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PREFACE

The HIV/AIDS crisis continues to expand in numbers and reach, without immediate medical solutions in view. As a consequence, the centrality of prevention and mitigation through education is being recognized in countries and among agencies. Educational interventions across a range of settings should provide the knowledge and encourage the development of attitudes and skills that can limit the spread and impact of the epidemic. Agreement about what the issues are, and key actions to be taken, can help to increase the speed and effectiveness of the response.

To this end, the UNAIDS Inter Agency Working Group on HIV/AIDS, Schools, and Education, now the Inter Agency Task Team on Education, decided to develop a framework strategy to focus attention on what is known and what needs to be known about scaling up the response to the epidemic through education.

The strategy has received broad based input from a variety of agencies and groups, both within the UN system and beyond. Its members are listed in annex*. As much a process as a product, the strategy must be used at all levels as the opportunity for a dialogue about the successes and difficulties of working to mitigate HIV/AIDS through educational systems.

It does not pretend to cover all levels, kinds and settings of learning. It focuses principally on formal, school-based education, although its principles are equally applicable in

**Annex still to be compiled.*

other learning environments. It is a document that should be used to build awareness about building responses to the HIV/AIDS epidemic into educational systems and to help set in motion the necessary changes. It attempts to establish priorities that should work in most settings, without being overly prescriptive. Finally, it attempts to stress the need to understand the complexity of the changes needs. The factors affecting the spread or the decrease of the epidemic include medicine, economics, culture, law, and governance, to name a few. A timid approach that avoids discussion and confrontation of these complexities is doomed to failure. A diversity of responses are required depending on whether action is taken in education systems, to raise awareness among education decision-makers and personnel, or directly targeting young people whether in or out of school.

A substantial number of persons in governmental and non-governmental institutions contributed to the development of this draft, an expert meeting was held at UNESCO, IIEP, in late April 2002 to review the text, and the IATT has met several times to amend and approve the document. The membership of the IATT includes, but is not restricted to the cosponsors of UNAIDS. Members are listed in annex. Special thanks are due to Peter Aggleton of the Thomas Coram Research Unit, Institute of Education, University of London, who serves as an expert adviser to the IATT.

UNAIDS *Inter Agency Task Team on Education*
May 2002



EXECUTIVE SUMMARY

Education has a key role to play both in preventing HIV/AIDS and in mitigating its effects on individuals, families, communities and society. HIV/AIDS is affecting all areas of the globe with devastating impact. Children and young people have been disproportionately affected by HIV/AIDS. Levels of infection peak in the 15-24 age group, and the impact of the epidemic on families, households and communities is often even harder on the young people within them.

This strategy, developed with input from the UNAIDS Inter-Agency Working Group on HIV/AIDS, Schools and Education, identifies key priorities for a scaled up response to the epidemic on the part of schools and the education system more generally. It has been written with key policy makers in mind, both those in Ministries of Education and in development organizations, and those working in related fields. Much of the strategy is directed at the formal educational system, as the fundamental institutional foundation for HIV/AIDS prevention education on a large scale. But any effort to look at the reciprocal relationship between HIV/AIDS and education must go beyond the formal educational system to embrace the community and informal sectors. Both because many of those most at risk are not in formal education, and because the epidemic impacts upon the ability of educational institutions to deliver, it is essential to expand educational opportunities to a wider range of offerings.

The UNGASS Declaration of Commitment⁷ on HIV/AIDS sets the target of reducing HIV infection among 15-24 year-olds

by 25 per cent in the most affected countries by 2005 and, globally, by 2010. It also calls upon governments to develop by 2003, and implement by 2005, national strategies to provide a supportive environment for orphans and children infected and affected by HIV/AIDS. It calls for vastly expanded access to the information and education, including youth-specific HIV/AIDS education necessary to develop the life skills required to reduce risk and vulnerability to HIV infection.

Among its many provisions, the Dakar Framework for Action², adopted by the international education community during the World Education Forum (Dakar, Senegal), draws attention to the urgent need to combat HIV/AIDS if 'Education for All' (EFA) goals are to be achieved. It calls on governments to ensure that by 2015 all children, particularly girls, children in difficult circumstances and ethnic minorities, have access to and complete, free and compulsory primary education of good quality. Such a target is seriously threatened by the HIV/AIDS epidemic and its impact on the demand for, and supply of, education. Moreover, ensuring universal basic education will be one of the most powerful weapons in the fight to contain HIV/AIDS. Thus, all concerned have a responsibility to ensure that National EFA Plans of Action are prepared taking HIV/AIDS into account.

EFA goals and the Millennium Development Goal for Education³ cannot be achieved without urgent attention to HIV/AIDS. UNGASS targets and the Millennium Development Goal for HIV/AIDS, Malaria and other diseases⁴ cannot be achieved without the active contribution of the education sector. This strategy points to the need for urgent action on two fronts – first, to mitigate the impact of HIV/AIDS as it affects

schools and education; and second, to preventing HIV infection through education. It identifies a set of key issues for schools and the education sector more generally.

HIV/AIDS and education systems

All over the world HIV/AIDS is causing devastation – destroying communities and families and taking away hope for the future. The impacts of HIV/AIDS are many. In the absence of a cure, and in most cases in the absence of adequate treatment, it diminishes or destroys quality of life before it takes away life itself. Its emotional and economic impact on quality of life ripples out to family, friends and community. It affects production as well as household incomes and expenditures; it poses major problems for health systems and health care practices; it impacts upon the capacity of societies to provide essential services and plan for the future; and it threatens good governance and human security.

Particularly severe is the epidemic's impact on schools and education. HIV/AIDS reduces the supply of education by reducing the numbers of teachers who are able to carry out their work, and by its impact on the resources available for education. The epidemic reduces the demand for education, as children are withdrawn from school and college in response to rising household expenditure and to provide care for family members. And, the epidemic affects the quality of education because of the strains on the material and human resources of the system and on health and presence of learners.

Beyond this, however, the epidemic impacts negatively on the quality of education and consequently on progression through

education systems. The quality of education suffers under the impact of the epidemic as teacher absenteeism, less time for teaching and the disruption of classroom and college schedules affects the kind of learning that can take place. Teacher education too may suffer as those working in universities and colleges become affected.

To mitigate the impact of HIV/AIDS on the education sector, concerted action on a variety of fronts is needed. Education systems should provide leadership in working together with the economic, health, agricultural, labour and social development sectors to alleviate the social and economic impact of the disease. Moreover, national efforts cannot easily be separated from the need to tackle broader issues including debt relief, poverty reduction and sustainable development.

Among the priority actions that need to be undertaken are:

- Implementing and monitoring of National EFA Plans of Action developed in the light of HIV/AIDS and its potential impact on education systems;
- Cross-sectoral and inter-agency collaboration to assess needs and to plan, manage and monitor programme implementation;
- Resource mobilization and capacity building to facilitate the attainment of EFA goals and preserve the core functions of education at other levels.

Teaching and learning

Education for HIV prevention should begin at an early age, before children and young people are exposed to risks, and

should be sustained over time. It needs to encompass measures to reduce individual risk as well as to reduce contextual, environmental and societal vulnerability to HIV/AIDS. Political commitment and leadership, participatory planning and inter-sectoral partnership are essential to a successful response, all of which need to be founded in a rights-based approach.

In partnership with other bodies, schools have an important role to play in reducing the risks and vulnerability associated with the epidemic. Among the actions that should be prioritised are:

- Efforts to ensure that teachers are well prepared and supported in their work on HIV/AIDS through pre-service and in-service education and training;
- Preparation and distribution of scientifically-accurate, good-quality teaching and learning materials on HIV/AIDS, communication and life skills;
- Promotion of life skills and peer education with children and young people, and among teachers themselves;
- Elimination of stigma and discrimination, with a view to respecting human rights and encouraging greater openness concerning the epidemic;
- Support for school health programmes that combine school health policies, a safe and secure school environment for both teachers and learners, skills based health education and school health services, and that explicitly address HIV/AIDS;
- Promotion of policies and practices that favour gender equity, school attendance and effective learning.



BACKGROUND

Some two decades after the first cases were reported, AIDS has become the most devastating disease the world has ever faced. Since the epidemic began, more than 60 million people have been infected, of whom nearly 25 million have died, leaving behind more than 13 million orphaned children. HIV/AIDS is now the leading cause of death in sub-Saharan Africa. World-wide, it is the fourth-biggest killer.

Ten years after The World Conference on Education for All in Jomtien, Thailand, The World Education Forum in Dakar in April 2000 reaffirmed the determination of the countries of the world to work together to fulfil the right to education for each person. It set important goals that imply a major effort to expand both the quantity and quality of education. It made a commitment to tackling HIV/AIDS as a matter of extreme urgency. This commitment is essential, because HIV/AIDS and education for all have an intimate link. Good quality education is in itself a powerful weapon against HIV/AIDS. HIV/AIDS is a powerful weapon against the very infrastructure of education. Consequently the battle against HIV/AIDS is essential in achieving the overall EFA goals, and working toward EFA goals is in itself a contribution to the battle against HIV/AIDS.

Worldwide, the most common means of HIV transmission is through unprotected sex. Other transmission routes include mother to child transmission at or around birth, sharing contaminated syringes and needles through injection drug use and, to a lesser extent, the transfusion of infected blood and blood products. Contrary to what some adults may wish to believe, many young people are sexually active from their mid-

teenage years onwards. Young people are also prominent among injecting drug users. Ignorance about the disease and lack of means of protection will condemn many of these young people to an early death. Young people have a right to the knowledge and means by which to protect themselves and their partners against infection.

In June 2001 the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS set in place a framework for national and international accountability in relation to the epidemic. Each government pledged to pursue a series of benchmark targets relating to prevention, care, support and treatment, impact alleviation, and children orphaned and made vulnerable by HIV/AIDS (Table 1).

Table 1 . UNGASS Declaration of Commitment on HIV/AIDS (2001)

Agreed upon targets include:

- reducing HIV infection among 15-24-year-olds by 25 per cent in the most affected countries by 2005 and, globally, by 2010;
- developing by 2003, and implementing by 2005, national strategies to provide a supportive environment for orphans and children infected and affected by HIV/AIDS;
- ensuring that by 2005 at least 90 per cent, and by 2010 at least 95 per cent of young men and women aged 15 to 24 have access to the information, education, including peer education and youth-specific HIV education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection;
- having in place strategies by 2003, to address vulnerability to HIV infection, including under-development, economic insecurity, poverty, lack of empowerment of women, lack of education, social exclusion, illiteracy, discrimination, lack of information and/or commodities for self-protection, and all types of sexual exploitation of women, girls and boys.

The Millennium Summit in September 2000 reaffirmed international commitment to working toward a world in which sustaining development and eliminating poverty have the highest priority. It also identified a number of Millennium Development Goals, including goals of specific relevance to education, gender equality and HIV/AIDS. The attainment of many of these goals is dependent upon the full participation of the education sector in efforts to counter HIV/AIDS and its impact (Table 2).

Substantial new resources are being identified to increase spending to the necessary levels, which UNAIDS estimates to be US\$7-10 billion per year in low- and middle-income countries. The Global Fund for HIV, Tuberculosis and Malaria, first called for by the UN Secretary-General Kofi Annan, has attracted an initial pledge of over US\$2.

Beyond this, the World Bank plans major new initiatives in 2002 and 2003 for education and HIV/AIDS. The Multi-country HIV/AIDS Program for Africa, for example, has already committed over \$450 million to twelve countries. In a second phase of the project a further \$500 million is to be made available, together with a strong emphasis on the education sector. A similar World Bank initiative is underway in the Caribbean.

All the cosponsors of UNAIDS have increased their programmatic emphasis on HIV/AIDS, through increasing human and financial resources and through intensive cooperation among agencies to develop common strategies and responses. Similarly, the NGO community is expanding its efforts.

More countries are boosting their national budget allocations towards HIV/AIDS responses. Under the impact of the Heavily Indebted Poor Countries Initiative (HIPC), several 'least developed countries' have received, or are in line for, debt relief that could help them increase their spending on HIV/AIDS. Private companies are also stepping up their efforts, through better and stronger workplace policies, and by funding HIV/AIDS prevention activities.

Table 2 . Millennium Development Goals (2001)

Agreed upon goals include:

- Goal 2** To achieve universal primary education. Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling;
- Goal 3** To promote gender equality and empower women. Eliminate gender disparity in primary and secondary education preferably by 2005 and in all levels of education no later than 2015;
- Goal 6** To combat HIV/AIDS, malaria and other diseases. Have halted by 2015 and begun to reverse the spread of HIV/AIDS. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases.



The Strategy Framework

Building on numerous international commitments – including UN Human Rights Conventions⁵, the Dakar Framework for Action, the UNGASS Declaration of Commitment on HIV/AIDS – and developed so as to complement and extend recent policy papers issued by UNESCO⁶ and the World Bank⁷, this strategy identifies a series of key priorities for HIV/AIDS, schools and education.

While the primary focus is on work with children and young people at or near school age, the strategy recognises the importance of addressing the needs of adults working in schools. The strategy also aims to be relevant to other educational settings and, in particular, pre-service teacher education and training. It speaks to the needs of all those involved in planning, implementing and evaluating the education system's response to the epidemic.

Much has been learned over the last two decades about HIV/AIDS, the groups most affected and the actions that need to be taken. **We know that:**

- HIV affects all continents and regions. Low visibility of the disease is no guarantee that it is not spreading. Lack of intervention until there is documented high prevalence is a lost opportunity with unacceptable human cost and compounded difficulties to contain the disease.
- HIV prevalence among young people is high and rapidly rising. Thirty per cent of people currently living with HIV/AIDS are under the age of 24. In most developing countries, young people between the ages of 15 and 24 constitute the majority of new HIV infections⁸.

- High infection rates, the prolonged incubation period of HIV, and the delayed response of the education sector imply that the full impact of HIV/AIDS on educational institutions is yet to come. All aspects of the education system are likely to be affected, including teacher training and teacher support.
- In many countries, particularly ones in Sub-Saharan Africa, HIV/AIDS is undermining institutional capacity needed to protect the health and development of children and young people. It is also threatening the human capital necessary for development.
- The number of children orphaned by AIDS is rising rapidly. Over 13 million children have lost their mother or both parents to AIDS before the age of 15.
- Student enrolment and achievement are likely to fall as more children become infected, orphaned or burdened by the impact of AIDS. This situation severely threatens the achievement of EFA goals.
- HIV/AIDS-related risks and vulnerability are present in many schools and educational settings.

We also know that remedies exist:

- Education in itself offers a measure of protection against HIV/AIDS, particularly for girls. Education can reduce risk and vulnerability to HIV/AIDS by providing information and skills, by increasing young people's connectedness and security, by providing access to trusted adults, and by increasing literacy.

- Well implemented HIV/AIDS prevention programmes can reduce risk by delaying the age of first sex, increasing condom use, reducing the number of sexual partners, promoting the early treatment of sexually transmitted infections (STIs), promoting access to voluntary and confidential counselling and testing, and reducing other forms of risky behaviour such as drug use, and injecting drug use in particular⁹.

Schools and colleges need to be made safe settings in which teaching and learning can take place free from the threat of violence, bullying and sexual abuse. Clear codes of conduct and practice, backed up by concrete actions, can be useful in protecting teachers and pupils against actions that may be illegal and unprofessional (e.g., sexual relations between pupils and teachers – perhaps in exchange for better grades or economic reward)¹⁰.

It is vital to recognise and support the role of the family and the community in educating young people about HIV/AIDS. In many countries, the boundaries between formal and non-formal systems of education are blurred, particularly where community education is the norm. Ministries of Education and national authorities therefore have an important role to play in supporting non-formal education on HIV/AIDS, especially in circumstances where young people are unable to attend school for long periods of time, and/or at particular times of the year. The workplace is also an important context within which education for HIV/AIDS prevention can occur. Adult education and apprenticeship training have an important role to play in reaching those who cannot be accessed through formal systems of schooling.

Piecemeal efforts, well intentioned as they may be, will not suffice. Coherent national responses are required, for which there must be political will and commitment, inter-sectoral collaboration, partnership and participation, and engagement by a broad range of stakeholders that includes teachers, teacher educators, health workers, parents, community leaders, young people and people living with HIV/AIDS. Successful work to prevent HIV/AIDS and to mitigate its impact on organizations and systems requires a readiness to tackle gender and other forms of social inequality; and action to protect people living with, or affected by, HIV/AIDS from stigma and discrimination. More specifically, and with reference to schools and education, there must be:

- policy commitment to comprehensive programming, with clear links between assessment, planning, implementation and evaluation;
- concern for education that promotes tolerance and respect, equality, justice and dignity as the foundation for the development of all children and young people;
- urgent action to ensure that educational provision is health-promoting and protective, inclusive, gender sensitive and young person-friendly.
- Greater effort to link young people to the necessary health services for prevention, detection and treatment of HIV/AIDS and other STIs.

Objectives

Two key sets of objectives underpin this strategy. First, there are those linked to mitigating the impact of HIV/AIDS on education processes and systems. Second, there are those connected with the prevention of infection. Advocacy at all levels is needed to mobilize all sectors of government in the struggle against HIV/AIDS, and to trigger and support complementary actions by non-governmental organisations, civil society and the private sector.

Mitigating the Impact of HIV/AIDS

Throughout the world, HIV/AIDS is having a dramatic effect on the lives of individuals, families and communities. Where the prevalence of HIV is high, there are few households untouched by the epidemic. Family members have died, others may be sick and in need of care, and all face the daily threat of stigmatisation and discrimination. Elsewhere, rates of HIV infection may be rapidly rising, with the demand for care and support stretching already-overburdened health and education systems.

The impact of HIV/AIDS on education systems in severely affected countries is particularly acute. Substantial numbers of teachers are ill, dying or caring for family members. Young people are being withdrawn from school to assist in the home. Management of the system is threatened by illness and death of qualified persons. The impact on girls is particularly severe. Thus, as already stated, the vicious cycle of increasing HIV/AIDS leading to decreasing educational services, leading to greater vulnerability is a dramatic and long-term threat to EFA goals and more broadly to development. Education systems in many countries must undergo substantial change if they

are to survive the impact of HIV/AIDS and play an effective role in the provision of education for prevention. In particular, teacher education and the organization of educational institutions may require re-designing so as to meet radically changed circumstances.

Beyond the education system the HIV/AIDS epidemic is undermining the institutions and human resources on which a society's future health, security and progress depend. These include both formal (e.g. hospitals) and non-formal (e.g. the family and community) systems of care and support. While education cannot, in itself, provide the answer to all of these problems, action to strengthen the education system, and to ensure that both school and out-of-school education contribute more effectively to HIV/AIDS prevention can help communities and nations respond more proactively and positively. The provision of more flexible forms of education is essential for reaching vulnerable children and young people, and to ensure that they do not lose out on the knowledge and skills they will need in the future.

Preventing HIV Infection

HIV/AIDS prevention involves tackling simultaneously individual risk taking and contextual or societal vulnerability. Crucial to success is sustained political support at the highest national level. Effective programming requires messages to be customised to meet local needs, and to take cultural differences into account. Steps must be taken to reduce the social vulnerability of specific groups. These include young people, women and girls, minorities, sex workers, injecting drug users, migrants and refugees. The Dakar Framework for Action offers an inclusive framework for both risk and vulnerability reduction.

As part of education for prevention, six key sets of issues need to be addressed:

- **Understanding the nature of the infection and how it is transmitted** is the precondition for changing behaviours that facilitate transmission.
- **Knowing what behaviours to avoid** – not to engage in unprotected sex and needle sharing – is essential for reducing infection rates.
- **Knowing how to reduce risk** gives people positive options by which to live their lives more safely.
- **Adopting attitudes of respect for human rights** is important in limiting the spread of the disease, and building care and support for those affected.
- **Understanding the nature and dynamics of human relationships** is important for developing the attitudes that will support risk reduction behaviours.
- **Skill development is crucial for putting into practice understanding and knowledge.** Because HIV is transmitted through specific behaviours, skills and needed to avoid infection. Skills development is also necessary for people to interact with others (including with people living with HIV/AIDS) in a non-discriminatory, considerate and supportive way.

Above all, children and young people have the **right** to knowledge and understanding, and therefore access to the full range of information and resources including how to use condoms and other preventative measures, that will allow them to protect themselves and each other against infection.

They need support in making behavioural choices that will ensure protection against the risk of HIV infection. Education ministries have a clear responsibility for ensuring the right to know and support for behavioural choices are understood and realised.

Teachers need to be properly prepared for their role in carrying out this kind of work. We cannot assume, for example, that teachers trained to teach science, or religious education for that matter, possess the competence to teach about sex, relationships and health. They may require support in gaining skills to promote participatory, gender sensitive and rights-based approaches to HIV/AIDS. Special attention must be given to initial and in-service teacher education, to helping teachers understand the importance of being good role models, of gender sensitivity, and of helping schools deliver the curriculum young people need.

Education for HIV/AIDS prevention should begin as early as possible, and be continued throughout childhood and adolescence. It should take place in developmentally appropriate ways, building on lessons learned, so as to enable young people to prevent HIV infection and related discrimination. Schools, together with organizations that can reach young people in non-school settings, have a valuable role to play in HIV/AIDS prevention, especially in reaching children before they reach the peak vulnerable years (ages 15-24 years-old).

Education and health policy makers, teachers, health workers, parents, students, leaders of community groups, faith-based organisations and NGOs need to work together to:

- Enable schools to implement good quality school health programmes that are gender sensitive; that include policies to reduce the risks of HIV infection and related discrimination; a healthy, safe and secure physical and psychological environment that is conducive to risk reduction and the prevention of discrimination; skills based health education that enables students to acquire the knowledge, attitudes, values, life skills and services to avoid HIV infection; and school health services with links to other relevant services to reduce risk and provide HIV-related care, counselling and support.
- Enable schools and other relevant organisations to implement formal and non-formal HIV/AIDS prevention programmes that address gender, sexuality, reproductive health and substance abuse, especially in schools that do not have effective school health programmes, areas of high or increasing incidence of infection; and settings where young people who do not attend school are likely to be found.
- Provide school and community HIV/AIDS prevention programmes that increase access to information, resources and services at places and times, and in manners, that are likely to be appealing and acceptable to young people who do not attend school as well as students, and in ways that will reach marginalized young persons, including sex workers, drug users, disabled young people, and young migrants and refugees. These include peer-led education, distance learning, community education, and the use of new technologies for learning.

Out-of-school efforts, including sports and recreational activities promoting HIV/AIDS prevention messages, work by faith based and community groups informed by science, community-based drama and theatre activities, livelihood skills programmes, and mass media work involving and targeting young people, have an important role to play in broadening the reach of education for HIV/AIDS prevention. Numerous models for effective action exist in these domains. These include peer-led and peer-based approaches, as well as workplace-based education and training.

Getting the balance right

An expanded response is urgently needed both to prevent HIV infection and to mitigate the impact of HIV/AIDS. Each stage of the epidemic requires an appropriate response with respect to impact mitigation and prevention

Low level epidemic

Low prevalence should never be a cause for complacency. It is in the early phases that the epidemic can best be tackled through broad and energetic prevention, as well as through actions that lay the foundations for mitigating the potential impact of HIV/AIDS on education systems.

Concentrated epidemic

A concentrated epidemic is usually fuelled by a few identifiable factors affecting vulnerable sub-populations such as injecting drug users, men who have sex with men, and sex workers. The needs of such sub-populations, along with those of other highly vulnerable groups who are likely to be affected must be a focus in education for prevention. The impact of HIV/AIDS on education processes and systems will be significant, and steps must be taken to safeguard both the supply and demand for education.

Generalized epidemic

In a generalized epidemic, infection will have spread widely throughout society. Radical measures may be necessary to provide education in new forms and ways, particularly to children orphaned as a result of the epidemic. Education for HIV/AIDS prevention remains essential to protect the next generation. The demand for counselling and treatment services, as well as for care and protection for children and young people, will put great pressure on these services.

Education systems' capacity and HIV/AIDS

HIV/AIDS has profound consequences for schools and education^{11, 12}. First, it affects the demand for education. As the epidemic intensifies, fewer children are born; there are greater numbers of sick children, and children (especially girls) may be removed from education, to care for sick relatives or to take on other family responsibilities. Household incomes and savings may be depleted. Beyond this, adults may see little value in investing in education for their children when the future seems bleak. In Swaziland, for example, school enrolment is reported to have fallen by 36 per cent as a result of AIDS, with girls being the most affected. In Guatemala, studies have shown that more than a third of children orphaned by HIV/AIDS drop out of school. Urgent steps need to be taken to promote the value of education and to ensure that it is provided in ways attuned to families' and communities' changed needs. Enabling young people – especially girls – to attend school and complete their education is essential for the future prosperity of families and the community.

Schools and education systems have the opportunity to reach children and young people with HIV/AIDS prevention education before many are sexually active. They can do this in three ways: (i) by providing HIV/AIDS-related knowledge and skills to all young people, including those at special risk; (ii) by linking young people to relevant health services and (iii) by supporting activities that reduce overall vulnerability to HIV/AIDS, for example, by ensuring protective school environments or by reaching out to girls; young people who use drugs; young migrants, refugees and asylum seekers; and young people whose economic circumstances cause them to exchange sex for money, drugs or material benefits. In order to meet these requirements, ministries need clear policies on the kinds of education for prevention to be implemented, and how they are to be implemented.

Second, the capacity of the education system to supply schooling decreases. The epidemic is claiming huge numbers of teachers and other education-related personnel. In 1999, an estimated 860,000 children lost their teachers to AIDS in sub-Saharan Africa. By the late 1990s, the toll had forced the closure of more than 100 educational establishments in the Central African Republic, and in 2000, AIDS was reported to be the cause of 85 per cent of the 300 teacher deaths occurring there. In Zambia, teacher deaths caused by AIDS are equivalent to about half the total number of new teachers trained annually. As the impact of HIV/AIDS is felt on the productive sector of the economy, government revenues will decline and/or be reallocated – resulting in a smaller education budget.

Third, the quality of education is diminished as already scarce human and material resources are stretched even further. In

heavily affected areas, there will be fewer teachers working; those who are employed may be less motivated and frequently absent as they respond to family trauma or illness; and many families will experience a decline in purchasing power, making expenditures related to schooling impossible. Additionally, the loss of central and provincial administrators/managers, in-school mentors and teacher educators in universities and colleges will affect the quality of planning, training and support. In this kind of context, non-formal and community education plays an increasingly important role in making it possible to reach young people.

Of particular concern with respect to the quality of education are issues of equality and rights. There is clear evidence to suggest that young people most in need are those who suffer first. Girls in particular, young people who use drugs, young homeless people, and young people who lack one or both parents will be among those whose education is most severely disadvantaged by HIV/AIDS. Urgent and focused action is required to ensure that children and young people's rights to education and health are protected.

The time is also ripe for schools to better adapt to the needs of learners. Schools can adapt schedules and programmes to better integrate with the additional responsibilities of learners; as rights-based institutions, they can ensure that young children are not discriminated against and that they have opportunities to express themselves with regard to their changing (often negatively) situations; they can be environments where learning from and caring for one another is practiced daily; they can address the uneven impact of HIV/AIDS on girls and boys; and elements can be added to the

curriculum to help young heads of households learn the essential skills of running a home and maintaining a family. The shortage of teachers and other staff provides an opportunity to engage youth and adults from the community in school management in ways that can be mutually beneficial. These examples provide an understanding of the ways in which the quality of education can be improved to foster aspects of coping and caring in schools and to prevent drop out.

Balancing the supply and demand for education can be difficult even in the absence of the epidemic. But in the presence of HIV/AIDS, the unevenness of the supply and demand for education is exacerbated as HIV/AIDS erodes the human capacity for education, and compromises educational outcomes. Replacing skilled professionals should be a major priority, especially in countries where governments depend heavily on a small number of highly trained individuals for public management and core social services¹³.

Mitigating impact

A successful response to HIV/AIDS requires maintaining and strengthening education as well as other sectors. Only in this way can the institutions of democratic governance continue to function. Mitigating the impact of the epidemic requires each sector to take HIV/AIDS into account in its own development plans, and to introduce measures to sustain public sector functions. EFA goals cannot be achieved without serious action to address the impact of HIV/AIDS on the education sector. Business as usual will be both inadequate and potentially harmful.

HIV/AIDS affects countries to differing degrees and in different ways. Its potential impact therefore needs to be considered as

part of educational reform efforts. Extra support needs to be given to highlight instances of good practice, strengthen vision, boost morale and keep the momentum high in what can sometimes be difficult circumstances. Coordination across sectors, and between donors and agencies working on HIV/AIDS, is critical.

Schools are both educational environments and adult workplaces, and education systems must recognise the need to develop, support and protect those who work within them. Without attention to the management of education systems, HIV/AIDS prevention and impact mitigation will fail. Policy and planning must address all aspects of HIV/AIDS as it impacts on education. This includes implications for the curriculum, for the nature and location of schooling, for issues of confidentiality and human rights, and for the teacher and education sector workforce.

In some countries, an emphasis on maintaining core education functions may be needed. Countries in which infection rates are presently low are in a good position to arrest the spread of infection before greater impact occurs. Other countries, with reported losses of up to one-third of teachers, are having to make profound changes to enable schools and alternative programmes to provide education and support.

Actions to preserve the key missions of education

Attention should be focused on the following key areas of action:

- **Implementing and monitoring National EFA Plans of Action** developed in the light of HIV/AIDS and its potential impact on education systems.

- **Ensuring access to high quality education** for children in families affected by HIV/AIDS, children living with HIV/AIDS, and orphans. This will involve efforts to reduce discrimination, stigma and misunderstanding about HIV/AIDS; improve community awareness of the value and right to education, especially for children affected by HIV/AIDS; ensure that schools take actions that foster coping and caring for those affected by the pandemic and that are targeted to reach the most affected; and reduce the social and economic barriers to accessing and staying in education.
- **Changing patterns of provision** (e.g. non-formal and community education, distance learning) and attendance (e.g. pattern time and block attendance) to maintain demand for education, particularly in families and communities badly affected by HIV/AIDS. The provision of school materials and meals and new community/school initiatives to enable young people who are working and/or providing care for sick family members to access education will also be needed.
- **Improving and accelerating teacher recruitment** through new incentives to enter teacher training. Establishing policies for retaining teachers and encouraging appropriate recruitment to unpopular locations. It will also be important to facilitate more flexible approaches to part-time work and job-sharing to enable teachers with other commitments (e.g., caring for sick relatives, family responsibilities) to continue in employment.
- **Reviewing teacher education and training** (both pre- and in-service) to ensure that teachers are well prepared to

meet the special needs of children living with and affected by HIV/AIDS, and orphans. They may require preparation for issues of confidentiality; identifying and making better use of resources outside educational institutions, including medical, psychological, social and other services; in helping access counselling, care and prevention; in supporting colleagues and students; and in coping with their own emotional and physical needs.

- **Reinforcing cross-sectoral and inter-agency collaboration**, to assess needs more effectively and to plan, manage and monitor programme implementation in a coordinated way.
- **Prioritising teachers' access to health care** to enable them to continue to work productively, and to develop effective workplace policies on HIV/AIDS, including attendance/sick leave/compassionate leave.

These actions will require a good evidence base, resource mobilization, and capacity building to facilitate the attainment of EFA goals in often radically changed circumstances. Ministries of Education in partnership with other sectors have an important role to play in ensuring that the data necessary for **diagnosis and planning** is collected, that HIV/AIDS is properly reflected in National EFA Plans of Action, and that **capacity is built** so as to mitigate the effects of HIV/AIDS on both the supply and demand for education.

Preventing HIV Infection

Preventing HIV infection must be approached by, on the one hand, action to **reduce individual risk**, and on the other, to tackle the broader **contextual, environmental and social factors** that make people vulnerable. The reduction of individual risk usually focuses upon the individual and his or her behaviour. Vulnerability reduction, on the other hand, involves making changes in the broader social, cultural, economic and political environment in which individuals live their lives. Both measures are essential for prevention success.

Regardless of whether the emphasis is on risk or vulnerability reduction, committed high-level leadership is essential for success. Leadership and advocacy needs to be informed by a sound knowledge base. Good quality situational and contextual analysis of patterns of sexual behaviour, cultural practices and beliefs, and sub-cultural norms among young people can be used to develop this¹⁴. Useful data to be collected include information on sexually-transmitted illnesses and pregnancy rates among young people, age at first sexual intercourse and patterns of substance use; the availability and use of condoms and services; safety and security of the school/community; social/economic factors and cultural practices relevant to risk; attitudes related to education about HIV/AIDS, sexual and reproductive health, and discrimination in schools and the community.

Participatory planning can facilitate the sharing of information, joint planning and developing consensus among key stakeholders, including formal and non-formal education providers. It can also help identify suitable partners, their

possible roles and responsibilities, and funding implications. The active involvement of a range of stakeholders in planning HIV/AIDS risk reduction measures is essential. These stakeholders include PTAs, teachers' groups, traditional, cultural and religious leaders, community volunteers and young people themselves.

Risk reduction

Good quality programmes of prevention education delay the age of first sex; increase the use of condoms among young people who are sexually active; reduce the number of sexual partners; reduce alcohol and drug use, and the risks associated with injecting drug use in particular; and increase health, safety and security in educational settings and elsewhere within the community^{15, 16}.

Information is necessary but knowledge alone is not sufficient to protect young people against HIV/AIDS. What is needed is an interactive process of teaching and learning that helps young people acquire the knowledge, attitudes and skills to enable them to take greater responsibility for their own lives, resist negative pressures, minimize harmful behaviours and make healthy life choices.

A range of 'entry points' can be used for risk reduction work in and out of schools¹⁷. These include work on gender, sexuality, pregnancy, violence, drug use, employment and broader social issues. However, the key elements of knowledge, attitudes and skills should be taught sequentially in ways that build upon one another. Education to prevent HIV/AIDS should always be coherent and gender sensitive and should not be spread thinly over a range of topics or subject areas.

Health risk behaviours frequently have the same root causes. Based on research, the most successful programmes are those in which policy development, health promoting environments, skills-based health education and school health services are strategically combined. One widespread programming model is the Focussing Resources of Effective School Health (FRESH) programme jointly supported by UNESCO, UNICEF, WHO, the World Bank, and Education International¹⁸.

Table 3 . Education to reduce risk is

- a learning/teaching issue. Teachers, educators, youth workers, health care workers and others require training and support, good quality curricula and materials, and the knowledge, attitudes and skills to protect themselves and others from HIV infection.
- a human rights issue. Children and young people have the right to the information, resources and skills that will enable them to protect themselves and others against infection¹⁹.
- a cultural issue. Schools and education systems socialize new generations into the norms that influence and regulate citizenship, economic activity, and personal relationships. To do so successfully the messages that are being sent have to be sufficiently appropriate to the cultural context to be assimilated by the learners.
- a community issue. Schools and education systems are part of the local community, and should seek to engage with its concerns and needs, including threats to individual and social well being such as HIV/AIDS.
- an intersectoral issue. Schools are not the only place in which children and young people learn. Education about HIV/AIDS can, and does, take place in a variety of settings. Working together, within and across settings, lends coherence to prevention messages and approaches.

Good quality risk reduction education relies on trained and skilled human capacity. Teachers and others need to be properly trained, supervised and monitored in their work. They need to know that their interventions will be significant, and that they will be supported in their efforts. This is especially true for HIV/AIDS where, despite clear scientific evidence to the contrary²⁰, the erroneous view continues to be expressed that HIV/AIDS education does not work, or that education about sexuality leads to increased sexual activity.

School-based efforts to prevent HIV infection can be controversial, for educators as well as for the community. Political commitment at the highest level, and most certainly from within ministries of health and education, is vital for success. Despite common misconceptions about HIV/AIDS education, community resistance should not be assumed. Community members, including parents and religious leaders, are often keen to be better informed and more involved.

Schools can reach further into the community than many other institutions. Attitudes and behaviours taught and learned in schools serve as examples far beyond the classrooms. HIV/AIDS preventive education in schools is, therefore, an important vehicle for reaching and enabling children and young people to protect themselves. Such efforts are likely to work best where schools are safe places for learning and playing, and where school-based efforts are reinforced by community-based support.

In order to reach young people before they become sexually active, or are sexually targeted, HIV/AIDS education must begin early and extend throughout the school years. Unfortunately, many of the young people who are at most risk

today are not at school, either because they have dropped out or because they never enrolled. Therefore, schools should be used as much as possible as places for outreach to a broader population. Non-formal programmes need to be linked to school-based work to ensure that young people are reached both in- and out-of-school. Integral to such efforts is the need, multi-sectoral coordination to enhance education for the long term.

Teachers, and other educators and facilitators, are important role models. All should receive training and support to meet demands within and outside the classroom. This needs to go beyond basic awareness training to include establishing appropriate codes of practice, reviewing personal attitudes, and acquiring specific skills for teaching about HIV/AIDS.

A comprehensive, system-wide effort for countries where little or no preventive education is taking place will take effort and time. It is important to begin by building a consensus on the need for education and knowledge about the disease and ways to prevent it. It is important also to begin to construct a base on which wider efforts can rest.

Actions to reduce risk

Attention should be focused on the following key areas:

- **Policy development.** Clear national policies are needed to support education for HIV/AIDS prevention. Within schools and education authorities, clear policy frameworks need to be established and implemented to ensure that schools become HIV risk-free environments. These should specify the knowledge young people should have access to, the behaviours expected of students and staff, and the services and resources (including condoms) needed to protect against infection.

- **School-based risk reduction education specifically targeting HIV/AIDS.** Preparation and distribution of scientifically accurate, culturally appropriate, good-quality teaching and learning materials on HIV/AIDS, communication and life skills. Efforts should be made to encourage learning in ways that maximise the application of relevant knowledge, that promote positive attitudes, and that provide opportunities for individuals to develop skills in decision making, co-operation, coping and stress management, and creative and critical thinking. This includes support for school health programmes, such as FRESH, that include a focus on security and safety and that explicitly address HIV/AIDS.
- **Promotion of participatory and peer education** with children and young people, and among teachers themselves. Children and young people must be important participants in all aspects of HIV/AIDS prevention, and not simply the target group. Their active involvement through project work, theatre, dance and debate, as well as in other ways, is a necessary and effective way of customising the messages and ensuring programme relevance.
- **Teacher education and training.** Teachers must be well prepared and supported in their work on HIV/AIDS through pre-service and in-service education and training. They are key to the delivery of risk reducing education for HIV/AIDS prevention, but the HIV/AIDS component of pre- and in-service teacher training for teachers should be regularly reviewed. Where necessary, new resources and approaches should be developed and kept up to date.

Teachers require ongoing support in introducing the enquiry-based, rights-oriented types of education about HIV/AIDS that are known to work best. Many of these approaches encourage active participation and skills development.

- **Links to health services.** Wherever possible, links should be made between the education for HIV/AIDS prevention undertaken in schools and youth friendly health services. Where such services do not yet exist, efforts should be made to create them in partnership with young people themselves.
- **Non-formal and community education.** Non-formal and community-based education is important in reaching those not accessible through schools. School and community HIV/AIDS prevention programmes need to provide coordinated messages. The active involvement of parents and community leaders is to be welcomed provided essential risk reduction measures are not weakened so as to deny young people the knowledge, skills and resources they need.
- **Involvement of people with HIV/AIDS.** People living with, or affected by, HIV/AIDS have an important role to play in education for HIV/AIDS prevention. They can assist in the design and implementation of teaching programmes as well as providing access to perspectives and experiences that help reduce risk (e.g. through their descriptions of key events and life experiences)

Vulnerability reduction

Vulnerability to HIV infection occurs when 'people are limited in their abilities to make and effect free and informed decisions²¹.' Vulnerability is determined by **political factors**

such as the lack of will to respond effectively to the epidemic; **economic factors** such as poverty; **education sector factors** such as lack of good quality schooling; **contextual factors** such as dominant gender roles and expectations, violence and conflict, family breakdown or lack of 'connectedness' to family, school or community; and **environmental factors** such as absent or inadequate health and social services.

Singly or in combination, these factors render some groups systematically more vulnerable to HIV than others. These groups include children and young people living in extreme poverty; children and young people exploited sexually, economically or in other ways; children and young people discriminated against and marginalized on grounds of gender, ethnicity, sexuality and disability; young migrants and refugees; and young people who use drugs.

Education in and of itself can reduce vulnerability to HIV/AIDS by increasing literacy and general educational level, by enhancing a sense of connectedness and security, and by providing access to trusted adults. Young people with more education are more likely to use condoms than peers with less education, and are less likely to engage in casual sex, particularly in countries with severe epidemics²².

Schools can be outstanding places for promoting the rights of children and young people. Unfortunately, they can also be places in which rights are compromised. Bullying, violence, harassment, gender and HIV/AIDS-related discrimination and sexual abuse must be recognised in schools, and appropriate steps taken to remedy them. Training and special measures, including codes of practice²³, can be powerful tools for raising awareness and reducing discrimination in school environments.

HIV/AIDS-related vulnerability reduction works best in an enabling environment, when it builds on strong foundations. These can include a legal infrastructure guaranteeing the provision of education and health services, together with policies and procedures guaranteeing human rights²⁴. Addressing the root causes of vulnerability – e.g., lack of political will, poverty, gender inequality – and breaking the silence around the epidemic has benefits for health and development, beyond HIV/AIDS itself²⁵.

Multi-pronged and coordinated strategies are more effective in reducing vulnerability than single 'one-off' approaches. Combining long-term efforts to reduce social exclusion (e.g. encouraging more girls to enter and stay in school), with more specific HIV/AIDS vulnerability reduction efforts can be mutually beneficial²⁶. The latter include building health policy around HIV/AIDS, building supportive environments, supporting community action, and establishing young person friendly health services²⁷.

Many factors heightening vulnerability to HIV/AIDS among young people derive from the erosion of care and protection previously available from families and communities. By acting swiftly to provide needed services, countries and communities will reap benefits not only for HIV/AIDS-related vulnerability, but also for a range of other health and development concerns. Good quality educational provision has been shown to reduce vulnerability to alcohol and drug use, unwanted pregnancies, violence and unemployment, as well as HIV/AIDS.

Schools and education can enhance access to services relevant to young people, including treatment for sexually transmitted infections, sexual and reproductive health services, access to

voluntary and confidential counselling and testing, HIV/AIDS treatment and care²⁸. Within schools, trained staff can identify early warning signs of harmful drug use and refer appropriately. Strong links with local health centres and other community organisations can help students link the knowledge and attitudes they learn at school with actions to protect themselves.

Table 5 . Vulnerability reduction is:

- **A cultural issue**, since it involves reviewing fundamental values and norms
- **A human rights issue**, since it links intimately to fundamental human rights
- **A legal issue**, since actions such as discrimination, which enhance vulnerability, are amenable to legal redress
- **An issue of democracy and citizenship**, since social dialogue, connectedness and solidarity are essential to any response
- **An infrastructural issue**, since hospitals, schools and universities require strengthening if they are to play their proper role in promoting a reduction in societal vulnerability

Actions for reducing vulnerability

Attention should be focused on the following key areas of strategic action:

- Decreasing vulnerability to HIV/AIDS through providing and expanding access to **universal, good quality, safe education**. This is particularly important for girls, orphans, young people who inject drugs, young sex workers and other especially vulnerable young people.

- **Elimination of stigma and discrimination**, with a view to respecting human rights and encouraging greater openness concerning the epidemic. This should include discrimination on the basis of HIV/AIDS status, economic status, gender, pregnancy, age, sexuality, disability, religion and culture.
- Promotion of policies and practices that favour **gender equity, school attendance and effective learning**, all of which positively affect health, nutrition and the capacity to learn. Beyond this, action should be taken to improve management, safety and security in schools to ensure that they offer healthy, protective and gender sensitive learning environments.
- **School health programmes** need to tackle the particular factors rendering some children and young people more vulnerable than others. They can do this through the provision of skills-based health education to enable people to acquire the knowledge, attitudes, values and life skills needed to avoid HIV infection. They can also seek to foster appropriate forms of student/teacher interaction, and promote greater gender sensitivity and psychosocial support.
- Safer recreational activities are important both in and out of school. Young people have the right to opportunities for participation in sport and other leisure activities in ways that do not render them vulnerable to HIV/AIDS through the actions of others. Clear norms and guidelines, including codes of practice, should govern adult involvement in youth activities and adult relationships with youth in organized activities.

- **Inter-sectoral collaboration** to enable young people to access the services and resources they need to protect against HIV infection. These include access to condoms and to clean needles. The training of teachers and health workers needs strengthening so as to facilitate the early identification of especially vulnerable children, to promote child protection and safety, and to make appropriate referrals.

Finally, school-community partnerships should be created to build livelihood and employment skills and to facilitate access to youth-friendly voluntary and confidential HIV counselling and testing services; early and effective treatment for sexually-transmitted illnesses; reproductive health services; and services for substance abuse and injecting drug users. Central to the success of all of the above action is the kind of leadership called for in the UNGASS Declaration of Commitment on HIV/AIDS: leadership that empowers individuals and communities to take charge and 'fight back' against the epidemic; and leadership that recognises the centrality of education to achieving these goals.

CONCLUSIONS

As people all over the world begin to grasp the dimensions of the tragedy of HIV/AIDS, they are also beginning to realize that currently the most promising response lies in prevention. Prevention involves changing the individual behaviours that spread the disease, and in working to develop environments that make preventive action the preferred behaviour both for individuals and groups. Education is a powerful, proven tool for prevention. Since education for all is both necessary for battling the disease and threatened by the spread of the disease, it has an inextricable relationship with HIV/AIDS. Education alone cannot unleash massive behavioural and environmental changes. But without education those changes are highly unlikely to take place.

So far, HIV/AIDS prevention education has been, with notable exceptions, slow to get started, piecemeal, and often marginal to other reform efforts. Signs of mobilization are emerging, as political will grows and evidence of good practice points the way. Coordination with EFA efforts, increased attention by development bodies, more financing, and less resistance in all quarters to education about HIV/AIDS are all reasons for hope.

The strategic approach outlined here has provided background concerning the relationship between education and HIV/AIDS. It has outlined some of the key issues concerning education for HIV/AIDS prevention and for mitigating the impact of HIV/AIDS on education. It proposes a number of priority areas for action, focusing on public education while keeping in mind a broader arena. While the strategy constantly stresses the

importance of concerted, large-scale action, realism will oblige any responsible decision-maker to begin with what is possible. Consequently, this paper is also a plea for advocacy, with action. Silence and ignorance have been strong contributing factors to the spread of the global epidemic. Debate, information and understanding can be our best weapons to combat it. It is the purpose of this strategy to contribute to using those weapons to maximum effect.

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