



## IIEP Brief for Planners

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# HIV and AIDS: Challenges and Approaches within the Education Sector

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# List of abbreviations

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AAU	Association of African Universities
ADEA	Association for the Development of Education in Africa
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral therapy
EDC	Education Development Center
EFA	Education for All
EFAIDS	Education for All/AIDS Project
EI	Education International
ESART	Education Sector AIDS Response Trust
FBO	Faith-based organization
FHI	Family Health International
FTI	Fast Track Initiative
GCWA	Global Coalition on Women and AIDS
HIV	Human Immunodeficiency Virus
HSRC	Human Sciences Research Council
IBE	International Bureau of Education
IIEP	International Institute for Educational Planning
ILO	International Labour Organization
MDG	Millennium Development Goal
NGO	Non-governmental organization
NIAID	National Institute of Allergy and Infectious Diseases
OVC	Orphans and vulnerable children
PTA	Parent-teacher association
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UIS	UNESCO Institute for Statistics
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
WHO	World Health Organization

# Preamble

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## Background

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In the past 20 years, HIV and AIDS have been rightly considered as the world's most devastating epidemic, particularly in sub-Saharan Africa. Thanks to numerous efforts at national and international levels, achievements are being recorded in the response to the pandemic. The development of antiretroviral therapy (ART), a real scientific breakthrough, has helped lower the number of AIDS-related deaths. An unprecedented mobilization of funds has made it possible to broaden access to treatment, organize prevention education programmes, and set up counselling and testing services in many countries. There is some evidence that the prevalence rates are beginning to stabilize, and even decline, in a few countries. The number of new infections is also starting to decline. Action is beginning to pay off.

Yet in 2007, there were still 33 million people living with HIV in the world, and only about one person in three that needed treatment in low- and middle-income countries was actually receiving ART. In many countries of sub-Saharan Africa, fewer than 25 per cent of those who need treatment have access to it. No vaccine is in sight, and the epidemic remains largely out of control.

Prevention is still the most cost-effective response to the epidemic. The global AIDS epidemic continues to demand coherent and focused efforts. It also requires sustained action in the education sector.

# What are the issues today in HIV and AIDS and education?

## Achievements

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

## Challenges

Nevertheless HIV and AIDS may very well no longer be the main preoccupations of ministries of education and civil societies. The impression sometimes given is that the problem is no longer urgent, and can be resolved through providing treatment. HIV and AIDS are once again becoming essentially a health issue. With the preparation and publication of HIV and AIDS strategies and the nomination of an AIDS focal point within the education sector, it is considered that the problem is being sufficiently addressed. This would allow senior officials to focus on more burning issues, such as for example the expansion of post-primary education, and return to business as usual.

The epidemic is not over, however, and HIV and AIDS constitute a major obstacle to attaining the Education for All (EFA) goals and the Millennium Development Goals (MDGs). Much remains to be done in education to address the problem. In some countries:

- policy documents and guidelines, where they exist, have been unevenly distributed in districts, schools and colleges. Many heads of schools and institutions have not read them and therefore do not implement them;
- funds for HIV and AIDS do not always reach schools and the intended beneficiaries. Most education sector plans, yearly action plans and

education budgets do not include specific programmes or budget lines to cover HIV and AIDS;

- prevention education is not always implemented at school level. Teachers – many of whom are unqualified – have only been trained in HIV and AIDS education through very short courses, if at all. Materials are not available at classroom level;
- independently of HIV and AIDS, the quality of education is low: pupils' reading levels are such that they have difficulty reading the materials provided. Teacher absenteeism is high and is exacerbated by problems related to HIV and AIDS;
- young women and girls are disproportionately affected by HIV and AIDS due to high gender inequalities, cultural traditions and violence in the home, at school and in society. Traditional gender norms have not changed;
- orphans, children with disabilities, poor and vulnerable children represent a high proportion of the school-aged population in some countries. Programmes that concern these young people are still few and far between;
- related stigma within society remains very strong, driving the epidemic underground, and thereby preventing the implementation of an effective response;
- too often emergency *ad hoc* responses predominate, whereas sustained actions in the framework of long-term comprehensive planning are needed if there is to be a lasting impact.

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

Other problems are more management-related, and can – and should – be addressed by planners.

This brief is addressed to planners and senior management in ministries of education. It discusses four major challenges in a world with AIDS:

- delivering effective prevention education;
- increasing access to schools;
- maintaining quality of education;
- integrating the planners' agenda.

Each chapter can be read independently or in sequence. After outlining the issue, each summarizes what a ministry of education can do and what planners need to do. Messages that ministers should remember and urgently act upon are also presented.



# 1 DELIVERING EFFECTIVE PREVENTION EDUCATION

## Prevention education that works

### The issue

An estimated 2.5 million people become newly infected with HIV every year, the majority in sub-Saharan Africa. The peak age for infections is typically between the ages of 15 and 24. Many of these adolescents and young adults do not have the necessary information and skills to protect themselves from HIV infection. Most of them have been educated, in primary schools and increasingly in secondary schools. It is therefore essential to develop specific programmes that provide children and youth with the necessary knowledge and skills in HIV and AIDS prevention before they become sexually active.

Many countries have introduced HIV and/or comprehensive life skills education, but these subjects often remain on the margins of existing curricula and are not always properly delivered. Yet, in spite of all the problems, there is evidence that school-based interventions can reduce unsafe sexual practices.

### A few facts

Several studies conducted in sub-Saharan Africa in the 1990s, as well as demographic and health surveys, indicate significantly higher levels of HIV prevalence amongst the more educated in both urban and rural areas. This has been related to the fact that more educated persons are more likely to engage in unsafe sexual practices as a result of their greater mobility and higher income.

More recent and refined studies on specific age groups in rural South Africa, Zambia and Uganda have reported declines in HIV prevalence amongst the more educated young adults, while prevalence rates continue to rise amongst the less educated. The study on South Africa concludes

that secondary school attendance reduces the risk of HIV infection (Hargreaves *et al.*, 2008; De Walque, Nakiyingi-Miuro, Busingye and Whitworth, 2005).

A review of 22 studies measuring the impact of sex and HIV education programmes in developing countries on the sexual behaviour of youngsters (below 24 years of age) concludes that a large majority of curriculum interventions significantly reduced high-risk sexual practices (Kirby, Obasi and Laris, 2006). Evidence showed that interventions led by teachers and other adults had a positive impact on reported behaviours.

## What we know

Education promotes a number of factors that can reduce vulnerability to HIV: it equips young people with reading skills (to read information materials); develops decision-making and critical thinking skills; promotes self-confidence and coping skills; and contributes to postponing the age of marriage (or age of first sexual relations). It empowers girls: this is especially important as two thirds of newly infected young people aged 15-19 are girls, and studies have shown that girls who have completed secondary education have a lower risk of HIV infection (ActionAid International, 2006).

HIV and AIDS education has been introduced under different titles in a large number of countries. There is ample evidence that interventions led by teachers and other adults have a positive impact on behaviours and reduce high-risk practices (Kirby *et al.*, 2006). But the subject is often added to an already overloaded curriculum, and does not pay enough attention to learners' abilities to deal with daily problems.

Peer education works best as a supplement to, rather than a substitute for, teacher-based education.

### Characteristics of effective HIV and AIDS education

- ▶ Effective HIV and AIDS education addresses the risks that learners face, as well as their vulnerability. It
- ▶ starts early, before the onset of sexual activity;
- ▶ provides clear messages on sexuality and other sensitive issues;
- ▶ addresses pressure from peers, family and society;

- ▶ aims at reducing high-risk behaviours;
- ▶ discusses values and norms, and reinforces those that can be protective;
- ▶ includes stigma and discrimination and, in high prevalence countries, treatment education.

In as much as possible it encourages the active participation of learners, appropriate role playing and interactive discussions. It encourages extracurricular and peer education programmes (IBE, 2006).

## What ministries of education can do

- Emphasize, first and foremost, access to quality education for all children and youth until the end of primary education, and preferably beyond to secondary level: educating a population is the best way to respond to the epidemic. An education which emphasizes the four pillars of learning (see box below) is the most likely to reduce vulnerability and provides a good basis on which to develop HIV and AIDS education (UNESCO Task Force on Education for the Twenty-First Century, 1996).

- Support the full integration of HIV and AIDS education into the curriculum, with sufficient time allocated to it throughout primary and secondary education. HIV and AIDS prevention may be taught as a stand-alone examinable subject or be integrated into some specific subjects such as biology or civics. Attention needs to be paid not only to the transfer of knowledge, but also to behaviour change and self-management skills which equip young people to deal with daily problems and situations.
- Encourage full participation in curriculum design of a wide range of partners, including teacher unions, National AIDS Councils, health ministries, persons living with HIV, and representatives of school boards, parent associations, religious bodies and other gatekeepers of society.
- Establish partnerships with those likely to be active in delivering prevention education within the schools, such as: representatives of health ministries and members of relevant non-governmental organizations (NGOs).

### **The Four Pillars of Learning (in the context of HIV and AIDS)**

'Learning to know' implies learning appropriate facts and information (on the disease), as well as learning how to learn and developing ability to think, including challenging one's own culture and habits.

'Learning to do' implies fostering the acquisition of psycho-social, health, nutrition and other skills, together with providing youth with the necessary livelihood skills to earn a living.

'Learning to live together' entails teaching pupils and students about human diversity and instilling in them an awareness of the similarities and interdependence of all people, thereby promoting a compassionate, caring and rights-based approach to every person.

'Learning to be' involves promoting self-knowledge and supporting the development of life affirming attitudes and skills that help learners resist negative pressure and minimize harmful behaviours.

*Source: adapted from UNESCO Task Force on Education for the Twenty-First Century, 1996*

## **What planners can do**

- Focus on improving the quality of education provided in schools, so as to allow pupils and adolescents to become literate and develop their cognitive and social skills.
- Analyze and implement strategies that will allow girls and vulnerable children to attend school and complete education to the highest possible level.
- Ensure that relevant sexual and health education teaching materials are distributed and are reaching the schools; monitor their availability

and use in the classrooms through specific surveys; identify reasons why they might not be available, and take corrective measures.

- Make sure that the cost of developing the new content and preparing and distributing the teaching materials is duly estimated.



### **Key messages for ministers of education**

1. Quality education works and acts as a social vaccine. It protects children and young people against HIV infection. It also develops values, attitudes, skills and knowledge necessary for dealing positively with HIV.
2. Support the introduction of relevant HIV and AIDS education as a stand-alone subject or as part of sexual and reproductive health.
3. Expand partnerships in the design and delivery of the curriculum.

# Teacher formation

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## The issue

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HIV and AIDS cannot be overcome without major changes in values, norms, attitudes and behaviours. As leading agents of change, teachers are expected to play a key role in bringing about these changes. They can do so through:

- their teaching activities in classrooms;
- the cultural climate they establish in schools; and
- the way they serve as role models for young people.

If they are to be successful in these areas, teachers must be given more and better preparation than they have been getting. Both new and serving teachers must have extended knowledge about the disease and how to prevent its transmission, the necessary skills for teaching about it and for helping their students develop negotiation, self-assertion and other important life-skills and a full appreciation of their position as significant community leaders and role models. Teachers need to be prepared for these tasks and responsibilities. Given the right amount of training, they can make a big difference to the lives of many.

## What we know

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In many school systems teachers feel that they are not properly equipped to contribute as they could to providing students with the 'education vaccine' against the epidemic. Many complain that they have had little training in the teaching of HIV and AIDS and sexual and reproductive health, at either pre-service or in-service level. Surveys have drawn attention to many of the shortcomings in teachers' knowledge about the disease and its transmission, progression and treatment.

Teachers speak about the poor supply of teaching materials and their inability, because of lack of training, to use whatever resources may be available. Many schools and classrooms do not provide conditions conducive to successful teaching and learning of such sensitive subjects as sexual education and HIV and AIDS. Classes are often large and made of very heterogeneous groups in terms of age and maturity. As a result, many of them feel embarrassed, focus on scientific information, and overlook issues such as relationships, values, attitudes and behaviours.

Some ministries of education are already taking steps to provide HIV and AIDS and sexual and reproductive health education in pre-service training programmes. Education ministries and teacher unions, however, acknowledge that greater emphasis needs to be put on HIV and AIDS in teacher training, at both the pre-service and in-service stages.

### A model that works

Since 2001, Education International has facilitated the provision of training on HIV prevention to more than 150,000 teachers in 35 countries. The programme, which builds on teacher unions' networks, is conducted in partnership with ministries of education who support it by releasing teachers to take part and by participation in training sessions. The programme equips teachers to prevent their own HIV infection, to advocate for effective HIV

prevention and education programmes, and to help young people acquire the skills they need to prevent HIV infection.

An external evaluation has shown that the programme increases teachers' knowledge about HIV and AIDS, boosts their confidence in using participatory teaching and learning methods, and makes them more intent on using their new skills to help learners, both in school and outside of school, to prevent HIV infection and related discrimination (Education International, 2007).

## What ministries of education can do

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Ministries of education can take four significant actions:

1. Devise a suitable HIV and AIDS curriculum as a stand-alone or within a broader HIV, Sexual and Reproductive Health curriculum for the various

levels of school and teacher preparation programmes, and make this an integral and required component of the school and teacher training programmes.

2. Develop a long-term and systematic approach to providing in-service training on HIV and AIDS education to the thousands of serving teachers who are in need.
3. Facilitate full participation in curriculum design and delivery by a wide range of partners (see page 11).
4. Allocate sufficient resources to select and train good teachers, as well as to prepare and distribute relevant teaching materials.

Major areas that should be addressed in these training programmes for teachers include the following:

- Information and understanding that will help teachers become personally engaged with the epidemic and its impacts.
- The poverty and gender contexts and how they affect vulnerability to HIV, so that teachers understand the situations that prevent individuals from freely choosing the more responsible course of action.
- Negotiation, self-assertion and other important life skills in order to enhance the capabilities of teachers to teach critical competencies to students.

## What planners can do

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1. Ensure the availability of resources for the development and implementation, at both school and teacher training levels, of a suitable curriculum in the areas of HIV and AIDS, as well as sexual and reproductive health.
2. Assist teacher training departments and heads of colleges in their costing and planning of pre-service training in these areas. Ensure the availability of resources for the ongoing training of serving teachers.
3. Plan for the necessary capacity building of serving teachers and of lecturers and tutors in university faculties of education and teacher training institutions.
4. Monitor the number of schools that have trained counsellors and the frequency of refresher trainings for teachers on HIV and AIDS education and sexual and reproductive health.
5. Eventually commission a study to evaluate the impact of such programmes.



### **Key messages for ministers of education**

Teachers are the most valuable resource in the education sector. Make them even more valuable as agents of positive change in a world with HIV and AIDS through providing training that will enable them to communicate successfully and effectively with their students on HIV and AIDS.



# Stigma and discrimination

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## The issue

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Stigma arising from HIV or AIDS is a major cause of personal suffering and a principal obstacle to effective responses to the AIDS epidemic. It shatters self-esteem, destroys families, disrupts communities and reduces hope for future generations. It is an outrageous violation of basic human rights that drives the disease underground, crippling efforts for prevention and care.

HIV and AIDS-related stigma refers to prejudice, discounting, discrediting, disregarding, under-rating and discrimination directed at persons perceived to have HIV or AIDS, as well as at their partners, friends, families and communities. Fear and moral judgment are considered to be the root sources of such attitudes. Because of the disease's association with sensitive issues like sex, sexuality, drug use and sex work, HIV and AIDS-related stigma has put down such deep roots in individuals and communities that it can be very hard to eliminate.

Stigma changes the way people view themselves. The stigmatized person becomes laden with intense disabling feelings of anguish, shame, dejection, self-doubt, guilt, self-blame and inferiority. For many individuals, the external stigma may be less painful than the interior distress of being infected or affected by the disease.

### **The difference a teacher can make**

"I am 17 years old. I believe teachers can have a huge impact on the lives of learners who are affected and infected by AIDS. I lost my mother and sister in 1999, and in 2000 I was raped by my

father. A year later I discovered that I am HIV-positive. The first person who knew this was a teacher and the attitude that she had is the cause of my positive thinking in life."  
*(Teenager from North West Province, South Africa)*

## What we know

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It has been recognized for a long time that stigma and discrimination play a major part in maintaining the AIDS epidemic: people do not go for testing; they do not disclose their positive HIV status; excluding people from society may push them to engage in high-risk behaviour. Yet there has never been serious political or programmatic commitment to doing anything about stigma. Stigma and discrimination occur in schools and health settings just as they do in homes, the community, and other spheres of work.

### Stigma in the home

"In the (extended) family, it's a problem [being HIV positive]... I am not always included. My dishes are washed separately from the others, mine always being last ... My aunt told my sister not to braid my hair any more ... people muttered 'it's got in here' ..."

*(A teacher living with HIV in Ouagadougou)*

### Stigma in school

"Some students, they look at you and say that boy is HIV-positive. They don't want to talk to you, they don't want to eat with you. ... They will be in a group and start talking about you in front of you, saying you are sick."

*(Seventeen-year-old youth in Kenya)*

### The difficulty of 'coming out' about one's positive status

"No one at school knows I'm HIV-positive. Sometimes I have to miss days, maybe once a week ... I hope to go to college. Maybe I'll study hairdressing or catering. It's not easy to tell people in school [about my HIV status], but one day they'll find out."

*(Secondary school pupil in Kenya)*

### Positive step in combating discrimination in schools

"Until a landmark court case in January 2004, certain schools in Kenya refused to admit children from the Nyumbani Children's Home, Kenya's oldest and largest home for children living

with HIV/AIDS. In cooperation with the Ministry of Education, Nyumbani brought the case to the High Court which ruled that schools must admit such children. This court decision marked an important milestone that resulted in greater access to education for children living with AIDS."

*(Human Rights Watch, 2005).*

**HIV and AIDS do not stigmatize. People do. We are the ones who do the stigmatizing, not the disease.**

## What ministries of education can do

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Most countries have enacted policies and laws to protect the rights of people living with HIV. But discrimination can be subtle, exercised even in efforts to protect other people. Disseminating information through different media is essential. Education has a key role to play in reducing discrimination. Giving a social role to persons living with HIV has been found to be a very promising strategy.

- Develop and implement a clear and well-disseminated policy of zero tolerance for any manifestation in an educational setting of HIV-related stigma or discrimination, which prohibits any unfavourable treatment of a teacher or pupil on the grounds of HIV status.
- Ensure complete confidentiality and boundless respect regarding the HIV status of a teacher or pupil.
- Create a safe, accepting and supportive environment that will make it easier for HIV-positive teachers or pupils to disclose their status (see box on page 31 on the key principles of a workplace policy).
- Involve people living with HIV in institutional activities and make it possible for them to share experiences with teachers and pupils.
- Support the establishment and functioning of networks for infected or affected teachers and other education personnel.
- Avoid stigmatizing language, such as terms referring to “victims”, “sufferers”, “them”, and references to promiscuity, prostitution, etc.
- When designing the curriculum, give special attention to the third pillar of learning: “learning to live together regardless of differentiating features” pillar (see page 11).

## What planners can do

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- Support programmatic efforts for the reduction of stigma and discrimination through appropriate resources.
- Provide stigma and discrimination toolkits to all educational institutions for the training of education staff in their use, and for curricular and/or co-curricular use of these by school communities.
- Conduct research on stigma and discrimination in the education sector, how it is affecting students, teachers and administrators,

how to reduce its impact, and ensure that findings are fed into programmes of action.



### **Key messages for ministers of education**

1. Provide leadership against stigma and discrimination and encourage influential persons in society to take a strong stance.
2. Mobilize campaigns across the education sector against HIV-related stigma and discrimination.

# 2 INCREASING ACCESS TO SCHOOLS

## Mitigating the impact on vulnerable children

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### The issue

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One of the most dramatic impacts of HIV and AIDS is the threat they constitute to the well-being of children and young people. UNAIDS estimates the number of children aged 0-17 having lost one or both parents to be 48.3 million in 2005 in sub-Saharan Africa, 12 million of whom would be due to AIDS. Children affected by HIV, as well as children living with HIV, often suffer from stigma and discrimination in their communities.

The opportunity of these children to continue their education successfully may be reduced if their impoverished family cannot pay the fees. In some cases young people have to work to make up for the lost income of their parents.

Increasingly, double orphans are taken care of by a guardian within the extended family. As the number of orphans increases, the community itself becomes impoverished, and families who take care of several children in addition to their own face difficulties. Siblings may be separated, and some children run the risk of being abused and exploited by their relatives or members of the community.

Schools and teachers need to be made more responsive to the needs of vulnerable children. Providing education to orphans and vulnerable children (OVC) is not only a human rights imperative, it is also vital to break the vicious cycle of poverty and to promote security and public health.

Extension in the access to ART has resulted in the survival of many HIV-positive children who otherwise would have died at an early age. School systems and teachers need to be responsive to the needs of the increasing numbers of such children in schools.

### A few facts

While HIV prevalence is stabilizing and beginning to decline in many regions, the number of orphans continues to increase in Africa, particularly in southern Africa. It is estimated that the number of AIDS orphans will reach 15.7 million by 2010. By 2005, AIDS had left more than 1 million children orphaned in each of five countries: Kenya, South Africa, Tanzania, Uganda and Zimbabwe (UNAIDS, 2006).

As prevalence varies from one place to another, the number of children orphaned by AIDS varies in communities and schools: for example from

1.3 per cent to 30.4 per cent in schools within a district of Lilongwe in Malawi. Even in lower prevalence countries of West Africa, the number can be quite high in some schools.

One out of five children has lost one or both of their parents in Zimbabwe, Zambia and Botswana.

Increasing numbers of orphans live with their grandmothers in Southern Africa. The quality of the care provided depends on the wealth and the size of the foster household. In Zambia, one out of five households has one or more orphans in their care (an average of 3.2 orphans per household).

## What we know

The best option for orphans is that they remain part of a family. This can be done with the support of the community, local government, and NGOs. Orphanages and institution-based responses may be necessary as a temporary solution or in areas with a high number of orphans, but this solution is generally considered problematic as it does not favour orphans' social integration. It is also costly, and increases the potential for child abuse.

All programmes aimed at making schooling less costly, more accessible, and of better quality contribute to enhancing the educational opportunities of vulnerable children. Primary school fee abolition schemes are amongst such programmes, provided that lost funds are duly compensated.

Even in countries where education is free in principle, costs that the poorest families cannot afford to pay may remain (uniforms, textbooks, contribution to school funds, examination costs). In many countries, NGOs (national and international) and faith-based organizations (FBO's) are already heavily engaged in programmes providing food or bursaries for vulnerable children and in the upkeep of orphanages.

Targeted interventions are necessary. Beneficiaries may be specific children, their families, the schools (those that enrol large numbers of orphans), or the districts. The more targeted the intervention, the more effective the programme is likely to be, but there are risks of stigma and discrimination, or tensions with others who do not benefit. Whatever the case, the choice of beneficiaries is best done by local players who are more likely to know the specific cases.

Promoting universal access to treatment for people living with HIV is important as a means of prolonging the lives of parents.

## What ministries of education can do

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- Develop a policy which reflects a commitment to equity and support, with appropriate funding and different measures aimed at removing the cost barrier:
  - fee abolition at primary level, compensated by appropriate grants that are necessary for maintaining quality inputs;
  - bursaries to cover other costs for key populations: girls, orphans, children with disabilities and other vulnerable children;
  - targeted school meal programmes.
- Co-operate to the extent possible with other ministries (social affairs) in the development and implementation of social protection and cash transfer schemes.
- Make schools more responsive to the needs of orphans and vulnerable children by:
  - initiating awareness campaigns aimed at communities, parent-teacher associations (PTAs), school management and teachers, stressing the need to integrate all children into school and condemning stigma;
  - organizing pre- and in-service teacher training to address the specific learning needs of children in distress;
  - promoting child-friendly schools;
  - developing a workplace policy which includes the protection and support of OVC.
- Encourage alternative education and training schemes for out-of-school and working children.

In all of the above, partnerships should be developed with other line ministries as appropriate (social affairs, local government, labour), with national and international NGOs, as well as with FBOs working with vulnerable children.

## What planners can do

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- Assist in the identification and mapping of orphans and other vulnerable children who are not attending school.
- Plan and budget all government schemes aimed at removing the cost barriers: fee-free primary education; school grants to provide for income that previously came from fees; bursary schemes.
- Monitor the implementation of these programmes:
  - Map all existing programmes implemented by NGOs, identifying areas where large numbers of orphans and vulnerable children are not being taken care of, or where there is duplication of effort.
  - Encourage NGOs and FBOs to develop activities beyond their traditional areas of intervention, with appropriate incentives and support.
  - Support district education offices and communities in organizing programmes to support vulnerable children.
  - Provide guidelines and criteria on who should be targeted, and monitor closely the application of these criteria and the distribution of funds (bursaries, nutrition programmes).
  - Monitor carefully all programmes, regardless of who organizes or finances them, and propose corrective actions if necessary.



### Key messages for ministers of education

1. Develop a policy which reflects a commitment to equity and inclusion.
2. Co-operate with ministries of social affairs, local governments, communities and NGOs in the implementation of social schemes that support vulnerable children and allow them to continue studying.
3. Send out a strong message to school heads and teachers to identify and reach out to vulnerable children.
4. Promote child-friendly schools.



# Gender equity and girls' education

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## The issue

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The proportion of women and girls living with HIV is increasing steadily. In every region of the world, more adult women than ever before are living with HIV. In sub-Saharan Africa, for every ten adult men who are infected with HIV there are almost 16 infected women, and young women aged between 15 and 24 are at least three times as likely to be HIV-infected as young men in the same age range.

More than three-quarters of those who care people living with HIV at home are women. Because of women's household, childcare and food-producing responsibilities, the negative impacts of the AIDS epidemic are more severe for women and girls than for men and boys.

Gender disparities and the disempowerment of women act as very powerful forces in driving and sustaining the AIDS epidemic. Often women's inferior status does not allow them to negotiate condom use and they are more likely to be subjected to non-consensual sex.

The education of girls is regarded as being a critical element within the framework of the response to HIV and AIDS. Ensuring the access of girls to school, that they learn while in school, and that they progress to secondary and higher levels of education; may well be the most important contribution that the education sector and ministries of education can make to overcoming the AIDS epidemic.

## **The status of women is at the heart of the epidemic**

“The central issue [of the AIDS epidemic] isn’t technological or biological: it is the inferior status or role of women. When women’s human rights and dignity are not respected, society creates and favours their vulnerability to AIDS.” (Jonathan Mann, Director, Global Programme against AIDS)

“Governments’ failure to implement their existing commitments to free primary education and the elimination of gender equality has already contributed to the increase in infection rates, particularly among women and girls.”

*(Mary Robinson, former UN High Commissioner for Human Rights, 2006)*

## **What we know**

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- Worldwide, more than 90 per cent of all adolescent and adult HIV infections have resulted from heterosexual intercourse. Biologically, women are two times more likely than men to become infected with HIV through unprotected heterosexual intercourse (NIAID, 2006). This biological fact amplifies the risk of HIV infection for women and girls when coupled with the high prevalence of non-consensual sex, sex without condom use, and the unknown and/or high-risk behaviours of their partners.
- Girls who attend school are more likely to have the necessary knowledge and competencies to cope with pressures and to make decisions about their sexual lives. Girls who have completed secondary education have a lower risk of being HIV infected (see page 10). Educated women are more likely to earn a higher income and to be independent.
- Although progress has been made, there is still much ground to cover in closing the male-female gap in the areas of literacy and of access to the various levels of education. In sub-Saharan Africa, more than one in three young women aged between 15 and 24 do not know how to read and write (compared with about one in four young men in the same age-range) (UN, 2007). There has been some improvement in gross enrolment ratios at the primary level, though in 2005 for every 100 boys there were still only 89 girls. The situation at both secondary and tertiary levels has deteriorated since 1999, with the enrolment of boys increasing more rapidly than that of girls.

## The importance of girls' education

Girls' education can go far in slowing and reversing the spread of HIV by contributing to poverty reduction, gender equality, female

empowerment, and awareness of human rights. It also has crucial implications for female economic independence, delayed marriage, family planning, and work outside the home.

*(World Bank, 2002)*

## What ministries of education can do

- Give high priority to achieving gender equity within the system and to ensuring more and better education for more and more girls. Employment, deployment and promotion policies should consciously seek to attain better measures of gender parity.
- Develop a culture within the system and within schools that values female involvement and the contribution that girls and women can make towards achieving education for all, girls and boys alike. Programmes for the advancement of girls' education should be established in countries or at levels where girls' participation is low.
- Make deliberate efforts to eradicate all forms of gender-based violence in the system and all educational institutions. Conscious efforts should be made to ensure that schools become places where there is no exploitation of girls, but where they feel safe and where they want to be.
- Develop and disseminate materials on how to deal with gender-based violence in training programmes for school heads and those in positions of responsibility.

## What planners can do

- Ensure the collection at all levels of gender-disaggregated data and the transmission of this information to decision-makers.
- Plan for the replacement of books and materials that embody stereotyped gender-based imagery.
- Ensure that safety factors are considered in the location and design of schools.
- Provide for sanitation and ablution facilities at all schools that will respond to the differing needs of girls and boys.

- Establish bursary schemes to support the educational participation of girls at all levels.



### **Key messages for ministers of education**

1. Make sure that every girl gets into primary school, that she learns, and that she stays there until the end of the primary cycle.
2. Aim to provide access to a complete secondary education to an increasing number and proportion of girls.
3. Adopt strong policies in support of female participation in tertiary education.
4. Show zero tolerance for every form of gender-based violence.
5. Increase the number of female teachers at all levels and of female staff across the management and administration of the ministry.

# 3 MAINTAINING QUALITY OF EDUCATION

## Staff support and management

### The issue

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

#### A few facts

- ▶ Eighteen million primary school teachers are needed over the next decade to meet Universal Primary Education goals. Sub-Saharan Africa alone requires 1.6 million additional school teachers (UIS, 2006).
- ▶ A comprehensive study on South African public schools found that 12.7 per cent of teachers were HIV-positive. With sex and age taken into account, the figure was not significantly different from that of the general population (Shisana, Peltzer, Zungu-Dirwayi and Louw, 2004).
- ▶ In Malawi close to 40 per cent of all teacher losses is due to terminal illness, most of it presumably AIDS-related.
- ▶ Zambia: it is estimated that the illness of teachers or their responsibilities of caring for family members (including attending family funerals) accounts for over 60 per cent of teacher absences (UNAIDS/WHO, 2006).
- ▶ Namibia: Sick leave and attendance at funerals are the largest causes of absences in Northern provinces. (Castro, Duthilleul and Caillois, 2006).

### What we know

Precise **rates of HIV infection** among teachers remain unknown in the majority of countries, but recent research shows that teachers do not constitute an especially at-risk population. Teacher HIV prevalence rates tend to be similar to those found in the general population.

In the hardest hit countries, where overall **mortality rates** have increased as a result of the epidemic, teachers have been dying in greater numbers than in the past, but it is impossible to say with any precision what proportion of these deaths are AIDS-related. The number of teachers who die every year is fortunately lower than had been announced in earlier studies.

In a number of countries, teacher mortality appears to have recently stabilized or declined as a result of lower infection rates and access to treatment (Bundy and Risley, 2007). The teacher **attrition rate** remains high, estimated between 6.5 and 10 per cent in southern African countries. How much of this loss is due to low salaries, poor conditions of service, competing employment opportunities or to AIDS-related stress and illnesses is not known. Yet HIV and AIDS impact on teacher attrition in complex ways. For example, teachers may leave their posts to take up employment in other areas where AIDS has created vacancies. In all cases, managers are faced with the challenges of training large numbers of teachers, many of whom may not stay in post for a very long period.

Teacher **absenteeism** is high in many countries independently of HIV and AIDS. The epidemic has transformed this into a very serious issue in highly impacted settings, though it is impossible to single out its added burden. Absenteeism has major implications for education quality, as an absent teacher often means no teaching for the class.

Heavier workloads for the remaining teachers and increasing reliance on less qualified teachers are affecting staff morale, reducing productivity and increasing stress. In some countries, sick teachers are transferred to administrative posts or positions in urban areas where health centres are located. This can impact on quality in some urban schools at the same time as it accentuates the difficulty of deploying teachers in rural areas.

## What ministries of education can do

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Inform, protect and support their teachers and other education sector staff by:

- putting in place policies and practices for prevention education that promote a safe work environment for all education sector staff;
- developing a workplace policy that facilitates access to treatment, services and referral for those who are infected and/or affected. The policy should support all staff, including those who are living with HIV, and address issues of stigma and discrimination;

- ensuring that a consultation process for the development of the workplace policy is carried out, and that it involves HIV-positive teachers and students, as well as key stakeholders;
- making sure that the workplace policy, once adopted, is disseminated and understood by head teachers, teachers, parents and the community at large, and that it is accompanied by functioning (and legally binding) mechanisms to protect teachers as employees;
- facilitating the establishment of networks of HIV-positive teachers, building links with teacher unions – one of the strongest potential allies of networks of teachers with HIV –.

### Key principles of a workplace policy

- Recognition of HIV and AIDS as a workplace issue
- Non-discrimination
- Gender equality
- Healthy work environment
- Social dialogue
- No screening for purposes of exclusion from employment or work processes
- Confidentiality: no employee, student, or parent on behalf of the student is compelled to disclose HIV status to education authorities.
- Continuation of employment relationship: HIV infection is not a cause for termination, suspension, involuntary transfer or blocking of career advancement.
- Prevention: information, promotion of voluntary counselling and testing and access to medical services
- Care and support: arrangements for sick employees and employee, student and family services.

Policies should be shaped by local needs and conditions.

*Adapted from ILO Code of Conduct*

## What planners can do

Planners can contribute to the effective implementation of a workplace policy. They should also closely monitor the impact of the epidemic on the education system and contribute to the improvement of management practices.

Planning and monitoring:

- Ensure that the implementation of the workplace policy is properly budgeted and planned.
- Carefully monitor teachers' attrition rates and the reasons given for leaving the profession.
- Establish management information systems at central and district levels to monitor absenteeism, attrition and death, demands on

employee benefits, number of vacancies, recruitment time and staff movements.

- Plan teacher demand and supply, and forecast training and recruitment needs at national and regional levels which take into due consideration future staff depletion rates.

Management practices:

- develop monitoring tools that can easily be used within schools and encourage schools to keep good records;
- provide training for head teachers on how to lead a school: support teachers, provide them with pedagogical advice, but also enforce existing regulations;
- examine ways of reducing absenteeism caused by system-failures (e.g. by regularizing the pay days).

Where possible, and depending on the context:

- review the norms and procedures, so as to facilitate early retirement for chronically ill teachers and replacement of missing teachers;
- review the procedures for redeployment of teachers needing care;
- analyze the feasibility and cost of establishing a system of relief teachers and/or systems of funds allocation that would allow schools to recruit voluntary teachers;
- increase accountability of schools to the school board and the community.



### **Key messages for ministers of education**

1. Provide all education sector staff with care and support.
2. Make sure that workplace policy rules and regulations are known and applied.
3. Collect regular information and monitor the impact of HIV on teachers.



# Strengthening higher education institutions

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## The issue

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HIV and AIDS do to higher education institutions what they do to the body: they undermine the systems that should protect us. They erode the capacity of tertiary institutions to train future leaders, managers, teachers, doctors and other professionals and to fulfil the core educational and research functions necessary for economic and social development. They weaken capacity development efforts and undermine the heavy educational and financial investments made in tertiary education.

Most students in higher education institutions are young adults who may be highly sexually active, and thereby be at greater risk of infection than any other age group. Although AIDS awareness is widespread among academic communities, AIDS fatigue occurs and, due to easier access to treatment, it can be thought that the epidemic is under control. So far there have been few systematic responses to HIV and AIDS in higher education.

Even in institutions that have adopted a response, many are too focused on the medical aspects of the epidemic. Most higher education institutions have failed to fulfil their lead role in responding to the needs of an AIDS-affected society by limiting AIDS research to the biomedical sphere rather than expanding it to other domains (social, psychological, legal, economic, etc.).

## What we know

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HIV and AIDS affect the demand for tertiary education by making it difficult for students from affected/infected families to meet the costs.

In high-prevalence countries, staff absenteeism, loss of staff, subsequent increased workload, low morale and efficiency, and difficulties in replacing highly trained staff are affecting their ability to provide educational services. Attrition among non-teaching staff also severely disrupts teaching and research programmes. This affects educational quality and student performance.

Many higher education managers do not see it as their responsibility to organize prevention education, given that their students have in theory already been exposed to prevention education at school.

Yet several factors contribute to the spread of HIV in higher learning institutions, among them, students' young age, naivety, and poverty in an environment that gives importance to modern and fashionable goods. Other factors include peer pressure, inadequate access to information on HIV and AIDS, substance abuse, difficulties in accessing condoms.

More universities are taking action to respond to the epidemic, but many still need to address the issue in a systematic way. Few universities have developed an HIV and AIDS plan, established structures or allocated significant budgets. There is a general lack of reliable information on the impact of HIV and AIDS on the functioning of institutions.

Responses have generally been the result of individual or group initiatives, *ad hoc* and fragmented, with little sustainability.

## What ministries of education can do

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Universities and other higher learning institutions are usually independent entities that develop their own policies and work plans. Each institution is therefore responsible for its own response to the epidemic. Yet ministries of education can:

- work jointly with institutions and the ministry of health to establish comprehensive AIDS prevention programmes;
- establish bursary schemes to support poor but gifted students, particularly women, so that they can continue studying without resorting to high-risk sexual practices;
- provide guidelines to universities on how to develop policy frameworks that are coherent with the national education HIV and AIDS policy and the national workplace policy;
- require higher level institutions to develop a code of ethics jointly with trade unions and professional organizations and make it widely available;
- reward universities and colleges that are most active and publicize good practices;
- support university HIV and AIDS research programmes conducted across faculties and in partnership with external partners.

## What planners can do

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- Integrate HIV and AIDS issues in the national strategic plan for higher education.
- Set up an appropriate education management information system at higher education level and monitor the impact of HIV and AIDS on students and staff. In co-operation with higher level institutions, assess staff attrition rates and estimate future staff requirements.
- Train institutional planners and managers on how to assess the impact of HIV and AIDS in their institutions; assess the cost of operationalizing their HIV and AIDS policy and prepare strategic plans.

## What institutional managers can do

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Institutional managers need to provide dynamic action-backed and resource-backed leadership that will be both inward-looking, to protect the institution's own functioning, and outward-looking, to serve the needs of an AIDS-affected society.

Develop their own institutional policy on HIV and AIDS

This implies to customize the education sector policy and the national workplace policy, integrate HIV and AIDS into their strategic plans, and explore, with the support of the ministry of education and the national AIDS council, different sources to fund prevention and access to treatment programmes.

Protect the institution's own functioning

- monitor the impact of HIV and AIDS on staff and students and establish and support an institution-wide committee with responsibility for implementing and monitoring the institutional response to HIV and AIDS;
- ensure the integration of HIV, sex and reproductive health education into their curricula and provide the necessary training for staff, tutors and professors;
- make sure that condoms are easily available on campus at a reasonable price;
- campaign against discrimination and stigmatization;
- enforce the professional code of ethics and take exemplary actions against those who do not follow it;

- establish partnerships with different NGOs and associations active in the university to organize extra-curricular activities;
- set up appropriate counselling, care and support structures and keep the university community informed on the availability of treatment and suitable treatment sites.

Respond to the needs of an AIDS-affected society:

- provide for the development of AIDS competent, flexible and innovative graduates capable of functioning productively and constructively in a society infected with and affected by HIV and AIDS;
- enlarge their research programme to cover different aspects of the impact of HIV and AIDS on society.

### A few testimonies

Enjoying new freedom

"Most of the students joining university now are quite young and their age pushes them to experiment with sex and for many of them it is the first time that they are really free from parental or school administration control. There are all sorts of people who are ready to exploit their innocence ... men induce girls with money and the girls eventually give in and it is hard for girls this age to insist that the man uses a condom. The young boys are also pursued by sugar mummies and their fellow female students who are well off."

*(Female counsellor, university hospital in Uganda)*

### Need for money:

"Most female students take fashion as part of their college life. They want to have every dress that is in latest fashion. Unfortunately, these students are... poor and some will do anything in

order to have money and keep up with the fashion world. Among female students, many resort to selling sex as the quickest way to earn money."

*(Teacher trainee from Zambia July 2007)*

### Student-teacher relationships:

"This is common among female students and male lecturers, unlike male students and female lecturers... Most student-lecturer relationships are based on sexual relations. A female student will have a miserable life after being dumped by the 'boyfriend lecturer' who later on goes to propose to her friend or another female student. However, few female students report these relationships, despite constant reminders from the principal, because they fear being intimidated by the lecturer concerned and becoming a laughing stock in the college."

*(Teacher trainee from Zambia July 2007)*



### **Key messages for ministers of education**

1. Recognize that HIV and AIDS may undermine the potential of higher education institutions to produce the human resources, research and leadership that national economies need.
2. Raise the question of HIV and AIDS, as well as institutional responses, in discussions with institutional governing bodies and senior managers.

### **Key message for institutional managers**

Institutionalizing HIV and AIDS within a higher education institution requires a radical mind-set that is unshakeable in committing the full potential and resources of the institution to the struggle with the epidemic and that translates this commitment into policies, plans and implementation structures.



# 4 INTEGRATING THE PLANNERS' AGENDA

## The planners' agenda in an AIDS context

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In an AIDS context, planners and managers have to integrate into their work agenda the need to mitigate the impact of the epidemic on the education system so as to protect its core functions. This means among other things focusing on increasing the access of all children – particularly girls and vulnerable children – at the same time as taking steps to improve quality, in spite of the numerous difficulties encountered.

This new responsibility will affect :

- their various tasks,
- the issues they have to pay attention to,
- the resources they have to mobilize,
- the partners with whom they are working, and
- the tools they use to identify problems and monitor the impact of different measures.

In the previous chapters, the various measures and interventions that planners and managers need to consider to solve different issues have been discussed. Their specific role and tasks have been outlined. What appears below is a summary of the strategic priorities of planning in an AIDS context.

### Situation analysis

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In developing national education plans that take into account the impact of AIDS, the planners' first task is to do a situation analysis. For this they need to collect the necessary information to identify major problems and gaps.

Relevant, timely and accurate data is essential for assessing the impact of HIV and AIDS on the number of pupils and students (the demand for education), on teachers, on the quality of the education delivered in different places and on the way the education system operates. Increasingly, ministries of education in highly impacted countries have

integrated proxy indicators of the impact of HIV and AIDS into their yearly school census. The information that can be collected nationally includes the number of single or double orphans by gender, the availability of HIV and AIDS prevention materials, as well as teacher deaths and attrition by cause, gender and age.

This information can be completed by specific in-depth research studies in a sample of schools to evaluate, for example, the extent of teacher and pupil absenteeism. Household surveys can provide useful information on the proportion and characteristics of out-of-school children.

More and more countries have been decentralizing the management of their education systems to decision-making units closer to the schools. Data processed at the local level is more easily accessible and allows for rapid decision-making and interventions. Routine and systematic data collection on teacher and learner absenteeism, illness, death and orphan status, availability and use of teaching materials should provide the basis for more informed actions, such as finding substitute teachers, assisting school management committees, NGOs and other bodies in supporting children and teenagers affected by HIV and AIDS, and checking on the distribution of materials.

At higher education level, planners have to work closely with institutional heads and senior managers to encourage them to establish and implement institutional HIV and AIDS policies, set up proper systems of information and collect reliable data on student enrolment by gender, yearly student attrition, and teaching and non-teaching staff.

## Planning and mobilizing resources

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Mitigating the impact of HIV and AIDS on the system requires allocating sufficient resources to train and upgrade teachers; replace absent or missing teachers; develop a suitable HIV and AIDS curriculum; prepare and distribute teaching materials; provide school meal programmes and bursaries for vulnerable children and learners who would otherwise not continue their studies; train teacher trainers, supervisors and administrators; develop new AIDS-sensitive systems of information etc.

All of these programmes have to be:

- planned as part of the education development plan and integrated in the national plans and Fast Track Initiative applications;



- costed and included within the overall budget (yearly budget or medium-term expenditure framework); and
- submitted to the ministry of finance and different aid agencies. Specific programmes and projects may have to be prepared and submitted to specific agencies, including the AIDS commission, to cover specific activities.

Once HIV and AIDS programmes have been fully integrated into the everyday activities of ministries of education, instead of being carried out as separate actions that are financed by exceptional sources, there is a greater chance that they will receive the full and steady attention that they require. Once the plan has been approved, its implementation has to be organized and annual workplans and operational plans have to be prepared, so as to ensure that the activities are duly implemented and the funds allocated on a yearly basis.

The preparation of the plan is a collaborative effort. Central planners have to work together with planners in different departments of the ministry of education (such as the Department of Primary and Secondary education and the Teacher Training Department) and support them in planning their own activities. Likewise, planners have to train and support regional and district education officers and planners at institutional level – in higher education institutions in particular – to prepare their five year plan as well as their yearly operational plan.

## Working in partnership

The challenge of HIV and AIDS is too big for any single ministry to handle. Mitigating the impact of the epidemic requires co-ordinated actions from different partners. Ministries of education should establish partnerships with ministries of health and social affairs and national AIDS commissions to finance and implement co-ordinated actions.

Addressing the needs of orphans and vulnerable children implies working with the communities, the local government and non-governmental agencies. As mentioned already, these are the ones who can best identify the young people and families most in need, and they can assist in finding solutions that allow orphaned children and young people to remain part of a family. District education officers can encourage village committees to map the out-of-school children and where they live, to visit them in their homes, and eventually to support them to go to school.

Discussions with members of the community and different stakeholders (teacher unions, parents and religious leaders) are also useful to avoid resistance when introducing an AIDS curriculum, to obtain support in the school and its environment, and to harmonize the messages communicated in school with those disseminated in the community.

Whenever possible, other educators should be involved and be invited to give talks in schools. Associations of persons living with HIV and networks of infected or affected teachers can go a long way to make people realize the disastrous impact of stigma and discrimination. Ministries of education have to support such associations and work in partnership with them.

In many countries, NGOs (national and international) and FBOs are heavily engaged in programmes providing food and scholarships for vulnerable children, while others provide treatment for infected teachers. At higher education levels, institutional managers have a great deal of autonomy. They have to be encouraged to undertake the tasks mentioned in the relevant sections of this brief; they also have to be supported and monitored.

In this area, the role of the planners in the ministry of education is to:

- work with different partners;
- co-ordinate their activities;
- provide them with information;
- encourage them through proper incentives; and
- monitor the impact of activities undertaken.

## Monitoring and evaluation

Monitoring the implementation of different programmes and evaluating their impact is essential. Accurate monitoring and evaluation of programmes allows corrective measures to be taken and best practices to be identified and advertised. It also provides guidance on programmes to be stopped, redirected or, on the contrary, scaled-up. Among the programmes that need careful monitoring are the following:

- in-service training of teachers;
- distribution and use of specially prepared teaching materials;

- fee exemptions and bursary schemes to check how the programme is being implemented, possible unintended effects, whether the intended beneficiaries are receiving the funds and what are the impacts on access to school and completion of studies;
- implementation of the workplace policy; use of the code of conduct; and the effects on reducing violence in schools, stigma and discrimination.

The required information can be collected through the regular management information system, or through specific surveys and quantitative or qualitative research. The system of supervision and quality assurance can also be called upon. Supervisors can be asked to look at certain items in particular and their reports should be more systematically analyzed.



### **Key messages for ministers of education**

1. Strengthen your planning and management team to guide and monitor policies, and mobilize resources and partnerships.
2. Be personally engaged: a dynamic and sustained leadership is essential for bringing about the necessary efforts to articulate an effective response to HIV and AIDS.

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## The brief

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This brief is addressed to educational planners and managers, as well as other key decisions-makers in the field of education in countries highly affected by the AIDS epidemic, especially those of sub-Saharan Africa where the impact on education systems has been most severe.

Building on previous research and on the expertise of UNESCO's International Institute for Educational Planning (IIEP), the brief focuses on practical aspects of educational planning in a context of HIV. The objective is to underline the main implications of the epidemic for educational planners and managers at central level and possible areas of interventions. It discusses four major challenges in a world with AIDS:

- delivering effective prevention education;
- increasing access to schools;
- maintaining quality of education;
- integrating the planners' agenda.

Each chapter can be read independently or in sequence. After outlining the issue, each summarizes what a ministry of education can do and what planners need to do. Messages that ministers should remember and urgently act upon are also presented.

## The authors

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