HIV/AIDS and Education

A Toolkit for Ministries of Education

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Topic Finder

Dear Sir/Madam,

If you hold this information kit in your hand, you are probably a responsible mid-level or senior official in your country's Ministry/Department of Education. You may be aware of the serious threat that HIV/AIDS poses to the whole Asia and Pacific region. But do you know what you, and your colleagues in the education sector, could do to respond effectively to this threat?

This kit has been developed by UNESCO and UNAIDS to encourage and help you, and other education Ministry/ Department officials across the South East Asia and Pacific region, to reinforce your commitment, increase your colleagues' awareness of the impact of HIV/AIDS, and collaborate to take action against the disease. The education system is one of the key actors working to prevent HIV/AIDS from spreading further.

This kit includes several information sheets on issues surrounding the relationship between HIV/AIDS and Education as well as a set of corresponding powerpoint slides to enable you to present the information to others. You will also find references to other sources of information and to other tools that might be of help to you when you decide to proceed with this extremely important endeavour.

There is already substantial knowledge and evidence about what education can do to prevent HIV/AIDS. Best practices need to be shared and implemented across the region. We hope that this advocacy kit will help achieve this goal.

Thank you very much for your help in fighting the epidemic.

Sheldon Shaeffer
Director UNESCO Bangkok

"Without education, AIDS will continue its rampant spread. With AIDS out of control, education will be out of reach."

Peter Piot, Executive Director UNAIDS

TOPIC FINDER

Use this guide to find out which sections of the powerpoint presentation correspond with which sheets.

Topic A:
Basics about HIV/AID
Powerpoint slides 2-10; Sheet 1

Topic B:
Facts and figures
Powerpoint slides 11-22; Sheets 2, 5, and 9

Topic C:
The impact of HIV/AIDS on education systems
Powerpoint slides 23-30; Sheet 3

Topic D:
What the education sector can and should do
Powerpoint slides 31-45; Sheets 4, 6, 7, 8, and 10

For example, if you would like to present to your colleagues facts and figures related to HIV/AIDS, you would use slides 11-22 of the powerpoint presentation and draw particularly from sheets 2, 5, and 9.

Of course you are welcome to add or synthesise information and to adapt the presentation according to your and your audience's needs.

01 BASIC FACTS ABOUT HIV/AIDS

Today, many people have heard about **HIV/AIDS** – it is a topic in newspapers, on television, in the market place, and on street corners. However, many people still do not know exactly what HIV/AIDS actually means. Many people still do not know how to protect themselves. And there are still widespread misconceptions about HIV/AIDS. Furthermore, there is a considerable gap between knowledge and practice; not all people practice what they have learned in theory.

In order to come up with a creative and effective response to HIV/AIDS, it is essential to have basic knowledge about the disease and the epidemic. It is also essential to master the skills needed to prevent yourself from getting HIV.

HIV is short for **human immuno-deficiency virus.** Once infected with HIV, a person is said to be HIV positive. However, this does not necessarily mean that they have AIDS. AIDS, or **acquired immune deficiency syndrome**, can take many years to develop. An HIV positive person can feel and look healthy for a long time after first becoming infected. Eventually, the virus kills or impairs more and more cells in the body's immune system and the body loses the ability to fight off common infections and diseases. People with AIDS die from diseases that are usually not dangerous for people with healthy immune systems.

In some countries, there is medical treatment available that can slow down the rate at which HIV weakens the immune system. There are other treatments that can prevent or cure some of the illnesses associated with AIDS. As with other diseases, early detection offers more options for treatment and preventative care. However, HIV can never be cured – only its progression to AIDS can be slowed down.

- **AIDS does not discriminate – everybody is vulnerable**
- **Only semen, vaginal fluids, blood, and breast milk of an infected person can transmit HIV/AIDS**
- **Living with an HIV-positive person does not transmit the disease**

How is HIV spread?

HIV/AIDS does not discriminate. Everyone is vulnerable to HIV, regardless of age, nationality, or sex, and regardless of social status.

HIV, the virus that causes AIDS, is spread through four bodily fluids: **blood, semen, vaginal secretions, and breast milk**. The virus can only be spread from an infected person if his or her bodily fluids enter the bloodstream of an uninfected person.

- Unprotected heterosexual and homosexual contact with an infected partner – be it vaginal, oral, or anal - is the most common method of HIV transmission.
- Sharing unsterilized needles or syringes with an HIV positive person (for example, when injecting drugs or in a healthcare setting) can also lead to infection, regardless of whether the needle has been used to inject narcotics or medicine or if it has been used for tattooing or piercing.
- During pregnancy an HIV positive mother can infect her baby with the virus. The baby can also be infected during birth or afterwards through breastfeeding.
- Blood transfusion can also cause HIV-infection, if the donated blood is not tested.

HIV CANNOT be transmitted:

- Through air or by coughing and sneezing
- Through food or water
- Through sweat and tears
- By sharing cups, plates, and utensils with an infected person
- By touching, hugging, and kissing an infected person
- By sharing clothes or shaking hands with an infected person
- By sharing toilets and bathrooms with an infected person
- By living with an infected person
- By mosquitoes, fleas, or other insects

The HIV/AIDS epidemic today

In 2002, 42 million adults and children were living with HIV/AIDS worldwide.

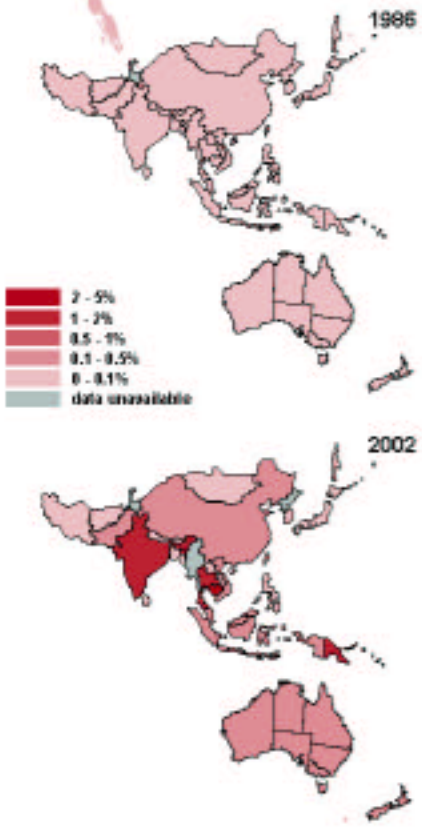
Even so, UNAIDS warns that the AIDS epidemic is still in an early phase. HIV prevalence is climbing higher than previously believed possible in the worst-affected countries and is continuing to spread rapidly into new populations in other parts of the world.

The global epidemic is a global emergency and one of the most formidable challenges to life and dignity, to the enjoyment of human rights, and to economic development. It affects all levels of society, from nations to individuals.

paragraph 2, UNGASS declaration of Commitment on HIV/AIDS, 2001

02 THE HIV/AIDS SITUATION IN ASIA

Adult (age 15-49) HIV prevalence rate in Asia-Pacific



UNAIDS (2002) A global view of HIV infection

Asia and the Pacific are home to an estimated 7.2 million people living with HIV/AIDS, including the 1 million adults and children who were newly infected in 2002. In the past years, the situation has deteriorated rapidly in parts of the region.

The current situation

The maps on the left show clearly that no country in Asia and the Pacific is immune to HIV/AIDS. Countries such as Thailand and Cambodia have reported high HIV/AIDS prevalence since the early 90s whereas in China and Indonesia the epidemic has just recently started to emerge from the shadows with several serious local epidemics.

In 2002, almost 1,200 people in Asia and the Pacific died from AIDS every single day, adding up to 435,000 AIDS deaths per year. At the same time, around 2,700 people get infected with HIV every day. This means that the Asia Pacific region sees one million new infections every year.

The HIV/AIDS epidemic can spread very quickly. Low HIV prevalence rates in the general population can conceal serious epidemics in high-risk groups. Examples of high-risk groups in Asia are adolescents and youth, sex workers and their clients, drug users, men who have sex with men, mobile populations, street children, etc. These groups are more vulnerable and thus more at risk of becoming infected with HIV. Very often, the HIV prevalence is much higher in these groups than in the general population. In China, certain areas have prevalence rates higher than 70% among injecting drug users.

- **In Asia, 2,700 people get infected every day**
- **Around 25 million people could be infected in Asia by 2010 if prevention is not scaled up**
- **The epidemic can be curbed if appropriate prevention programmes are put into place**

As has happened in Thailand, Cambodia, and Myanmar, the epidemic can quickly cross over from high-risk groups to the general population. Injecting drug users, men who have sex with men, and clients of sex workers may, knowingly or unknowingly, pass the virus on to their sex partners and children.

Mobile populations and HIV/AIDS:

Migration and mobility play important roles in the context of HIV/AIDS – some mobile populations are particularly at risk.

- Migrant workers, who leave their families behind, tend to engage in high-risk activities and, as a result, contract HIV more than the general population. Thus, sex partners of migrant workers also are very much at risk of getting infected.
- Among mobile professions, such as truck drivers, for example, prevalence rates may reach 50 per cent or more.
- Migrant and trafficked sex workers are considerably more likely to be HIV-infected than other people.

Projections of the future

Projection models have shown that an additional 18.5 million people will be infected with HIV in South and Southeast Asia by 2010 if prevention is not scaled up. Recent estimates project that, if prevention is not scaled up or programmes are not successful, China alone will have 10 to 15 million HIV/AIDS cases, and India is likely to have 20 to 25 million by 2010.

Nevertheless, immediate intervention could avert a large number of future infections and thus the course of the AIDS epidemic could be reversed. Comprehensive prevention packages would reduce the number of new infections in the region by 69 per cent; i.e. that only 5.7 million people instead of 18.5 million would be newly infected by 2010.

The Asia-Pacific region is seriously affected, with the potential for rapid spread if action is not taken.

paragraph 10, UNGASS declaration of Commitment on HIV/AIDS, 2001

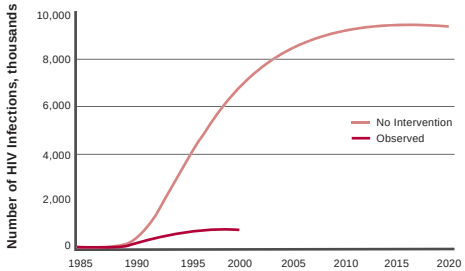
The epidemic can be curbed through an appropriate response

There is evidence that prevention programmes are successful and that the epidemic can be curbed.

Countries such as Thailand and Cambodia serve as good regional examples that the HIV epidemic can be curbed by strong and focused campaigns before it becomes too big. Thailand's well-funded, politically supported and comprehensive prevention programmes have saved millions of lives, reducing the number of new HIV infections from 143,000 in 1991 to 29,000 in 2001.

The graph below shows the actual growth of the epidemic and the estimated scenario in Thailand, had there been no interventions.

Scenario of the epidemic in Thailand, had there been no intervention through 2020, and observed epidemic curve



Source: Division of AIDS, Ministry of Public Health in Thailand; Thai Working Group on HIV/AIDS Projection (2001) HIV/AIDS Projections of Thailand: 2000 - 2020

03 THE IMPACT OF HIV/AIDS ON THE EDUCATION SYSTEM

Countries that fail to bring the epidemic under control while prevalence rates are still relatively low run a risk of facing a large challenge in the future. Once the epidemic has become widespread, it has a tendency to spread much faster because more individuals and many different groups of society are affected.

The HIV/AIDS epidemic does not only affect individuals - it affects every part of, and every institution in, society. Achievements in human development are being undermined as countries lose young, productive people to the epidemic, economies stumble, households fall into deeper poverty, and the costs of the epidemic mount. This easily develops into a spiral as worsening socio-economic conditions render people and communities more vulnerable to the epidemic. More infections lead to more poverty, which in turn leads to more infections, and so on.

- **Students, teachers, and other education staff fall ill or die from AIDS**
- **Students, particularly girls, are increasingly taken out of school**
- **HIV/AIDS affects teaching quality and the ability to learn**

The impact on the education system

HIV/AIDS poses a severe threat to the education system. The impact of the epidemic on the African education systems clearly shows that Asian countries need to learn from its lessons and be proactive. If nothing is done about the epidemic, the impact of HIV/AIDS may become as severe as it has proven to be in Sub-Saharan Africa.

"HIV/AIDS is an immense challenge to the education sector and is already undermining progress towards the goal of Education for all by affecting the demand, supply, and quality of education."

Dakar Education Forum 2000

"AIDS is turning back the clock on development. In too many countries the gains of life expectancy won are being wiped out. In too many countries more teachers are dying each week than can be trained."

The President of the World Bank, James D. Wolfensohn, address to the UN Security Council, January 2000

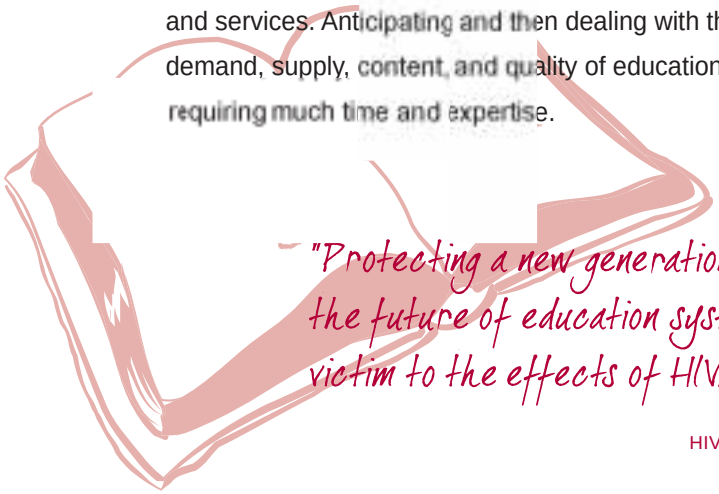
- **Education Demand** - HIV/AIDS has a negative effect on students. The number of students in schools decreases. As the epidemic advances, there will be a greater number of sick children, and many children, especially girls, may be taken out of school to care for sick relatives or to take over household responsibilities (thus increasing their vulnerabilities, for example, through exploitation). Financially, fewer families will be able to support their children's education. For psychological and stigma-related reasons, children are less willing to enter and remain in school, and they may be distracted and therefore less able to learn.

- **Education Supply** - The education sector will experience a loss of human resources as teachers as well as school administrators and supporting staff die, fall sick, or are psychologically traumatised by family and community deaths due to AIDS, and therefore become unable to work. Furthermore, schools will receive less support from families and communities.

- **Education Quality** - If the education sector cannot support AIDS-affected teachers or supply adequate replacements for those who fall ill or die, the overall morale of people working in the education sector and, with that, the quality of the education system, will be reduced. Furthermore, if curricula are not providing the knowledge and skills that young people need in an AIDS-affected society, the quality of education provided to them will also decrease.

- **Education Content** - The content of current curricula must be reformed to reflect the learning needs related to the HIV/AIDS epidemic, such as health and sex education messages, coping with illness and death in the family, non-discrimination towards people living with HIV/AIDS, gender roles and issues, and life skills.

- **Education planning** - HIV/AIDS has an impact on ministries, departments, agencies, and policy makers responsible for proper planning and allocation of education resources and services. Anticipating and then dealing with the impact of the epidemic on the demand, supply, content, and quality of education at this level are time-consuming tasks, requiring much time and expertise.



"Protecting a new generation from HIV/AIDS is imperative to the future of education systems, which are themselves falling victim to the effects of HIV/AIDS."

HIV/AIDS, School, and Education: Global Strategy Framework

04 THE IMPORTANT ROLE OF THE EDUCATION SECTOR IN FIGHTING THE EPIDEMIC

Given the absence of a cure and a vaccine, education is the most effective tool to fight the HIV/AIDS epidemic.

Why education can combat HIV/AIDS

The education system has the advantage of reaching out to many children and young people early, at a time when few are infected and before they engage in behaviour that may put them at risk of getting HIV. It can help prevent infection among young people, in both the long term and the short term.

Young people are in the process of acquiring knowledge and developing a set of values and life skills that will guide them through life. A fully inclusive education system can help young people to develop life skills to better protect themselves. Since education shapes attitudes and values, it can also help reduce discrimination against people living with HIV/AIDS.

Studies from around the world show that young people provided with correct information, knowledge, and skills will not only delay starting their sexual activity, but once they start having sex, they will also be more likely to protect themselves against sexually transmitted infections, including HIV/AIDS.

To stop the spread of the epidemic, all countries must emphasize prevention in education, nutrition, information and health-care services.

paragraph 18, UNGASS declaration of Commitment on HIV/AIDS, 2001

- **There is no medicine to prevent and/or cure HIV/AIDS**
- **Education is the most important tool to fight HIV/AIDS**
- **Ministries/Departments of Education need to recognize their responsibility and be proactive**

What the education sector can do

The Ministry/Department of Education[1] can do a number of things to prevent HIV/AIDS from spreading, to help the people who are already affected or infected, and to alleviate the impact of HIV/AIDS on society at large, and on the education sector in particular.

Ministries of Education recognise the fact that HIV/AIDS is a serious problem and that sexually active young people are particularly vulnerable to HIV/AIDS.

In order to protect young people and education personnel from HIV/AIDS, education ministries will need to develop effective policies, leading to the development of comprehensive and appropriate curricula, and ensure that they are properly implemented.

Planning and managing HIV/AIDS education

- Ensure strategic, operational, and anticipatory planning processes which lead to early warning of impact and realistic and realisable operational plans and policies
- Reserve adequate budgetary provision with streamlined access to resources
- Appoint full-time mandated HIV-and-education officers within major institutions and make sure that their responsibilities regarding HIV/AIDS are clearly laid out in their job descriptions

Remember that the Education Ministry/Department is responsible for incorporating preventive education in the curriculum and facilitating implementation.

Incorporating HIV/AIDS prevention and care in the national curriculum

- Integrate HIV/AIDS issues in a broader health education approach, also including malaria, tuberculosis, reproductive health, substance abuse, and sexually transmitted infections
- Train teachers on how to deal with HIV-positive students and colleagues and how to teach about HIV/AIDS, life skills, and related issues, and integrate this content into the teacher training curriculum
- Develop adequate teaching and learning materials related to HIV/AIDS knowledge and skills based on a life skills approach and with supporting materials for use outside the school setting
- Consult the attached checklist for details on policy and planning needs

[1] Hereinafter Ministry/Department of Education refers to institutions at both National and State/Regional levels.

05 WHY YOUNG PEOPLE NEED TO LEARN ABOUT HIV/AIDS AND SEX

- Young people are sexually active
- Young people do not have sufficient knowledge about HIV/AIDS
- Research has shown that preventive education does not lead to increased pre-marital sexual activity

"Many people are still traditional, thinking sexuality is a private matter, they hesitate to talk about it."

Vietnamese Cultural Approach to HIV/AIDS Prevention, Support and Care in selected areas of Ho Chi Minh City, Male doctor in public practice, Case No 8

Young people are at the centre of the HIV/AIDS epidemic. They are the most vulnerable, because they often do not have access to information, knowledge, and skills related to HIV/AIDS. Furthermore, adolescence is a period when many young people are likely to experiment with sex and drugs. Young people are also the world's greatest hope in the struggle against AIDS.

Young people have sex

For many people in Southeast Asia, as well as all over the world, sexual activity begins during adolescence; i.e., before young people reach their 18th birthday. In many countries, unmarried girls and boys are sexually active even before the age of 15.

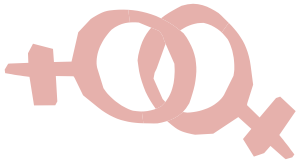
Many parents and adults wish to ignore that young people have sex. However, to stop the HIV/AIDS epidemic from spreading and to protect young people, it is essential to accept these facts. To provide sexually active young people with the knowledge, skills and means by which to protect themselves and their partners against infection with HIV is a very important step in slowing down the spread of the epidemic.

Most young people do not have sufficient knowledge about HIV/AIDS

Awareness of the existence and threat of HIV, as well as information and knowledge about how HIV is spread and how its transmission can be prevented, is still lacking in many populations in the region.

Many young people still have misconceptions about HIV/AIDS. Some young people believe that HIV/AIDS can be cured, that it spreads by mosquito bites, or that a healthy looking person cannot be infected with HIV.

Lacking knowledge and skills, adolescents are less likely to protect themselves from HIV than adults. The older adolescents are, the more likely they are to protect themselves. Furthermore, research has shown that there is a direct correlation between level of education and condom use.

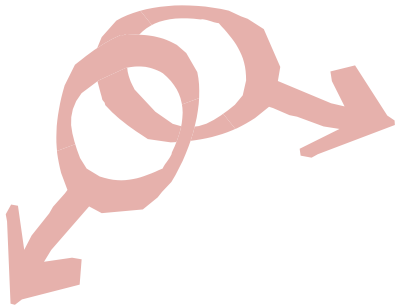


Many parents express concern that sex education will lead to greater sexual activity, or even promiscuity among teenagers. However, the opposite is the case: **HIV and/or sexual health education delays the onset of sexual activity**, reduces the number of sexual partners, decreases the number of unplanned pregnancies, reduces STI rates, and increases responsible behaviour.

All young people have a right to know

Young people have a right to know how they can protect themselves and others and how to mitigate the impact of HIV/AIDS. They need to:

- Know about their own body
- Know about gender stereotypes
- Know about sex and sexuality
- Know about basic facts on HIV/AIDS and other STIs and the necessary skills to protect themselves
- Know their HIV status and where to find testing facilities
- Know where to get medical, emotional, and psychological support if they are living with HIV/AIDS
- Know how to shield their families and peers from HIV/AIDS
- Know how to protect those in their communities who are living with HIV/AIDS
- Know about HIV/AIDS education programmes and their rights
- Know how to involve their peers in campaigning against HIV/AIDS



"HIV/AIDS is not only a young epidemic but also an epidemic of the young."

Peter Piot
Executive Director, UNAIDS

06 GUIDELINES FOR PREVENTIVE EDUCATION

Why preventive education works

- A general basic education has an important preventive impact. It can equip people to make healthy decisions concerning their own lives, bring about long-term healthy behaviours, and give people the opportunity for economic independence and hope.

- Education is among the most powerful tools for reducing girls' vulnerability. Girls' education helps to slow and reverse the spread of HIV/AIDS by contributing to economic independence, delayed marriage, and family planning.

- Schooling offers an appropriate infrastructure for delivering HIV/AIDS prevention efforts to large numbers of the uninfected population – school children – as well as to youth, who are the age group at most risk in many countries.

- Education is highly cost-effective since the investment in prevention is many times smaller than the cost of caring for the sick.

- **If used appropriately, preventive education is a powerful tool**
- **Young people need to know how to protect themselves and mitigate the impact of HIV/AIDS**

Guidelines for preventive education

- The purpose of preventive education is to promote a healthy lifestyle and responsible behaviour and to prevent disease.
- This is achieved by providing the knowledge, attitudes, skills, and means to encourage and sustain behavior that reduces risk of infection, by providing social support and care and by reducing stigma and discrimination.
- It is important to start early, that is before children/adolescents become sexually active or drop out of school.
- An effective preventive education approach must be comprehensive, multisectoral, open, and flexible; and it must address all factors that increase vulnerability to HIV/AIDS, such as sexual behavior, the position of women and minority groups, gender issues, community- and family circumstances, education, poverty, discrimination, drug and alcohol abuse, peer pressure, etc.
- Education personnel must be equipped with communication skills including a capacity to listen and to learn and an ability to effectively address sensitive issues.
- Best practices from other countries and regions can be borrowed and adapted, but the unique cultural contexts of your country needs to be taken into account.
- General education programmes, as well as specialised efforts targeting high-risk behaviours, must be created.
- Preventive education can and should be strengthened by combining various channels such as schools, media, informal networks, etc.
- HIV/AIDS education does not stop in the classroom. HIV/AIDS should be integrated both into the curriculum and into extracurricular activities within the school setting such as youth camps, peer education, theatre, study tours, exhibitions, contests, sports, etc.
- Preventive education should emphasise life skills.

What makes talking about HIV/AIDS easier:

- Adequate training for teachers and facilitators
- Good skills and sound knowledge of teachers and facilitators
- High-quality teaching and learning materials
- Respect for and rapport with students
- Patience and understanding
- A non-judgmental attitude
- A positive environment

07 REDUCING RISKS & VULNERABILITIES

Prevention is the key to reducing infection rates. Preventive education has an important role to play in minimising risk behaviour among young people and should provide young people with knowledge and skills to protect themselves. Preventive education should address both risk reduction and vulnerability reduction.

- **Knowledge and skills help young people to minimise risk behaviour**
- **Some groups are more vulnerable to HIV/AIDS than others. Making them less vulnerable helps to curb infection.**

Risk reduction

Good quality education fosters analytical thinking and healthy habits. Better-educated young people are more likely to acquire the knowledge, confidence, and social skills to prevent themselves from getting infected with HIV. However, behaviour is not necessarily changed by knowledge alone. Students will need skills to put what they learn into practice through life skills education in order to build enough self-esteem to resist peer and adult pressure.

Some core life skills are:

- Negotiation skills
- Self-awareness skills
- Critical thinking skills
- Decision-making skills

Life skills can be taught in many ways, both in and out of school. Since teaching life skills is an innovative and relatively new approach, training and support for teachers are key factors in making life skills education work. It is important that there is room for active participation of young people, from the initial stage, in the design of preventive education, including development of the curriculum and of supportive HIV/AIDS prevention materials.

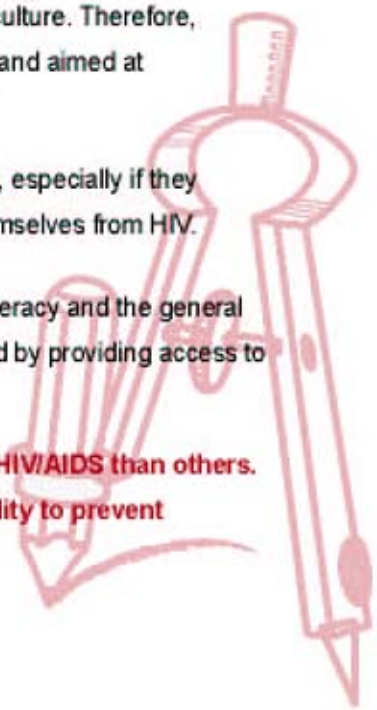
Vulnerability reduction

Some groups of people are more vulnerable to HIV/AIDS than others. One aspect of preventive education is the focus on the conditions influencing the vulnerability to HIV/AIDS. By reducing vulnerability, preventive education decreases the likelihood of infection with HIV. The following groups are particularly vulnerable:

- **Adolescents and young people**, because they often engage in risky sexual behaviour and substance use, and because of their lack of access to HIV information and prevention services .
- **Girls and young women**, because they are often excluded from education, marry at a very young age, and are not in the position to demand condom use from their partners who may be engaged in other sexual activities.
- **Mobile populations**, because they often leave their families and social support network behind. The resulting loneliness may force them to use sex worker services. Since they often have no support or friends in their destination city, they are also vulnerable to being sexually exploited themselves.
- **People who use drugs**, especially when they exchange needles or need to offer (unprotected) sex in exchange for drugs or money. Use of any substance, including alcohol, is associated with unsafe sexual behaviour.
- **Sex workers and their clients**, since sex workers have many sex partners whom they cannot always persuade to use condoms. As a result, many clients get infected and pass the virus on to their partners.
- **Social, sexual, ethnic, and religious minorities**, since they often do not have access to knowledge and skills that are appropriate to their own culture. Therefore, they often feel not addressed by prevention efforts developed by and aimed at members of 'mainstream' culture.
- **Street children, working children, and out-of-school children**, especially if they have no access to knowledge and skills about how to protect themselves from HIV.

Education in itself can reduce vulnerability to HIV/AIDS by increasing literacy and the general education level, by creating a sense of connectedness and security, and by providing access to trusted people.

People who engage in high-risk behaviour are more vulnerable to HIV/AIDS than others. Thus, decreasing vulnerability also means enhancing people's ability to prevent infections with HIV.



08 HOW TO HELP PEOPLE INFECTED & AFFECTED BY HIV/AIDS IN THE SCHOOL CONTEXT

1) Ensure that students & teachers infected & affected by HIV/AIDS stay at school

Students and teachers affected by HIV/AIDS face many challenges in their personal lives that may lead them to decide to abandon school. One of the aspects that can cause this is misunderstanding and fear among the community in which they live, which often leads to stigma and discrimination.

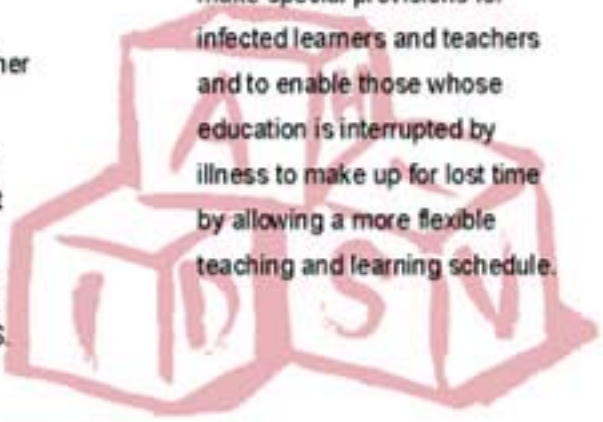
It is important that schools are aware of the potential impact of AIDS and related stigma and discrimination on people affected by HIV/AIDS, and that they take action to prevent this from happening. Teachers and students affected by HIV/AIDS have the same rights to education and employment as other people, and people infected and affected by HIV/AIDS need to be assured that they are not denied basic human rights. A first step in this direction is developing policies and guidelines for the protection of people living with HIV/AIDS, which should include broad action in making all school administrators aware of this issue.

It is imperative to work with community groups, NGOs, and other Ministries (especially the Ministry or Department of Social Welfare) to keep students and teachers at school if they have become affected by HIV/AIDS. Schools can play an important role in setting an example for the community by promoting understanding, compassion, empathy, and non-discriminatory attitudes towards people infected with or affected by HIV/AIDS.

2) Provide for those who are infected

People infected or affected by HIV/AIDS have specific needs for psychosocial support (counselling), but also specific medical needs. The education system must learn to care about, and take responsibility in addressing, these needs. For example, by having in place systems for referral to social welfare and health service providers.

In terms of policy and guideline development, there is a need to make special provisions for infected learners and teachers and to enable those whose education is interrupted by illness to make up for lost time by allowing a more flexible teaching and learning schedule.



- Keep infected students and teachers at school
- Care and provide for those who are infected and affected
- Avoid stigma and discrimination

3) Deal with trauma and other AIDS-related issues

The learning capacities of young people affected by HIV/AIDS, including AIDS orphans, may be severely impaired by their sense of personal loss or their uncertain status in households of relatives or friends who may have taken over their care and support. The existing curriculum may become irrelevant to their current situation of trauma, distress and loss. It is important that schools are assisted in developing in-class activities addressing these issues in an atmosphere of support, compassion and understanding – not of fear, moral judgment and rejection.

On an individual level, teachers and peers can play important roles in counselling or referring students affected by HIV/AIDS to help them deal with grief, stigma, and other stresses that arise from HIV/AIDS in their families. Teachers need to be prepared for this important responsibility by providing them with adequate training – or providing them with information on where to refer students and their families for assistance. At the same time, teachers themselves will be dealing with loss of family and friends and thus may need counselling.

4) Reduce stigma & discrimination

HIV/AIDS affects learners through the trauma, silence, prejudice, and discrimination frequently associated with it. This experience may cause some young people to discontinue their education while others may drop out of school because they do not feel able to learn or to be as attentive as before. Education can provide information about people living with HIV/AIDS and create supportive and understanding attitudes towards them, thus reducing stigma and discrimination in the community and helping people affected by HIV/AIDS deal with it.

Examples of AIDS-related fears and stigma

"I don't want to get tested – what will my friends say if they find out I am infected?"

"I'm not surprised he is sick now – after all he is gay."

"Why would I hire someone who I know is HIV positive? I will certainly not invest in someone who may fall sick anytime. An HIV positive employee is simply not attractive for us."

"I wanted to talk to people but I was afraid that they would feel disgusted by my appearance."

"We had to close our family restaurant because nobody wanted to come and eat there anymore since people started talking about my son having AIDS."

"I was forced out of high-school because the community was afraid of me."

"I'm not scared of the disease - I'm scared of how people are going to treat me if they find out that I have AIDS."

"Nobody will come near me, have lunch with me, nobody wants to talk to me after school since they found out that my mother is sick."

"We didn't dare to feed her anymore, we were scared of coming close to her - so she died."

Stigma derives from the association of HIV/AIDS with sex, disease and death, and with behaviours that may be illegal, forbidden, or taboo, such as pre- and extramarital sex, sex work, sex between men, and injecting drug use. Stigma builds upon, and reinforces, existing prejudices.

09 HIV/AIDS AND EDUCATION: WHAT GOVERNMENTS HAVE AGREED ON

Governments across the world have agreed on guidelines for action in regard to HIV/AIDS and Education. These declarations and international agreements can be used by Ministry/Department officials – you – to convince colleagues and other people about the need to take action.

The Declaration of Commitment on HIV/AIDS

In June 2001, Heads of State and Representatives of Governments met at the United Nations General Assembly Special Session (UNGASS) dedicated to AIDS. They expressed their agreement in the Declaration of Commitment on HIV/AIDS.

The Declaration is a clear statement by governments outlining what has been agreed upon and what they are committed to doing, often with specific deadlines. As such, the Declaration is a powerful tool with which to guide and secure action, commitment, support and resources for all those fighting the epidemic, both within and outside governments. In short, the Declaration presents the best set of guidelines for action against the HIV/AIDS epidemic which exists today. Its main demands are that:

- Strong leadership is required at all levels of society.
- Prevention must be the mainstay of our response.
- Care, support, and treatment are fundamental elements of an effective response.
- Realisation of human rights and fundamental freedoms for all are essential to reduce vulnerability to HIV/AIDS – the response must be driven by respect for the rights of people living with HIV/AIDS.
- The vulnerable must be given priority in the response.
- Empowering women is essential.
- Children orphaned by HIV/AIDS need special assistance.
- To address HIV/AIDS means investing in sustainable development.
- With no cure yet found, further research and development are crucial.
- The challenge cannot be met without new, additional and sustained resources.

- **Declaration of Commitment on HIV/AIDS by the UN General Assembly Special Session**
- **Dakar Framework for Action**
- **ESCAP Resolutions**

Millennium Development Goals

At the Millennium Summit in September 2000, the states of the United Nations reaffirmed their commitment to working toward a world in which sustaining development and eliminating poverty would have the highest priority.

It is recognized that AIDS poses an unprecedented public health, economic, and social challenge since, by infecting young people disproportionately (half of all new HIV infections are among 15 to 24 year olds) and by killing so many adults in their prime, it undermines development.

Goal number 6 (Combat HIV/AIDS, malaria, and other diseases) includes one target related to HIV/AIDS, namely to have halted the epidemic by 2015 and begun to reverse its spread. The three indicators for this target are HIV prevalence among 15- to 24 year old pregnant women, the contraceptive prevalence rate, and the number of children orphaned by HIV/AIDS.

The Dakar Framework for Action

The World Education Forum held in Dakar, Senegal, in 2000 adopted the Dakar Framework for Action. Strategy Seven of the document calls for urgent implementation of education programmes and actions to combat the HIV/AIDS pandemic.

62. The HIV/AIDS pandemic is undermining progress towards Education for All in many parts of the world by seriously affecting educational demand, supply and quality. This situation requires the urgent attention of governments, civil society and the international community. Education systems must go through significant changes if they are to survive the impact of HIV/AIDS and counter its spread, especially in response to the impact on teacher supply and student demand. To achieve EFA goals will necessitate putting HIV/AIDS as the highest priority in the most affected countries, with strong, sustained political commitment; mainstreaming HIV/AIDS perspectives in all aspects of policy; redesigning teacher training and curricula; and significantly enhancing resources to these efforts.

63. The decade has shown that the pandemic has had, and will increasingly have, a devastating effect on education systems, teachers and learners, with a particularly adverse impact on girls. Stigma and poverty brought about by HIV/AIDS are creating new social castes of children excluded from education and adults with reduced livelihood opportunities. A rights-based response to HIV/AIDS mitigation and ongoing monitoring of the pandemic's impact on EFA goals are essential. This response should include appropriate legislation and administrative actions to ensure the right of HIV/AIDS affected people to education and to combat discrimination within the education sector.

64. Education institutions and structures should create a safe and supportive environment for children and young people in a world with HIV/AIDS, and strengthen their protection from sexual abuse and other forms of exploitation. Flexible non-formal approaches should be adopted to reach children and adults infected and affected by HIV/AIDS, with particular attention to AIDS orphans. Curricula based on life skills approaches should include all aspects of HIV/AIDS care and prevention. Parents and communities should also benefit from HIV/AIDS related programmes. Teachers must be adequately trained both in-service and pre-service in providing HIV/AIDS education, and teachers affected by the pandemic should be supported at all levels.

The ESCAP Resolutions

The ESCAP Resolutions were adopted by the Commission at its 57th session. In its 59th session, ESCAP is focusing mainly on HIV/AIDS.

In 57/1 3b, the Economic and Social Commission for Asia and the Pacific requests the Executive Secretary "to acknowledge the recommendation by the Secretary-General in his statement to the Millennium Assembly of the United Nations that new infections in young people between the ages of 15 to 24 years be reduced by 25 per cent by the year 2010 by supporting member governments in expanding and accelerating HIV/AIDS programmes among youth, particularly focusing on life skills training and human resources development programmes to enhance the capacity of social service and health providers".

10 THE STEPS YOU CAN TAKE NEXT

Now that you have gotten an overview of the situation and understand the impact that HIV/AIDS may have on your country's educational system if no action is taken, you may wonder what your next steps should be. We trust that you know best whom to address in your Ministry and which issues to focus on. However, there are some general ideas you may find very helpful.

- Look for additional information
- Identify potential partners
- Draft a list of next steps

Look for additional information

Find out more about the (potential) HIV/AIDS situation in your country and its specific needs; gather materials such as research reports, policy documents, strategy formulations, and scientific papers on HIV/AIDS and education in your country so that you get acquainted with existing ideas and goals.

Look for potential partners & allies

Look for partners inside the Ministry/Department that may share your interest of furthering the response to HIV/AIDS by the Education Ministry/Department.

Keep in mind that action needs to be taken now. Convince fellow Ministry officials that it is crucial to:

- Provide committed and informed political and educational leadership
- Provide well-funded, politically supported, and comprehensive prevention programmes
- Ensure consistent political commitment
- Advocate for decentralisation – promote the involvement of education stakeholders at the provincial and district levels in planning, policy making, and implementing activities related to HIV/AIDS
- Act before the epidemic takes hold
- Ensure common understanding about the nature of the pandemic and its impact on education
- Establish guidelines, regulations, and codes of conduct which clarify responsibilities of implementers
- Not allow efforts to stagnate

Look for partners outside the Ministry/Department that share your interests and help you reach your goals such as representatives from the National AIDS programme/Ministry of Health, UN agencies (UNESCO, UNAIDS, UNICEF, WHO, UNFPA, etc), NGOs (Education International, CARE, Family Health International / FHI, AIDS Alliance, or others), other government sectors and departments (Ministry of Social Affairs, Ministry of Information, Ministry of Planning), teacher unions, parent associations, the private sector, etc.

Draft a list of next steps jointly with partners inside and outside the Ministry / Department

Use the Checklist from the Kit to determine what steps should be taken next and by whom.

Remember to focus on preventive education and on the mitigation of the epidemic's impact

To stabilise the system, departments and providing agencies must assure that the system keeps working so that teachers are teaching and children enrolling and staying in school, that managers are managing, and that finance and professional development systems are performing adequately.

To mitigate the epidemic's potential and actual impact on the system as a whole, efforts must be made to make the system fully inclusive by challenging all forms of AIDS-related stigma and discrimination. The participation by persons living with HIV/AIDS is important.

Remember that preventive education is the most important tool to fight HIV/AIDS, and that the Ministry/Department of Education is the lead agency to ensure access to preventive education by the population of your country.

"Intervention efforts made early in the growth of an epidemic have a much greater effect in reducing the total size of the epidemic than similar efforts made late during the time course of its development."

Can we reverse the HIV/AIDS pandemic with an expanded response?
The Lancet, Vol 360, July 6, 2002

FACTS AND FIGURES

The facts and figures here will give you a brief overview of the dimension of the AIDS epidemic in the world and in your region. They were mostly taken from the 2002 Report on the global HIV/AIDS epidemic by UNAIDS. Please note that these figures are estimates and may be significantly higher in reality.

Worldwide

8,219 AIDS deaths per day | 13,699 new infections per day

42 million people were living with HIV/AIDS by the end of 2002
5 million people were infected in 2002
More than **3 million children** (0-14) are living with HIV/AIDS
28 million have died from AIDS
More than **3 million** died in 2002
14 million children (0-14) have lost their mother or both parents due to AIDS

The economic loss is estimated to account for more than **20 per cent of GDP** in the worst affected countries by 2020.

In Asia and the Pacific

1,192 AIDS deaths per day | 2,685 new infections per day

The Asia-Pacific region has 60 per cent of the world's population but so far only 20 per cent of the estimated global HIV infections. However...

7.2 million people were living with HIV/AIDS by the end of 2002
1 million adults and children were newly infected in 2002
225,000 children (0-14) are living with HIV/AIDS
Almost **500,000 people** died from AIDS in 2002
1.9 million children are orphaned by AIDS
Fewer than **30,000 people** are on antiretroviral treatment

Projected new infections in South and Southeast Asia by 2010 if prevention is not scaled up: 18.5 million

CASE STUDIES

The following case studies demonstrate how AIDS can heavily affect young people's lives in the long term, even if they are not infected or fall sick themselves. These are examples of young people who are taken out of school because family members fall ill and thus it becomes economically impossible for them to send all their children to school.

Vann Rin

Vann Rin knows how poverty can become an obstacle to education. A 15-year old resident of the village of Phun Thom in Kandal Province, Cambodia, Rin enrolled in school because she "wanted to have knowledge". She attended school for five years and, after repeating twice, completed grade three.

Rin has three brothers and two sisters, and both of her parents have medical problems. She dropped out of school when an older sister died, leaving her as the oldest daughter. She herself made the decision to drop out because "I saw that my mother with a baby could not carry palm juice". She helps in the fields, takes care of the family oxen, cooks, and makes sure that her siblings get off to school.

Rin feels sad that she was forced to abandon her education, especially when she thinks of her classmates still in school. "I feel lonely", she said. Perhaps, she added, she will be able to return next year. She is young and still has time.

She...

…does not go to school any more. For one thing, her small, rural school has been disintegrating under the impact of HIV/AIDS: teachers, already in short supply, have been dying, feeling too ill to teach, or moving to the city to seek medical care. For another, her grandparents – newly responsible for the grandchildren after losing their son and daughter-in-law to AIDS – have opted to spend their meager income on school fees for her two brothers, but not for her.

At age nine she does not have HIV/AIDS, but she is growing up without parents, without an education, and without the knowledge or resources to guide her choices in life. Her future partners or her future husband may well be HIV-positive. If so, she too, voiceless and powerless, will become infected. And if she lives long enough to have children, she will be unable to give them any better chance in life.

Sunita

12 year old Sunita is a fifth grade student in a local Government school in India. She has three siblings, the youngest one four years old. Recently, Sunita's mother needed a blood transfusion when she was about to deliver her fourth child. Sunita's father donated blood and his blood was detected to be HIV positive. The hospital and the whole neighbourhood have now come to know that Sunita's father is infected with the virus. After hearing the news, the principal and other school authorities have decided not to allow Sunita to attend school.

Mukesh

Mukesh is 15 years old and he is a good student. He wants to become a teacher when he grows up. Mukesh and his two younger sisters live in a small town. Their mother is semi-literate and his father has not been well for the last two years or so and thus has been frequently absent from work. Eventually, the family decided to go to hospital where Mukesh's father was diagnosed to have early symptoms of AIDS. The family is shattered. Mukesh had to drop out of school to look after his family.

If you have access to the Internet you can start collecting information right here. Below you find links to online publications, studies, and websites of organisations dealing with HIV/AIDS issues. Most of these publications are also available in print format.

HIV / AIDS Links

Adolescent Reproductive Health Web
www.unescobkk.org/ips/arh-web/

Aidsmap
www.aidsmap.com

Asia Pacific Council of AIDS Service Organisations (APCASO)
www.31stcentury.com/apcaso/missionstatement.htm

HIV/AIDS Impact on Education Clearinghouse
http://databases.unesco.org/sidaimpact/clearing/en

HIV/AIDS in Thailand
www.nectec.or.th/users/craig

Indonesia AIDS Homepage
www1.rad.net.id/aids

National AIDS Control Organisation India
www.naco.nic.in

UNDP Asia Pacific HIV and Development Project
www.hivundp.apdip.net

SEA-AIDS
www.unaidsapict.inet.co.th

UNAIDS – Joint United Nations Programme on HIV/AIDS
www.unaids.org

UNAIDS Cambodia
www.un.org.kh/unaids/

UNAIDS China
www.unchina.org/unaids

UNAIDS South and Northeast Asia
www.youandaids.org/

UNAIDS Vietnam
www.unaids.org.vn

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www.savethechildren.org/uk/development/lfe/ICAAP.pdf

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www.unaids.org/barcelona/presskit/youngpeople/index.html

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Behavioural Change and Communication

The Communication Initiative
www.comminit.com

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www1.rad.net.id/aids

National AIDS Control Organisation India
www.naco.nic.in

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www.hivundp.apdip.net

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UNAIDS Cambodia
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UNAIDS China
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United Nations General Assembly (UNGASS), 'Declaration of Commitment on HIV/AIDS'
www.unaids.org/UNGASS/docs/AIDSDeclaration_en.pdf

FURTHER READING, REFERENCES & LINKS

GLOSSARY

In the context of HIV/AIDS you may come across the following terms and acronyms. This list is not exhaustive, which means that you may not find all words and acronyms you are looking for. Feel free to add to the list if you come across terms that you think need explanation or clarification.

Advocacy – Influencing outcomes - including public policy and resource allocation decisions within political, economic, and social systems and institutions - that directly affect people's lives.

Affected by HIV/AIDS – HIV/AIDS has an impact on the lives of those who are not necessarily infected themselves but who have friends or family members that are HIV-positive. They may have to deal with similar negative consequences, for example stigma and discrimination, exclusion from social services, etc.

AIDS (Acquired Immunodeficiency Syndrome) – The last and most severe stage of the clinical spectrum of HIV-related disease.

Antibodies – Immunoglobulin molecules in the blood produced by the body's immune system and directed against specific agents, such as "alien" viruses or bacteria. In HIV infection, the antibodies produced against the virus fail to protect against it.

ARV (Antiretroviral Drugs) – These reduce a person's viral load, thus helping to maintain the health of the patient. However, antiretroviral drugs cannot eradicate HIV entirely from the body. Antiretroviral drugs work by suppressing the activity or replication of retroviruses such as HIV.

Bacteria – Microbes composed of single cells that reproduce by division. Bacteria are responsible for a large number of diseases. Bacteria can live independently, in contrast with viruses, which can only survive within the living cells that they infect.

BCC – Behaviour Change Communication

Bisexual – A person who is sexually attracted to both males and females.

CDU – Condom Use

Cell – All living organisms are composed of one or more cells, i.e. autonomous self-replicating units.

Clinical trial - A clinical trial is a study that tries to improve current treatment or find new treatments for diseases. Drugs are tested on people, under strictly controlled conditions.

Concentrated epidemic – An epidemic is considered concentrated when less than one per cent of the wider population but more than five per cent of any high-risk group is infected.

Condom – One type of device that can prevent pregnancy as well as sexually transmitted infections and AIDS. Female condoms are available as well.

Diagnosis – The determination of the existence of a disease or condition.

Empowerment – Attempts to enable the target population to take more control over their daily lives. The term 'empowerment' is often used in connection with marginalised groups, such as women, homosexuals, or sex workers.

Epidemic - A widespread outbreak of an infectious disease where many people are infected at the same time.

Gays – Men that are sexually attracted to men.

Generalized epidemic – An epidemic is considered generalized when more than one per cent of the total population is infected.

GIPA – Greater Involvement of People Living with AIDS

Heterosexual – A person sexually attracted to persons of the opposite sex.

High-risk behaviour – Activities that put individuals at greater risk of exposing themselves to a particular infection. In association with HIV/AIDS, high-risk activities include unprotected sexual intercourse and sharing of needles and syringes.

HIV (Human Immunodeficiency Virus) – The retrovirus that causes AIDS in humans.

Homosexual – A person sexually attracted to persons of the same sex.

IEC – Information, Education, Communication

Immune system - The body's defense system that prevents and fights off infections.

Incubation period – The period of time between entry of the infecting pathogen (in the case of HIV/AIDS, this is a virus) into the body and the first symptoms of the disease.

IDU – Intravenous (or injecting) drug users

Lesbians – Women that are sexually attracted to women.

Life skills - Refers to a large group of psycho-social and interpersonal skills which can help people make informed decisions, communicate effectively, and develop coping and self-management skills that may help them lead a healthy and productive life.

Maternal antibodies – In an infant, these are antibodies that have been passively acquired from the mother in utero. Because maternal antibodies to HIV continue to circulate in the infant's blood up to the age of 15-18 months, it is difficult to determine whether the infant is infected.

Microorganism - Any organism that can only be seen with a microscope; protozoans, bacteria, fungi, and viruses are examples of microorganisms.

MSM – Men who have sex with men

Opportunistic infection – An infection that does not ordinarily cause disease, but that causes disease in a person whose immune system is impaired, as by HIV infection.

Orphans – Children whose parents have died. With respect to AIDS, orphans are usually defined as children under the age of fifteen who have lost one or both parents due to AIDS.

Pedophilia – The sexual molestation by adults of children or sexual intercourse by adults with children.

Pandemic - An epidemic that affects multiple geographic areas at the same time.

Pathogen – An agent such as a virus or bacteria that causes disease.

Peer education – A teaching-learning methodology that can develop, strengthen, and empower young people to take an active role in influencing policies and programmes.

Plasma – The fluid portion of the blood.

PWA/PLWHA/PLHA/PLA – People Living with HIV/AIDS

PMTCT – Prevention of Mother to Child Transmission

Prevalence rate – The proportion of a population that has a disease or a condition at a specific point in time.

Rape – Sexual intercourse with an individual without his or her consent.

Safer sex – Sexual activities that reduce or eliminate the exchange of body fluids that can transmit HIV.

Serological testing – Testing of a sample of blood serum.

Seronegative – Showing negative results in a serological test.

Seropositive – Showing positive results in a serological test. A person who is seropositive for HIV antibody is considered HIV infected.

Sex worker - A sex worker has sex with other persons with a conscious motive of acquiring money, goods, or favours, in order to make a fulltime or part-time living for her/himself or for others.

STI (Sexually Transmitted Infections) – Infections that can be transmitted through sexual intercourse or genital contact. HIV is essentially a sexually transmitted infection.

Symptom – Sign of change in the body that indicates disease.

Vaccine - A substance that contains antigenic components, either weakened, dead, or synthetic, from an infectious organism which is used to produce active immunity against that organism.

VCT – Voluntary Counselling and Testing

Virus – Infectious agent responsible for numerous diseases in all living beings. They are extremely small particles, and in contrast to bacteria, can only survive and multiply within a living cell at the expense of that cell.

CHECKLIST FOR ASSESSING YOUR MINISTRY'S/DEPARTMENT'S RESPONSE TO HIV/AIDS

If you have some time and a pencil at hand, you can start to evaluate and assess your Ministry's/Department's response to HIV/AIDS right now. This checklist guides you through the major issues that your educational system is dealing with or that you will have to deal with in the near future. Check the box that is most suitable to your current situation. And do not hesitate to write down further remarks.

PREVENTIVE EDUCATION

Y : Yes **N :** No **Pr :** Action is in progress **Pl :** Action is being Planned **? :** I don't know

	Y	N	Pl	Pr	?
Risk profile: Is there some understanding of the factors that make educators and learners particularly vulnerable to HIV infection?					
Appropriate curriculum: Are learners being guided through a curriculum on safe sex and appropriate behaviours and attitudes about people living with HIV/AIDS?					
Materials developed: Have materials suitable for learners in schools and post-school institutions been developed?					
Materials distributed: Have such materials been distributed to institutions?					
Teacher educators prepared: Have teacher educators been trained in HIV/AIDS issues and curriculum implementation?					
Life skill education prepared: Are schoolteachers adequately prepared through preservice and inservice training to teach a life skills-based approach to preventive education related to HIV/AIDS?					
Partnerships: Are other partners helping with prevention programmes?					

PLANNING, POLICY FORMULATION AND MANAGEMENT OF HIV/AIDS IN THE MINISTRY/DEPARTMENT

	Y	N	Pl	Pr	?
Strategic plan: Is there an education sector HIV/AIDS strategic plan that covers all levels of the education sector?					
Funding: If there is a strategic plan, is it funded adequately?					
Policy and regulations: Are HIV/AIDS policies/regulations in place?					
Codes of conduct: Are there appropriate codes of conduct for teachers and learners for dealing with HIV/AIDS?					
Application of codes: If there are appropriate codes of conduct, are they applied?					
Combined approach: Is equal consideration given both to preventing spread of the disease and to reducing the anticipated impact of the pandemic on education?					
Collective dedication: Are any partners outside government – such as UNICEF, UNESCO, NGOs, etc - involved in the education sector's fight against HIV/AIDS?					
Partnership mechanisms: Are there existing mechanisms for strengthening partnerships?					

PLANNING, POLICY FORMULATION AND MANAGEMENT OF HIV/AIDS IN THE MINISTRY/DEPARTMENT (con't)

	Y	N	Pl	Pr	?
Research agenda: Is there an HIV/AIDS and education research agenda for the education sector?					
Information management: Is information about HIV/AIDS being collected, analysed, stored and disseminated?					
Effective management: Has a full-time mandated HIV/AIDS and education officer been appointed in the Ministry/Department?					

CARE AND SUPPORT

	Y	N	Pl	Pr	?
Counselling for learners by teachers: Can pupils and students who are affected by AIDS find help from their teachers?					
Counselling for learners by others: Are there counselling services provided by persons other than teachers?					
Counselling for educators: Are teachers affected by AIDS, and those who are dealing with the trauma of children affected by AIDS, getting help to cope?					

MITIGATING THE IMPACT OF HIV/AIDS ON THE EDUCATION SECTOR

	Y	N	Pl	Pr	?
Assessment: Has an assessment been done of the likely impact of HIV/AIDS on the education sector in future?					
Stabilising: Are steps being taken to sustain the quality of education provision and to replace teachers and managers lost to the system?					
Projecting: Have relatively accurate projections been made of the impact of HIV/AIDS on likely enrolments and teacher requirements at various levels of the system over the next five to ten years?					
Culture of care: Are children affected and infected by the pandemic provided with a caring environment/culture of care?					
Orphan needs: Is planning underway to understand and respond to the special needs of increasing numbers of orphaned and other vulnerable children?					
All subsectors: Is attention being paid to the planning requirements of all education subsectors - from early childhood development through to university?					

LEADERSHIP

Are the following stakeholders knowledgeable and committed to action?	Involved	Somewhat Involved	Not Involved
Political leaders			
Senior officials			
Teacher unions/associations			
Teaching service body			
School governing bodies/parent-teacher associations			

HIV/AIDS & DRUGS

The vulnerable must be given priority in the response.

The Declaration of Commitment on HIV/AIDS

Drug users, particularly people who inject drugs, are very vulnerable to HIV infection. In most countries in the region, IDUs (injecting drug users) account for a large percentage of total HIV/AIDS cases. In other words, among IDUs HIV infection rates are very high.

Intravenous drug use very often involves the use or **sharing of contaminated injecting equipment**. People may share contaminated needles because they lack access to their own injecting equipment, because they do not have the money to buy new needles and syringes, or simply because they are not aware of the related risks. This practice should be curbed wherever possible. Preventive education interventions need to include information on the dangers of transmission in relation to injecting drug use.

Injecting drug use can pave the way for HIV/AIDS into the general population

The proportion of injecting drug users of the total number of a country's HIV/AIDS cases is well above 50 per cent in many countries of the region. Typically, the share of IDUs in the total number of cases decreases once the virus spreads into the general population. HIV/AIDS may initially affect mostly drug users in certain "pockets" and then spread into different populations, for example, boyfriends or girlfriends of drug users, sex workers, or young people experimenting with using drugs.

- Drug users are highly vulnerable to HIV infection
- They have a right to know how to protect themselves as well as their sexual partners and unborn children
- Harm reduction also means curbing HIV transmission

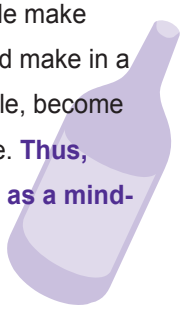
Drug users may also be husbands, wives, mothers, or partners of people who do not use drugs. In other words, sexual and mother-to-child transmission of HIV occur just as much in a population of drug users as in any other population.

Why HIV/AIDS and injecting drug use are closely linked

Intravenous drug use often involves the use or sharing of contaminated injecting equipment.

- While drug use can be dangerous for many reasons, HIV infection is one of its most serious consequences.
- Injecting a substance directly into the bloodstream is the most efficient mode of transmission of HIV. Therefore it is even more dangerous than unprotected sexual intercourse.
- Injecting drug users often belong to networks or groups that share injecting equipment. Therefore, if only one person is HIV-positive, the whole group can get infected within a very short period of time.
- Drug use is also related to sex work since some drug users may need to offer sex in exchange for drugs or money.
- Especially in prisons and other restrictive settings where it is almost impossible for drug users to acquire clean injecting equipment, HIV can spread very fast. This is particularly true for settings where individuals from previously separate drug user networks come together and start "mixing".

All mind-altering drugs, whether injected or not, can make people more vulnerable to HIV infection. When intoxicated, people make different decisions than they would make in a sober state. They may, for example, become less likely to insist on condom use. **Thus, alcohol can also be considered as a mind-altering drug.**



How transmission of HIV can be prevented

Abstinence from drug use is clearly the best way to prevent HIV transmission and should therefore be encouraged as much as possible. However, since promoting abstinence and sanctioning drug use are unlikely to curb all use of injecting drugs, alternative ways of preventing HIV transmission have to be found.

The following approaches to preventing HIV transmission among drug users, especially when taken in a complementary way, can have a substantial positive impact:

- HIV/AIDS education
- Life skills training
- Condom distribution
- Voluntary and confidential counselling and testing (VCCT)
- Drug abuse treatment
- Access to clean injecting equipment
- Access to bleach materials

What is harm reduction?

Harm reduction is a pragmatic approach to minimising the negative impact of drug abuse rather than relying on complete abstinence. It is a set of practical strategies that reduces negative consequences of social, physical, and economic harm associated with chronic drug problems.

Harm reduction approaches do not condone drug use. While upholding that abstinence is the preferred health goal for those using illicit drugs, it recognises that the immediate public health risks from HIV transmission must be given higher priority. Some people may be unwilling or unable to give up drugs entirely, but harm reduction programmes could still be beneficial to them and to society as a whole. Small improvements can pave the way for further reduction of drug use and an improved lifestyle.