Final Report of the UNESCO Asian Planning Seminar on AIDS and Education within the School System

10-14 January 1994, New Delhi
UNESCO
Section for Preventive Education

Final Report of the
UNESCO ASIAN REGIONAL PLANNING SEMINAR
ON
AIDS AND EDUCATION WITHIN THE SCHOOL SYSTEM

10-14 January 1994, New Delhi

Convened by
UNESCO's Programme of Education for the Prevention of AIDS
and the
Education Programme of the UNESCO Regional Office for
Science and Technology for South and Central Asia

In collaboration with
The Division of Health Promotion and Education, WHO
The Global Programme on AIDS, WHO
The International Union for Health Promotion and Education
and
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This report describes the UNESCO Asian Regional Planning Seminar on AIDS and Education within the School System held from 10 to 14 January 1994 in New Delhi, India. This seminar was the first of a series of regional planning seminars intended for high-level representatives of Ministries of Education and Ministries of Health, as well as representatives of non-governmental organisations (NGOs). The following countries were represented in the seminar: Bangladesh, India, Indonesia, Republic of Korea, Malaysia, Myanmar, Nepal, Pakistan, Philippines, Sri Lanka, Thailand and Vietnam.

The seminar was initiated by the UNESCO Programme of Education for the Prevention of AIDS and organized jointly with the Education Programme of the UNESCO Regional Office for Science and Technology for South and Central Asia (ROSTSCA).

The Global Programme on AIDS (GPA) and the Division of Health Promotion and Education (HPE) of the World Health Organization (WHO) collaborated on seminar development and execution, and provided technical expertise for the seminar.

The International Union for Health Promotion and Education (IUHPE) participated in planning and running the seminar, and was responsible for reporting the results of the conference.

The seminar was financed by the Swedish International Development Authority. Additional support for the participation of Ministry of Health representatives was received from WHO, and for NGO participation funds were received from Save the Children Fund, UK, from the Delhi, Kathmandu and Hanoi field offices, as well as from NORAD, Bangladesh.
BACKGROUND

This report uses the terms "HIV" and "AIDS". HIV refers to human immunodeficiency virus and AIDS refers to acquired immunodeficiency syndrome.

Today, many people are accustomed to hearing about AIDS: AIDS policies, people with AIDS and AIDS education. People also talk about the "AIDS virus", which is HIV. Sometimes the acronyms AIDS and HIV are used as if they had the same meaning. If policy-makers understand these terms, they will know why scientists and others talk about HIV, as well as AIDS.

AIDS is the name of illness caused by the virus, HIV. We now know that most people infected with HIV do not yet have AIDS. Many will not have any symptoms of illness for 10 years or more. A person infected with HIV is said to have AIDS only when he or she develops certain serious diseases or conditions.

The condition called AIDS is not what is spread from person to person. It is the virus called HIV that is spread to other people by infected persons who may be without symptoms and ignorant of their infection. Many more people are infected with HIV than have been diagnosed with AIDS. Thus, the actual size of the epidemic is much greater than the number of cases reported in any one country. For this reason, health officials, worldwide, stress the importance of ensuring that everyone, young people as well as adults, know how to prevent HIV infection.

This report focuses on the role of school-based education in preventing HIV infection among young people.

Youths AIDS and Education

Youth is a time for experimenting with ideas and practices, including those associated with HIV infection and AIDS - sexual intercourse and drug injection. Young people are therefore particularly vulnerable to HIV infection, and in most countries the highest rates of HIV infection and AIDS are known to occur among young people between 20 and 29 years of age, many of who probably contracted the virus during their teens. HIV infection is on the rise among young people aged 12 to 19.

But youth is also a period of accelerated learning, and a time during which young people can acquire the necessary knowledge, beliefs, attitudes, values and skills that can help them to behave in ways conducive to health and well-being and to avoid situations likely to lead to their infection with HIV. Recent studies in developed
countries demonstrate that school-based programmes can help young people to delay beginning sexual activity (Kirby, 1994, 1991) and that condom use can be encouraged without increasing the proportion of adolescents engaging in sexual intercourse (Hausser, 1992).

School- and community-based education and health efforts can thus serve as effective strategies to help young people avoid HIV infection and sexually transmitted diseases, as well as other health problems. There are practical reasons to accord school-based HIV/AIDS education high priority, given the size and accessibility of the population going to school. More than half of the world's population is under 25 years old, and about 80% of them live in developing countries. About 80% of children now enroll in primary or elementary school, and 60% complete at least four years of education.

Nevertheless, formal education on sexual matters in most regions of the world either does not exist, is inadequate or is provided too late in adolescence (WHO, 1990).

A recent UNESCO desk-study on the current and potential impact of HIV/AIDS on education, shows that the education system will be affected with respect of the demand, supply, process, and quality of education as the AIDS pandemic develops. The aggregated impact of HIV/AIDS will affect girls' education more than boys', thus affecting in turn the gains made in female education over the last decade.

The education system can and must play a critical role in educating about the risks of HIV infection and about effective means to avoid it, as well as to promote tolerance and compassion for those who are infected by the virus. The emergence of the AIDS pandemic is an urgent reason for nations worldwide to carefully plan broad-scale programmes in education systems to prevent the transmission of HIV among young people and to cope with the impact of HIV/AIDS on the demand, supply, process, and quality of education. With sufficient resources and political will, millions of new infections can be avoided.

**National level development of HIV/AIDS education**

Many people in South and South-East Asia are well aware of the rapidly spreading epidemic in their countries, as well as of the importance of schools in promoting health related attitudes and behaviour.

Several countries are implementing HIV/AIDS education activities in their school systems. These include Thailand and Malaysia, as well as Indonesia and the Philippines, which, even if not yet implementing large-scale HIV/AIDS education, have developed curricula and materials and initiated some teacher training in this field.
Other countries, such as India and Vietnam, have started disparate school-based HIV/AIDS education efforts, but have not as yet initiated national level programmes, and Bangladesh and Korea are providing lessons on HIV/AIDS at the secondary level.

Still other countries have not as yet provided HIV/AIDS education but are beginning to recognize the need for preventive action and have started to plan for it at local and/or national levels.

Objectives of the seminar

In March 1990, UNESCO and WHO jointly organized the Regional Consultative Seminar on School Education for the Prevention of AIDS in Asia and the Pacific, to gain joint support for HIV/AIDS education programme. As a follow-up to this consultative seminar, and in order to stimulate informed and effective action within national education systems and support collaboration between the education and health sectors in addressing HIV/AIDS, the UNESCO Asian Regional Planning Seminar on AIDS and Education within the School System was conceived and designed to:

1. strengthen awareness of the need for preventive education on HIV/AIDS among high-level officials from Ministries of Education responsible for curriculum development, teacher training, and system planning, and to inform them about effective preventive education strategies within the School System;

2. develop and strengthen awareness of the nature of the HIV/AIDS epidemic and of its impact on social and economic development, especially in the area of education;

3. encourage the development of immediate short-term actions and long-term efforts to increase the effectiveness of preventive education programmes in schools and to combat the actual and potential impact of HIV/AIDS on the education system.

Planning the seminar

The seminar was planned in such a way as to strike a balance between lectures to provide information about HIV/AIDS and its impact, and participatory activities, such as discussions and group tasks that would draw upon participants' professional expertise and culminate in individual country action plans.

To meet the seminar's objectives, the UNESCO Programme of Education for the Prevention of AIDS contacted the UNESCO National Commissions in several potential
participant countries, Ministries of Education and United Nations agencies in South and South-East Asia to identify and encourage the participation of appropriate national officials. Visits were also made to some countries in South Asia to assess HIV/AIDS policies and prevention programmes, in particular those in the school system.

The World Health Organization's Division of Health Promotion and Education and Global Programme on AIDS collaborated at the planning stage and provided funds to enable representatives from Ministries of Health to attend, and technical expertise throughout the seminar.

The International Union for Health Promotion and Education (IUHPE) also participated in planning, assisting in structuring the inclusion of non-government organizations and their potential role in school system HIV/AIDS prevention efforts.

During joint seminar planning sessions held at UNESCO Headquarters in Paris, the IXth International AIDS Conference in Berlin (June 1993), and the VIIIth International Conference on AIDS in Africa in Marrakech (December 1993), the design of the seminar was refined.

Seminar materials

Some of the materials used during the seminar already existed prior to it, such as the WHO/UNESCO guide "School Health Education to Prevent AIDS and Sexually Transmitted Diseases", the UNESCO/WHO/UNICEF publication "Comprehensive School Health Education - Suggested Guidelines for Action", and joint reports elaborated during the IX International AIDS Conference on planning and developing HIV-related school health policies, curriculum and training (Hygiene Vol.XII/3, 1993).

During the year preceding the seminar, a desk-study on "The Impact of HIV/AIDS on Education" examining the current and potential impact of HIV/AIDS on education as a system was elaborated by UNESCO. This study was also the working document for the "Experts' seminar on the Impact of HIV/AIDS on Education", concerning implications of HIV/AIDS for donor agency programming in education, held at the International Institute for Educational Planning (IIEP), Paris, 8-10 December 1993.

The UNESCO Programme of Education for the Prevention of AIDS also conceived and produced a 20-minute video film "AIDS - it's time for schools to act!", promoting schools' efforts to prevent HIV/AIDS, and the importance of collaboration between the education and health sectors in them.

Participants were requested to bring documents and materials elaborated in their countries for exchange of information and as a basis for discussion.
National and NGO reporting prior to the seminar

Prior to the seminar, each country team was sent a country format for reporting details of the HIV/AIDS situation in their country, and describing the status of policies and programmes in the country's school systems. A similar reporting format was sent to non-governmental organisations invited to attend the seminar.

PROCEEDINGS OF THE SEMINAR

Opening

During the opening ceremony participants were welcomed by Dr Sonia Bahri, responsible for the UNESCO Programme of Education for the Prevention of AIDS, Dr John V. Kingston, Director of the UNESCO Office in India, Dr Jan Olov Agrell, Head of the Swedish International Development Authority (SIDA) Development Cooperation Office in New Delhi, Dr U Ko Ko, Regional Director of WHO, and Dr Kumari Sepia, Deputy Minister of Education and Culture, Government of India.

Speeches were followed by a puppet theater performance developed specially for the occasion by students of the Mass Communication Research Centre, Jamia Millia University, Delhi. "AIDS: Whose Problem is it?" presents an imaginary kingdom where the king represents the Ministry of Education and the queen the Ministry of Health. After initially denying the existence of HIV/AIDS in their kingdom, the king and queen call for joint preventive education action in all the schools, stressing the importance of cooperation and involvement of both the health and education sectors.

Session 1. Briefing on the nature and epidemiology of HIV/AIDS in Asia

The presentation opened with a brief description and history of the human immunodeficiency virus (HIV) and the acquired immunodeficiency syndrome (AIDS), and the three means of HIV-transmission:

1. through sexual intercourse (both heterosexual and homosexual);
2. through infected blood or blood products (either within a health care setting through infected blood or through the sharing of needles in the intravenous use of drugs);
3. through mother-to-child transmission from an infected mother to her infant, before, during or immediately after birth.
It was underlined that several years can elapse between initial infection with HIV and the onset of AIDS, with half of all infected persons developing AIDS within 10 years of the initial infection, and usually dying 1 to 3 years later. However, in some developing countries, the survival time is even shorter.

Globally, the World Health Organization estimates that by mid-1993 a cumulative total of 15 million persons had been infected since the beginning of the HIV/AIDS pandemic, and by the year 2000 an approximate total of 30 to 40 million men, women and children will have been infected by HIV - a doubling or even tripling of the current total in only seven year's time.

In many parts of Asia, the epidemic is just moving into its early explosive phase, and WHO estimates that the impact of HIV/AIDS in this region may well be even more severe than in Africa. In South and South-East Asia, HIV infections are now estimated at over 2.5 million - a million more than just a year ago, and all but a very few countries of the region have already reported cases of HIV/AIDS. The HIV epidemic is growing at an alarming rate, with Thailand and India accounting for the majority of the reported cases. Estimated infections in Thailand have risen tenfold since early 1990, and in India they have tripled since 1992.

Because the majority of cases worldwide are found in the population aged 15-40 years, and because 80-90% are the result of sexual transmission, resources for prevention efforts must focus on promoting safer sexual behaviour and condom utilisation among young people. Targeted efforts to control the spread of infection, such as those in Thailand, have brought visible results: the incidence of sexually transmitted diseases (STDs) - which is an indicator of risk behaviour and a factor which facilitates HIV transmission - has decreased from 6.5 to 2.1 cases per 1000 population between 1989 and 1992. This is a record low for the last two decades. Participants were urged to take home the message that national action to initiate and implement HIV/AIDS education, particularly in schools, is an urgent priority.

Questions raised indicated that a significant proportion of the educators had not had much exposure to information about HIV and its spread.

Session 2. Briefing on the social and economic impact of HIV/AIDS

Although HIV and AIDS are most often viewed as health problems, their social and economic impact will have profound implications for economic and social development in both the short and long term. The disproportionate impact of HIV/AIDS on the most productive age group can be expected to affect generations yet to come, in terms of both lost and slowed economic production and growth. Additionally, funds will need to be diverted from other priorities to care for the sick and those orphaned by
AIDS. Societal behaviour and values will also be challenged as families struggle to respond to the impact of the illness.

The economic and social consequences of HIV/AIDS can be subjected to two levels of impact analysis. The first, or micro-level analysis, concerns relatively small social units such as the individual, family, school and community. The second, or macro-level analysis, concerns the large scale cumulative effect of HIV/AIDS as manifested nationwide. Thus, while it is now common to discuss how poverty affects vulnerability to HIV/AIDS, the large-scale, long-term impact of HIV/AIDS on social and economic development may show HIV/AIDS to be a significant obstacle to national efforts to combat poverty as families affected by HIV/AIDS are impoverished by lost revenues and medical costs, and societies struggle to replace the productivity of lost workers and pay for health care.

Unlike other diseases that attack the old and weak, those most at risk of contracting HIV/AIDS are young, economically productive adults. Moreover, HIV transmission through sexual relations, governed by powerful taboos and social customs, makes prevention complex and leaves women particularly vulnerable to infection.

Questions raised initially concerned the possibility that HIV/AIDS might decrease the rate of population growth. It is likely that only the rate of increase in population growth will slow down. Given the population groups most likely to be lost, HIV will not provide a countervailing benefit for countries struggling to contain increases in their numbers. Some questions turned on prevention and sex education and whether the crisis posed by HIV/AIDS would be sufficient to overcome the difficult in addressing these issues.

Session 3. Achievements and needs of school health education about HIV/AIDS

As only a few country and Non-Governmental Organizations formats were received in advance, seminar participants were asked to briefly describe the accomplishments of their education systems in implementing HIV/AIDS education.

Representatives from Thailand reported that lessons on HIV/AIDS have been integrated into the curriculum at the primary, secondary and tertiary levels. Representatives from the Philippines reported that curriculum and teacher training programmes have been developed to prepare for the integration of HIV/AIDS into the curriculum, while representatives from Indonesia also reported that initial HIV/AIDS lessons have been prepared for integration into other subject areas. Representatives from Nepal reported that they were just starting to conduct orientation sessions for school management committees and teacher trainers with the goal of integrating HIV/AIDS education into both pre-service and in-service teacher training programmes.
Representatives from Bangladesh reported two national sources of support for HIV/AIDS education: the National AIDS Committee headed by the deputy leader of parliament, and the national AIDS Prevention and Control Programme. In addition, Bangladesh’s national curriculum and textbook authority is now working on how to best introduce HIV/AIDS material into the curriculum.

When asked to identify new partners who have become involved with schools in developing and implementing HIV/AIDS education activities, representatives from Pakistan, which has recently begun to address the problem of HIV/AIDS in schools, reported that their National Institute of Health has organised seminars on HIV/AIDS and that they are currently exploring how to collaborate with youth workers in NGOs. Vietnam’s Ministry of Education and Training has become involved in HIV/AIDS education, while in Sri Lanka, the Family Planning Association has been helping conduct HIV/AIDS education, particularly in high-risk area schools; the Lions club has also joined in the effort. In Thailand, the Ministry of Education and the Ministry of Health have formed a joint committee to work on HIV/AIDS education, and the Thai Family Planning Association has helped develop educational activities, as have village student associations. In India, the NCERT, teachers’ associations, and the All India Institute of Medical Sciences have come to the aid of schools.

When participants were requested to identify their most pressing needs in meeting the challenge of HIV/AIDS, it was noted that even where AIDS education actions were already underway, the lack of a clear policy to guide these efforts was underlined. The Philippines reported the need for additional funds to train teachers about HIV/AIDS, a situation which was echoed by several other participating countries.

A representative from the Indonesian Ministry of Education and Culture was called upon to briefly describe the Indonesian experience in designing HIV/AIDS programmes in its education system. In 1987, after the first case of AIDS was diagnosed in Indonesia, there was initial confusion as to what to do about HIV/AIDS and who should do it. The Indonesian Ministry of Health, asked to design a prevention programme brought together other agencies to work on developing this, but representatives changed frequently and no comprehensive planning mechanism existed. By December 1993, 190 cases had been detected, and officials are now aware that a rapid growth in these numbers is inevitable. To make effective use of limited resources, co-ordination is essential. The government of Thailand has been providing technical assistance to Indonesia in planning prevention programmes and Indonesian representatives will soon visit Thailand to observe their programmes first-hand.

Under a cross-Ministry initiative of the Indonesian National Planning Bureau, different Ministries - including the Ministries of Health, Education and Culture, Tourism, Religious Affairs, Interior and Public Welfare - are now developing ministerial policies and plans to conduct HIV/AIDS education and awareness raising. These individual Ministry plans will be included in a 5 year national plan.
Indonesia's HIV/AIDS education curriculum must fit into the 16 hours per year devoted to health education. The already overburdened health curriculum has stimulated Indonesian school planners to try to integrate HIV/AIDS into all possible appropriate subjects across the curriculum. Indonesia also has begun working with non-government organizations on the training of teacher trainers for broad implementation of HIV/AIDS education.

Session 4. Synthesis and discussion of country reports

Each country attending the seminar was requested to submit a report on the status of its HIV/AIDS education programmes. A presentation that synthesized the information provided by these reports highlighted the similarities and differences among the participating countries. While there is a wide variance in the extent of HIV infection and AIDS, the patterns of transmission are similar between countries. Sex workers, migrants, travellers and drug users are the largest groups initially affected, usually in urban areas. But, in most places the spread of HIV/AIDS from urban to rural areas is already visible, and more generalized infections are beginning to be identified.

National HIV/AIDS policies including HIV/AIDS education are present in most countries in the region. However, these policies vary widely concerning the level of political or bureaucratic commitment to action, the locus of control of the national AIDS programme as well as its status and scope of action, the range of sectors involved in HIV/AIDS activities and the degree of collaboration across sectors.

Curricula and resource materials on HIV/AIDS also vary with differences in the amount and variety of materials produced, the time devoted to studying HIV/AIDS, the relevant messages, the ages of students to whom the messages are addressed and the extent to which they are meant to be integrated into the classroom curriculum or extended though extracurricular activities HIV/AIDS curricula also vary in the extent to which schools are able and/or expected to modify or design their own prevention programmes.

Teacher training, underway in most participating countries to support the implementation of new HIV/AIDS curricula, varies in its scope and timing. As yet, few countries report significant involvement of teacher associations in the training activities.

The reported obstacles encountered in implementing HIV/AIDS education include parental and cultural constraints, as well as logistical problems and shortages of trained teachers, appropriate learning materials, and resources. Some countries felt that inclusion of topics on "sex and sexuality" might meet with resistance from decision-makers, parents, teachers, religious leaders and the community at large.
It is still too early to observe the impact of HIV/AIDS on the education systems of the participating countries, and only limited concern was reflected in country reports about how to handle difficulties and discrimination arising from HIV infection and about AIDS among teachers and students.

Session 5. Synthesis and discussion of NGO reports

The NGOs participating in the seminar included groups working for the improvement of health services and health promotion activities, a community development organization, the regional branch of an international teacher organization, an international health promotion organization, and an international donor organization. All worked on a broad range of health issues, with more or less time and energy devoted to HIV/AIDS. All were involved in some form of HIV/AIDS prevention activities and dissemination of information and education materials about HIV/AIDS, while individual organizations worked on counselling, care provision and programme evaluation activities. Two groups also provided referrals and direct support for infected individuals and families, and one group ran a hotline.

All the NGOs received support from private donations and international donors; none received government support for their activities. All the NGOs work in partnership with their National AIDS Projects or Programmes, as well as with other NGOs and institutions. One worked with its national Ministries of Health, Education and Social Affairs, while the others had only the beginnings of a working relationship with the Ministries of Health or Education. None was satisfied with the HIV/AIDS education policy of their Ministry of Education.

The potential role of Non-Governmental Organizations (NGOs) to enhance the design, implementation, and effectiveness of HIV/AIDS prevention activities was underlined, particularly in the school setting where personnel may often be overextended. Depending on the NGO, this aid may take the form of training, material development, counselling, referral services, and even financial assistance. Among those helpful NGOs working in the field of HIV/AIDS are:

- **AIDS prevention and support organizations**: have first-hand experience with the disease and its impact, and can provide assistance in the design and delivery of credible messages about HIV and AIDS.

- **Youth organizations**: can help design programmes and materials with credible messages and create a climate for social and peer support for responsible and preventive behaviour.

- **Teachers' organizations**: given their knowledge of the working mechanisms of school systems and curriculum implementation, can support HIV/AIDS education by assuring the feasibility of programme design, and by generating support and motivation among teachers to implement HIV/AIDS education.
curricula. Teachers' organisations can also assist in identifying and overcoming obstacles to programme implementation and can provide feedback on student reactions to the programme.

- **Parent associations** can greatly enhance programme implementation and acceptance. Involvement of parent associations can help to enlighten other parents, and when mobilized, can act as advocates for the implementation of school-based HIV/AIDS education programmes.

- **Women's groups and family planning organizations** involvement is crucial in assuring that the messages and design of programmes are appropriate and effective with regard to young women.

- **Art theater and cultural groups** can facilitate behaviour change with their innovative delivery of messages, and opportunities for role play and other forms of interaction.

- **Community development groups** lend legitimacy and help reduce the stigma associated with HIV/AIDS.

Unfortunately, several obstacles can prevent Non-governmental Organizations and schools or school systems from collaborating effectively. NGOs often lack both funds and access to governments, as well as an understanding of their function. Governments, on the other hand, are often unaware of the positive roles that can be played by NGOs and may be insensitive to their fiscal constraints.

A representative from the Vietnam field office of Save the Children (UK) explained how this NGO works in the field of HIV/AIDS. In addition to traditional donor activities providing funds for specific HIV/AIDS programmes and projects, Save the Children (UK) also makes available technical assistance and support for study tours to improve the quality of programming in HIV/AIDS work.

**Session 6. Introduction to the impact of HIV/AIDS on education**

The education systems in countries where the epidemic is advanced are already experiencing its impact. The education systems in countries in the South-East Asian region can anticipate this impact as the epidemic expands in this region.

**The demand for education** may decrease as fewer children feel the need for or are able to benefit from education when they perceive its usefulness to be compromised by the threat of illness or death, or when families impoverished by HIV/AIDS cannot afford education for their children. Similarly, if children are caring for dying relatives, or are ill themselves, they may be unable to complete their education.

**The supply of education** may be affected by a decrease in the number of classes or schools, by shortages of teachers or other personnel, and by shrinking resources...
available to maintain, expand and improve the education system. Teaching and learning processes may be disrupted by increased absenteeism caused by illness within the family or the school community, or by changes in social relationships within the school in response to students or teachers with HIV/AIDS.

**The quality of education** may suffer as school systems lose teachers to the disease or as increasingly scarce resources are diverted from quality improvement activities to HIV/AIDS prevention and care programmes.

School systems will face greater responsibilities to accurately assess the impact of HIV/AIDS on the system, to adapt their objectives, programmes, content, planning and management strategies to respond to that impact, and to ensure efficient delivery of preventive messages about HIV/AIDS.

To respond to the challenges posed by HIV/AIDS, school systems will have to accept that HIV/AIDS is an educational problem as well as a health crisis, and to develop clear ministerial action plans and guidelines regarding curricula and teacher training programmes. Systems may be required to broaden their long-term objectives to include more "special" clients, to develop new roles for the school and to adopt new and more flexible ways of dealing with the special needs posed by family and staff deaths, the increasing number of orphans, and the lack of funds available for schooling.

Schools will also have to modify some content and teaching methods to incorporate knowledge about sexuality and the transmission and prevention of HIV/AIDS; skills to cope with the impact of the disease on the school, family and community; and attitudes related to the open discussion of sexual behaviour, human rights and the status of girls and women. This, in turn, will require modifications in the training of teachers and school administrators.

To respond appropriately, school systems will require better data collection and planning methods, as well as different strategies to manage fluctuations in education personnel and financing. Unfortunately, all of these changes will be needed at a time when many education systems and Ministries are already over-extended in terms of human resources, finances and creative energy.

**Session 7. Responses of the education system to HIV/AIDS**

To help define in more detail the long-term impact on the education system, participants split into country teams and filled out a work sheet about the response of the education system to HIV/AIDS, after which answers and their implications for practice were discussed.
The first question concerned the identification of the three most serious educational problems facing each country. The response was a common set of answers that included:

- low educational attainment and high dropout rates;
- inadequate number of students and graduates who can become skilled workers for economic development;
- inequality between urban and rural schools, and between the education of boys and girls;
- inadequate resources to meet basic educational challenges;
- low school enrollment; a shortage of trained teachers; poor school management;
- low commitment among existing personnel.

When asked how HIV/AIDS might make these problems more difficult to solve, all quickly pointed to the diversion of funds from these issues to programmes to cope with the problem of HIV/AIDS. Participants from several countries expressed the fear that enrollment of girls might further decrease if sex education is taught as part of an HIV/AIDS prevention curriculum, and that both boys and girls may be kept home if there is confusion and fear that HIV/AIDS can be contracted at school. Others thought enrollment might be affected if children are needed to replace sick parents at home or in the field, or if young people are sick themselves. Some also worried that teacher shortages, particularly in rural areas, may increase if school personnel develop AIDS.

Participants' answers were both positive and negative as to what might be the biggest impact of HIV/AIDS on education in their country. On the positive side, some thought the epidemic might force the education system to respond more to real-life problems faced by their students. They also viewed it as an impetus to increase and improve teaching about health in general and about sexuality in particular, with anticipated benefits in controlling the birth rate and promoting more responsible sexual behaviour. Others forecast an increased emphasis on moral and religious education.

On the negative side, participants worried that badly needed resources will be diverted from education to health and that the increased number of orphans and children experiencing illness and death in their families would increase the burden on teachers in a way that might lead to poor performance. Some were concerned that schools could lose parents' confidence and public credibility if they were to teach sex education. They also feared that confusion about HIV/AIDS might lead to misplaced concerns about the safety of the school environment, and result in discrimination and higher drop-out rates.

When asked how students and others might change as a result of HIV/AIDS, participants predicted that children and families affected by HIV/AIDS may have such different needs that they will constitute a new kind of student population at the primary and secondary and even university level. Others thought it probable that these students would stop coming to school. The school population may become even more male
dominated than at present, if girls are needed to care for sick relatives and/or if parents wish their daughters to avoid sex education. Special programmes may also be needed if orphans and children with infected parents are treated as outcasts. Finally, parents themselves may become a target group for prevention efforts by schools.

In considering what kinds of programmes may be required to address the problem of HIV/AIDS, as well as other ways that Ministries of Education and Health and other partners will need to respond to the potential new problems, participants recommended:

- increased funding and inter-ministerial and inter-sectoral collaboration in the development and implementation of HIV/AIDS-related school programmes;
- strengthening school health programmes;
- development of school guidance and counselling programs for students and parents;
- changes in textbooks and curricula.

Several participants also predicted the need to strengthen informal education and peer group training efforts as an alternate strategy to implement HIV/AIDS education. Information efforts should also be offered to parent-teacher associations and community leaders. Others recommended an increase in the emphasis on religious, moral, and ethical or civic education to help prevent the spread of the virus.

Finally, when asked to identify what kind of data should be collected to help anticipate and plan for the impact of HIV/AIDS on schools, participants called for increased collection of local epidemiological data. They were especially concerned with the prevalence of HIV/AIDS in the 6-20 year-old population, as well as adult mortality rates that might help predict the expected number of orphans. Others recommended data collection concerning the prevalence of high risk adolescent behaviour, the health status of school children and their families, and careful monitoring of patterns of teacher and pupil absenteeism and dropout rates, the utilization of guidance and health services, and the incidence of discrimination related to HIV/AIDS.

**Session 8.** Introduction to preventive education about HIV/AIDS

A clear policy framework, giving both general direction and a strategy for action, is essential for the successful implementation of HIV/AIDS programmes in schools.

HIV/AIDS-related school policies are frequently needed:

- to develop understanding, commitment and support among leaders and community members for programmes that address sensitive health issues such as HIV:AIDS;
- to provide a context for changes in school programmes that enable school personnel to understand the need to implement AIDS education;
- to promote consistency between the school and the home in terms of education about HIV/AIDS and sex;
- to establish a framework for the evaluation of HIV/AIDS-related activities;
- to provide parameters and direction to outside organisations which may work with the school in providing HIV/AIDS education;
- to address ethical and legal issues related to sex education.

The policy development process can effectively engage education and health officials, teachers, school counsellors, community leaders, parents and students in determining the role schools will play in the prevention of HIV/AIDS, STD and other health problems. This in turn facilitates understanding and commitment. Policies can overcome common institutional barriers by assigning responsibility, detailing priorities, and clearly delineating the approach to discussing HIV/AIDS in the school.

The nature and scope of HIV/AIDS-related school policies reflect the goals of preventing the spread of HIV infection and minimizing the negative impact of HIV/AIDS. Policies can provide guidance about:
- institutional resources for planning and implementing HIV/AIDS education, including personnel preparation, development and dissemination of information and education materials, and cooperation with other organisations;
- how explicit HIV/AIDS education should be, taking into account age and developmental levels of students;
- the amount of time to be devoted to HIV/AIDS education and where it should be placed in the curriculum;
- qualifications and training of staff;
- instructional materials;
- programme evaluation;
- parent involvement;
- the establishment of a non-discriminatory and supportive school environment;
- the rights of students and school personnel infected with HIV.

In initiating the development of HIV/AIDS-related school policies, information should be provided both to school personnel and to the wider community about the extent to which young people are at risk of infection, and are concerned about these problems, as well as evidence that school-based efforts can influence behaviour associated with health problems. Controversy should be addressed immediately, diplomatically and openly. National HIV/AIDS education policies should encourage the development of similar local policies, with an analogous process of development that engages a broad spectrum of participants, and builds commitment for the course of action chosen.

Reflecting the consideration that schools can and must play a key role in combatting the HIV/AIDS pandemic, as well as the social discrimination and prejudice associated with it, UNESCO and WHO jointly planned, implemented and evaluated a multi-site pilot experience in school-based AIDS education, initiated in 1988. Seven sites were covered by this project: Ethiopia, Fiji and the Pacific Islands, Jamaica, Mauritius, Sierra Leone, United Republic of Tanzania and Venezuela.

The main goal of these pilot projects was to demonstrate the feasibility of integrating HIV/AIDS education into school curricula and teacher training, and to explore the possibility of using schools as a means of community mobilization for HIV/AIDS education.

One of the WHO/UNESCO pilot projects on HIV/AIDS education, designed to help Pacific island countries develop their own school-based HIV/AIDS education programmes was described in order to introduce some basic concepts of HIV/AIDS preventive education. The initial project activity was the development by regional representatives of two prototype materials - a teaching guide for secondary schools and a guide for teacher training. This was followed by several regional/sub-regional workshops/meeting to prepare the countries to establish national school HIV/AIDS education programmes.

While most nations may be aware that HIV/AIDS poses a threat, such awareness is not automatically translated into a call for the initiation of a nationwide school HIV/AIDS education programme. The problem is usually seen as the concern of the Ministry of Health, and the potential for controversy makes educators anxious about the issues. In most countries, however, support from both Ministries is a prerequisite to viable and effective programmes. In meetings to secure such joint support, testimony from young people having participated in field-testing prototype materials has proved very successful. In fact, for in-school HIV/AIDS education programmes to enjoy maximum support, credibility and urgency, they must be seen not just as Ministry of Health initiatives, but also as part of the national AIDS control programme. National AIDS control bodies always should include representation from the education sector.

Because there is wide variation in the understanding of the nature of preventive education, prototype materials are essential to ensure appropriate programmes based not only on knowledge but also on responsibility, relationships, communication and decision-making. These materials also may give many educators a broad view of sex education, since approximately two-thirds of the lessons deal with values, attitudes, decision-making and communication skills.
In-school HIV/AIDS education has compelled all the countries in the pilot project to address issues of sex education. Those countries with existing school-based population education programmes, however, found it easier and more convenient to integrate HIV/AIDS education, especially if sexually transmitted diseases were already covered. For those countries not yet having implemented population education, important decisions still needed to be made about what to teach (content), how to teach (method), and where to teach (placement) about HIV/AIDS.

The pilot project also demonstrated that continued monitoring and support are needed during the design and implementation process to keep programme initiatives on track. Moreover, to be effective, HIV/AIDS education cannot be offered as a one-time only "crash" course; it needs to be institutionalised and integrated into the curriculum.

Successful implementation of HIV/AIDS education programmes requires that teacher trainers be prepared with activities that will help teachers learn to use methods that will, in turn, help students explore their own values and feelings, understand the consequences of alternative actions, make decisions and even practice communicating these decisions. Pedagogical methods similar to those to be used with students provide an excellent technique for modeling appropriate teaching practice. Having teachers prepare and teach a lesson to their peers, particularly one that involves sensitive subject matter, is also good preparation for classroom teaching.

Session 10. *It's time for schools to act. a UNESCO advocacy film*

*AIDS: it's time for schools to act!* shown during session 10 was produced in 1993 by UNESCO and illustrates school-based HIV/AIDS education activities undertaken in different parts of the world, sometimes in collaboration with UNESCO and WHO, in order to heighten awareness of those responsible for education in all countries to the important role of schools in the prevention of HIV/AIDS among young people.

In the film, Professor Luc Montagnier of the Pasteur Institute in Paris, and Mr Federico Mayor, Director General of UNESCO, deliver the message that "schools have a key role to play in HIY/AIDS prevention", and "can and must deliver HIV/AIDS education, not only to fight against the pandemic, but to call a halt to exclusion and discrimination against those infected". The Director-General of UNESCO underlines UNESCO's firm belief that "educational efforts for AIDS prevention in schools must be urgently mobilized, and that those responsible for education must take the necessary decisions whilst there is still time to act". 

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Session 11. Lessons learned from preventive education about HIV/AIDS

Three kinds of obstacles encountered in working with countries to establish HIV/AIDS education programmes were described:
1) moral, legal, cultural, religious, and philosophical concerns;
2) institutional or bureaucratic barriers;
3) school and community opposition.

Common parent concerns include questions such as: who is the teacher? what will be taught? who wrote the curriculum? how will the teacher approach values and moral issues concerning homosexuality, birth control, masturbation, abortion and premarital sex? will the class undermine the values of home and church? will it promote promiscuity or situational ethics and selfishness? why isn't this class optional?

Sympathy for parents' concerns and honest and non-defensive responses are the most effective ways to win their support. Parents tend to be supportive of HIV/AIDS education if involved early in planning. To reduce or overcome their concerns, programme initiators should use parent and community involvement mechanisms such as advisory committees in developing course approach and content, and for checking out potentially controversial content and activities. Parents should be well-informed about the teacher and the content; sex education classes for parents may be useful, as may parent/child homework assignments that encourage communication about family life issues.

The focus of education to prevent HIV infection should be on risk behaviour rather than risk groups, and should engage students in discussing common risk situations and practices, as well as what they already know about HIV and AIDS. To be most effective, programmes should address those risk situations most common among young people, using stories and case studies to ensure a realistic perception of risk. Education must be provided before the common school-leaving age. STDs should be discussed in the curriculum, clearly differentiating them from HIV/AIDS.

The curriculum, which should be reviewed by the national AIDS control programme, should focus on prevention, with a recommended balance between basic knowledge about the virus (for example 25%); care, compassion and support for those infected with the virus (for example 25%); and the attitudes and skills that lead to responsible behaviour and prevent the transmission of the virus (for example 50%). A full range of prevention options should be taught.

In order to provide consistent messages, teachers need help clarifying their own attitudes at the beginning of training. Programs will be more effective if media messages are consistent with those in the classroom. Involving people with HIV/AIDS in planning and teaching can strengthen the message.
The questions raised by participants centered around the controversial issue of sexuality education. Some participants expressed concern that violating cultural taboos would cause a rejection of the entire message, while others felt that techniques for reducing controversy and building parent and community support might water down the curriculum so that essential lessons and skills are not taught.

**Session 12. Group work on overcoming obstacles to preventive education**

For this participatory task, six random groups were formed, mixing participants from different countries and different professional categories. Each group was instructed to brainstorm as many obstacles as possible to implementing school-based preventive HIV/AIDS education, then to reduce their list to the five most important obstacles. After a period of highly animated discussion, the key obstacles were written on large coloured cards.

In the following plenary session, the entire group then categorised the obstacles under the headings of **policy**, **curriculum**, **teacher training**, and **other**.

This was followed by a discussion of how clearly defined policies, carefully developed and well-written curricula, and effective teacher training could help overcome the majority of the obstacles that might be encountered in implementing preventive HIV/AIDS education at the school level.

The obstacles identified varied and covered among other lack of financial and human resources, institutional/bureaucratic barriers, religious and cultural taboos, school and community opposition.

Many saw political support and determination as the necessary condition for success. The need for a clearly stated policy for school-based HIV/AIDS education was stated to be the main item which would overcome the majority of the obstacles identified.

**Session 13. Group work on key elements of preventive education programmes**

For this activity, participants were divided into groups by professional category (policy-makers and planners, curriculum developers, teacher trainers, Ministry of Health representatives, and NGO personnel). In these working groups, the participants' professional expertise enabled the most important tasks facing each substantive area in the design and implementation of HIV/AIDS education in schools to be brought to light. Each group's recommendations were presented in plenary (see section on seminar outcomes).
Session 14. Comprehensive Approaches to School Health Education

Despite wide variations in the implementation of school health programmes in countries around the world, schools are in a position to influence the health of millions of people.

Research in countries as dissimilar as Brazil, Thailand and thirteen African countries has demonstrated links between the level of schooling and the reduction of health problems. While many health education programmes have a single problem focus, school health education can also be organized in a comprehensive manner that incorporates a range of health issues in an organized, sequential, developmentally appropriate series of learning experiences. Both the thematic and the comprehensive approach have shown promising results in evaluation studies.

School health services provided by teams of health professionals, and provided in a cost effective manner in the developing world, are coming to be seen as part of an essential public health package. These services, combined with health education and other health-related components such as physical education, school/community health improvement projects, psychosocial counselling, staff health programmes, and healthy school meals, constitute a comprehensive school health approach that is gaining acceptance in many countries in Europe and North America, as well as in South East Asia and Latin America.

To implement comprehensive school health programmes, a national infrastructure with overall authority and responsibility is needed to co-ordinate the activities of the multiple agencies currently involved in the development, delivery and monitoring of health services and health education, environmental improvements and other school health components, and to guide and coordinate the preparation of teachers and other school personnel needed to put these services in place.

Following the WHO/UNESCO/UNICEF Consultation on Strategies for Implementing Comprehensive School Health Education and Promotion Programs, held in Geneva, November 1991, a regional comprehensive school health education consultation was held in Sri Lanka in 1992 under the auspices of the World Health Organization. The aim of this meeting, which involved nine South East Asian countries, was to encourage the development of this infrastructure and of regional and local priorities for comprehensive school health education, and it led to the development of a regionally adapted consensus on Comprehensive School Health Education: Recommendations and Guidelines for Implementing and Strengthening Comprehensive School Health Education in South-East Asia region.
These specific regional recommendations for South East Asia call for:

1) comprehensive school health education programmes that harmonize health messages and recognize the interrelatedness of health behaviours;
2) establishment of policy on comprehensive school health education;
3) development of national coordinating mechanisms;
4) integration of health curriculum;
5) involvement of students, teachers, and community in the design and delivery of comprehensive school health education programmes;
6) availability of health content to out-of-school youth through non-formal education channels;
7) appropriate teacher training;
8) UN agency technical assistance.

It was reiterated that much important work remains to be done by countries in the region in policy development concerning comprehensive school health education programs, the creation of national coordinating mechanisms, the development and implementation of programmes at the school level, as well as research and evaluation on the impact of these programmes.

Participants' questions concerned their fears that such comprehensive school health education seemed too complex to integrate into their already overloaded curricula. If school systems can consolidate the currently disparate and time-consuming health-related programmes and activities into a comprehensive and integrated approach, this will, in the long run, provide a more appropriate substantive and situational context for each of the health problems addressed, including HIV/AIDS education.

Session 15. Group work by country teams on follow-up action plans

Up to this point, the seminar had focussed on information on effective HIV/AIDS-related education: policy, planning and evaluation, curriculum development, personnel preparation, the role of the Ministry of Health, and collaboration with Non Governmental organizations.

Country groups were now formed with the aim to develop action plans for each country.

As a first step, participants were asked to individually:

- rate the importance of each of 20 possible actions in the introduction of HIV/AIDS education;
- rate the feasibility of the same 20 actions;
- list three actions they intended to undertake upon returning, in order to initiate those actions they judged to be both most important and most feasible;
- specify the kinds of resources (technical, financial, and personal) needed to make substantial progress toward planning and implementing HIV/AIDS education in the education system.

Following this exercise, each group was asked to develop a plan of action for their country (see section on seminar outcomes).

Session 16. Presentation of Country Action Plans

In the presentation of the country action plans, it was striking to find several points in common. Cognizant that the AIDS cases reported indicate a far greater magnitude of HIV infection than is currently evident, all spoke of the urgency of implementing or improving prevention programmes in the immediate future. All called for coordination of efforts between Ministries of Education and Ministries of Health, and many specified a mechanism for structuring this collaboration as part of their action plans. All committed themselves and their colleagues to working towards a national education policy on HIV/AIDS.

Some action plans focused on the short-term, before the end of the year, while others spelled out longer-term strategies. Some specified time-lines and centers of responsibility, others did not. Some kept their activities to those listed on the worksheets, while others gave more details about the kind of steps to be undertaken (see section on seminar outcomes).

Session 17. Drafting a Consensus Statement

During the last two days of the seminar, many participants requested that a consensus statement be drafted which could be used for organizational purposes upon returning to their countries. A consensus statement was drafted and approved (see section on seminar outcomes), recommending that by the end of 1994, every country in the region develop a clear written policy on HIV/AIDS education, forming the basis of a National Action Plan for HIV/AIDS education in the school system.
**FOLLOW-UP ACTIONS**

**Follow-up needs identified by the country teams**

After the seminar, the teams returned to their countries to set in motion the plans announced on the final days of the seminar. Before leaving they had been asked to list the resources needed to carry them out.

An inventory of work sheets identified **the need of financial and technical assistance** for the following resources critical for the implementation process:

1. **Surveys and pilot experiences:**
   - baseline surveys to identify the nature of the problem and assess high risk activities among students;
   - assessment of the current status of HIV/AIDS education in schools; to provide guidance in implementation; and to assist in monitoring and evaluation;
   - pilot projects to try out approaches and develop evaluation parameters.

2. **Materials, including:**
   - audiovisual materials to demonstrate interactive pedagogic skills for teacher training;
   - textbooks that explain and demonstrate the integration of HIV/AIDS curriculum materials;
   - samples of HIV/AIDS teaching materials and how to adapt them for local application;
   - teaching-learning materials, such as teacher guides, student learning materials, ICE materials (flip charts, leaflets, posters, wall charts, videos, stickers);
   - translation of materials to national and local languages and dialects.

3. **Training programmes and capacity building such as:**
   - orientation programmes and seminars for Ministry of Education personnel;
   - training for teachers, principals, divisional directors, zonal directors and provincial directors of education;
   - opportunities for professionals to participate in study trips to learn from exemplary HIV/AIDS education and comprehensive school health education programmes;
   - expert training for both teachers and teacher trainers in more effective interactive teaching and learning methods and related communication skills;
- creating teams of education specialists, health experts and psychologists to develop curriculum, training, and textbook materials;
- creating national technical assistance teams with members from Ministries of Education and Ministries of Health and from Non-Governmental Organizations to work with school districts;
- establishing Ministry of Health financial assistance to improve Ministry of Education infrastructures that may be needed to conduct and monitor HIV/AIDS education.

**Follow-up action by the UN agencies.**

UNESCO, mainly through its New Delhi office, is undertaking regional follow-up, through the provision of advisory services to participant countries, co-organization of national seminars, and supporting pilot action and surveys at national level.

A document to assist in the revision of school-curricula, *School Health Education to Prevent AIDS and STD: A Resource Package for Curriculum Planners*, is being jointly elaborated by WHO and UNESCO, and will be distributed to curriculum planners in 1995.

**SEMINAR OUTCOMES**

**Recommendations of the substantive working groups**

After presentation of basic background information on HIV/AIDS infection and its potential impact on economic, social, and educational systems, as well as an overview of what has been learned about effective curriculum development and teacher training for HIV/AIDS prevention in schools, participants were divided into five working groups based on their professional specializations:

1. Policy development, planning and evaluation;
2. Curriculum development;
3. Teacher training;
4. Role of ministries of health;
5. Roles of NGOs.
1. The working group on policy development, planning and evaluation of HIV/AIDS education in schools

Experience with HIV/AIDS prevention in school systems in other countries has already demonstrated the importance of a clear policy framework and an action plan providing the basis for both implementing and evaluating HIV/AIDS prevention programmes in the school system. In this working group, officials responsible for educational policy and planning focused on the content of a Ministry of Education policy statement on HIV/AIDS in schools, the rationale for recommending the development of action plans and the components of a model action plan.

The working group recommended that a clearly written policy regarding HIV/AIDS in the school be drafted and incorporated into the Ministry of Education's mandate and legal authority.

Such a policy's content should include:
- a rationale for undertaking an HIV/AIDS prevention programme within the school system;
- objectives for the programme;
- the scope of action to be undertaken;
- strategies for accomplishing these actions, specifying for each one
  - the guidelines,
  - the level of school system being addressed and the age of the target population, and
  - the time frame for initiation and completion of each action.

To guide the implementation of policy on HIV/AIDS in the schools, the working group recommended that an action plan be drafted by professionals within the school system in order to:
- avoid overlap and develop better coordination between different Ministries and agencies;
- help coordinate the Ministry of Education plan with the national AIDS control plan;
- determine resource priorities;
- ensure the success of the HIV/AIDS prevention programme by translating policy into specific programmes and actions;
- indicate how the HIV/AIDS activities can be integrated with other subjects, such as population education;
- overcome denial that HIV/AIDS is a problem for the schools;
- increase commitment from different agencies to provide support for programme development and implementation.
To provide an accurate basis for decisions, the working group recommended that a needs assessment be conducted as soon as possible. This would include a study of the HIV/AIDS-related knowledge, attitudes, and practices of young people, a survey to identify misconceptions about HIV/AIDS, and any other data necessary for planners. While the working group recommended that the policy be a flexible and general statement, it advised that the action plan give specific guidance in seven areas:

1) **The age and grades** to be reached, taking into account the age at which most young people leave school, trends with regard to school drop-out behaviour, the age at which behaviour that places young people at risk of HIV infection appears, and the extent and prevalence of infection in the region.

2) **The integration of HIV/AIDS into the larger curriculum**, including course work on health education, physical education, biology, population education, social sciences, and moral and religious education. How and where the new material is integrated will vary according to the age and grade of the students and the existing health-related instruction.

3) **The content of the HIV/AIDS curriculum**, which should be simple, concise and informative, with a focus on prevention, including ethical values and skills, such as decision-making, that enable young people to avoid risk behaviour. The group also advised that content cover the impact and consequences of HIV infection, as well as instruction about protected sex. Curriculum planners will need to be perceptive as to where to place the focus and weight of these sensitive issues in the curriculum.

4) **The methods of providing HIV/AIDS instruction** to be used, including modalities such as distance education and parent education.

5) **The implementation strategies** to be employed; pilot projects and local options.

6) **The monitoring** that will take place during and after implementation through annual and regular school progress reports, and through external assessment by school inspectors and local field officers. Elements to be monitored include:
   - fulfillment of programme objectives; the extent to which teachers are able to "internalise" HIV/AIDS education;
   - indications of accepting behaviour;
   - the effectiveness of support services and the need for additional support services;
   - unanticipated behaviours and outcomes;
   - exemplary programmes;
   - the viability of local options to nationally-determined content.
The evaluation of the effectiveness of HIV/AIDS programmes, which will be compared to baseline data collected in the needs assessment study of knowledge, attitudes, practices and skills related to HIV/AIDS, including:

- students' and teachers' knowledge about the virus and how it is transmitted;
- students' attitudes with regard to those infected by the virus and their own intended behaviours;
- actual and intended behavioural changes that can be attributed to the programme.

Direct indicators recommended by the group include self-reported behaviour change with regard to protected sexual activity and intravenous drug use, as well as indirect indicators such as the incidence of sexually transmitted diseases and adolescent pregnancies, school enrollment and absenteeism, and the prevalence of HIV infection at varying age levels.

The working group on curriculum development for HIV/AIDS education

Carefully designed curricula about HIV/AIDS provide the foundation for effectively teaching and promoting responsible behaviour to prevent the transmission of HIV infection. The working group, comprised of high-level officials responsible for curriculum development or heads of national curriculum development bodies, recommended that, given the complexity and sensitivity of the issues involved in HIV/AIDS education, curriculum development should involve not only professional curriculum developers and specialists, but also teachers and principals, representatives of the Ministry of Health, parents and community leaders, university teachers, teacher trainers, teacher supervisors, school inspectors, religious leaders, representatives from teachers and student unions, women's organisations, and NGOs.

The working group recommended that curriculum be developed to assure that at the end of the programme, students will be able to:

- describe HIV, AIDS, and sexually transmitted diseases (STDs) in terms of their causes, effects and differences;
- identify the ways by which HIV and STDs are transmitted;
- identify the ways by which HIV and STDs are prevented;
- demonstrate tolerant and compassionate attitudes toward people with AIDS and those infected with HIV;
- demonstrate how to respond to pressures to take drugs and to have sex;
- demonstrate how to respond to pressures to have unprotected sex;
- participate in home, school and community activities to prevent HIV/AIDS;
- identify sources of additional information and support about HIV/AIDS.
To accomplish these objectives, the working group recommended that approximately 25% of the curriculum focus on biomedical information, 25% on values concerning HIV/AIDS and the treatment of those infected by the virus, and 50% on developing skills for responsible behaviour to prevent HIV infection and AIDS.

The working group advocated carrying out work of curriculum development in a sequential series of steps, beginning with an analysis of the current situation with regard to the extent of sexual activity among school children and an examination of existing curricula. The next step is the development of the HIV/AIDS education curriculum, including its goals, objectives and principal concepts, followed by a plan for the integration of the curriculum into existing curricular areas. Following these steps, teachers' guidelines and lesson plans can be prepared, as can supplementary reading and learning materials for primary and secondary school students. Finally, detailed plans can be developed for in-service and pre-service teacher training.

The working group considered the following subjects suitable avenues for the integration of HIV/AIDS curriculum:

- health education or health and family planning education;
- population education or family life education;
- physical education or physical and health education;
- moral and religious education, or character education, or values education;
- social studies;
- home economics, home sciences or domestic science;
- science, biology or environmental education;
- language education;
- life skills;
- mathematics.

In selecting the subject areas where an HIV/AIDS curriculum could be integrated, the working group recommended that the subjects be ones taken by all students and that, in order not to diffuse the lessons, only one or two subjects be chosen to accommodate the development of appropriate attitudes and responsible behaviour. It was also stressed that HIV/AIDS lessons should be provided before the onset of sexual activity.

3. The working group on teacher training for HIV/AIDS education

To determine a framework for the preparation of teachers and other school personnel for teaching about HIV/AIDS, the working group on teacher training, composed of Ministry of Education officials responsible for teacher training and deans of national teacher training institutions, focused their discussion on five major areas:

- the identification of target groups for HIV/AIDS education training;
- the content of the training and the materials to be used;
- the methods, approaches and strategies to be employed;
- evaluation of teacher preparation efforts, and
- the organisation of teacher training for HIV/AIDS education.

The working group recommended that the target group for training be teachers in primary and secondary schools, as well as teachers in non-formal education, the open university system, and the faculty of teacher training institutions. In addition, the working group advised that administrators and supervisors, curriculum developers and writers be included among those participating in training activities.

The recommended content of teacher training to implement the HIV/AIDS curriculum includes the following basic facets:

- a description of HIV, AIDS and sexually transmitted diseases;
- the history of the virus and its spread;
- relevant data and statistics on global, regional, and local levels of HIV/AIDS;
- causes of the disease, how the virus is transmitted, the symptoms, the syndrome, and the consequences of HIV infection and AIDS;
- the means of preventing HIV infection and AIDS.

In addition, the working group recommended that teachers receive specific training in:
- decision-making skills;
- development of responsible behaviour;
- communication skills;
- building a classroom ethos supportive of communication;
- integrated electronic media;
- peer- and micro-teaching techniques.

The working group recommended that administrators, supervisors and teachers also receive preparation concerning the planning and management of HIV/AIDS education in schools.

With regard to the materials needed to prepare personnel to teach about HIV/AIDS, the working group recommended that curriculum writers be assisted by experts such as medical scientists, social scientists, psychologists, education specialists and opinion leaders, as well as appropriate professionals in teacher training and curriculum development bodies, universities and the Ministry of Education. The kinds of materials needed include:

- handbooks, a source-book, and a reference book for teachers;
- curriculum modules;
- posters, brochures, charts, leaflets, pictures and cartoon illustrations;
- audio-visual programmes, slides and films.
In discussing the methods of preparing a large number of teachers and school personnel to teach about HIV/AIDS, the working group recommended a range of approaches:

- cascade training, where an initial group of prepared teacher/trainers in turn trains a second group, which then trains another;
- a cluster level approach;
- media and television training;
- mobile training teams;
- distance education techniques;
- classroom-based training.

Some of these approaches are more appropriate to in-service education than pre-service preparation. In addition, the working group recommended that magazines, newsletters, and professional journals be used in cluster training and to help keep teachers abreast of developments in the field.

To evaluate the effectiveness of teacher training programmes, the working group recommended that the teachers' knowledge, attitudes and practices with regard to HIV/AIDS education be assessed before and after the training activities. In addition, they advised that evaluations include affective components based on observations and discussion of case studies. Group assignments and attitudes scales were also suggested to evaluate progress.

The organisation of personnel and teacher training activities will depend on each country's situation and needs. The minimum duration recommended for teacher training was one week of intensive activity, integrated into existing teacher education. Options for rapid initiation can be explored, making use of existing agencies to develop materials that can be validated by committees of experts.

The working group advised that countries exchange information about curriculum and training materials, as well as about experimental programmes and materials, and that the AIDSED Centre at the UNESCO Principal Regional Office for Asia and the Pacific, at present inactive due to lack of funding, be revived to support this exchange. It recommended that small-scale programme locally-funded experiments, be conducted alongside large-scale national programmes implemented with international support. Finally, the working group recommended making use of print and electronic media in training activities.
4. The working group on the role of Ministries of Health in the development and implementation of HIV/AIDS education in the school system

In most countries, national AIDS committees provide policy and programme direction for HIV/AIDS prevention and control. Ministries of Health are responsible for their implementation, as well as for the administration of funds provided by national and international donor agencies for HIV/AIDS-related activities and prevention programmes. Within this framework, participants in the group composed of officials responsible for HIV/AIDS prevention from the Ministries of Health in the countries attending the seminar, identified three basic areas of involvement where Ministries of Health should assist Ministries of Education to implement or improve education about HIV/AIDS in schools:

1) increasing the participation of the education sector in HIV/AIDS prevention;
2) providing or securing resources for school HIV/AIDS prevention activities;
3) providing technical assistance to Ministries of Education in the areas of policy, curriculum development, and training.

To increase the participation of the education sector in HIV/AIDS prevention, and to facilitate communication between the education and health sectors, the working group recommended that a high-level Ministry of Education representative be appointed to serve on the national AIDS committee and chair any national AIDS education group concerned with schools. The group also recommended that the Ministry of Health serve on the committee responsible for curriculum development for HIV/AIDS education. In addition, the Ministry of Health could designate someone from its own ranks to serve as liaison to the Ministry of Education on HIV/AIDS, ensuring that the Ministry of Education is kept abreast of all HIV/AIDS issues and national AIDS control plans. The working group also suggested that the Ministry of Health ensure that Ministry of Education officials are invited to conferences and meetings on AIDS to increase their knowledge and sense of involvement in addressing the issue of HIV/AIDS.

Funding - the group recommended several ways in which the Ministry of Health could assist in increasing the resources available for HIV/AIDS programmes in schools:
- by providing direct funding to the Ministry of Éducation for HIV/AIDS prevention education programmes in schools;
- by providing funds for meetings about policy, or for such activities as curriculum development, the training of trainers, and pilot projects, that help the Ministry of Education initiate and develop education about HIV/AIDS in schools. Long-term funding to sustain these efforts, however, should be sought from the government and other sources as part of the Ministry of Education's own budget;
- by assisting the Ministry of Education to plan programmes and request funds for HIV/AIDS prevention from the national AIDS committee;
by advocating that additional resources be allocated by other sectors to support HIV/AIDS education in the school system and by assisting these sectors to develop their own HIV/AIDS prevention activities.

Policy Development - The working group recommended that technical assistance provided by the Ministry of Health to the Ministry of Education to stimulate or improve the quality and availability of HIV/AIDS programmes be focused on policy development, curriculum, and the preparation of school personnel.

Technical assistance to support policy development include:

- providing information to schools and the community about the extent to which young people are at risk for, and concerned by HIV infection and STD, as well as evidence that well-designed and implemented school-based efforts can influence behaviour;
- conducting educational sessions about HIV/AIDS for all participants before discussing policy;
- providing exemplary policies and education and training materials;
- assisting the Ministry of Education to address controversies about HIV/AIDS activities immediately, openly, and diplomatically;
- ensuring that the development and implementation of policies, rules, regulations and guidelines by the Ministry of Education are consistent with national AIDS committee policies;
- assisting the Ministry of Education to develop strong political support and commitment; seeking funding to support its efforts;
- assisting the Ministry of Education to foster the commitment of teachers and other school personnel to provide education about HIV/AIDS, and implementing HIV/AIDS-related policies;
- assisting the Ministry of Education to involve other professional organizations, community groups, parents, students and Non-Governmental Organizations in its HIV/AIDS prevention and control efforts;
- assisting the Ministry of Education to send representatives to relevant international meetings, and to secure support and assistance from international organisations involved in HIV/AIDS prevention.

Curriculum Development - The working group recommended that curriculum development include the Ministry of Health's own position on what children need to know and do to avoid HIV infection. The working group recommended that Ministry of Health officials inform education decision makers about the global, national and regional status of the HIV/AIDS epidemic and the extent of risk behaviour among young people. However, the group stressed that curricula should not focus only on scientific knowledge, but also on compassion towards individuals infected by the virus, as well as on the attitudes, values, skills and social services that help prevent HIV infection.
The working group recommended that the Ministry of Health encourage broad participation by parents, communities, students, teachers, and teacher organizations, and Non-Governmental Organizations in the development of curriculum and materials about HIV/AIDS. In addition, they recommended that the Ministry conduct a technical review of curriculum guidelines and materials developed, sponsor curriculum evaluation studies, and encourage monitoring of the programme by the Ministry of Education.

More specifically, Ministries of Health can assist Ministries of Education in:

- ensuring that HIV/AIDS is accurately defined and its transmission accurately described;
- identifying opportunities for students to acquire knowledge, beliefs, values, skills and support that can help them avoid HIV infection;
- designing lessons that provide opportunities to address a range of preventive options, e.g. delaying sexual intercourse, non-penetrative sex, condom use, avoiding drug use, and use of sterile needles;
- designing lessons that clearly communicate the correct and consistent use of latex condoms as a highly effective means of preventing sexually transmitted diseases, including HIV infection;
- identifying opportunities to practice skills for avoiding infection with HIV or other sexually transmitted diseases, avoiding alcohol and drug use, and practicing pregnancy prevention;
- suggesting content for lessons that would help students recognize their own attitudes and feelings about HIV and people living with AIDS;
- identifying and creating opportunities for parents and the community to learn about and reinforce HIV/AIDS education.

The working group also recommended that the Ministry of Health encourage the Ministry of Education to develop co-curricular activities about HIV/AIDS while the in-school curriculum is being developed, both to avoid delay in implementation and to supplement that curriculum once it is in place.

Teacher training - The working group recommended that the Ministry of Health should begin by clarifying its own position about what knowledge and skills teachers will need to effectively teach about HIV/AIDS, and in this respect by:

- providing the Ministry of Education with information to facilitate and clarify the objectives and rationale for teacher training efforts;
- encouraging and assisting the Ministry of Education in the orientation of school personnel, including school counselors, nurses, and social workers;
- providing exemplary training and instructional materials;
- helping the Ministry of Education to secure resources to conduct training activities;
- inviting appropriate personnel from the Ministry of Education to attend HIV related conferences and training activities.
5. The working group on the role of NGOs in the development and implementation of HIV/AIDS education in the school system

International, community-based and other Non-Governmental Organizations often have been at the forefront of HIV/AIDS education, prevention, care and support. They have carried the brunt of the burden in many countries. The composition of the working group reflected a broad range of organizations termed Non-Governmental Organizations (NGOs), including a representative of an international professional network of health promotion and education professionals, a representative from an international donor organization, and representatives from several local or national field-based organisations whose activities are largely "hands-on" in nature.

The group focused most of its discussion on the roles that community-based and national-level NGOs could play in enhancing the effectiveness of school-based HIV/AIDS education.

In particular, they agreed that experience has shown that various types of NGOs have an enormous potential to enhance the design, implementation and effectiveness of HIV/AIDS prevention, particularly in school-based settings where personnel are often overextended. They have the capacity to assume activities important for HIV/AIDS education, but for which the school system often does not have sufficient resources, such as:

- technical assistance and consulting services;
- conducting information sessions for students and teachers;
- providing training to teachers and administrators;
- developing HIV/AIDS prevention materials for use in schools;
- counseling;
- referral services.

Given their contact with the everyday realities of HIV/AIDS and its consequences, NGOs can be particularly helpful in enhancing the design and development of materials and programmes, ensuring that messages are correct, pertinent and appropriately designed for their intended audiences, whether teachers, decision makers, students or parents.

The working group recommended that the following categories of NGO be involved in school-based HIV/AIDS education programmes, citing the specific benefits they can bring:

- HIV/AIDS prevention and support organisations - These groups, involved in either prevention or support activities, have first hand experience with the disease and its impact, and can provide valuable assistance in the design and delivery of credible messages about HIV and AIDS.
Youth organisations - Because of their contact and familiarity with young people, these
groups can enhance the design of programmes and materials with credible messages and
create a climate for social and peer support for responsible and preventive behaviour. In
addition, they can help develop effective methods of measuring impact and assist with the
qualitative evaluation of programmes.

Teachers' unions - These groups are a critical link in the implementation of school-based
HIV/AIDS education. Teachers are the adults most often in contact with the students, and
can provide feedback on the student's reception and attitudes toward programmes, which
is valuable for assessing impact and modifying materials and programme designs for
maximum effectiveness. Teachers' unions can generate support and motivate teachers to
implement HIV/AIDS curricula. They can assist in ensuring that teachers are well
prepared for HIV/AIDS education, that messages are appropriate, and promote respect for
such messages and for programmes within the school.

Given their knowledge of the operating mechanisms of school systems, teachers' unions
can assist in identifying and overcoming obstacles to programme implementation and can
support HIV/AIDS education by ensuring the feasibility of programme designs.

Parent associations. Although often excluded from active involvement in school-based
HIV/AIDS education, the support and participation of parents associations can greatly
enhance programme implementation and acceptance. Their involvement can help enlighten
other parents, and thus the community in general to the problem of HIV/AIDS, and
how to prevent the spread of the virus. Despite generation differences, parental support
also is important if messages are to be considered legitimate by youth, and can help to
reinforce such messages. Finally, parent groups can play an important role as advocates
for the implementation of school-based HIV/AIDS education programmes.

Women's groups and family planning organizations. Their involvement is critical in ensur-
ing that messages and programmes are appropriate and effective, particularly for young
women. The working group agreed that measures to improve the status of women and
girls are essential for the prevention of HIV/AIDS.

Art, theater and cultural groups. These groups can play an important role in the innova-
tive delivery of prevention messages, and in providing opportunities for role play and other
forms of innovative interaction that can prompt self-examination of attitudes and
facilitate behaviour change.
The working group mentioned the obstacles that often prevent Non-Government Organizations and schools or school systems from collaborating effectively. For instance, on the part of NGOs, these obstacles include a mistrust of government officials and systems and a fear that government dictates will lead to reduction of autonomy and loss of freedom of action. NGOs often have limited funds and may experience difficulty in sustaining long-term actions due to economic precarity. A by-product of this situation is the lack of coordination among NGOs, sometimes manifest in a lack of unity when dealing with Ministries and other official bodies. Also since they frequently have only limited access to individuals and information within the government, NGOs tend not to understand the administrative constraints they face in pursuing programme objectives.

The working group also felt that Government and Ministry officials have insufficient contact with NGOs, which explains their failure to recognize the competence and capacities of these organizations and their distrust of them as partners. This is reflected in restrictive policies about information and presentation of material about HIV/AIDS, which creates conflict with NGOs often pushing for more liberty of expression in the face of the urgency of HIV/AIDS prevention.

To overcome obstacles and to facilitate productive collaboration between NonGovernmental Organizations and school systems, the working group recommended:

- a survey of NGOs and their scope of HIV/AIDS-related action to give governments a better picture of available resources;
- greater coordination of NGO activities so as to present a unified front when dealing with government agencies and departments;
- exchange programmes between NGOs and government departments to permit each sector to better understand the constraints and advantages of the others;
- the involvement of NGOs in all aspects of school-based HIV/AIDS education initiatives, including policy development, material development, training, implementation and programme evaluation;
- Ministry recognition of the importance of collaboration with NGOs, and the creation of procedures to facilitate this partnership on both fiscal and practical levels.

Individual country action plans

One of the seminar's primary strategies for achieving its objective of encouraging immediate short-term actions and long-term efforts to increase the effectiveness of HIV/AIDS preventive education programmes in schools was a structured exercise where participants worked together in teams to determine priorities and develop a plan of action. The resulting action plans, presented to the assembled participants, promised significant national action in implementing or improving HIV/AIDS education, although content varied significantly depending on the existing efforts and available structures for designing and implementing new programmes.
All the country teams' presentations stressed the urgency of implementing or improving programmes in the immediate future, and called for coordination and action. Many countries specified in their action plans the creation of a mechanism for structuring the collaboration of efforts between Ministries of Education and Ministries of Health. All the presenters committed themselves and their colleagues to working toward a national education policy on HIV/AIDS in schools.

Some action plans focused on the short-term (usually the remaining calendar year), while others spelled out longer-term strategies. Some specified time-lines and centers of organisational responsibility for each action, others (most likely still in the early stages of HIV/AIDS education) did not. Some limited their activities to those listed on the work sheets, while others gave more detail about anticipated actions.

**Bangladesh**

2. Formulate an inter-ministerial coordination mechanism for the HIV/AIDS programme.
3. Issue guidelines and policy statements from the Government of Bangladesh relating to HIV/AIDS education in the school system.
4. Develop curriculum, teacher guides and teaching/learning materials for different target groups.
5. Conduct a needs assessment to identify what resources will be required to enable appropriate implementation of HIV/AIDS education in schools.

**India**

1. Test the WHO/UNESCO Resource Package for Curriculum Planners on School Health Education to Prevent AIDS and STD.
2. Develop packages on AIDS education for schools.
3. Conduct national level workshops for integrating adolescence education, including AIDS education within the school system.

**Indonesia**

1. Finalize national policy and sectoral planning strategy on HIV/AIDS education in schools.
2. Strengthen coordination between the Ministry of Education, the Ministry of Health and other related parties.
4. Develop HIV/AIDS curriculum
   - review current syllabus for possible opportunities for integration of HIV/AIDS lessons;
   - develop HIV/AIDS syllabus/learning teaching materials;
- develop IEC materials package (whole year);
- develop training package for Ministry of Education personnel.

5. Implement HIV/AIDS education in the current Ministry of Education manpower training activities.
6. Implement HIV/AIDS education in schools, first in selected target or pilot areas, then nationwide.

Malaysia

1. Inform other divisions of Ministry of Education about what was learned at the seminar to develop consensus on policy direction.
2. Continue development of teaching-learning materials related to HIV/AIDS education that is already underway on a limited scale.
3. Train teachers to teach about HIV/AIDS in the context of Family Health Education.
4. Cooperate and collaborate with universities and the private sector to strengthen formal, informal and non-formal HIV/AIDS education.
6. Adapt baseline study and develop a system for periodically monitoring students' knowledge, attitudes, skills and behaviours related to HIV/AIDS.

Myanmar

2. Develop a consensus on direction, goals and resources in support of education about HIV/AIDS.
4. Prepare teachers to teach about HIV/AIDS.
5. Develop a policy to ensure the provision of education in schools to prevent HIV infection.

Nepal

1. Develop national policy and programme priorities for curriculum development.
2. Plan and conduct teacher training to offer school-based HIV/AIDS education.
3. Develop cooperation and collaboration among the Faculty of Education, the Ministry of Education, the Ministry of Health and Non-Governmental Organizations.
4. Organize HIV/AIDS education:
   - in formal education, through implementation of curriculum;
   - in non-formal education, through seminars, workshops for teacher educators, political leaders, social workers and community workers.
5. Develop co-curricular activities for transmission of critical information about HIV/AIDS.
Pakistan

1. Submit a report to the Minister for Education about the urgency of the HIV/AIDS problem and the need for action in the education sector; send a copy of this report to the Ministry of Health.
2. Request the Curriculum Division of Ministry of Education to convene a meeting of experts to initiate deliberations on the basic framework of the HIV/AIDS education curriculum.
3. Translate the framework into a plan of action with objectives, targets, financial and technical requirements. This document will be submitted to the Planning wing of the Ministry of Education to secure the funds.
4. Submit a request for special funding to the national government, and international agencies, so that necessary activities can be continued.
5. Request the Federal College of Education to prepare, in document form, special lectures for students based on the materials from this seminar and other materials available on moral and religious education. Medical specialists and religious leaders will be invited to deliver these lectures to the trainee teachers. In addition, work will begin to prepare key in-service training materials.

Philippines

1. Submit the seminar report and confer with executive officers of the Department of Education, Culture and Sports to recommend and convince the Secretary of Education to include HIV/AIDS prevention in school system.
2. Convene a technical committee to prepare an action plan.
3. Prepare the Department of Education, Culture and Sports order on policy decision to include HIV/AIDS prevention education in the school system.
4. Develop a consensus on direction, goals and resources in support of education about HIV/AIDS in schools.
5. Conduct a national workshop with involved sectors to come up with a consensus on direction, goals and resources.
6. Present workshop output to the Philippines National AIDS Committee for approval.
7. Issue a directive for implementation.
8. Integrate HIV/AIDS prevention into other identified learning areas
   - revise materials based on pilot-test results;
   - print and broadly distribute materials;
   - train teachers in the utilization of new materials.
10. Launch a national awareness campaign in collaboration with the Department of Health, perhaps in form of a media "blitz".
11. Issue Department of Education Culture and Sports bulletins for all DECS offices about HIV/AIDS.
12. Issue DECS order for all school health personnel to lead in the campaign for HIV/AIDS awareness in the 15 regions of the Philippines.
Sri Lanka

1. Implement curriculum about HIV/AIDS by the National Institute of Education (NIE) in collaboration with the Health Education Bureau (HEB).
3. Develop and implement HIV/AIDS-related teaching materials by NIE in collaboration with HEB.

Thailand

1. Report to the Minister of Education and to the different Departments of the Ministry of Education, the need to take action concerning:
   - collaborative school-community programmes;
   - the preparation of teachers to teach about HIV/AIDS;
   - the monitoring mechanism

2. Suggest the major steps to be followed in order to achieve the objective of these activities:
   - to survey the on-going situation concerning these actions through a series of seminars, school visits and available data collection;
   - coordinate among concerned organisations within Ministries of Education, Ministries of Health and NGOs to introduce and/or improve the action plans and implement activities in school and communities;
   - prepare and implement a large-scale in-service teacher training programme with universities and teacher training colleges;
   - set up a monitoring mechanism to oversee the progress in all aspects of the initiative.

Vietnam

1. Submit a report of the seminar to the Ministry of Education, the Ministry of Health and the National AIDS Committee.
2. Create a coordinating mechanism among the Ministry of Education, Ministry of Health, Non-Governmental Organizations and other relevant agencies to develop or strengthen education about HIV/AIDS in schools.
3. Prepare teachers to teach about HIV/AIDS.
4. Implement pilot projects in provincial and district schools in Hanoi and Ho Chi Minh City in 1994 under the responsibility of the Department of School Education and Department of Teacher Training (both MOE) and the NIES and under the guidance of the Steering Committee on HIV/AIDS education (Ministries of Health), the National AIDS Committee. Sponsorship of the projects will be requested from NGOs, UNESCO, WHO, UNDP, UNICEF, and other related agencies.
CONSENSUS STATEMENT

AIDS, which is incurable, is spreading very rapidly in Asia. The epidemic is still at an early stage, and has the potential of grave health and socio-economic impact if action is not taken immediately. Since more than half of the HIV-infected population is estimated to be between 15 and 24 years old, and since education is the most effective means of preventing the spread of HIV infection, AIDS education must be an essential and integrated part of the school system's agenda.

We recommend that by the end of 1994, every country in the region develop a clear written policy on AIDS education that will form the basis of a National Action Plan for AIDS education in the school system. This policy should also be part of the national AIDS prevention programme, and should be developed through a collaboration of the Ministry of Education, Ministry of Health, Non-Governmental Organizations, teacher, parent and student organisations, political and religious leadership and the private sector.

AIDS education should emphasize the development of responsible behaviour and value orientations. Teacher training to teach about AIDS should emphasize methods that enable responsible behaviour, and use techniques such as interactive learning, and distance learning to train large numbers of teachers as rapidly as possible. Mechanisms should be established to monitor implementation and the effectiveness of AIDS education programmes.

The Government should support the development and implementation of effective AIDS education by allocating adequate technical and financial resources. Given their flexibility and independence, non-governmental organisations have already initiated many successful and innovative AIDS education projects. Their expertise and linkages to the community should be utilized to the fullest extent and coordinated with national AIDS education strategies.

In addition, regional, national and international exchange of information should be encouraged to support the development of effective policies and programmes.

Adopted in New Delhi on 14 January 1994 at the Asian Regional Planning Seminar on AIDS and Education within the School System, organized by UNESCO in collaboration with WHO and SIDA, and with the participation of the International Union for Health Promotion and Education, and Save the Children Fund, U.K. This seminar was attended by high level representatives of Ministries of Education and Health and Non-Governmental Organizations from the countries of: Bangladesh, India, Indonesia, Republic of Korea, Malaysia, Myanmar, Nepal, Pakistan, Philippines, Sri Lanka, Thailand and Vietnam.
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**Indonesia**

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LIST OF SPEAKERS

Opening
Dr Sonia Bahri, Education for the Prevention of AIDS, UNESCO, Paris
Dr John V. Kingston, Director of the UNESCO Office in Delhi
Dr Jan Olov Agrell, Head of the Swedish International Development Authority (SIDA) Development Cooperation Office, New Delhi
Dr U Ko Ko, Regional Director of WHO, New Delhi
Dr Kumari Selja, Deputy Minister of Education and Culture, Government of India

Session 1. Briefing on the nature and epidemiology of HIV/AIDS in Asia
Dr Jai P. Narain, Global Programme on AIDS, WHO Regional Office for South-East Asia

Session 2. Briefing on the social and economic impact of HIV/AIDS
Dr Sheldon Shaeffer and Dr Shankar Chowdhury, Consultants, UNESCO Headquarters and Regional Office for South and Central Asia

Session 4. Synthesis and discussion of country reports on HIV/AIDS education
Dr Sheldon Shaeffer, Consultant, UNESCO

Session 5. Synthesis and discussion of NGO reports
Ms Anne Bunde-Birouste, IUHPE

Session 6. Introduction to the impact of HIV/AIDS on education
Dr Sheldon Shaeffer, Consultant, UNESCO

Session 8. Introduction to preventive education about HIV/AIDS
Dr Sonia Bahri, Education for the Prevention of AIDS, UNESCO

Mr Alan Kondo, UNESCO Regional Population Education Advisor for Asia and the Pacific

Session 11. Lessons learned from preventive education about HIV/AIDS,
Mr Alan Kondo, UNESCO Regional Population Education Advisor for Asia and the Pacific, and Dr Mariella Baldo, Global Programme on AIDS, WHO

Session 14. Comprehensive approaches to School Health Education
Mr Jack Jones, Division of Health Education, WHO, and Dr Saroj Jha, WHO Regional Office for South-East Asia

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