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**Joint ILO/UNESCO Southern African Subregional Workshop
30 November-2 December 2005
Maputo, Mozambique**

**Improving responses to HIV/AIDS
in education sector workplaces**

Report



ILO



UNESCO

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Invaluable contributions to the workshop's preparation and final outcomes were made by the former UNESCO HIV/AIDS programme officer in Maputo, Ms. Cristina Raposo, and the current programme specialist, Ms. Zulmira Rodrigues and their colleagues from the UNESCO office in Maputo.

The report is the product of intensive and rich discussions over three days between representatives of ministries of education, ministries of labour, teachers' unions, the private sector and one National AIDS Council from seven southern African countries. Ultimately, they are the principal contributors to this document for which the ILO and UNESCO express their sincere appreciation.

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Geneva and Paris,
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List of acronyms

AIDS	acquired immune deficiency syndrome
ART	antiretroviral therapy
ARV	antiretroviral
CDC	Centers for Disease Control (USA)
DoE	Department of Education
EFA	Education for All
EI	Education International
EMIS	education management and information system
FBO	faith-based organization
HIV	human immunodeficiency virus
ILO	International Labour Organization
KAP	knowledge, attitudes and practice
MoE	Ministry of Education
NGO	non-governmental organization
OSH	occupational safety and health
OVC	orphans and vulnerable children
PEP	post-exposure prophylaxis
PTA	parent-teacher association
PLHIV	person/people living with HIV
SADTU	South African Democratic Teachers' Union
STD	sexually transmitted disease
STI	sexually transmitted infection
TVET	technical and vocational education and training
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
V(C)CT	voluntary (and confidential) counselling and testing
WHO	World Health Organization

1. Background

The workshop was organized under the auspices of an ILO programme initiated in 2004, developing a sectoral approach to HIV/AIDS education sector workplaces, as a complement to the ILO's code of practice *HIV/AIDS and the world of work*, adopted in 2001. A number of research papers and assessments prepared by international organizations in recent years have highlighted the impact of HIV and AIDS on the education sector workforce in developing countries, especially in sub-Saharan Africa. High prevalence results in morbidity and mortality rates which deprive affected countries of some of their most educated and skilled human resources. In addition, teachers are often not trained or supported to deal with HIV in schools, and the disease has also affected the management capacity of education systems.

In 2005, UNESCO joined the ILO in a collaborative project, aimed at the development of an HIV and AIDS workplace policy and related resource materials for use by education staff and stakeholders at national and institutional levels in southern African countries. The workshop in Maputo brought together representatives of government (ministries of labour and education), employer organizations and teacher/educator unions from seven countries to participate in this process, along with representatives of regional and international organizations (see Appendix 1 for list of participants).

2. Introduction and organization of the workshop

Bill Ratteree (ILO, Geneva) welcomed all delegates to the workshop. He commended the broad participation and explained that the workshop grew out of decisions taken by the ILO Governing Body and a special steering group set up to review a new series of ILO action programmes in 2004. The tripartite constituents of the ILO (governments, employers and workers) considered that this programme on HIV/AIDS in sectoral workplaces, including education, represented an important follow-up to efforts to apply the key principles and concepts of the ILO code of practice *HIV/AIDS and the world of work*, adopted in 2001.

Although this work began as an ILO initiative, it later became a joint ILO/UNESCO programme to apply the synergies developed respectively on education and labour issues to the HIV and AIDS pandemic. There was close cooperation between ILO headquarters in Geneva and offices in southern Africa, and UNESCO headquarters in Paris and the UNESCO Maputo office, which was largely responsible for the workshop preparations and logistics. The ILO looked forward to continued close cooperation to follow up on the outcomes of the workshop.

The purpose of the workshop was to further refine and validate materials developed for use by constituents of the ILO and UNESCO and other education sector stakeholders at the institution and national levels, and to develop initial strategies to implement workplace policies in the different contexts of the participants' countries.

Accordingly, it was expected that by the end of the workshop there should be:

- an agreed workplace policy;
- agreed implementation guidelines;
- an action plan/strategy outline for each country;
- an outline of a workshop report.

The goals for each day were:

Day 1: Examine issues, challenges and responses and by the end of the day have a better understanding of what has been done and can be done to reduce the impact of HIV and AIDS on education from a workplace perspective.

Day 2: Examine and revise the draft workplace policy in light of national and institutional realities and by the end of the day reach agreement on:

- (a) a revised workplace policy as a tool for use at national and/or institutional settings – schools, technical and vocational education and training (TVET) institutions and universities – in southern Africa; and
- (b) guidelines or a checklist for implementation.

Day 3: Examine national action plans and strategies to respond to HIV and AIDS in education workplaces and by the end of the day agree on an outline for national action and support needed to implement these plans and strategies (see Appendix 2 for the workshop programme).

A Steering Committee was appointed with representation of the tripartite partners, ILO and UNESCO. This committee monitored the workshop process and made changes to the schedule as necessary. They also shared the chairing of workshop sessions (see Appendix 3 for membership of the Steering Committee).

3. Opening session

Delegates from UNESCO Maputo and the ILO officially opened the workshop. In attendance at the opening ceremony were the UNESCO Maputo Officer in Charge (OIC), ILO Geneva Education Sector Specialist, the executive secretary of the National AIDS Council of Mozambique, Dr. Joana Mangureira, and the Permanent Secretary of the Ministry of Education and Culture of Mozambique, Ms. Ana Paula Chichava. The programme was initiated by the Government of Mozambique, with a clear commitment to the response to HIV and AIDS. The speakers outlined how the Government of Mozambique is committed to achieving the objectives of Education For All, despite poverty, gender inequity, which affects girls' education, low quality and the weak infrastructure of the education system.

The most recent threat to the education system is the impact of HIV and AIDS not only on pupils and teachers but also on the system as a whole. Mozambique is among the ten most affected countries in the world with a national prevalence of 16.2 per cent. It is estimated that there are 1.6 million orphans, including about 273,000 AIDS orphans. It is estimated that in 2010 the number of orphans will increase to 1.8 million, including about 626,000 AIDS orphans. The Government of Mozambique acknowledges the importance of the education sector in the HIV/AIDS response. In the last few years, the priority of the Ministry of Education and Culture has been to develop prevention and mitigation programmes for students, as well as information and prevention activities targeted at staff, aiming to protect the important role of the education system. The Mozambican speakers urged that continued dialogue should be promoted and maintained through the collaborative efforts of the ILO and UNESCO.

4. HIV/AIDS and the education sector: Issues, challenges and responses in southern Africa

4.1. The ILO code of practice *HIV/AIDS and the world of work*

Margherita Licata, ILO/AIDS, Geneva, made a presentation on the code of practice as *A tool for action in the education sector*, outlining the relevance of action in the education sector, providing an overview of the impact of HIV and AIDS on the education sector (including on the supply and demand for teachers, administrators and education managers) and highlighting the potential contribution of the ILO code of practice as a tool for action in the prevention of HIV/AIDS in the world of work.

She emphasized the need to invest in education because education drives social and economic development and a country's future is dependent on the education system. The education sector plays a key role in HIV prevention by providing protection against HIV infection, reducing girls' vulnerability and providing the infrastructure for delivering HIV prevention education.

The ILO code of practice *HIV/AIDS and the world of work* can be used in the education sector as:

- a framework for policy development;
- guidance for the development and implementation of workplace programmes;
- a tool to address stigma and discrimination;
- an instrument to balance the rights and responsibilities of workers and employers.

The key principles of the code are:

- the recognition of HIV and AIDS as a workplace issue;
- non-discrimination;
- gender equality;
- healthy work environment;
- social dialogue;
- screening for purposes of employment;
- confidentiality;
- continuing the employment relationship;
- prevention;
- care and support.

Gender implications need particular attention. Programmes for women should explain their higher risk of infection, help them understand their rights, and empower them to protect themselves. Special attention should be given to young women and sexual harassment and violence must be addressed. Programmes for men should explain how their behaviour could cause risks, and help to promote men's responsibility for reducing HIV infection.

The presentation concluded with an outline of the challenges which often emerge when translating the policy framework into action in the education sector. These included: difficulties in locating the response at the appropriate institutional level; the lack of a driver/catalyst for the response; problems with legal/institutional mandate; and poor relationships with national AIDS coordinating bodies and/or ministries of health.

4.2. Universities and their response to HIV and AIDS

Lucinda Ramos, UNESCO Division of Higher Education, Paris, reported on a study entitled *Expanding the field of enquiry: A cross-country study of higher education institutions' response to HIV and AIDS*. She summarized the responses of higher education institutions to HIV and AIDS, based on a sample of 12 case studies. In the study, it emerged that little is known in all the universities researched about the situation of HIV/AIDS and no rigorous impact assessments have been undertaken. While there is evidence of sporadic uncoordinated responses that rely heavily on the initiatives of concerned staff and students, there has been a failure to mainstream the responses across the institution. Uncertain leadership by top management continues to prevail and there is a lack of understanding of the need to institutionalize the responses and the implications of this process.

The study recommendations laid stress on the importance of leadership and the continued expansion of partnerships. Action should include the development of policy frameworks that locate HIV and AIDS as part of the mission and core business of tertiary institutions; the development of strategic plans; the introduction of workplace policies and programmes, and HIV and AIDS services. There should be more effective focus on HIV and AIDS research. HIV and AIDS should be integrated into formal education programmes, including pre- and in-service programmes for teachers. Non-formal educational activities should be strengthened, along with community outreach.

How can UNESCO and its partners support change?

- By providing resources (technical and financial support) for institutional policy implementation, including the development of a self-assessment checklist.
- By developing and publicizing networks and sharing good practices, such as the UNITWIN/UNESCO chairs programme.
- By advocating for the recognition in practice that HIV and AIDS constitute a developmental problem which needs to be addressed beyond the narrow frameworks of a biomedical or behavioural approach.

In the discussion on these issues, workshop participants raised questions and offered contributions about treatment and the emphasis placed on it by the ILO code of practice, the evidence concerning HIV prevalence in the region, the situation in higher education institutions and prevention education in various countries. UNESCO shared the results of a recent meeting it organized on treatment education.

5. Round table: Southern African education sector responses and challenges

Representatives of ministries of education were invited to share the challenges facing their countries in terms of HIV/AIDS, with comments and supplementary information provided by employers' and teachers' organization representatives. While there was a great deal of common ground, some country-specific challenges emerged.

Botswana

The National Policy on HIV/AIDS and Employment outlines the development and implementation of workplace HIV/AIDS awareness programmes and the Public Service Code of Conduct on HIV/AIDS in the Workplace covers the following key areas: promoting a safe and healthy work environment; equal opportunities in employment; the voluntary nature of HIV testing; and confidentiality and information sharing.

The national HIV/AIDS Coordination Unit has been established and strengthened. The national HIV/AIDS coordinator oversees the coordination, implementation and monitoring of national HIV/AIDS activities, while regional HIV/AIDS coordinators monitor implementation and effectiveness of HIV/AIDS programmes at regional level. The Teacher Capacity Building (TCB) Project, a live television programme that empowers teachers on HIV/AIDS issues, has been introduced.

Key education sector workplace achievements include the fact that teachers and learners are able to dialogue on issues of HIV/AIDS. Some teachers feel able to disclose their HIV status to school heads and colleagues in the workplace and trained HIV/AIDS counsellors are located in different departments – to offer psychosocial support to staff. The Botswana Teachers' Union emphasized the importance of teacher training and assistance from organizations such as the ILO in meeting the continuing challenges.

Lesotho

Lesotho has not as yet developed a workplace policy on HIV and AIDS and has no formally structured programmes for educators. HIV and AIDS issues are addressed in their curriculum through the teaching of health and social education in the lower school. Students are encouraged to reach out to those affected and infected by HIV and AIDS and there are community service programmes, which involve working in orphanages and government hospitals.

The Government of Lesotho would like to see educators taking the lead in the response to HIV and AIDS, given their influence in communities. Educators have responded to this challenge and are currently working with the Government in the response to HIV and AIDS as they view it as a joint responsibility.

Mozambique

Mozambique, with a national HIV prevalence of 16.2 per cent, has experienced a noticeable increase in teacher absenteeism and an exodus of teachers moving to private schools for better salaries. The Ministry of Education predicts that by 2010 there will be a 13 per cent decrease in the number of children attending school by 2010 and an 11 per cent increase in the number of orphans. The Government has invested an additional \$110 million in the education sector to address the impact of HIV and AIDS. While there is a national HIV and AIDS policy, there is not a specific policy for the education sector,

though one is being developed, along with a strategy for implementation, both inspired in part by the ILO code of practice.

Namibia

Namibia is one of the most heavily affected countries in the world, with a prevalence of 19.7 per cent. More than half of the population are younger than 20. In most ministries, 80-90 per cent of employees are between 20 and 45 years old, the age group that is most vulnerable to the epidemic. The Government of Namibia has adopted a multi-sectoral approach in the response to HIV and AIDS, with planning and coordinating bodies established under the auspices of the Ministry of Health. The National AIDS Coordination Programme (NACOP) is tasked with coordinating the national response across all sectors.

South Africa

As there was no Government representative from South Africa, the SADTU representative made the presentation on the South African situation. He presented the results of a study on the education sector, conducted by the Human Sciences Research Council and Education Labour Relations Council. The study found that 12.7 per cent of 350,000 teachers are HIV positive; there were 4,000 HIV-related deaths in 2004; 10,000 were in immediate need of antiretroviral therapy; and 25 per cent of teachers wanted or intended to leave the education system due to general dissatisfaction with conditions.

He also presented the SADTU HIV/AIDS Programme, funded by Education International (EI). This was a joint programme with EI, the World Health Organization and the Education Development Center, which had trained 360 master trainers and more than 5,000 teachers. In a programme funded by the President's Emergency Plan for AIDS Relief, an additional 60 master trainers and 3,500 peer educators were trained in KwaZulu Natal, Mpumalanga Province and the Eastern Cape.

The SADTU Gender, Education, Research, and Media sections are all engaged in the union's response to HIV and AIDS. The union has its own publications, HIV/AIDS programmes and HIV/AIDS policy. The manual for trainers focuses on: sexual and reproductive health issues; HIV/AIDS and gender; wellness management; care and support; HIV/AIDS and the law.

Swaziland

Swaziland presented an impact assessment study, which revealed the serious impact of HIV and AIDS on the education sector. A health education section has been established to address the issue of HIV/AIDS in schools, with special attention to sensitising head teachers and training teachers (especially guidance teachers) on prevention education with learners. The Ministry of Education is working to reduce school fees to enable more children to remain in school, to complete schooling and go on to tertiary institutions and has implemented a school-feeding programme for orphans and vulnerable children. A toll-free line has been established to report child abuse cases.

The Swaziland National Association of Teachers also has an active HIV and AIDS education programme with its members.

Zambia

The Zambian National AIDS Council is the coordinating body for the Zambian response to HIV and AIDS. The Zambian Central Board of Health has a significant role in national action. The tripartite social partners have attempted to include issues of HIV and AIDS in the Zambian Employment Act, drawing on the ILO code of practice as well as the SADC code on HIV and AIDS in developing their policy framework, but more resources and capacity-building were needed. The Zambian multi-sectoral response is guided by the National AIDS/STI/TB Implementation Plan. A national HIV and AIDS policy for the education sector has been completed, but its implementation has been weakened by difficulties in implementing the national policy on HIV and AIDS.

The Zambian Government has made provision for voluntary counselling and testing, as well as for free antiretroviral treatment, though take-up has not been as widespread as expected. Most private sector companies have developed and implemented HIV and AIDS policies and a wide range of NGOs are active in the field of HIV and AIDS. The Zambian National Union of Teachers has been engaged in teacher training with support from EI.

The representatives highlighted the challenge of social and cultural issues related to HIV and AIDS and the need for transformation of attitudes necessary to mobilize an effective response.

Discussion

All participants articulated the commitment of their organizations and governments to implementing an effective response to HIV and AIDS. Strategic plans for the education sector generally now include HIV and AIDS and some countries have received international funding for research, programme design and/or implementation, or publications, though more assistance would be welcomed. Curriculum has been designed for learners at different levels. Impact studies on HIV and AIDS and the education sector have been undertaken by both unions and governments. Some countries reported that government and educator unions are working collaboratively in the response to HIV and AIDS. Educator unions have been active in drawing up HIV/AIDS policy documents for their members, and designing and distributing materials directly related to the challenges in the education sector. There is recognition of the need for specific training for teachers who will be delivering the HIV and AIDS curriculum, including counselling skills, and for systems to support teachers who take on a counselling role.

Some of the challenges that were identified included:

- lack of monitoring and evaluation of programmes;
- lack of research and information, especially on the impact of HIV and AIDS on the education sector;
- lack of understanding and support from some head teachers and managers;
- stigma and discrimination;
- lack of resources especially to assist students;
- lack of proper training of teacher/educators and counsellors;
- absence of HIV/AIDS as a stand-alone module in the curriculum.

6. Thematic group work on education sector workplace policy

The ILO and UNESCO introduced this session by explaining the background, context and overall content of the draft education sector workplace policy and clarifying specific aspects. It was noted that the draft had already evolved since a similar workshop was held in the Caribbean in September 2005. The present draft included options proposed by the Caribbean workshop.

The delegates were divided into groups, each focusing on different chapters of the draft document. The groups engaged in critical and constructive debate, with due consideration of their national situations, and realistic assessment of the implications for human and financial resources. Consensus was reached, sometimes after lengthy discussion and suggested changes to the document were presented to the plenary group by the rapporteur.

During the plenary discussions, all participants had the opportunity to respond to the proposed changes. There were lively exchanges – questions, challenges, alternative proposals, and compromises – resulting in a final consensus document agreed by all participants (see Appendix 4 for policy).

During the discussions, participants raised a number of issues, including the following:

- Concern about some terminology, which they viewed as insensitive: in discussion, culturally neutral alternatives were agreed on.
- Concern about shifting responsibilities: for example, a reference to the provision of antiretroviral treatment by the education sector, which they felt was a health sector responsibility. Likewise, while psychosocial support and programmes on alcohol and drug abuse were important, they were not within the mandate of the education sector. There were some concerns that care and support were not adequately dealt with in the document and dissenting views expressed on teachers as pastoral carers.
- Questions related to the way in which gender issues were dealt with in the policy were raised and addressed.
- The marginalization of HIV/AIDS in existing school curricula.

Day 2 of the workshop was World AIDS Day and began with focus on participant experience in relation to HIV and AIDS, after which a South African film on teachers and HIV was shown and discussed.

7. Taking stock: Draft workplace policy in relation to current national policies and implementation

This session provided an opportunity for participants to reflect on the potential for use of the policy, and its relation to existing policies, structures and activities.

Delegates raised the following broad concerns regarding implementation of the policy:

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- The challenge of collaboration – and communication – between ministries of education, educational institutions and representatives of education staff.
 - Uneven commitment to HIV and AIDS in ministries of education, compared with ministries of health, and the challenge of inter-departmental collaboration, requiring a great deal of networking and time.
 - The lack of resources for HIV and AIDS in ministries of education, as most international donor support is directed to ministries of health.
 - A potential overload of the education system, with significant additional demands related to the response to HIV and AIDS.

Checklist for implementation of an HIV and AIDS policy for education sector workplaces

The workshop considered and adopted with modifications an implementation checklist proposed by ILO and UNESCO, which could serve as a guide to national authorities and education institution decision-makers in implementing the policy (see Appendix 5 for implementation checklist).

8. National group work on action plans and strategies: Assessing challenges, priorities and implementation

Participants worked in country groups to:

- review existing mechanisms at national level related to the proposed policy and state how this policy could be used to improve the education sector response to HIV/AIDS from a workplace perspective;
- examine and identify the challenges to implementing a stronger response in the education sector;
- accentuate priorities for action to meet these challenges;
- outline expected accomplishments by the end of 2006, if these policies were implemented.

Each group reported back to the plenary session, as outlined below:

Botswana and Swaziland

Mechanism

- Botswana and Swaziland both have national policies but the education sector policies are in draft form.
- Swaziland's national HIV/AIDS policy will be implemented in early 2006.
- Swaziland's education sector has a draft policy but the representatives recognized gaps in comparison with the ILO draft policy.
- Botswana had a national policy adopted in October.
- Botswana has a National AIDS Council chaired by the President of the country.

Challenges

- The challenges facing Botswana are those of lack of resources for implementation of the policy and the bureaucratic delays in gaining acceptance of the draft document.

Priorities for action

The actions that they have embarked on include:

- briefing the Permanent Secretary and union executives;
- sensitizing stakeholders on the policy document;
- endorsement (by the MoE and teacher union leadership) of the sensitization of administrators and employees on HIV/AIDS issues;
- proposing to use existing structures to disseminate information to regions, branches and education institutions;
- mobilization of more resources.

Lesotho

Mechanism

- Teachers have taken the lead in community-based programmes.
- Teachers have established VCT centres together with centres that provide care and support.
- A plan exists to intensify the life skills education curriculum.

Challenges

- Lack of human resources, lack of technical expertise and financial constraints
- Managing and monitoring HIV/AIDS data.
- Lack of HIV/AIDS data in the education management information systems.

Priorities for action

- Secure additional financial and technical assistance.
- Integrate activities into existing union structures.
- Encourage individual institutional plans of action under the umbrella of the national policy.

Mozambique

Mechanism

- National and provincial level mechanisms for the response to HIV/AIDS in the education sector exist.
- HIV/AIDS working groups are trained, with representation from different sections (human resources, planning, etc).
- School counsellors should implement the existing policy.

Challenges

- A draft policy has not yet been approved at government level.
- There is low institutional capacity at all levels, and a need for more human resources and training for existing staff.
- Silence and stigma still surround HIV/AIDS.
- Civil society and trade unions are weak in this area.
- Workers do not have the capacity to stand up for their rights.

Priorities for action

The following actions need to be undertaken as a matter of priority:

- More advocacy at all levels to approve the policy document and to engage leaders for its implementation.
- Teachers' unions to disseminate information on teachers' rights country-wide.
- Establishment of programmes for school counsellors and school directors on managing schools in a HIV/AIDS context; these programmes should be used to roll out the policy on HIV/AIDS.
- Greater support for the training package developed for all affected workers (still to be discussed).

Namibia

Mechanism

- In Namibia the existing structures include the National AIDS Commission, the HIV/AIDS Management Unit, and the HIV/AIDS office at ministerial level.
- HIV/AIDS activities are coordinated at national and regional levels.
- The MoE has established a sectoral committee under the auspices of the HIV/AIDS Management Unit. Namibia has received support for implementation from the Global Fund to Fight AIDS, TB and Malaria.

-
- Namibia has concluded an impact study.
 - The policy under discussion will assist the MoE to establish workplace programmes for employees.
 - The Ministry intends to work closely with the teachers' unions in HIV/AIDS related activities.

Challenges

- Lack of human resources, lack of technical expertise, financial constraints and managing and monitoring HIV/AIDS data.

Priorities for action

- Securing additional financial and technical assistance.
- Integration of activities into the existing union structures.
- Development of individual institutional plans of action under the umbrella of the national policy.
- Design of a workplace programme for infected and affected employees under the auspices of a health and wellness programme to avoid stigmatization.
- Establishment of a referral system for employees who face challenges.

South Africa

Mechanism

The South African Democratic Teachers' Union reported on:

- the HSRC/ELRC study that had been completed in South Africa;
- the fact that the study's goals resonated with those of the ILO and its recommendations constituted a potential framework for action;
- some teacher/educator unions in South Africa have made great progress in terms of looking at HIV and AIDS as a teacher/educator workplace issue.

Challenges and priorities

In the absence of a possible dialogue with Government representatives at the workshop, it was felt that the HSRC study and recommendations set out the key priorities for action, notably:

- behaviour change programmes to be developed by the Department of Education (DoE) and teachers' unions;
- increase HIV prevention knowledge;
- target districts with high HIV prevalence;

-
- improve self-efficacy skills;
 - prevent transmission of HIV from those already HIV positive;
 - discourage migratory practices;
 - establish health workplace programmes;
 - eliminate gender disparities;
 - reduce alcohol misuse and end violence at schools;
 - address working conditions through negotiation of service conditions between the DoE and teachers' unions;
 - improve the data management system.

Zambia

Mechanism

- VCT services and ARV treatment programmes have been established.
- Most ministries in Zambia, including education, have HIV/AIDS policy documents; the national policy is to support line ministries and departments.
- Policies have also been implemented in the private sector, notably through the business coalition on HIV and AIDS.

Challenges

- Lack of coordination of implementation.
- Persistence of stigma and discrimination.
- Social and cultural issues related to HIV and AIDS.

Priorities for action

- Ensure better coordination of existing policies.
- Introduce programmes that will eliminate stigma and discrimination.
- Deal with social and cultural issues in a positive manner.

9. Consensus and commitment

After the final review of the policy document, a consensus and commitment statement setting out the major points of agreement and desirable next steps was discussed, amended and agreed by the participants (see Appendix 6 for consensus and commitment statement also annexed to the policy document).

Participants also completed workshop evaluation forms, which are summarized in Appendix 7.

10. Closing ceremony

The closing ceremony was addressed by the Permanent Secretary, Ms. Ana Paula Chichava, representing the Ministry of Education and Culture of Mozambique. She read and endorsed the commitment statement on behalf of the Ministry, commended the outcome of the meeting and looked forward to action in the region based on this commitment. Ms. Zulmira Rodrigues of UNESCO Mozambique and Mr. Bill Ratteree of ILO Geneva thanked the participants and speakers on behalf of the organizers and Mr. David Mbetse, a member of the Steering Committee, made a closing speech on behalf of the participants.

Appendix 1

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Appendix 2

Workshop programme

Joint ILO/UNESCO Southern African Subregional Workshop: Improving responses to HIV/AIDS in education sector workplaces
(30 November-2 December 2005, Maputo, Mozambique)

Day I – 30 November

8:30-9:30	REGISTRATION OF PARTICIPANTS Security briefing	Fernando Leal – UN Security Office
9:30-10:00	Opening session Ms. Zulmira Rodrigues – UNESCO/Maputo OIC Mr. Bill Ratteree – ILO/Geneva Education Sector Specialist Ms. Ana Paula Chichava – Permanent Secretary of Ministry of Education and Culture Dr. Joana Mangureira – Executive Secretary of National AIDS Council	UNESCO ILO Government of Mozambique
10:00-10:45	Session 1: Introduction and organization of the workshop – Presentation of participants, observers, guests, experts – Workshop goals and expectations	<i>Chair:</i> Cristina Raposo (UNESCO) Bill Ratteree (ILO)
10:45-11:00	COFFEE BREAK	
11:00-11:30	Session 1 (cont.) – Designation of a Workshop Steering Committee – Adoption of the programme of work HIV/AIDS and the education sector: Issues, challenges and responses in southern Africa – The ILO code of practice and workplace policies in southern Africa – Universities and their response to HIV and AIDS – Discussion	<i>Chair:</i> Bill Ratteree (ILO) ILO and UNESCO Margherita Licata (ILO) Lucinda Ramos (UNESCO)
11:30-13:00	Session 2: Round table: Southern African education sector responses and challenges <i>Country presentations and respondents</i> Botswana: Ministry of Education – Ms. Judith Nawa and BTU – Mr. Ronald O. Ketshabe Lesotho: Ministry of Education – Ms. Mpho Makara and LAT – Mr. Ralithhare Gabriel Ntoeba Mozambique: Ministry of Education – Ms. Belarmina Alexandre Matimbe/Ms. Anya Manguenzi and ONP – Mr. Alipio Siquisse Namibia: Ministry of Education – Ms. Felicity K. Haingura and NANTU – Mr. Basilius G.M. Haingura South Africa: SADTU – Dr. David Mbetse Swaziland: Ministry of Education – Ms. Della Nsibande and SNAT – Mr. Evert V. Dlamini Zambia: ZFE – Mr. Chrispin Mazuba and ZNUT – Mr. Newman Bubala – HIV/AIDS country situation (data) – Country workplace policy (general or sector-specific) Key-information on education sector workplace achievements	<i>Chair:</i> Judith Cornell and Cristina Raposo (UNESCO) Ministry of Education, Ministry of Labour, <i>Teachers' union, Employer participants (1 presentation and 1 respondent each country)</i>

13:00-14:00	LUNCH	
14:00-15:30	Session 3: Enhancing national responses: Draft ILO/UNESCO workplace policy for education services and institutions	<i>Chair:</i> Steering Committee
	<ul style="list-style-type: none"> - Background and intended use - Summary of content 	Bill Ratteree (ILO)
	Questions and discussion	Participants
15:30-16:00	COFFEE BREAK	
16:00-17:45	Thematic group work on education sector workplace policy	Resource persons:
	Parallel groups (4) on major themes of the draft policy document	Margherita Licata (ILO)
	<ul style="list-style-type: none"> - Definitions and key principles (Chapters 3, 4, 6, Appendix 2) - Prevention, education and training (Chapters 9, 10, Appendices 3, 4) 	Bill Ratteree (ILO)
		Judith Cornell (UNESCO)
		Lucinda Ramos (UNESCO)
		Participants
17:45-18:15	Meeting of the Steering Committee	Steering Committee

Day II – 1 December

8:00-9:15	World AIDS day commemoration	
	<ul style="list-style-type: none"> - In touch with HIV and AIDS: Participant experiences - Film: South African experiences 	Cristina Raposo (UNESCO) David Mbetse (SADTU)
	Summary of day 1 major points	Nirmala Gopal (Rapporteur)
9:15-10:45	Session 4: Group reports, day 1 thematic work	<i>Chair:</i> David Mbetse (Unions, South Africa)
	<ul style="list-style-type: none"> - Group summaries - Questions, responses, discussion 	Group reporters Participants
10:45-11:00	COFFEE BREAK	
11:00-12:30	Thematic group work on draft workplace policy (2)	Resource persons:
	Parallel groups (4) on major themes of the draft policy document	Margherita Licata (ILO)
	<ul style="list-style-type: none"> - Rights and responsibilities and testing (Chapters 7, 8, 11) - Employment, care, treatment and support (Chapter 12, Appendix 5) - Implementation, monitoring, review and revision (Chaps 5, 13) 	Bill Ratteree (ILO)
		Judith Cornell (UNESCO)
		Lucinda Ramos (UNESCO)
		Participants
12:30-14:00	LUNCH	
14:00-15:30	Session 5: Group reports, day 2 thematic work	<i>Chair:</i> Felicity Haingura (Governments, Namibia)
	<ul style="list-style-type: none"> - Group summaries - Questions, responses, discussion 	Group reporters Participants
15:30-16:00	COFFEE BREAK	
16:00-17:15	Session 6: Taking stock: Draft workplace policy in relation to current national policies and implementation	<i>Chair:</i> Steven Sorinyane (Employers, Botswana)
	<ul style="list-style-type: none"> - Implementation checklist - Discussion, revision, approval 	Margherita Licata (ILO)
		Participants
17:15-18:00	Meeting of the Steering Committee	Steering Committee

Day III – 2 December

8:00-8:30	Brief overview of the previous two day's work	Nirmala Gopal (Rapporteur)
8:30-10:00	National group work on action plans and strategies: Assessing challenges, priorities and implementation	
	Group work (4) <ul style="list-style-type: none">- Botswana and Swaziland- Lesotho and Namibia- Mozambique- South Africa and Zambia	Participants + ILO + UNESCO
10:00-10:30	COFFEE BREAK	
10:30-12:15	Session 7: Report from the groups + consensus statement <ul style="list-style-type: none">- Group summaries- Questions and discussion- Introduction and discussion of the workshop consensus and commitment statement	<i>Chair:</i> Steven Sorinyane (Employers, Botswana) Group reporters Participants ILO, UNESCO, Steering Committee
13:00-14:15	LUNCH	
14:15-15:00	Session 8: Final review of workshop outputs <ul style="list-style-type: none">- Final review and approval of the draft policy document and workshop consensus and commitment statement	<i>Chair:</i> Felicity Haingura (Governments, Namibia) Participants ILO and UNESCO
16:00-18:00	Site visits – Maputo	Participants
19:00-21:00	Closing ceremony Ms. Zulmira Rodrigues – UNESCO/Maputo OIC Mr. Bill Ratteree – ILO/Geneva Dr. David Mbetse – Workshop Steering Committee/Participants Ms. Ana Paula Chichava – Permanent Secretary, Ministry of Education and Culture of Mozambique	<i>Chair:</i> Cristina Raposo (UNESCO)
	Reception offered by ILO and UNESCO at Holiday Inn	

Appendix 3

Steering Committee

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Appendix 4

Workplace policy document

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List of acronyms

AIDS	acquired immune deficiency syndrome
ARV	antiretroviral
ART	antiretroviral therapy
CDC	Centers for Disease Control (USA)
EMIS	Education management and information system
FBO	faith-based organization
HIV	human immunodeficiency virus
ILO	International Labour Organization
PEP	post-exposure prophylaxis
PTA	parent-teacher association
STD	sexually transmitted disease
STI	sexually transmitted infection
UNESCO	United Nations Educational, Scientific and Cultural Organization
V(C)CT	voluntary (and confidential) counselling and testing
WHO	World Health Organization

1. Introduction

Education institutions and services (hereafter the use of “institutions” is understood also to include “services”, unless otherwise stated) play a vital role in teaching employees and students about HIV and AIDS, shaping attitudes towards HIV, AIDS and people living with HIV, and building skills for reducing risk of HIV, promoting care and opposing stigmatization. Infection rates remain high in the southern African region. At the same time, the education sector must take account of the fact that people who are HIV-positive can remain capable of normal work for many years. It is therefore critical for education institutions and services as workplaces to adopt and implement a policy, or, where such a policy already exists in the education sector or as a national workplace policy, to adapt it for use in education workplaces and effectively integrate it with national strategies based on the principles and concepts of the present text. Either approach would enhance the education sector response in ways that protect the rights of all employees and students, prevent further HIV infection, and create a caring, safe and supportive learning environment.

This Policy is based on the ILO code of practice *HIV/AIDS and the world of work* (hereafter, “the ILO code of practice”), adopted by an international tripartite meeting convened by the ILO in 2001, and includes key concepts and principles of the ILO code of practice. Development of the Policy has resulted from collaboration between ILO and UNESCO.

The Policy was carefully reviewed and modified during a tripartite workshop held in Maputo, Mozambique, 30 November-2 December 2005, composed of representatives from seven southern

African countries.¹ Participants at the workshop included representatives of ministries of education and labour, teacher trade unions, private employers and national AIDS councils/commissions. The Policy is designed to be an additional contribution to the realization of the overall objectives of the Education for All (EFA) goals adopted in Dakar, Senegal in 2000.

2. Purpose

The purpose of this Policy is to provide a framework for addressing HIV and AIDS as a workplace issue in education sector institutions and services through social dialogue processes, complementing other national workplace or overall education sector policies where they exist. The Policy aims to enhance commitment among senior education sector management, private school employers and managers and education sector unions to respond effectively to HIV and AIDS in the education sector. It should be used to give effect to changes designed to prevent and reduce the impact of HIV and AIDS in national legislation or regulation, collective bargaining agreements and institutional decisions.

The Policy covers the following key areas of action:

- Prevention of HIV through workplace prevention, education and training programmes.
- Reduction of vulnerability arising from unequal gender and staff/student (or learner) relationships.
- Elimination of stigma and discrimination on the basis of real or perceived HIV status and adherence to the rights of infected or affected staff and students.
- Care, treatment and support of staff and students who are infected and/or affected by HIV and AIDS.
- Management and mitigation of the impact of HIV and AIDS in education institutions.
- Safe, healthy and non-violent work and study environments.

3. Definitions

Abstinence: Not engaging in sexual intercourse or delaying sexual debut.

Administrator: Principal, school manager, vice principal, dean or other officer who plays a managerial role at the education institution or services, including school heads, department heads and school management teams.

AIDS: The acquired immune deficiency syndrome, is a range of medical conditions that occurs when a person's immune system is seriously weakened by infection with the human immunodeficiency virus (HIV). HIV weakens cells in the immune system. This impairs the body's ability to respond to other infections. People living with AIDS are susceptible to a wide range of unusual and potential life-threatening diseases and infections. Though most of these can be treated, there is no successful treatment for the underlying immune deficiency caused by the virus to date.²

Care, treatment and support: The care, treatment and support available to employees and students living with HIV, according to national legislation, education service regulations or institutional policy.

Community: Local institutions outside the education institution which provide leadership or support on social, economic and political issues relevant to citizens, such as private employers or business, non-governmental social welfare organizations, health care providers, faith based organizations (FBOs), cultural institutions, etc.

¹ Botswana, Lesotho, Mozambique, Namibia, South Africa, Swaziland, Zambia.

² Definition inspired by the ILO code of practice *HIV/AIDS and the world of work*, 2001, and *UNESCO Guidelines on Language and Content in HIV- and AIDS-Related Materials*, 2005.

Discrimination: Any distinction, exclusion or preference made on the basis of HIV status or perceived HIV status, including discrimination on the grounds of sexual orientation, which has the effect of nullifying or impairing equality of opportunity or treatment in employment or occupation, or training, in accordance with the definition and principles of the Discrimination (Employment and Occupation) Convention, 1958 (No. 111).

Education institution: The establishment or setting where the learning, whether formal or non-formal, takes place. For purposes of this policy, education institutions include pre-primary, primary and secondary schools, post-secondary vocational/technical training, further and higher education institutions, and places of specialized, distance, adult, community and non-formal education.

Education service(s): Components of a nation's education and training system, public or private, other than an education institution, including education based support services.

Employee: An administrator, teacher or non-teaching support staff employed in an educational institution or service.

Employer: A person or organization employing workers in an education institution(s) under a written or verbal contract of employment which establishes the rights and duties of both parties, in accordance with national law and practice.

Governing body: The governing authority of an education institution, public or private.

HIV: Human immunodeficiency virus, a virus that weakens the body's immune system and (if remained untreated) may result in AIDS. Even though there is no cure to an HIV infection, antiretroviral (ARV) medication treatment reduces the rate of replication of the virus in the body, which may drastically reduce the possibility of developing AIDS.

Parent/s: This term is inclusive of the biological and adoptive parents or custodians, and guardians of children.

Peer educator: The trained employee or student who develops or implements a developmental counselling programme to meet the personal, psychosocial, social, and educational or training needs of employees or students in relation to HIV and AIDS.

Physician: A medical doctor licensed in accordance with the regulations of the State or other competent health licensing authority.

Post-exposure prophylaxis (PEP): Measures to be instituted after possible accidental exposure to HIV infection, e.g. rape, sports injuries and exposure to sharp instruments, etc.

Reasonable accommodation: Any modification or adjustment to a job or to the workplace that is reasonable, practicable and will enable a person living with HIV or AIDS to have access to or participate or advance in employment.³

Screening: Assessing the level of actual risk of exposure to HIV and/or providing access to HIV testing. HIV screening should be done within the framework of the HIV/AIDS Workplace Policy.

Sex and gender: There are both biological and social differences between males and females. The term "sex" refers to biologically determined differences, while the term "gender" refers to differences in social roles and relations between males and females. Gender roles are learned through socialization and vary widely within and between cultures. Gender roles are affected by age, class, race, ethnicity and religion, and by the geographical, economic and political environment.

Sharp/sharp instrument: An object such as a needle or other instrument used in school health care or in the education setting (e.g. tools in woodwork) that is able to penetrate the skin and potentially cause infection.

STIs: Sexually transmitted infections, which include, among others, syphilis, chancroid, chlamydia, gonorrhoea. They also include conditions commonly known as sexually transmitted diseases (STDs).

³ Definition from the ILO code of practice *HIV/AIDS in the world of work*.

Social dialogue: Any form of information sharing, consultation or negotiation between educational authorities, public and private, and employees or their representatives (i.e., employees' representatives as defined below). In the context of this Policy social dialogue is also applied to students and other stakeholders.

Stakeholder: An individual, organization or body with a direct and continuing interest in an education institution or service.

Stigma: A process of devaluation of people either living with or associated with HIV/AIDS. This stigma often stems from the underlying stigmatization of sex and intravenous drug use, sexual orientation and sexual preference.

Student/learner: A person attending formal or non-formal classes or pursuing studies at a school, training institution, college, university, or any other education institution.

Teacher/educator: A person engaged part-time or full-time in education of students/learners in an educational institution, formal or non-formal.

Termination: Of employment means dismissal at the initiative of the employer.⁴

Unfair labour practice: Unfair conduct of an employer relating to the employment terms and conditions, including probation or promotion, training, provision of benefits or disciplinary action of an employee as defined in national law or practice.

Universal precautions: Are infection control practices to be used to minimize the risk of exposure to blood-borne pathogens.⁵

Violence, verbal or physical: Any action, incident or behaviour that departs from reasonable conduct in which a person is assaulted, threatened, harmed, injured in the course of, or as a direct result of, his or her work.⁶

Workers'/Employees' representatives, in accordance with the ILO Workers' Representatives Convention, 1971 (No. 135) are persons recognized as such by national law or practice whether they are: (a) trade union representatives, namely, representatives designated or elected by trade unions or by members of such unions; or (b) elected representatives, namely, representatives who are freely elected by the workers of the undertaking in accordance with provisions of national laws or regulations or of collective agreements and whose functions do not include activities which are recognized as the exclusive prerogative of trade unions in the country concerned.⁷ For purposes of this Policy, "undertaking" is understood to mean "educational institution or service".

4. Application and scope

This Policy should be used as the basis for a national policy for the education sector and as the basis of policy for individual education and training institutions at all levels: early childhood, primary, secondary, tertiary, technical/vocational and adult education, except as otherwise stated in this Policy.

⁴ Definition from the ILO code of practice *HIV/AIDS in the world of work*.

⁵ Definition from the ILO code of practice *HIV/AIDS in the world of work*.

⁶ Definition from the ILO code of practice *HIV/AIDS in the world of work*.

⁷ Definition from the ILO code of practice *HIV/AIDS in the world of work*.

5. Process, availability and review of policy

5.1. Social dialogue

In accordance with the key principles set out in section 6 of this Policy, its provisions have been decided in consultation or negotiation, as appropriate, between the public education authorities as public employers, or private education employers, and worker representatives acting on behalf of employees. This Policy, resulting from such agreement, has been established in accordance with national law or practice and education service provisions for information sharing, consultation or negotiation between employers and employees and their representatives, as well as relevant HIV and AIDS policies.

In view of its importance within education institutions, agreement on this Policy, its application and its revision should involve representatives of students, parents and the community.

Given that denial, prejudice, stereotypes and stigma associated with HIV and AIDS constitute principal barriers to effective action, the development of the Policy should be preceded or accompanied by a “values clarification” process on the issue among the principal actors and relevant stakeholders, to ensure transparency, trust, cooperation, ownership and commitment to the process.

The education institution should appoint and provide training for an HIV and AIDS coordinator and where practicable an HIV and AIDS committee, as appropriate to its size and resources, in order to help apply and monitor this Policy. Where a workplace committee already exists, this should be used (e.g. occupational safety and health or health advisory committees etc.). A committee should be composed of at least one representative each of the management, teachers, other employees, employees’ representatives, students, parents and a community-based HIV/AIDS association. The committee or coordinator should:

- be responsible for promoting the HIV/AIDS policy in the institution;
- support the implementation of the education programme;
- access and mobilize resources and partnerships for assistance and support;
- work with parents and the wider community to disseminate information about HIV and AIDS and address HIV- and AIDS-related stigma and discrimination;
- adhere strictly to the confidentiality issues of this Policy (see article 11);
- help evaluate the objectives, processes and outcomes of the HIV/AIDS programme.

5.2. Availability of the Policy

A copy of this Policy is to be kept on display in the institution and made available to all employees and students for reading and for reproduction. All forms of communication normally used in the institution – for example, posters, circulars to employees, staff meetings, notices of governing bodies, student body meetings, institution assemblies and electronic mail – should be used to make the Policy known and help ensure its application. Forms of communication to ensure communication with illiterate or semi-literate parents or other stakeholders should also be used.

5.3. Review of the Policy

This Policy should be reviewed regularly to take account of new developments in medical information or experience in the management of HIV and AIDS in educational institutions. The results of such reviews and changes in the Policy will be made known on the same basis as set out section 5.2 above.

The management should provide opportunities at staff meetings, parent-teacher association meetings, institutional assemblies or other meetings as appropriate to discuss the policies and the effectiveness of their application.

6. Key principles

The adoption of this Policy implies commitment to the following key principles.

6.1. Recognition of HIV and AIDS as an issue affecting the education sector

HIV/AIDS is an issue for all education institutions and services, not only because the virus affects employees and students/learners, but also because education institutions can play a vital role in limiting the spread and effects of the infection.

6.2. Non-discrimination and reduction of stigma

In the interests of an effective teaching and learning environment and respect for human rights, there should be no discrimination against an employee or student who has, is perceived to have, or who is affected by HIV and AIDS. Discrimination and stigmatization inhibit efforts for prevention, care, treatment and support. Education institutions and services should adopt a proactive approach to avoiding and eliminating stigma and discrimination as part of this Policy.

6.3. Gender equality

HIV and AIDS impact on men and women differently. Women and girls are often more adversely affected by the epidemic, due to physiological, socio-cultural and economic reasons. Women and girls may also be more vulnerable due to unequal gender relations. Sexual harassment in the educational setting should be addressed. Any discrimination and/or action that may put an employee or student of either sex at risk of HIV because of their sex strictly violates the basic principles of this Policy, should be reported and may be sanctioned in accordance with relevant disciplinary policies. Education programmes should address the roles and responsibilities of men and boys in promoting gender equality as well as the rights of women and girls. Application of this Policy is designed to take account of these unequal gender relations and enable all employees and students to successfully avoid risks, the spread of HIV infection and to cope with the impact of HIV and AIDS.

6.4. Caring and supportive environment

The employee or student who has contracted HIV needs empathy, care, treatment and support. There should be no discrimination against employees or their families in access to affordable health services and statutory or occupational benefits. There should be no discrimination against students with respect to the normal health benefits accessed and enjoyed by other students. Education institutions should set up programmes of care and support that guarantee access to treatment, and provide for reasonable accommodation, provision of or referral to counselling, healthy living information (on nutrition, positive living, and sexual behaviour), including life skills education where relevant, and consider the extension of employee and student assistance programmes where available.

6.5. Healthy work environment

The teaching/learning and work environment should be healthy and safe, so far as is practicable, for all concerned parties in order to reduce risk of HIV infection and transmission. While there is no risk of HIV transmission through normal casual contact, universal precautions should be applied to avoid transmission in the event of accidents in the education setting, and risks reduced or eliminated.

6.6. Screening for purposes of exclusion from employment or studies

HIV screening should not be required of job applicants, students who wish to enrol, or current employees or students. Testing for HIV should not be carried out at the education institution except as specified in section 11 of this Policy.

6.7. Continuation of employment relationship

HIV infection is not a cause for the termination, suspension, involuntary transfer or denial of career advancement of an employee or the expulsion or suspension of a student. Persons living with HIV-related illnesses should be able to work or study for as long as medically fit in appropriate work or studies and be provided with reasonable accommodation.

6.8. Confidentiality

All personal medical information, whether oral, written, or in electronic format, obtained from an individual or third parties will be treated as confidential. No employee, student, or parent on behalf of the student, is compelled to disclose HIV status to authorities at the education institution or service.⁸

6.9. Prevention

HIV infection is preventable through information, education, and the creation of a climate that gives assistance and encouragement to all individuals in assessing and reducing their risk to HIV. Educational institutions should set up programmes for all staff and students to provide information and behaviour change communication, promote voluntary (and confidential) testing with counselling (VCT), and provide information on practical means of prevention, including abstinence, behaviour change, access to condoms, disposable syringes, etc, in accordance with national guidelines.

6.10. Social dialogue

A successful HIV/AIDS policy and programme requires cooperation, trust and dialogue between government officials, the governing body of the education institution, administrators, employees, education union representatives, students, and parents, and other relevant stakeholders.

7. Rights and responsibilities

7.1. Respect for rights

Education authorities, the governing body, administrators, teachers and other employees and their representatives, students and their representatives and parents of students in the institution are expected to respect the rights of all members of the education institution, regardless of their actual or perceived HIV status.

⁸ The ILO's code of practice on the protection of workers' personal data, 1997, provides guidelines on confidentiality rules; see Appendix 5.

7.2. Public education authorities

The public education authorities should monitor and evaluate the implementation of this Policy in all public and private education institutions, and assist institutions with capacity building, training and implementation of the Policy. The education authorities should also provide all institutions access to items necessary for implementation of universal precautions.

Public education authorities should especially ensure:

- the compulsory integration of education and training on HIV and AIDS within the formal national or institutional curriculum;
- effective human resource (HR) strategies to deal with the impact of HIV and AIDS throughout the education system, including HIV and AIDS-relevant information in the education management and information system (EMIS) for purposes of planning, recruitment, deployment and replacement of staff, with particular attention to prevalence and risk, geographical impact, subject shortages, vulnerability (newly qualified teachers and spouses) and the provision of qualified teachers. The EMIS should also serve the purpose of planning demand side issues such as increases in OVCs and decreases in enrolment. Application of an EMIS would need to be in the context of commitment to maintaining confidentiality in the use of statistics for planning.

7.3. The institutional governing body

The governing body of the education institution where applicable should ensure that the institution develops or adopts a policy on HIV and AIDS – based on the principles set out in section 6, that the process includes consultation between the representatives of employers, employees, students and parents, and that appropriate measures are taken for its implementation, including making it known to all staff and students and the development of a continuous training programme for management and staff. The governing body is expected to promote an educational climate that protects the rights of every student and employee living with HIV or affected by HIV and AIDS.

7.4. Administrators

The administrators should:

- advise the governing body of the implications of HIV and AIDS for the institution, to enable governing body members to develop successful strategies to reduce stigmatization and eliminate discrimination against those living with and/or affected by HIV and AIDS, and prevent the spread and mitigate the effects of HIV in the institution and create a supportive and caring environment for employees and students;
- take the necessary steps to develop or adopt, through social dialogue, a policy on HIV and AIDS, a plan for its implementation and a programme for prevention, care and support;
- agree on the appointment of an HIV/AIDS focal point or committee (in larger institutions), in consultation with the representatives of the employees and the students, in accordance with section 5 of this Policy;
- ensure a safe and healthy work and study environment, including the application of universal precautions as part of first aid provisions.

7.5. Teachers/educators

Teachers are expected to adhere to the Policy, and support its implementation. They are responsible for the provision of accurate and up-to-date information on HIV and AIDS, as provided to them. They are also responsible for the promotion of caring and supportive relationships between students, and ensuring the identification of children with special needs, in accordance with the agreed programme and subject to adequate training and working time provided for these responsibilities.

7.6. Employee and student/learner representatives

Representatives of employees and (where they exist) representatives of student bodies have a responsibility to protect those they represent from any form of discrimination related to HIV status, and to help implement the institution's HIV/AIDS policy and programme by monitoring and promoting the information, education, health and safety and other practices and provisions set out in the Policy.

8. Employee-student relationships

The relationship between administrators, teachers and students is central to the academic mission of the educational institution, and should be based on mutual respect and trust. There are risks in any personal relationship between persons in inherently unequal positions of authority, and in the case of a sexual relationship these risks could include vulnerability to HIV. No sexual or romantic relationship will therefore be permitted between employees and students in institutions up to and including secondary-level education. Relationships between administrators, teachers and other employees in all institutions and relationships between employees and students in post-secondary institutions will be subject to the institutional code of conduct and in accordance with Chapter 10.1 of this Policy.

To apply the above policies, as appropriate, administrators and teachers are expected to ensure a learning environment, which supports clear boundaries concerning respectful student/staff interaction and relationships, including respect for the following guidelines:

- Administrators, employees and other staff should avoid being alone with a student of either sex.
- When meeting individually with a student, staff should ensure that this meeting is in the sight of other adults.
- Staff should avoid meeting students outside the educational institution unless this is part of an approved learning activity or excursion. The permission of both the administrator and parent/guardian should be received in such circumstances.

Public education authorities and administrators of education institutions should strictly enforce legislation, regulation or institutional rules on sexual misconduct and staff/student relationships, as appropriate to national laws and custom.

9. Prevention: Education, information and training

To ensure that employees and students develop the comprehensive understanding and skills needed to cope with or avoid infection through the necessary risk-reducing behavioural changes, it is essential that the educational institution allocate sufficient time within the work hours and the curriculum to assist employees and students to gain the knowledge and skills needed to prevent HIV, and if infected, to live with HIV in a safe, secure and supportive working and learning environment. The HIV and AIDS education programme should be sensitive to cultural, developmental and socio-economic contexts, be gender and age sensitive, involve people living with HIV and form part of an integrated life skills curriculum where this exists. Furthermore, it should fit within an education sector conceptual framework for dealing with HIV and AIDS. This will also require a well defined structure appropriate to the existing institutional setting and a cadre of peer educators/counsellors. Where possible, the HIV/AIDS education programmes should also be extended to parents of students.

9.1. Peer educators

The institution should identify, train and support at least two groups of HIV and AIDS peer educators: (i) for employees; and (ii) for students/learners. Peer educators should receive training in

accordance with their roles and responsibilities in this Policy and reasonable release time from other duties so as to carry out their responsibilities.

The following are broad principles for HIV-related education/counselling:

- Peer education, to the extent possible, is based on a life skills approach. The peer educator is well acquainted with the following information: how the transmission of HIV occurs and may be prevented; the attitudes and behaviour choices that put people at risk for HIV; gender and staff/student relationships; universal precautions; accurate information that dispels myths and addresses HIV and AIDS-related stigma and discrimination; and services and benefits available within the institution or the community generally that enable employees and students to cope with HIV and AIDS, including voluntary (confidential) counselling and testing (V(C)CT) and other forms of support, among which means of prevention such as condoms and disposable syringes (in line with national guidelines) The educator should be knowledgeable and available to provide information, and counselling if trained to do so, for anyone concerned with or affected by HIV and AIDS.
- Counselling (where appropriate) is offered in a private and confidential setting, with sufficient time available and by a trained professional.
- The quality of the peer education training is ensured through monitoring and evaluation. Peer educators should also undergo periodic refresher training.
- The management of the institution is responsible for the implementation of the institution's HIV and AIDS education programme. Peer educators are supporters of the programme.

9.2. Employees

All employees will be given the opportunity to participate during working time in a planned HIV and AIDS education programme that addresses their concerns concerning coping strategies with regard to risk, as well as care, treatment and support, and:

- provides factual and current information on HIV transmission and prevention;
- helps employees assess their own risk and understand means of prevention and universal precautions;
- provides guidance on behaviour change;
- addresses psychosocial issues linked to HIV and AIDS in the workplace;
- assists staff to maintain productive, non-discriminatory and stigma-free staff, student, parent and community relations;
- informs employees on rights and benefits of care, treatment and support provided in the institution or education service as well as in the local community environment;
- includes means for monitoring, evaluation and annual review sessions;
- is an integral part of a coordinated educational institution life skills curriculum where relevant;
- is taught by well-prepared instructors, with adequate management support;
- is part of required, ongoing professional development at all levels;
- is the subject of consultations or negotiation between employers and employees and their representatives, and appropriate government and other stakeholders such as students, in accordance with the social dialogue provisions in section 5 of this Policy.

The content will include, but will not be necessarily limited to, the elements listed in Annex 2.

9.3. Students

All students in education institutions should have access to HIV and AIDS education programmes. The goals of HIV and AIDS education are to promote healthy living, provide a supportive and caring environment to those affected by HIV and AIDS, and discourage behaviours that place students at risk for HIV infection. The educational programme for students will:

-
- be appropriate to students’ developmental levels and age;
 - be gender responsive and in accordance with universal human rights;
 - annually build upon knowledge and skills developed previously;
 - use instructional methods known to be effective, participatory and culturally appropriate;
 - develop an understanding of basic human biology (including reproductive health and risks involved with drug use) and care and treatment for HIV, including monitoring of the condition, treatment for other HIV-related conditions, such as opportunistic infections, and antiretroviral treatment;
 - develop supportive attitudes towards those infected with and/or affected by HIV and work against stigma and discrimination;
 - stress the benefits of safe sex, including the use of condoms (in line with national guidelines), abstinence, faithfulness to one partner, and avoidance of illegal drugs and alcohol abuse;
 - address students’ own concerns;
 - include means for monitoring and evaluation;
 - be an integral part of a coordinated education institution life skills curriculum where relevant;
 - provide information on health care, counselling and support services within and outside the education institution, notably from other education stakeholders;
 - be taught by well-prepared instructors with adequate management support;
 - be sensitive to the psychosocial environment in which the learner lives and the context of their home life;
 - involve parents and families as partners in education.

The programme for students will include culturally sensitive, gender responsive and age appropriate information on (though not limited to) the elements listed in Annex 2.

9.4. Parents

Parents will be provided with opportunities to discuss HIV issues with administrators, teachers, counsellors and peer educators.

10. Prevention: A supportive, safe and healthy work environment

The environment at the education institution should be safe in order to prevent the transmission of HIV and be supportive to those living with HIV and/or affected by HIV and AIDS. Every education institution should also foster and maintain a social climate wherein health, physical and emotional well-being, non-violence and safety are an important part of everyday work and learning.

10.1. Non-violence

Employees will make all reasonable attempts to maintain an environment free of violence and intimidation. No employee or student should engage in or tolerate the physical or verbal abuse of persons living with HIV, a person associated with someone living with HIV, or a person perceived as living with HIV. Incidents of such behaviour should be subject to the rules governing behaviour at the education institution, contractual obligations of employees, and national law, and should be handled in accordance with sections 5 and 13 of this Policy with a view to improving respect for these provisions.

10.2. A code of conduct

A code of conduct should be developed for employees, and students by means of social dialogue mechanisms, which addresses ethical behaviour at the educational institution, including the unacceptability of violence and other abuse and behaviour that discriminates against students and employees on any basis, including HIV/AIDS.

The code should be applied through the development of a reporting mechanism for incidents of stigma and discrimination, sexual harassment and breaches of the ban on staff-student sexual relationships, and disciplinary sanctions for breaches should be applied as appropriate in accordance with Chapter 13 of this Policy. Given the sensitive nature of the issues, employees and students should be selected and trained to receive any such reports and refer them to the appropriate body according to agreed procedures.

10.3. First aid

Employers should ensure that first aid kits and necessary protective equipment (for example latex and heavy-duty gloves) are available for emergency use and for routine protection against the risk of HIV transmission at the educational institution at all times according to universal precautions. All employees and student peer educators must complete an approved first aid and injury prevention course that includes implementation of infection control guidelines (see Annex 3 on universal precautions).

10.4. Exposure to blood and body fluids

Administrators, other employees and students will be trained in and will follow universal precautions, as described in Annex 3, in order to avoid accidental exposure to blood or body fluids. The institution must also have a post-exposure prophylaxis (PEP) procedure in place, including referral to counselling and guidance for the employee or student and access to antiretroviral therapy (ART), in accordance with education service or national HIV and AIDS guidelines, as appropriate. A checklist for such a procedure applied in health services and of relevance to education sector workplaces is provided in Annex 4.

10.5. Management of sharps/sharp instruments

Where sharps or sharp instruments must be used for work or educational purposes, use of these items should be carefully monitored and controlled. The administrators are responsible for ensuring that there is no unauthorized or unsupervised use of sharps or sharp instruments, and that any used on institution property are disposed of immediately and safely (in the case of used medical sharps) or safely stored (in the case of other sharp instruments). Guidelines are provided in Annex 4.

10.6. Employees and students with open wounds

Any wound that is bleeding or discharging should be kept covered and universal precautions should be observed.

10.7. Hygiene

Educational institutions should promote and implement rigorous procedures relating to hygiene and school health in accordance with national or international norms.⁹

⁹ For instance, *Teachers' Exercise Book for HIV Prevention*, WHO Information Series on School Health, 2004. The UNESCO resource "Focusing Resources on Effective School Health" (FRESH) also provides a framework school health.

10.8. Practical measures to support risk reduction

In addition to education, information and training on risk reduction in accordance with section 9 of this Policy, latex condoms will be available at the educational institutions free or at affordable prices to employees and to secondary and tertiary level students, in accordance with national guidelines.

11. Testing, confidentiality and disclosure

11.1. Testing and medical advice

The education institution or service will not engage in the mandatory testing for HIV of employees or students as a condition for employment or admission, for continued employment or enrolment, or for purposes of work assignments, benefits or educational activities. Routine fitness testing related to employment or educational activities will not include HIV testing.

Employees or students who wish to be tested as part of voluntary testing or “know your status” programmes should be provided with information on where to do so and on what the procedures entail. Such testing should normally be carried out by community health services and not in the education institution. If such programmes are organized by health services within the institution, testing should only be carried out at the request of and with the written consent of the employee or student (or parent or guardian on their behalf as appropriate), be performed by suitably qualified health personnel, adhere to strict confidentiality and disclosure requirements (as set out in this Policy), and be accompanied by gender-sensitive pre- and post-test counselling on the nature and purpose of the test, and on post-test options and services whether the result is positive or negative.

11.2. Ensuring confidentiality

All health records, notes, and other documents that make reference to an employee or student living with HIV, including those with AIDS, should be kept confidentially in a secure place accessible only in accordance with provisions of the International Labour Organization code of practice on the protection of workers’ personal data (Annex 5). Only those persons who have received written permission from the employee, student, parent or emergency medical personnel may have access to those records. Information regarding HIV status will not be added to a student’s permanent educational record.

Confidentiality should also be assured by providing a private environment for personal interviews (for example any discussion related to HIV status), and by working out arrangements for care and support with the person concerned, including wellness programmes.

Medical certificates do not have to specify an employee or student’s HIV status.

11.3. Disclosure

Although disclosure should always be voluntary, it should be encouraged for purposes of support. If information on the HIV status of an employee or student needs to be communicated by anyone other than the person concerned it should be only on the basis of their written and informed consent. Procedures should be established to ensure confidentiality on HIV status in the institution based on the social dialogue processes set out in section 5 of the Policy, and in accordance with national laws and education service regulations.

12. Employment, care, treatment and support

12.1. Recruitment and admission

HIV infection should not be taken into consideration as part of the employment or admission procedure or decision for any individual applying to the education institution for work or studies.

12.2. Employee rights, careers and right to study

(a) *Employees*

Employees living with HIV should not be discriminated against in decisions concerning their job security or tenure, renewal of fixed term contracts, opportunities for professional development or promotion. They may, however, be transferred from work positions that have been determined by their physician or an institutional medical board/health advisory committee to be too strenuous for their condition [see provisions for reasonable accommodation, Section 12.4] or where specific duties may carry a risk of exposure to HIV for the employee or others. Such transfers should occur in consultation with the employee living with HIV, in accordance with the principles of social dialogue of this Policy, be voluntary as far as possible, and where involuntary, may be subject to the grievance procedure provisions of the Policy (Chapter 13).

(b) *Students*

Administrators and teachers should follow established policies and procedures for students with chronic health problems. HIV or AIDS are not causes for denial of normal study opportunities or segregation in the education institution. Administrators and teachers, following consultations with the student and where not of legal age, parent as defined by this Policy, must consult with and obtain the consent of the student's physician before the transfer or removal of a student from normal institutional activities. If a student becomes incapacitated and unable to follow normal education coursework, the education institution should apply the principles of reasonable accommodation to ease their workload as would be the case for any major illness, disability or incapacity, including – if possible and in cooperation with the education services and HIV/AIDS support networks in the community – making home study available to them.

12.3. Care and treatment

The education institution should facilitate access to medical services and healthy living programmes, including condom provision, ARVs, treatment to relieve HIV-related symptoms and common opportunistic infections, nutritional advice and supplements, and stress reduction measures. This may take the form of provision of some services, where appropriate, or referral to services in the community.

12.4. Statutory benefits and reasonable accommodation

Employees living with HIV, including those with AIDS, should enjoy the same social protection benefits under national law, education service regulations or education institution provisions as employees with other chronic or serious illnesses. In accordance with national education service regulations, the education institution or the human resource department of the education service if more appropriate, should also examine the sustainability of new benefits packages addressing the specific nature of HIV infection and AIDS as part of its human resource strategy.

Measures should be taken to reasonably accommodate employees with severe ARV side-effects or AIDS-related illnesses to enable them to continue working as long as possible. Needs should be established by the administration of the education institution, or the human resource department of the education service if more appropriate, on a case-by-case basis, in consultation with the physician of the individual concerned and with the individual's informed and written

consent, as well as balancing both institutional/service and individual needs. Reasonable accommodation may include: rearrangement of working hours; modified tasks or jobs; adapted work equipment; provision of rest periods; part-time, job-sharing, substitute or other flexible work arrangements; reassignment to other institutions (closer to appropriate medical facilities); and appropriate leave provisions.

Employers should give consideration to making extended paid sick leave available to HIV positive employees as well as staff with other chronic or serious illnesses.

12.5. Employee, student and family assistance programmes

To reduce the impact of HIV and AIDS on work and study, education institutions should consult, or as appropriate negotiate as part of collective bargaining, with representatives of employees and students to establish or extend employee, student and family services, in cooperation with public education authorities and/or community-based organizations. Services may include: compassionate leave; revised death and funeral benefits; referrals to support groups or to tutorial programmes for students; school feeding programmes; financial counselling, including advice on social security and other forms of financial support such as welfare grants, support with school fees etc, where these are available; legal information and assistance, information about, or referrals to, support services including psychosocial and spiritual counselling, stress management, drug and alcohol abuse programmes [see also section 9 of the ILO code of practice *HIV/AIDS and the world of work*].

Attention needs to be paid to the situation of employees and students who are caring for HIV positive family members, with special consideration for female employees and students, who assume a relatively larger burden of care, as well as for students who are orphans and/or vulnerable in other ways.

13. Disciplinary and grievance procedures

The procedures for discipline and grievance-resolution for employees in relation to perceived or actual violations of this Policy should be carried out in accordance with the relevant legislation (criminal, discrimination and labour acts), institutional policy and regulations, and negotiated/collective bargaining agreements. The procedures should be the result of consultations with employees' organizations, include proper guarantees of confidentiality, rights to information access, representation, written notification of decisions and appeal in accordance with international standards, and should be made known to all staff. Complainants may have recourse to normal appeal procedures related to unfair labour practices (including dismissal, denial or unjustified restriction of employment or work related rights and benefits), and may refer in this regard to the provisions and related jurisprudence of the ILO Discrimination (Employment and Occupation) Convention, 1958 (No. 111).

Education authorities and institution management should establish due process procedures for investigating and taking decisions regarding employee rights and responsibilities as part of their employment relationship. Similarly, the disciplinary and grievance procedures for students should be in line with the regulations of the education service.

13.1. Stigma, discrimination or refusal to work or study with an individual living with HIV

There is no justification for stigmatization, including refusing to work, study or be present in the education institution with HIV-positive individuals, since HIV cannot be transmitted through casual contact in a classroom or other learning environment. Employees or students who are not prepared to work or engage in learning activities with an HIV-positive individual will be offered education and counselling by the institution or from the community or education service.

If after counselling, the individual refuses to carry out contractual duties or to participate in the learning programmes of the education institution with HIV-positive employees or students, the

education institution's disciplinary procedures concerning refusal to work or study should be followed.

Where discrimination occurs in the form of physical or verbal abuse, the employee or student who has experienced any form of discrimination will have recourse to existing mechanisms for redress, including regulations governing physical attacks and bullying. The appropriate representative of the Committee or coordinator should also be informed to ensure that proper measures are taken.

13.2. Violation of medical confidentiality

Employees or students who acquire personal information about the real or perceived HIV status of other employees or students must not disclose such information unless the person concerned has given her/his informed written consent. In accordance with section 11 of this Policy, the violation of medical privacy may be the cause for disciplinary action to be taken against an administrator, teacher, other employee, or student.

13.3. Sexual relationships with students

Employees who engage in sexual relationships with students in violation of the relevant provisions of this Policy (Chapters 8 and 10) and in violation of other national codes of conduct should be subject to the relevant disciplinary action as indicated above.

Annex 1

Examples of stigma and discrimination against employees and students based on actual or perceived HIV status

Discriminatory action	Against whom
Denial of employment	Employee (candidate)
Dismissal	Employee
Denial of promotion opportunities	Employee
Not given access to employee benefits	Employee
Not given access to professional development or work-related social activities	Employee
Compulsory transfer from a job function in which the person with HIV does not pose any form of medical threat to other employees "is not incapable of performing work to a reasonable standard, and is not afforded reasonable accommodation in an alternative work assignment"	Employee
Denial of admission to study	Student (candidate)
Expulsion, suspension, denial of student privileges	Student/learner
Not given the opportunity to advance to the next grade/level	Student/learner
Not given the opportunity to engage in social activities sponsored by the education institution	Employee and student/learner
Breach of privacy or confidentiality	Employee and student/learner
Not receiving protection from physical and verbal abuse related to actual or perceived HIV status, HIV-related behaviour or life-style choices	Employee and student/learner

Annex 2

Recommended content for employee and student education programmes

Employees

- The HIV epidemic, how HIV is contracted and prevented, what is AIDS, risk assessment and reduction, including reference to other STIs, available monitoring and treatment, including ARV treatment.
- Differences in risk between men and women, unequal power relations in education institutions – particularly affecting girls and young women, and rights and responsibilities of both men and women.
- How to communicate with other employees and students about HIV and AIDS.
- How to communicate with other employees and students living with HIV.
- How to communicate with parents, guardians and other relatives of students living with HIV.
- How to engage community members in the response to HIV and AIDS.
- How to encourage solidarity, dialogue and empathy that will result in a caring environment.
- How to dispel myths relating to HIV and AIDS and avoid discriminatory practices and stigmatization of those living with HIV.
- Basic occupational health and safety and first aid procedures, the application of universal precautions and strategies on creation of a safe, enabling environment.
- How to cope with an HIV-positive diagnosis, and healthy living (wellness) management programmes, rights, care, treatment and support benefits and responsibilities arising from HIV infection or diagnosis, including continuing means of preventing transmission.

Students/learners

- Accurate and up-to-date information about HIV and AIDS (transmission, prevention, care, treatment and support).
- The links between HIV, AIDS and other STIs.
- The rights of persons living with HIV/AIDS.
- How to support fellow students living with HIV and other illnesses.
- How to encourage solidarity, dialogue and empathy that will result in a caring environment.
- How to communicate with teachers and other students about HIV and AIDS.
- How to communicate with parents, guardians and other relatives about HIV and AIDS.
- How to live a healthy life (through life skills education, where relevant).
- Basic first aid procedures and the use of universal precautions.
- How to cope, lead a healthy life, receive treatment and support if living with and/or affected by HIV.

Annex 3

Universal precautions and checklist of precautions to prevent HIV transmission

Universal precautions

(extract from the ILO code of practice, Appendix II)

A. Universal blood and body-fluid precautions

Universal blood and body-fluid precautions (known as “Universal Precautions” or “Standard Precautions”) were originally devised by the United States Centers for Disease Control and Prevention (CDC) in 1985, largely due to the HIV/AIDS epidemic and an urgent need for new strategies to protect hospital personnel from blood-borne infections. The new approach placed emphasis for the first time on applying blood and body-fluid precautions universally to all persons regardless of their presumed infectious status. Universal Precautions are a simple standard of infection control practice to be used in the care of all patients at all times to minimize the risk of blood-borne pathogens. Universal Precautions consist of:

- careful handling and disposal of sharps (needles or other sharp objects);
- hand-washing before and after a procedure;
- use of protective barriers – such as gloves, gowns, masks – for direct contact with blood and other body fluids;
- safe disposal of waste contaminated with body fluids and blood;
- proper disinfection of instruments and other contaminated equipment; and
- proper handling of soiled linen.

Additional checklist of precautions to prevent HIV transmission

1. First aid kits

- Store first aid kits in selected rooms in the education institution.
- Ensure that the first aid kits contain at least 4 disposable single-use latex -gloves, gauze, scissors, and materials to help heal the wound.
- Check the contents of first aid kits every week.
- Ensure that the responsible persons know where the first aid kits are stored.

2. Emergencies and mouth-to-mouth resuscitation

- If you are trained to do so, perform mouth-to-mouth resuscitation in emergencies with persons living with HIV/AIDS.
- Although saliva has not been implicated in HIV transmission, to minimize the need for contact with the mouth, you may use mouth-pieces, or other ventilation devices.

3. How to manage injuries involving blood

- Put on your gloves.
- Cover any abrasions or cuts on your arms with a waterproof dressing.
- Clean the wound.
- Remove the gloves and place in a resealable bag.

-
- Do not touch your eyes before washing up.
 - Wash hands immediately after touching blood, body fluids, and contaminated items, whether or not gloves had been worn.
 - Wash hands with soap and water for at least 15-20 seconds.
 - Change any bloodstained clothes as quickly as possible.
 - Immediately discard contaminated sharps and materials in resealable bags.

4. *Disinfecting*

- Prior to disinfecting, ensure that adherent blood is scraped from surfaces and objects.
- HIV does not survive in the environment. None the less, potentially contaminated spills should be disinfected by using household bleach, 1 part bleach to 10 parts water. Pour the solution around the periphery of the spill.
- Ensure that mops, buckets and other cleaning equipment are disinfected with fresh bleach solution.

5. *Cleaning staff*

- Inform all cleaning staff about the universal precautions for handling bodily fluids.

Annex 4

WHO fact sheet – Management of occupational exposure to blood-borne pathogens

Provide immediate care to the exposure site:

- Wash wounds and skin with soap and water.
- Flush mucous membranes with water.

Determine risk associated with exposure by:

- Type of fluid (e.g. blood, visibly bloody fluid, other potentially infectious fluid or tissue and concentrated virus).
- Type of exposure (i.e. percutaneous injury, mucous membrane or non-intact skin exposure and bites resulting in blood exposure).

Evaluate exposure source:

- Assess the risk of infection using available information.
- Test known sources for HBsAg, anti-HCV and HIV antibody (consider using rapid testing).
- For unknown sources, assess risk of exposure to HBV, HCV or HIV infection.
- Do not test discarded needles or syringes for virus contamination.

Evaluate the exposed person:

- Assess immune status for HBV infection (i.e. by history of hepatitis B vaccination and vaccine response).

Give PEP for exposures posing risk of infection transmission:

- HBV: PEP dependant on vaccination status:
 - unvaccinated: HBIG + HB vaccination;
 - previously vaccinated, known responder: no treatment;
 - previously vaccinated, known non-responder: HBIG + HB vaccination;
 - antibody response unknown: test and administer HBIG + HB vaccination if results are inadequate.
- HCV: PEP not recommended.
- HIV: Initiate PEP as soon as possible, preferably within hours of exposure. Offer pregnancy testing to all women of childbearing age not known to be pregnant:
 - seek expert consultation if viral resistance is suspected;
 - administer PEP for four weeks if tolerated.

Perform follow-up testing and provide counselling:

- Advise exposed persons to seek medical evaluation for any acute illness occurring during follow-up.

HBV exposures:

- Perform follow-up anti-HBs testing in persons who receive hepatitis B vaccine:
 - test for anti-HBs one to two months after last dose of vaccine;
 - anti-HBs response to vaccine cannot be ascertained if HBIG was received in the previous three to four months.

HCV exposures:

- Perform baseline and follow-up testing for anti-HCV and alanine aminotransferase (ALT) four to six months after exposure.

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- Perform HCV RNA at four to six weeks if earlier diagnosis of HCV infection desired.
 - Confirm repeatedly reactive anti-HCV enzyme immunoassays (EIAs) with supplemental tests.

HIV exposures:

- Perform HIV-antibody testing for at least six months post-exposure (e.g. at baseline, six weeks, three months, and six months).
- Perform HIV antibody testing if illness compatible with an acute retroviral syndrome occurs.
- Advise exposed persons to use precautions to prevent secondary transmission during the follow-up period.
- Evaluate exposed persons taking PEP within 72 hours after exposure and monitor for drug toxicity for at least two weeks.

Source: *Joint ILO/WHO guidelines on health services and HIV/AIDS*, 2005, fact sheet No. 10.

Safe handling of disposable sharps and injection equipment

Employers should develop procedures for the safe handling and disposal of sharps, including injection equipment, and ensure training, monitoring and evaluation. The procedures should cover:

- (a) placement of clearly marked puncture-resistant containers for the disposal of sharps as close as practicable to the areas where sharps are being used or are found;
- (b) regular replacement of sharps containers before they reach the manufacturer's fill line or when they are half full; containers should be sealed before they are removed;
- (c) the disposal of non-reusable sharps in safely positioned containers that comply with relevant national regulations and technical guidelines;
- (d) avoiding recapping and other hand manipulations of needles, and, if recapping is necessary, using a single-handed scoop technique;
- (e) responsibility for proper disposal by the person using the sharp;
- (f) responsibility for the proper disposal and for reporting the incident by any person finding a sharp.

Source: *ibid.*, 2005, para. 43.

Annex 5

Protection of workers' personal data

General principles from the Protection of workers' personal data: An ILO code of practice (1997)

5. General principles

5.1. Personal data should be processed lawfully and fairly, and only for reasons directly relevant to the employment of the worker.

5.2. Personal data should, in principle, be used only for the purposes for which they were originally collected.

5.3. If personal data are to be processed for purposes other than those for which they were collected, the employer should ensure that they are not used in a manner incompatible with the original purpose, and should take the necessary measures to avoid any misinterpretations caused by a change of context.

5.4. Personal data collected in connection with technical or organizational measures to ensure the security and proper operation of automated information systems should not be used to control the behaviour of workers.

5.5. Decisions concerning a worker should not be based solely on the automated processing of that worker's personal data.

5.6. Personal data collected by electronic monitoring should not be the only factors in evaluating worker performance.

5.7. Employers should regularly assess their data processing practices:

- (a) to reduce as far as possible the kind and amount of personal data collected; and
- (b) to improve ways of protecting the privacy of workers.

5.8. Workers and their representatives should be kept informed of any data collection process, the rules that govern that process, and their rights.

5.9. Persons who process personal data should be regularly trained to ensure an understanding of the data collection process and their role in the application of the principles in this code.

5.10. The processing of personal data should not have the effect of unlawfully discriminating in employment or occupation.

5.11. Employers, workers and their representatives should cooperate in protecting personal data and in developing policies on workers' privacy consistent with the principles in this code.

5.12. All persons, including employers, workers' representatives, employment agencies and workers, who have access to personal data, should be bound to a rule of confidentiality consistent with the performance of their duties and the principles in this code.

5.13. Workers may not waive their privacy rights.

Annex 6

Checklist for implementation of an HIV/AIDS policy for education sector workplaces

At national level

1. Ministry of Education and Labour jointly establish a review committee composed of representatives of government, education sector unions and private school employers/managers, and other stakeholders as agreed among the tripartite partners, to consider application of the policy's provisions at institutional level in accordance with existing national laws and the education sector strategic framework, regulations, policies and collective bargaining agreements, as well as human resource (HR) policies.
2. Employers' organizations and education sector unions review the policy framework in order to ensure reflection of its principles and guidelines in collective agreements
3. Review committee revises the policy as needed and organizes distribution of the agreed policy to all education sector workplaces: schools, TVET and tertiary institutions, adult and non-formal learning centres, etc.
4. Review committee establishes implementation support mechanisms to assist institutions to apply the policy.

At education institution level

1. In consultation with other major stakeholders, the governing body or principal [director] of the institution appoints an HIV/AIDS coordinator/committee – depending on the size and resources of the institution – to coordinate the implementation of the policy and design a monitoring mechanism. Where a workplace committee already exists, this should be used (e.g. occupational safety and health or health advisory committees etc).
2. The HIV/AIDS coordinator/committee in consultation with the HR department of the institution and/or the education service, the governing body or principal, students' and teachers and other education sector workers' representatives:
 - (a) identifies specific institutional needs by reviewing the policy framework adopted at national level and considering how to adapt it to the specific workplace setting;
 - (b) identifies the needs of students and educators, prior to planning the institutional programme.
3. The HIV/AIDS coordinator/committee assesses what health, social and support services, information services and other resources are already available in the education institution or in the surrounding community.
4. On the basis of the needs assessments and mapping of available services, the coordinator/committee drafts possible revisions of the policy framework and a work plan in consultation with students' and teachers' and other education sector workers' representatives. The work plan should include: time frame and lines of responsibility.
5. The draft policy and plan are circulated for comments to the governing body and the principal.
6. When the workplace policy and work plan are finalized, the coordinator/committee draws up a list of resources – human, financial and technical – that are necessary for implementation, in consultation with the governing body and principal.
7. The implementation of the workplace policy should happen through the established planning and budgeting cycles of the institution.
8. The coordinator/committee organizes the dissemination of the policy and work plan through the governing body, teachers' assemblies and education sector union meetings, students' assemblies, induction courses and training sessions

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9. The coordinator/committee, in consultation with representatives of teachers and other education sector workers and students, designs a monitoring mechanism to ensure the implementation of the work plan and review the impact of the policy as needed.

Selected resources

This is a short list of resources from ILO and UNESCO on HIV and AIDS and education (and the education workplace). Related key resources from other organizations are also listed.

Annotated bibliography

Global Campaign for Education (2005): *Deadly inertia? A cross-country study of educational responses to HIV/AIDS*.

<http://www.campaignforeducation.org/resources/Nov2005/ENGLISHdeadlyinertia.pdf>

Summary of research which evaluated education sector strategies on HIV/AIDS in 18 countries. Topics include: government strategic responses, school-based interventions, infected and affected learners and educators, and the role of civil society organizations are considered. Includes a set of recommendations on strengthening educational responses.

ILO (2001): *An ILO code of practice on HIV/AIDS and the world of work*.

http://www.ilo.org/public/english/protection/trav/aids/code/languages/hiv_a4_e.pdf

The code provides a set of guidelines for addressing HIV and AIDS in the world of work and within the framework of the promotion of decent work. It addresses prevention of HIV, management and mitigation of its impact in the world of work, care and support for HIV positive workers, and the elimination of stigma and discrimination on the basis of real or perceived HIV status.

ILO (2002): *Implementing the ILO code of practice on HIV/AIDS and the world of work: An education and training manual*.

<http://www.ilo.org/public/english/protection/trav/aids/publ/manualen.htm>

The manual is designed to help the ILO's partners understand the issues and apply the code of practice *HIV/AIDS and the world of work*. It is intended as an education and reference document as well as a tool for training, a guide for negotiators, and an aid for all those seeking to promote action to limit the spread and impact of HIV in the world of work.

ILO/WHO (2005): *Joint ILO/WHO guidelines on health services and HIV/AIDS*.

<http://www.ilo.org/public/english/dialogue/sector/techmeet/tmehs05/guidelines.pdf>

The purpose of these guidelines is to promote the sound management of HIV and AIDS in health services, including the prevention of occupational exposure; and to ensure that health-care workers have decent, safe and healthy working conditions, while ensuring effective care that respects the needs and rights of patients, especially those living with HIV. An extract from the guidelines is contained in Annex 4 of this Policy.

ILO/UNESCO (1966): *ILO/UNESCO Recommendation concerning the Status of Teachers*.

<http://www.ilo.org/public/english/dialogue/sector/techmeet/ceart/teache.pdf>

Adopted by the Special Intergovernmental Conference on the Status of Teachers, Paris, 5 October 1966, the Recommendation is the comprehensive international standard on the teaching profession, including their roles, rights and responsibilities.

Kelly, M. (2000): *Planning for education in the context of HIV/AIDS*, IIEP Fundamentals of Educational Planning 66.

http://unesdoc.unesco.org/images/0012/001224/122405e.pdf#xml=http://unesdoc.unesco.org/ulis/cgi-bin/ulis.pl?database=ged&set=42E8ED0A_3_121&hits_rec=22&hits_lng=eng

This book is one of the first in-depth texts examining the role of education in HIV prevention and the impact of HIV and AIDS on education. It discusses HIV and AIDS in relation to content, process, and organizational aspects of education, as well as funding and planning.

MTT and HEARD (2004): *Report on the education sector: Global HIV/AIDS readiness survey*.

<http://unesdoc.unesco.org/images/0013/001399/139972e.pdf>

Survey commissioned by the Inter-Agency Task Team (IATT) on Education, analysing the capacity and readiness of vulnerable or affected countries to manage the impact of HIV and AIDS on their education systems. Education ministries from 71 countries completed a questionnaire which analysed subjects including ministry structures; creating an enabling environment for an effective response to HIV and AIDS; HIV and AIDS mainstreaming; human resource adaptation to HIV and AIDS; workplace HIV and AIDS programmes; HIV

and AIDS and the curriculum; partnership development; and research. An appendix contains selected key results in a one-page summary for each country.

UNESCO (1997): *Recommendation concerning the Status of Higher-Education Teaching Personnel*.

http://portal.unesco.org/en/ev.php-URL_ID=13144&URL_DO=DO_TOPIC&URL_SECTION=201.html

Adopted by UNESCO's 29th General Conference, Paris, 11 November 1997, it is the comprehensive international standard on the teaching profession, its roles, rights and responsibilities in higher education.

UNESCO (2002): *Education For All (EFA) Global Monitoring Report, 2002: Is the World on Track?*

http://www.unesco.org/education/efa/monitoring/monitoring_2002.shtml

Chapter 3 considers *planning for HIV/AIDS*, focusing on examples in Botswana, Thailand and Uganda. Chapter 4 looks at *the costs to education of HIV/AIDS*, considering the analytic framework, resource availability for attaining EFA, and the cost implications for learners, educators, and for adjusting education programmes to the context of HIV and AIDS.

UNESCO (2004a): *UNESCO's Strategy for HIV/AIDS Prevention Education*.

<http://unesdoc.unesco.org/images/0013/001345/134572e.pdf>

This strategy presents the emphases and focuses of UNESCO's programme on HIV prevention with and for education.

UNESCO (2004b): *Quality Education and HIV/AIDS*.

http://portal.unesco.org/fr/file_download.php/4067f0b5d262ef06398678e7ba48d37eQualityEdHIV5.pdf

This document explores the ways in which education systems can and must change in relation to HIV and AIDS. A new framework is presented containing 10 key dimensions of quality education, along with some practical case studies.

UNESCO (2005a): *UNESCO's Response to HIV and AIDS*.

<http://unesdoc.unesco.org/images/0014/001414/141417e.pdf>

This booklet provides illustrations of activities undertaken by UNESCO to prevent HIV and mitigate the impact of the epidemic on the education sector. It presents UNESCO's approach, priorities and regional and country level action focusing on prevention and education.

UNESCO (2005b): *EDUCAIDS: briefs for decision-makers*.

<http://unesdoc.unesco.org/images/0013/001398/139831e.pdf>

EDUCAIDS is the *Global Initiative on Education and HIV/AIDS* (see <http://www.educaids.net>). The briefs aim to support planning and decision-making at country level and are intended for ministers, high-level ministry officials and policy makers. They are organized under five themes: policy planning, management and resources; education and communication: materials and methods; social, legal & service environment; key populations; and terminology and sources.

UNESCO Bangkok (2003): *HIV/AIDS and Education: A Toolkit for Ministries of Education*.

<http://www.e-alliance.ch/media/media-4317.pdf>

This information kit was developed by UNESCO and UNAIDS to encourage and help officials in ministries of education in the South-East Asia and Pacific region to respond to HIV and AIDS, and has been translated into a number of regional languages. It contains 10 advocacy sheets, further reading, and a checklist to assess the response of a ministry or department response to HIV and AIDS.

UNESCO Bangkok (2005): *Reducing HIV/AIDS vulnerability in the schools setting: A teacher training manual*.

<http://unesdoc.unesco.org/images/0013/001389/138910e.pdf>

This manual aims to help students to acquire and develop the knowledge, attitudes, values, skills and practices (KAVSP) necessary for prevention and control of HIV. The content and training procedures focus on providing knowledge and life skills, and shaping attitudes on HIV and AIDS and STIs.

UNESCO Windhoek (2004): *HIV and AIDS Preventive Education: A Training Programme for Teacher Educators in Sub-Saharan Africa*.

This eight-module programme seeks to broadly cover all aspects of HIV/AIDS as well as providing advice and support for programme facilitators.

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- UNESCO-IIEP (2002a): *The impact of HIV/AIDS on education and institutionalizing preventive education*. IIEP Education in the Context of AIDS series.
<http://unesdoc.unesco.org/images/0012/001293/129353e.pdf>
This book examines the impact of HIV and AIDS on education, particularly in sub-Saharan African countries. It emphasizes the need to react quickly and to institutionalize the response of education systems to the negative consequences of the pandemic. The first part discusses indicators for monitoring the impact of HIV and AIDS on the demand for, supply of, and management and quality of education at all levels. The second part focuses on education as a means of prevention, ways to institutionalize HIV and AIDS education, and accompanying problems and possibilities.
- UNESCO-IIEP (2002b): *The HIV challenge to education: a collection of essays*. IIEP Education in the Context of AIDS series.
<http://unesdoc.unesco.org/images/0013/001376/137638e.pdf>
This collection of 10 essays focuses on the relationships between HIV and AIDS and education, including the role of education in preventing transmission, gender equality in schools, and helping children cope with trauma and grief.
- WHO/EI/EDC (2004): *Teachers' Exercise Book for HIV Prevention*, WHO Information Series on School Health, 2004.
- WHO: *Universal Precautions, including injection safety*.
<http://www.who.int/hiv/topics/precautions/universal/en/print.html>
This web page defines these precautions, explains their importance and how to use them and outlines necessary resources (in terms of human resources, infrastructure and supplies needed) and costs.
- World Bank (2003): *Education and HIV/AIDS: Sourcebook of HIV/AIDS Prevention Programmes*.
<http://www.schoolsandhealth.org/Sourcebook/sourcebook%20intro.htm>
A compendium of practical experiences of designing and implementing HIV prevention programmes targeted at school-age children in Mozambique, Senegal, South Africa, Tanzania, Uganda, Zambia and Zimbabwe.
- Material on broader topics and/or search facilities can also be found at:
- ILO *web pages on HIV/AIDS*
<http://www.ilo.org/public/english/protection/trav/aids/>
- UNESCO's *network of HIV/AIDS and education Clearinghouse web sites* aims to collect and share timely and relevant information at global and regional levels.
http://www.ibe.unesco.org/AIDS/Clearinghouses/clearing_home.htm
- UNESCO publications – there is a significant amount of material on topics including training, curriculum development, and planning.
<http://unesdoc.unesco.org/ulis/index.html>

- UNESCO: *Focusing Resources on Effective School Health (FRESH)*.
www.unesco.org/education/fresh
FRESH is an inter-agency initiative for Focusing Resources on Effective School Health, which provides a framework for designing and implementing effective school health programmes, based on the partner agencies' combined experience in the area of school health.
- UNESCO-IBE (International Bureau for Education): *Curriculum development resources*.
http://www.ibe.unesco.org/curriculum_dev.htm

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HIV/AIDS policies, strategies and related documents from the southern African region

The following documents can be downloaded from the HIV/AIDS Impact on Education Clearinghouse: http://hivaidsclearinghouse.unesco.org/ev_en.php

Botswana

- *National Policy on HIV and AIDS* (1998).
- *National Strategic Framework for HIV/AIDS 2003-2009* (2003).
- *Ministry of Education Policy on HIV/AIDS Education* (1998).
- *Ministry of Education Response to HIV/AIDS: Country Presentation: Botswana: Sectoral Mobilisation Workshop for the Fight Against HIV/AIDS in the Education and Training Sector* (2003).

Lesotho

- *Policy Framework on HIV/AIDS Prevention, Control and Management* (2000).

Malawi

- *National HIV/AIDS Policy* (2003).
- *Malawi National HIV/AIDS Strategic Framework 2000-2004* (2000).
- *Address HIV/AIDS Related Problems in the Education Sector: Concept note for the Ministry of Education, Science and Technology* (2002).
- *HIV/AIDS intervention in the education sector in Malawi: IIEP in co-operation with UNDP and UNICEF Workshop on The Impact of HIV/AIDS on Education, Paris, 27-29 September 2000.*

Mozambique

- *The National Control Programme against STD/AIDS (NCP STD/AIDS) in Mozambique: Structure, justification and medium term plan* (2005).
- *Strategic Plan for the Fight Against HIV/AIDS 2003-2005*, Ministry of Education (2003).

Namibia

- *HIV/AIDS Charter of Rights* (2000).
- *The National Strategic Plan on HIV/AIDS 1999-2004* (1999).
- *National Policy on HIV/AIDS for the Education Sector* (2003).

South Africa

- *HIV/AIDS/STD Strategic Plan for South Africa 2000-2005* (2000).
- *National policy on HIV/AIDS, for learners and educators in public schools, and students and educators in further education and training institutions* (1999).
- *Response to HIV/AIDS: South Africa: IIEP in co-operation with UNDP and UNICEF Workshop on The Impact of HIV/AIDS on Education, Paris, 27-29 September 2000.*

Swaziland

- *Policy document on HIV/AIDS and STD prevention and control* (2005).
- *Swaziland National Strategic Plan for HIV/AIDS* (2002).

Zambia

- *Strategic Framework 2001-2003* (2000).

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- *HIV/AIDS Education Programme – BESSIP 2001-2005: HIV/AIDS Education Component Logical Framework* (2002).
 - *HIV/AIDS Education Strategic Plan 2001-2005: A strategy for schools, learners and educators* (2001).
 - *Recent Developments in the Fight Against HIV/AIDS in the Ministry of Education in Zambia: A paper presented at the IIEP Seminar On HIV/AIDS and Education, Paris, 27-29 September 2000.*

Zimbabwe

- *National policy on HIV/AIDS for the Republic of Zimbabwe* (1999).
- *Strategic Plan 2002-2006: Ministry of Education, Sports and Culture* (1999).

See also:

POLICY project (2002): *National and sector HIV/AIDS policies in the member states of the Southern Africa Development Community*. Southern African Development Community. This report is a summary of the existing HIV/AIDS national policies and plans among countries in SADC. It is intended to provide a snapshot of the current status of policy formulation in the region and to suggest future steps to strengthen the policy environment for an effective response to the epidemic. Much of the information in this report is derived from national HIV/AIDS policies, strategic plans, HIV/AIDS policies for specific sectors and work plans. National consultants in each country collected these documents and commented on the final report.

Appendix 5

Implementation checklist

Checklist for implementation of an HIV/AIDS policy for education sector workplaces

At national level

1. Ministry of Education and Labour jointly establish a review committee composed of representatives of government, education sector unions and private school employers/managers, and other stakeholders as agreed among the tripartite partners, to consider application of the policy's provisions at institutional level in accordance with existing national laws and the education sector strategic framework, regulations, policies and collective bargaining agreements, as well as human resource (HR) policies.
2. Employers' organizations and education sector unions review the policy framework in order to ensure reflection of its principles and guidelines in collective agreements.
3. Review committee revises the policy as needed and organizes distribution of the agreed policy to all education sector workplaces: schools, TVET and tertiary institutions, adult and non-formal learning centres, etc.
4. Review committee establishes implementation support mechanisms to assist institutions to apply the policy.

At education institution level

1. In consultation with other major stakeholders, the institutional governing body or principal [director] of the institution appoints an HIV/AIDS coordinator [committee] – depending on the size and resources of the institutions – to coordinate the implementation of the policy and design a monitoring mechanism. In case a workplace committee already exists, this should be used; e.g. OSH, health advisory committees etc.
2. The HIV/AIDS coordinator [committee] in consultation with the HR department of the institution and/or the education service, the institutional governing body or principal, students' and teachers and other education sector workers' representatives:
 - (a) identifies specific institutional needs by reviewing the policy framework adopted at national level and how to adapt it to the specific workplace setting;
 - (b) identifies the needs of students and educators, prior to planning the institutional programme.
3. The HIV/AIDS coordinator [committee] assesses what health, social and support services, as well as information services are already available in the education institution or in the surrounding community
4. On the basis of the above, the coordinator (committee) drafts possible revisions of the policy framework and a work plan in consultation with students' and teachers' and other education sector workers' representatives. The work plan should include: time frame and lines of responsibility.
5. The draft policy and plan are circulated for comments to the institutional governing body and the principal.
6. When the workplace policy and work plan are finalized, the coordinator (committee) draws up a list of necessary resources – human, financial and technical – for the implementation in consultation with the institutional governing body or principal.
7. The implementation of the workplace policy should happen through the established planning and budgeting cycles of the institution.
8. The coordinator (committee) organizes the dissemination of the policy and work plan through institutional governing body and teachers' assemblies and education sector workers' union meetings, students' assemblies, induction courses and training sessions.

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9. The coordinator (committee), in consultation with teachers' and other education sector workers' and students' representatives, designs a monitoring mechanism to ensure the implementation of the work plan and review the impact of the policy as needed.

Appendix 6

Workshop consensus and commitment statement

Joint ILO/UNESCO Southern Africa Workshop: Improving responses to HIV and AIDS in education sector workplaces

(30 November-2 December 2005

Maputo, Mozambique

Concluding session, 2 December 2005)

Consensus reached

A tripartite meeting was held with participants from seven southern African countries, observers, ILO and UNESCO staff. The meeting agreed that in general the education sector of each country in the region was essential to an improved and successful response to the HIV and AIDS epidemic. More specifically, participants agreed on the following:

1. Educational institutions are strategically important workplaces that require the application of policies in respect of HIV and AIDS. Such policies should include within their scope all education sector employees, including managers, teachers and non-teaching personnel, as well as the student population and other stakeholders.
2. There is urgent need for a generic southern African workplace policy applicable to education services and institutions that draws from national and international principles and experiences to further develop national policy and plans.
3. Workplace policy is one of several elements to be considered in the development of a comprehensive education sector policy and strategy at national level that is applied at all levels in response to challenges of HIV and AIDS.
4. The education sectors of southern African countries are diverse in their institutional arrangements and cultural dynamics; formulation and application of a policy and strategy in each country in respect of HIV and AIDS and the workplace must therefore take national realities and subtleties into account.
5. The general substance of the document entitled *A workplace policy on HIV and AIDS for the education sector in southern Africa* that was reviewed and improved on by workshop participants provides the basis for further development or adaptation in the shortest possible time of policies for education services and institutions in countries of the region. This work should take into account all concerns and issues raised during the course of the workshop.
6. National plans of action and strategies need to be prepared to address current gaps in effective workplace policy dissemination and training in the education sector at all levels. Training will be necessary for education sector personnel and stakeholders on the workplace policy and on ways to use it in the countries concerned.
7. The workshop agreed on an implementation checklist for use in applying the policy document and further adaptations in countries and urges each country to utilize the checklist as they move forward to implement workplace policies and strategies at national and education institution level.
8. Countries represented in the workshop explored elements of a plan for discussion with government, teacher unions, employers and other stakeholders, with the intention of implementing a workplace policy in the shortest possible time following the conclusion of the workshop.

ILO and UNESCO commitments

ILO and UNESCO made the following commitments to country delegations at the conclusion of the workshop, subject to clearance by their respective organizations:

-
1. ILO and UNESCO commit to preparation of a final document by end of January 2006 in active dialogue with a tripartite reference group established by workshop delegates and to submit it to workshop participants and relevant authorities.
 2. ILO and UNESCO commit to ensuring availability of the final document in English and Portuguese electronically for use and adaptation to national needs.
 3. ILO and UNESCO commit to joint publication in English and Portuguese of the document in print and pdf forms by May 2006.
 4. ILO and UNESCO will explore provision of technical support for formulation and implementation of workplace policies in education sectors in the seven countries and others in the region.
 5. UNESCO in cooperation with ILO will advocate for workplace policy development and implementation with ministries of education in the region and incorporate relevant activities in programmes/initiatives including the Global Initiative on Education and HIV and AIDS (EDUCAIDS), the Teacher Training Initiative for Sub-Saharan Africa (TTISSA) and Literacy Initiative for Empowerment (LIFE).

Appendix 7

Evaluation

Evaluation of the ILO/UNESCO Southern African Subregional Workshop: Improving responses to HIV/AIDS in education sector workplaces *30 November – 2 December 2005, Maputo, Mozambique*

Detailed responses and comments are listed below. Overall, there was a markedly high level of satisfaction with the content and design of the workshop. The session which scored lowest was national group work – this may relate to the concern voiced by some participants about the absence of Ministry of Education participation. Comment about workshop arrangements centred largely on the issue of allowances and the lack of translation into Portuguese.

1. Overall, how satisfied were you with the workshop facilities?

Very dissatisfied	0
Dissatisfied	1
Satisfied	11
Very satisfied	4
94 per cent satisfied/very satisfied	

2. How satisfied were you with the workshop materials and presentations by resource persons?

Very dissatisfied	1
Dissatisfied	2
Satisfied	8
Very satisfied	5
81 per cent satisfied/very satisfied	

3. Overall, how satisfied were you with the technology and multimedia available to you?

Very dissatisfied	0
Dissatisfied	0
Satisfied	9
Very satisfied	7
100 per cent satisfied/very satisfied	

4. Were the goals of the workshop clearly stated?

Yes	12
No	2
Partially	1
Not answered	1
75 per cent yes	

Comments:

 - Most country's ministries of education were not represented.
 - It was not clear that the scope of work was a detailed review of a policy document.

5. Were you satisfied with Session 1 (Introduction and organization of the workshop)?

Yes	13
No	1
Partially	1
Not answered	1
81 per cent satisfied	

Comment:

 - Not a clear link to this specific region. Too little/no time to discuss presentations.

-
6. Were you satisfied with Session 2 (Round table: Southern African education responses and challenges)?
- | | |
|--------------|----|
| Yes | 15 |
| No | 0 |
| Not answered | 1 |
- 94 per cent satisfied
- Comment:
- The time was short!
7. Were you satisfied with Session 3 (Enhancing national responses: draft ILO/UNESCO workplace policy)?
- | | |
|--------------|----|
| Yes | 15 |
| No | 0 |
| Not answered | 1 |
- 94 per cent satisfied
8. Were you satisfied with the thematic group work sessions on the draft workplace policy document?
- | | |
|--------------|----|
| Yes | 14 |
| No | 0 |
| Not answered | 1 |
| No opinion | 1 |
- 88 per cent satisfied
9. Were you satisfied with Sessions 4 and 5 on report back and discussion of group work?
- | | |
|--------------|----|
| Yes | 15 |
| No | 0 |
| Not answered | 1 |
- 94 per cent satisfied
10. Were you satisfied with Session 6 (Taking stock: draft workplace policy implementation)?
- | | |
|--------------|----|
| Yes | 14 |
| No | 0 |
| Not answered | 2 |
- 88 per cent satisfied
11. Were you satisfied with the national group work on Action Plans and Strategies and Session 7 (Report back)?
- | | |
|-----|----|
| Yes | 11 |
| No | 5 |
- 69 per cent satisfied
- Comments:
- Material should be made available before the workshop starts.
 - These were not tripartite in strict sense and as such it was difficult to reach concrete commitment and this will delay implementation.
 - The only problem was the absence of ministries of education in some countries, since they could not come out with proper plans.
12. What kinds of other subjects or sessions would you like to see included at future workshops, which would help your work on this theme?
- Monitoring and evaluation of implementation of workplace policy.
 - Emphasis on implementation mechanisms.
 - Linking workplace policies with professional code of ethics.
 - Investigating what has been done in countries with regard to workplace policies, who are involved and where the gaps exist so that there can be national harmonization of policies.

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13. Other comments on the value of the meeting and suggestions to improve the ILO/UNESCO work on the theme
- I am very much satisfied with this meeting – it is more valuable than other meetings I have attended before.
 - Please review the issue of per diem. It was too little. The issue of per diems was highly de-motivating and in future this needs to be improved.
 - The meeting has been very valuable. We are really looking forward towards implementation.
 - Government ministry reps should attend the next workshops.
 - Participants should be provided with bags, T-shirt, incentives, dinner allowances, risk allowances, accommodation and lunch allowances.
 - It is a good initiative that should not be distracted by misunderstandings. To avoid this, it is imperative to consider general/specific national and section levels.
 - Pre-planning and preparatory work was excellent. Thanks to the Mozambican secretariat, led by Cristina.
 - This is a high profile meeting, which deserved the highest recognition ever. Certificates should have been awarded to recognize the importance of the tasks undertaken.
 - Have copies of presentations in electronic form.
 - Arrogance by some organizers of the workshop was an issue.
 - After this, what do we do? A standing organigram of UNESCO and ILO in various countries to see the proper implementation of the programme.
 - Explore existing structures.
 - We learnt from other countries.
 - I appreciate that this implementation of the policy will be discussed with UNESCO, so will assist the process in our countries.
 - I feel strongly that it was inappropriate not to have provided translation/interpretation. If document had been translated this would have allowed for some participation/contribution from Mozambique.
 - In Portuguese: You need to give more time for group work.
 - The workshop was productive and achieved its objectives but you have to make an effort to translate.
 - In the next workshops, we should invite people that take decisions, for example, permanent secretaries, vice-ministers, etc., so that the plans you have started can be continued, with recommendations which have been agreed to at top level.