermore, the discussions around leave and posting of teachers were not restricted to teachers with HIV, but taken within a broader framework to include all illnesses, with a special emphasis on the needs of HIV-positive education staff.

Procedures need to be in place to deal with HIV-related teacher absenteeism, including engaging temporary staff to cover for sick teachers and long-term staff to replace teachers who have died from AIDS. This may seem obvious, but it was clear from the consultation that many countries had not reviewed teacher recruitment and deployment practices in light of the number of HIV-positive teachers. Participants recommended reviewing the limits on teacher numbers which exist in most countries, establishing rotation and transfer policies and measures for providing short-term coverage for teacher absenteeism.

#### **4.6 The role of school administrators**

School administrators can play a critical role in addressing and alleviating some of the challenges faced by teachers living with HIV. They can address some of the challenges faced by teachers with HIV in their workplace by exercising leadership to build trust and dialogue among teachers, facilitating collaboration, encouraging and developing the capacity of teachers (in particular HIV-positive teachers) to deliver messages on HIV and AIDS, and creating methods of work adjustment, sick leave and/or relief schemes.

Through the leadership role they hold within their communities, school administrators can also facilitate the improved quality of life of teachers outside the working environment. Linking schools to the community, however, is challenging as it requires school administrators to go beyond their normal duties when they are already faced with heavy workloads. Examples of linking to the community include engaging community leaders, providing outreach to parent-teachers associations and facilitating the engagement of teacher groups with other civil society organizations.

School administrators also have a key role to play in supporting HIV-positive teachers through interactions with policies provided by the Ministry of Education (national and district management). This may include providing or applying the mechanisms needed to operationalise the HIV and AIDS workplace policy (accountability and disciplinary procedures, administrative procedures that respect confidentiality, etc.) and contributing to national monitoring systems, for example, by providing feedback, reporting on indicators, and delivering statistical information.

#### **4.7 Support by communities**

Schools do not operate in isolation but are invariably part of a community. One of the key obstacles to supporting HIV-positive teachers has been stigma and discrimination from communities. Therefore, supporting HIV-positive teachers will be impossible unless negative attitudes in the community are tackled.

Changing negative attitudes in communities is difficult and requires strong leadership and an educational process in which individuals can discuss their fears and

prejudices in an open manner. As well as a more general educational campaign, personal contact with teachers who are open about their HIV-positive status is often a powerful way to break down stigma.

However, in addition to this more personal approach, governments also have a responsibility to make it clear to communities that HIV-related stigma is not acceptable (both legally and morally) and zero tolerance must be shown towards acts of HIV-related discrimination.

School governing bodies and parent-teacher associations can potentially play an important role in supporting HIV-positive teachers and in reducing stigma in the communities. However, people in these structures need to be trained and mobilised.

## 4.8 Other key partners

Although the education sector is ultimately responsible for the welfare of teachers, there are various other agencies in different sectors who can – potentially – play an important role in supporting HIV-positive teachers. Ministries of Labour are important for partnering with Ministries of Education on workplace policies. Any treatment programme needs to be developed in close collaboration with the Ministry of Health and National AIDS Councils and build upon existing public schemes.

Donors, bilateral and multilateral agencies have been providing support to the education sector. However, the process of developing a sector wide policy and national level programme is often new and, thus, often not based on lessons learned. As a result, processes may not have been costed appropriately resulting in inability to adequately operationalise policies and programmes at the school level. Therefore, support from donors, bilateral and multilateral agencies must be continued throughout the process of implementation. The challenge is to ensure a participatory process that balances the priorities of donors and country needs. On their part, donors need to coordinate and collaborate in order to facilitate meeting the country's needs with efficiency.

Civil society continues to play a crucial role in the implementation of programmes that reach communities and partnerships between schools, teachers' unions, and the Ministry of Education with civil society can bridge the gap between schools and communities. Lessons learned from the experiences of the private sector in implementing workplace policies and ensuring access of workers to treatment, care and support services need to be utilised and synergies maximised through strategic partnerships.

Lastly, international initiatives supporting national education sector responses to HIV and AIDS such as EDUCAIDS<sup>[14]</sup>, EI-EFAIDS and the ILO/UNESCO collaborative work on workplace policies for the education sector<sup>[15]</sup> and others may provide broad frameworks of support and programme development to support teachers, particularly, teachers living with and/or affected by HIV.

**“There is a lack of outspoken leadership in the community. Therefore teachers and union leaders should speak out against what they consider to be unacceptable behaviour from the community and stop the community from putting undue pressure on teachers.”**

Participant at consultation



# 5. CONCLUSIONS

## AND RECOMMENDATIONS

With a special position in society, teachers act as custodians, serve as positive role models and provide education and adult supervision to our children. At the same time, just like anyone else, teachers are vulnerable to HIV infection and may be personally affected by HIV in their families and communities. Those living with HIV may be unwilling to disclose their status due to fear of discrimination, unfair treatment, or loss of employment. For example, precisely because of their special role, parents may feel it is unacceptable for their child to be taught by an HIV-positive teacher.

The education sector has the responsibility to support all teachers, regardless of their HIV status, and to demonstrate zero tolerance towards acts of HIV-related discrimination. A technical consultation organized by UNESCO and the three partners in the EI-EFAIDS programme aimed to identify common elements of comprehensive responses for HIV-positive teachers based on experience and lessons learned in Kenya, Namibia, Tanzania, Uganda, Zambia and Zimbabwe.

Consultation participants concluded that to enable HIV-positive teachers to continue teaching in a caring environment free of stigma and discrimination and to promote their involvement in the education sector's response to the epidemic, Ministries of Education, teachers' unions, school management and development partners need to:

**Identify the needs and impact on teachers living with HIV:** Teachers are not a homogenous group and being HIV-positive is not a homogenous experience. For example; the needs of an HIV-positive teacher will vary according to his or her sex, geographic location (i.e. in an urban versus a rural environment), and level of access to services. A comprehensive response supporting teachers with HIV must recognise and address the various needs of teachers at several levels: the individual (e.g., health status and emotional state); the occupational (e.g., discrimination and absenteeism); the community (stigma); and the systemic (e.g., undermining the provision of quality education).

**Ensure access to prevention programmes, treatment, care and support:** One of the most urgent issues is to ensure that teachers with HIV who are in need of ART are able to access affordable and confidential health, treatment, care and support services. The consultation highlighted the importance of building upon existing public treatment services and partnering between education and other public sectors rather than creating parallel programmes specifically for teachers which may inadvertently increase stigmatisation.

**Provide support for teachers by teachers:** On a day-to-day basis, some of the most significant challenges that HIV-positive teachers face are in their workplace – schools. Therefore, the first line of response must include the school level and needs to involve all teachers regardless of their HIV status. Networks of HIV-positive teachers have been vocal in many countries of East and Southern Africa in promoting and advocating for the needs of their members; however, these groups are fairly nascent and, thus far, are limited in membership, structure and sustainability.

**Developing partnerships between HIV-positive teachers' networks and teachers' unions:** The strongest potential allies of these networks are teachers' unions, the largest and most powerful bodies promoting the interests and welfare of teachers. The consultation provided an important opportunity for unions and networks of teachers with HIV to begin developing partnerships and jointly advocating for the rights of HIV-positive teachers but more work is required to realise the full potential of these partnerships.

Important programmatic components of comprehensive responses for supporting HIV-positive teachers include:

**HIV and AIDS workplace policies for the education sector:** Although workplace policies have been developed in many of the countries in the region, the specific issue of supporting teachers (and learners) living with HIV is not sufficiently prioritised and action at the school level remains the greatest challenge. Existing policies

must be revised to include provisions on the rights of HIV-positive teachers and students as well as referral mechanisms to ensure zero tolerance of HIV-related stigma and discrimination.

**Training and skills-building:** Training and skills-building are urgently needed to reduce stigma towards teachers with HIV and to equip all teachers with the knowledge and skills they need to reduce their own risk to HIV infection, to teach about HIV and to support students and colleagues who are infected and/or affected by the virus. School governing boards can potentially play an important role in reducing stigma, but members will also need training.

**Strategic partnerships, including with school administrators and other sectors:** School administrators have a vital leadership role to play in supporting HIV-positive staff within schools and communities. This role needs to be encouraged and supported by unions and the relevant district level education authorities. In addition, although the Ministry of Education is ultimately responsible for the welfare of all educators, a comprehensive response should also involve other Ministries such as Health (e.g., on treatment) and Labour (e.g., on workplace policies).

**Community-based activities:** It is crucial to carry out community-based activities to reduce stigma towards teachers with HIV and to educate and raise awareness among and educate parents to understand the rights of teachers with HIV and that an HIV-positive teacher should be treated with the same level of respect as an HIV-negative teacher.

**Monitoring and evaluation:** In order for the education system to function effectively, educational planners must have accurate data. Ministries of Education need data to plan what programmes are needed to support HIV-positive teachers, what the expected demand is and how to provide sufficient cover in case of health-related absenteeism.



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## Annex I: Message from participants on the occasion of World AIDS Day 2006

A consultative meeting was held to mark World AIDS Day 2006 with participants from six East and Southern African countries<sup>(v)</sup> – HIV-positive teachers' networks, Teachers' Unions, Teachers Service Commission and Ministries of Education – ActionAid International, Commonwealth Secretariat, Education Development Center, Education International, Horizons Programme of Population Council, ILO, UNESCO, UNICEF, USAID, World Bank and WHO.

The meeting agreed that the engagement of the education sector of each country in the region was essential to an improved and successful response to the HIV and AIDS epidemic. However, to ensure effective and efficient participation of the education sector in the global, regional and national responses to HIV and AIDS, the impact of the epidemic on the sector needs to be addressed, and in particular, the impact on teachers living with and/or affected by HIV. More specifically, participants agreed on the following:

**1** An effective response will require the **commitment, collaboration and partnership** of stakeholders including HIV-positive teacher groups and networks, teacher unions, Ministries of Education and teacher service commissions and their institutions. Partnerships with civil society, bilateral agencies and UN organizations should be strengthened to enhance effectiveness of programmes and policies;

**2** **HIV-positive teachers have a prominent role in shaping the education sector response to HIV and AIDS.** Their active engagement in advocacy, identification of needs and design of effective programmes is vital and should be supported. Good practice must be documented, disseminated and adapted by and for HIV-positive teachers;

**3** **Teacher unions should support HIV-positive teachers**, providing a platform for advocacy and using their negotiating strength to ensure that the needs of HIV-positive teachers are met;

**4** **Leadership is necessary at all levels**, and in particular at the school level to ensure a safe and healthy environment for all learners and educators;

**5** The region has good AIDS **policies for the education sector, strong political will and commitment** from Ministries of Education, civil society, trade unions and HIV-positive teacher networks. The **principal challenge is implementation of these policies**, which need to be rolled out nationally, including to areas that are harder to reach.

**6** **The linkages between schools and communities must be recognised** in order to combat the stigma and discrimination faced by HIV-positive teachers at school and their communities and support teachers in their educative role beyond the school;

**7** Encouragement of teachers to know their HIV status must be accompanied by **access to treatment, prevention, care and support services, including VCT.**

**8** **Country to country partnerships** in the region provide an opportunity for sharing of effective materials and methods.

The meeting agreed that, above all, the meaningful engagement of teachers living with HIV at all stages of development and implementation of strategies, policies and programmes is a prerequisite to the education sector's response to the epidemic.

The participants want to express gratitude to the government of Kenya who hosted the meeting.

(v) Kenya, Namibia, Tanzania, Uganda, Zambia and Zimbabwe

## Annex II: Participants list

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Student expressing his support to his HIV-positive teacher.

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Defining the impact of HIV on teachers by teachers during a workshop.

**p. 18:** © ADEA 2006

Outside the offices of the Kenyan Teachers Service Commission, where HIV-related services are offered to teachers.

**p. 25:** First photo,

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Members of TAAG, Uganda

Second photo,

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Students responding to questions on how they can support their HIV-positive teachers.

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Member of KENEPOTE, Kenya

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The technical consultation brought together a range of different stakeholders including ministries of education, teachers' unions and HIV-positive teachers' networks from six countries: Kenya, Namibia, Tanzania, Uganda, Zambia and Zimbabwe. The participants reviewed actions at global, country and community levels, examined barriers and success factors to responding to the needs of HIV-positive teachers, and made recommendations on how challenges can be overcome. The pivotal role of HIV-positive teachers' networks and teachers' unions was highlighted throughout the event.