

# Teachers and HIV & AIDS:

Reviewing achievements, identifying challenges

18 - 29 May 2009 Web Forum Report

Web Forum organized by:  
UNESCO's International Institute for Educational Planning (IIEP) and the  
UNAIDS Inter-Agency Task Team (IATT) on Education

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UNAIDS Inter-Agency Task Team (IATT) on Education

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## List of acronyms

AED	Academy for Educational Development
AIDS	Acquired Immune Deficiency Syndrome
AMREF	African Medical and Research Foundation
ART	Anti-retroviral therapy
BREDA	UNESCO's Regional Bureau for Education in Africa
Camfed	Campaign for Female Education
DFID	Department for International Development (United Kingdom)
EDC	Education Development Center, Inc.
EFA	Education for All
EI	Education International
EMIS	Education Management Information System
ENHANSE	Enabling HIV & AIDS, TB and Social Sector Environment
FLHE	Family Life and HIV/AIDS Education
HIV	Human Immunodeficiency Virus
IATT	Inter-Agency Task Team (UNAIDS)
IIEP	International Institute for Educational Planning (UNESCO)
KENEPOTE	Kenya Network of Positive Teachers
KNUT	Kenya National Union of Teachers
MoE	Ministry of Education
NANTU	Namibia National Teachers' Union
NGO	Non-governmental organization
PEPFAR	United States President's Emergency Plan for AIDS Relief
PTA	Parent-Teacher Association
SCCS	Schools as Centres of Care and Support
SST	School Support Team
TSC	Teaching Service Commission
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNATU	Uganda National Union for Teachers
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary counselling and testing
WHO	World Health Organization

## Introduction

Teachers have an instrumental role to play in the achievement of the Education for All (EFA) goals, which aim to meet the learning needs of every child, youth and adult by 2015. Without teachers, the endeavour to provide EFA cannot be achieved. Teachers also have a critical role to play in school-based HIV prevention efforts.

In many countries, curricula now include HIV- and AIDS-related content, often as part of a broader focus on life skills and healthy living. Teachers are given an important responsibility to ensure that children and young people acquire essential knowledge, skills and attitudes for preventing HIV and AIDS and that, in higher prevalence settings, pupils infected with and affected by HIV have access to care and support. However, these professionals face several challenges, including often difficult working environments (overcrowded classrooms, lack of materials) and poor or non-existent training. In many contexts, particularly in sub-Saharan Africa, teachers are profoundly affected by HIV. Additionally, stigma and discrimination, gender inequality, concerns around morality, cultural issues and relationships between teachers and students can make the environment for school-based AIDS education highly complex.

In order to review the progress made so far and to identify ways forward, the United Nations Educational, Scientific and Cultural Organization (UNESCO)'s International Institute for Educational Planning (IIEP) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) Inter-Agency Task Team (IATT) on Education organized a Web Forum on *Teachers and HIV & AIDS: Reviewing achievements and identifying challenges* from 18–29 May 2009. The outcomes of the Web Forum were designed to feed directly into the UNAIDS IATT on Education Spring Symposium, which took place in June 2009 on the same theme. The meeting was hosted by Irish Aid, the Irish government's assistance programme for developing nations.

The Web Forum brought together a wide range of actors, including educational planners, policymakers, representatives of teachers' unions and teaching staff, networks of people living with HIV, civil society groups, donors, UNAIDS co-sponsors and other multilateral agencies. The geographic scope of the Forum included 447 participants from 78 countries in sub-Saharan Africa, the Arab States, Asia and the Pacific, Europe and North America, and Latin America and the Caribbean (further information on the distribution of participants by region and type of organization is found in Annex I). The participants exchanged their rich and diverse views and experiences and explored how teachers can capitalize on their influence and expertise to mitigate the effects of an epidemic that is having a profound and negative impact on schools and entire education systems.

The Web Forum discussion focused on how to effectively involve teachers in the response to HIV and AIDS, with particular attention on the lessons learned and their implications. Discussion was organized around four interrelated topics, which were accompanied by thought-provoking questions. The four topics include:

1. Involving teachers in HIV prevention—policy and management implications.
2. Coverage and content of pre- and in-service training for teachers.
3. The role of teachers in child protection and promotion of safe and healthy school environments.
4. Supportive and enabling environments for teachers affected by HIV.

This report summarizes the discussions on the above topics and is structured as follows:

- The **Forum questions**, which were provided by the organizers to guide the discussion.

- Each **topic** is developed in turn, with a particular focus on the achievements and challenges associated with the issues at hand, as identified by Forum participants. Where possible, country examples and ‘identified good practices’ are included.
- A **conclusion** highlighting lessons learned provides ideas for ways forward.
- Finally, **annexes** provide useful information and resources on the topics, including a section summarizing feedback from the participants about their experience during the Forum.

### **About the Web Forum organizers**

The **International Institute for Educational Planning (IIEP)** is a specialized organ of UNESCO created to help build the capacity of countries to design educational policies and implement coherent plans for their education systems, and to establish the institutional framework by which education is managed and progress monitored. More information is available at: [www.iiep.unesco.org/aboutiiep/about-iiep.html](http://www.iiep.unesco.org/aboutiiep/about-iiep.html)

The **HIV and AIDS Education Clearinghouse** is a knowledge-sharing initiative, provided by UNESCO, with contributions from external partners. It brings together, on a single platform, existing resource centres on HIV, AIDS and education from seven UNESCO offices and institutes. More information is available at:

<http://hivaidsclearinghouse.unesco.org/>

The **UNAIDS Inter-Agency Task Team (IATT) on Education** was created in 2002 to support accelerated and improved education sector responses to HIV and AIDS. It is convened by UNESCO. The IATT membership includes the UNAIDS co-sponsoring agencies, bilateral agencies and private donors, and civil society. More information is available at: [www.unesco.org/aids/iatt](http://www.unesco.org/aids/iatt)

## Topic 1 Involving teachers in HIV prevention

### Forum questions:

- What mechanisms are in place in your country or the country/ies in which you work to **support teachers to address HIV and AIDS**? Consider, for example, the relative importance of: curriculum and associated instructional aids; support from teachers' unions, school management and administration; links with parents and communities; quality assurance and support systems; and the establishment of a safe and secure institutional environment.
- Is there an **education sector policy** in your country or the country/ies in which you work and how does it address issues such as teacher training, professional conduct, supervision and the workplace? Were professional bodies representing teachers involved in its development and review? How are the outcomes monitored?
- In your opinion, how does the process by which teachers are selected to teach about HIV affect their motivation to take on this task? In what way(s) do you think the **teacher selection process** impacts on the outcomes of their work? What recommendations might you make to improve the process?
- What are the **incentives and the disincentives** for teachers to become involved in HIV education? Is compensation provided, financial or otherwise, and is this seen to be fair?
- What additional **managerial capacity** needs to be built, or what existing capacity needs to be strengthened, to respond to HIV effectively?

Teachers have an important role to play in ensuring that children and young people acquire essential knowledge, skills and attitudes to protect themselves from HIV infection. Over the course of the Forum, participants discussed the policy and management implications of involving teachers in HIV prevention. In particular, discussions focused on the support mechanisms and institutional policies required to create a conducive environment to address HIV and AIDS in the classroom.

### Mechanisms to support teachers to address HIV and AIDS

**Motivating and empowering** teachers to deliver HIV education was considered to be crucial by Forum participants. However, many participants felt that targeted efforts were required to build teachers' confidence, given the highly sensitive nature of the issue.

### *Challenges*

Participants identified several challenges teachers encounter when delivering HIV and AIDS education. These include:

- lack of appropriate instructional aids
- lack of expertise or basic introduction to HIV education
- cultural ‘cost’ of teaching sensitive topics
- parents’ fear that ‘evoking questions of sexuality within the classroom creates sexual contacts between teachers and pupils’
- a culture of silence ‘about sex, sexuality and HIV’
- lack of financial resources
- already overloaded curriculum.

**Curriculum and instructional aids** provide an important resource for teachers who may feel unprepared to talk about HIV and AIDS in the classroom or who do not have a basic knowledge of HIV and AIDS. Some participants commented that these resources were often not widely available at the classroom level, particularly in rural areas. This was underscored by one discussant: ‘The problem, however, in the Nigerian context is mass producing the [Family Life and HIV/AIDS Education] curriculum so that teachers will have access to [it]. The initial fifty thousand copies distributed could not go round.’ Other participants bemoaned the lack of availability of materials in local languages.

In terms of the content of materials, a participant from Cameroon remarked that “many of the messages communicated are generic or vague and do not address specific risk behaviors”. The issue was addressed further by a participant from Kenya who lamented that:

curriculum developers are trying to please everyone, hence they have always circumvented these issue by coming up with programmes that avoid mentioning sexuality. Previously we [had]... ABC where the C was suppose[d] to mean better communication and not condom[s], as is the case. Right now a new life skills programme has been launched in primary schools with a belief that if one is taught life skills s/he will be able to survive. Being assertive and a good communicator is good but I feel they are not enough. ... We are going through a denial phase whereby the curriculum developers are playing diplomacy while giving half cake as far as HIV/AIDS education is concerned. This kind of scenario is what fuels new HIV infections.

Several participants stressed that religion has created barriers in introducing meaningful messages on HIV prevention, while others noted that teachers face pressure from parents and others not to include certain messages when talking about HIV and AIDS. Some examples are included below:

- In **Uganda**, the Ministry of Education and Sport is initiating sex education in schools through the National Curriculum Development Centre. According to a participant in Uganda, this is meeting resistance from parents who assert that it is “contradicting with cultural norms”.
- In **Pakistan**, a discussant noted that it is a ‘cultural taboo’ to talk about HIV, particularly in schools and universities. This was elaborated further by a participant working in the Middle East, who remarked that “teachers in the more fundamental countries are under constant pressures not to include certain messages when talking about HIV and AIDS prevention”.

- Another participant from **Ethiopia** noted a wide range of challenges, including “cultural and traditional norms, values, beliefs, perceptions, attitudes, mind set, silences ... [and] consider[ation] of HIV/AIDS issues as that of “others”.
- A participant from **Afghanistan** described a project organized by the Ministry of Public Health and international partners, which trained religious community leaders to raise awareness and to deliver HIV education messages to community members.

To address these and other challenges, a participant from Cameroon suggested several measures that can be taken to integrate HIV and AIDS into instructional materials and to ensure the effective use of the materials at the classroom level. These include:

- learning about and adapting to local conditions
- ensuring community participation
- targeting the audience
- identifying effective strategies and messages
- building local capacity
- evaluating results
- using the results from the evaluation to further adapt the resource.

**Box 1 Identified good practice: MEMA KWA VIJANA ‘Good things for young people’, Tanzania**

MEMA KWA VIJANA was a four-year project jointly implemented by the African Medical and Research Foundation (AMREF), the National Institute for Medical Research, the Liverpool School of Tropical Medicine and the London School of Hygiene and Tropical Medicine with a focus on the prevention of HIV in schools in the Mwanza region of Tanzania. The programme involved multi-sectoral government departments (education, health, planning and community development) and the lessons learned were widely shared within the region and throughout the country. Teachers and health service providers were the primary beneficiaries of the programme.

According to Forum participants, the programme has been useful in generating policy influence among teachers and the government to ensure that teachers are part and parcel of the national response to HIV and AIDS and that their students are aware of the means for controlling the epidemic. As a result, many teachers in the Mwanza region have now formed community clubs to support themselves in continuing with HIV and AIDS education and prevention activities.

**Teachers’ unions** were identified as playing an important role in minimizing the adverse effects of HIV and AIDS on teachers and on the education sector as a whole by mobilizing membership, raising awareness and developing policies to support workers, especially those living with HIV. Forum discussion focused on such union activities as: project implementation, materials development, capacity building and outreach and support for HIV-positive teachers. An example is highlighted below:

- In **Burkina Faso**, four teachers’ unions are working together to build the capacity of their members to address HIV and AIDS in schools. Through these efforts, the unions have achieved an outreach of 600 trainers and 7,000 teachers in nearly 3,000 schools.

**Education sector policy**

Not all countries represented in the Forum had explicit **education sector policies** to deal with HIV and AIDS. Where such policies do exist, participants described challenges related to their **dissemination, implementation and evaluation** with a specific focus on how to monitor outcomes.

### *Challenges*

Three challenges were identified by Forum participants in relation to education sector policies:

- limited distribution and lack of awareness of the content of the policy
- lack of systematic implementation of the education sector policy
- lack of evidence-based research on programme impact that can feed into policy design.

A few Forum participants noted that, while an education policy had been developed in their country, it had not been adequately distributed, nor had the content been well-communicated to key constituencies. For example, one discussant noted that, while the Uganda National Union for Teachers (UNATU) printed and distributed the policy to three quarters of schools across the country, “in many cases the policy ends up on the principal’s shelf. So even if teachers are aware that it exists, they remain no wiser to the content”.

**Monitoring the implementation** of policies and evaluating their impact is critical to reviewing best practices and addressing challenges. In Kenya, according to one discussant, there is an education sector policy that obliges teacher training colleges to institutionalize HIV and AIDS policies; however, not all colleges have put these policies into place. The participant noted that this leaves them “at the mercy of NGOs who conduct ad hoc training on various aspects of HIV/AIDS education. This lack of systematic implementation of the education sector policy means tutors as well as trainee teachers are not well prepared to handle HIV and AIDS in their classes”. The same participant remarked in a subsequent contribution that the “[e]ffectiveness of implementation is difficult to judge when the expected outcome is not well stated and the indicators of success are also not clear. I think the

AIDS control units at the ministries of education should come up with some indicators in consultation with stakeholders”.

In terms of **evaluation**, a discussant from Zambia noted that, despite the many HIV prevention programmes and policies in place, there exists a “need for all stakeholders and the government to conduct evidence-based research on the impact that these programmes have, especially on behaviour and attitude”. A participant from Cameroon made a similar call for “solid evaluation research”, noting that “it is not easy to demonstrate the success of a particular intervention because it is difficult to define and measure such outcome variables as ‘better health status’ and to determine whether the intervention in question was the reason for a desired change”.

Participants also emphasized the need for better knowledge-sharing across countries and settings. As expressed by one participant from Ethiopia, “there are colleges and universities doing [a] very good job in mainstreaming but these best practices [are] not shared among each other”. The Forum itself was identified to be a good opportunity for lesson-learning and sharing.

### **Incentives and disincentives**

The issue of **providing incentives for teachers** to become involved in HIV education was raised for discussion by Forum participants. Where HIV and AIDS are integrated across subjects (such as biology, geography or civics), participants felt that supplementary remuneration for teachers is not warranted as it is a cross-cutting component of the coursework. A participant from Swaziland added that “there is an incentive in that they are continuously trained (short-term), which enriches their CVs and exposes them to other fields and possible future employment in other organizations”. Several participants highlighted, however, that HIV education may also create disincentives for teachers by means of an extra workload, often adding to an already overburdened curriculum. Compensation was said to be

welcomed in some cases—subsidies for transportation or accommodation were provided as examples.

### **For further consideration**

Themes that were not discussed during the Forum, but which are relevant to the topic include:

- teacher selection process
- managerial capacity.

## Topic 2 Coverage and content of pre- and in-service training for teachers

### Forum questions:

- How are HIV and AIDS addressed in **pre-service teacher training** in your country or the country/ies in which you work? What opportunities are there for **continuous professional development** on HIV and AIDS for teachers and what is the content, process and duration of the training? Are both pre- and in-service training opportunities offered and what is the coverage?
- Are teachers trained and supported to encourage participatory, child-centred and age-appropriate learning that helps learners to personalise the information, and address the risk and protective factors related to HIV? Are teachers equipped with a broad repertoire of **teaching methodologies and instructional skills**?
- In your experience, are teacher training strategies for HIV prevention different in **low versus high prevalence settings**? In what way(s) and why?
- Which interventions produce demonstrable **improvements in teacher effectiveness** to teach about HIV and AIDS? Consider and comment on different approaches.
- There is considerable evidence that many teachers have **difficulties addressing sex**—the main mode of HIV transmission—when teaching about HIV. In your country or the country/ies in which you work, how does teacher training approach the building of teachers' confidence to address these topics in the classroom setting? What other kinds of support may teachers need in order to deal effectively with this issue?

The coverage and content of pre-service and in-service training for teachers varies both within and between countries as knowledge, resources and cultural sensitivity to HIV-related topics differs between settings/communities, and particularly between rural and urban areas. During the course of the Forum, participants shared their experience and lessons learned about improving teacher effectiveness to deliver HIV and AIDS education and the achievements and challenges associated with different approaches.

### Coverage of pre-service and in-service teacher training

Several Forum participants emphasized the **limited availability** of training in their countries (particularly in rural areas) at both pre-service and in-service levels. For example, according to one participant in Kenya, although national training exists for tutors, the trainings have not

been systematic, resulting in the narrow inclusion of HIV prevention education in the curriculum. A participant from Swaziland commented that “**pre-service teacher training** still has a huge challenge in the provision of HIV and AIDS teaching skills, and HIV and AIDS issues are not incorporated into the teacher training curriculum. If ... the student teachers get information [at all], it is *ad hoc*”.

The need to scale up coverage and deepen teachers’ skills based on **evidence-informed approaches** was called for by a number of participants. For example, one Chinese discussant shared that many training “activities remain small scale and *ad hoc*, [and are] neither scaled up nor institutionalized”. A discussant from Cameroon agreed, noting also that approaches lacked “rigorous evaluation” and that “the need for solid evaluation research is still urgent”.

This was found to be particularly the case with regard to **teacher training models**. Participants referred to different approaches, including cascade approaches and participatory action research. However, there was a general sense that more research is required on methods that both scale up coverage and lead to intended outcomes.

- With support from the United Nations Children’s Fund (UNICEF) and UNESCO, the Beijing Normal University in **China** led a pilot project to integrate HIV education in pre-service teacher training. Various models were developed and tested during 2004-2006 in different teacher colleges selected across the country. In addition, the Chinese Ministry of Education (MoE) organized two national workshops in 2006 to introduce these models to all teacher training institutions.

Another area identified as requiring improvement was the **coordination** of teacher training efforts. This was underscored by a Kenyan discussant who remarked that “there [have] not been very coordinated activities at the district school level, which has resulted to [sic]

duplication of resources with one teacher being trained many times while others remain untrained”.

### **Knowledge and confidence**

Many Forum participants acknowledged that a **stronger emphasis** needs to be put on HIV and AIDS in both pre-service and in-service teacher training, as such training is a significant resource for teachers who may be unprepared to provide prevention information to learners. A Nigerian discussant commented that “you cannot give what you don’t have. Most of the teachers in our part of world don’t have basic knowledge of HIV”.

- The Ministry of Education and Skills Development in **Botswana** is working through its Curriculum Development Department to train teachers to use life skills materials, including those dealing with HIV and AIDS topics, in order to boost teacher confidence in teaching HIV prevention in all subjects.

An experience shared from Tanzania suggests that the information provided to teachers is far from comprehensive. Recent research conducted at primary school teacher training colleges in Tanzania found that scientific information on HIV and AIDS (including the causes and the effects of the virus) is provided to teachers taking the science option. Teachers taking civics and religious studies learn about the effects of HIV and AIDS on human development. This suggests, reported the discussant, that pre-service teacher training “leaves teachers with limited information and unprepared to translate their knowledge into useful information for their pupils”.

A few participants emphasized that effective teacher training programmes should also address **educators’ own vulnerability to HIV infection** and acknowledge how HIV and AIDS have affected teachers, their institutions and their communities. This was expressed by

a participant from Tanzania: “I think all teacher trainees should first be trained in life skills for their own benefit and related to their own lives”.

Over the course of the Forum, discussion often turned to the **difficulties teachers face** in addressing HIV-related issues, including sex, when teaching in the classroom setting. According to a participant from Tanzania, more needs to be done to empower and train teachers, particularly at the primary school level, as many teachers may be too “shy to answer the critical question from the student”.

### **Teaching methodologies and instructional skills**

The importance of developing teachers’ experience in **interactive and participatory learning methodologies** was emphasized by a number of participants. In the words of one participant from Tanzania, in “so many countries, teachers just leave the book on the table rather than teach the subject”. One discussant from Botswana noted that there is a gap between “all this information and workshopping and the final detailed work and effort needed to integrate that into the everyday teacher education material and experience of students (and teachers in schools)”. What is missing, according to the discussant, is “the detailed work needed at a school level to ensure that staff and students [are] allowed access to the programme and [are] given basic training on how to use the material effectively on a day to day [basis at] classroom-level”.

A participant from Zambia underlined the need not only to build the capacities of teachers to address children and young people but to “devise methods that will allow teachers to access pupils through their parents and [other care-givers]”. The example was provided from Zambia where Parent-Teacher Associations (PTAs) are being called upon “to educate parents so that the parents can educate their children”.

## **Time and resources**

A number of participants highlighted that sufficient **time and resources** must be dedicated to supporting teachers to deliver HIV and AIDS education, either as a cross-cutting issue in a broader curriculum or as a stand-alone examinable subject. There was considerable debate, however, regarding which was the more appropriate approach.

Where HIV prevention is integrated as a component of specific subjects, such as science and moral education, it can remain on the margins of the existing curriculum and is not always properly delivered. Therefore several Forum participants supported teaching HIV and AIDS as a **stand-alone** subject, as they felt this would ensure an appropriate allocation of time, resources and personnel to the topic. A discussant stressed that HIV and AIDS “should be given equal importance” as other subjects such as arithmetic, biology and geography. Another participant shared the results of research undertaken in Kenya, suggesting that HIV and AIDS “should be taught as a stand-alone examinable subject for it to be taught comprehensively”. The discussant noted that “this is the way to go in our overcrowded examination-driven curriculum where what is valued is tested and thus get taught!”

## **Challenges**

Other participants disagreed with making HIV and AIDS education a stand-alone subject, highlighting the following challenges:

- recruiting experts due to the sensitive nature of the issue
- designing appropriate curricula
- making HIV and AIDS examinable
- addressing other pandemics similarly as stand-alone subjects.

**Box 2 Identified good practice: ‘Schools Total Health Programme’, Tamil Nadu, India**

In response to the need for health literacy and life skills development in Tamil Nadu, India, the Government Order and education and health professionals from the state developed the ‘Schools Total Health Programme’. It is a compulsory, examinable, stand-alone subject for Grades 1 to 12 in 53,000 government schools covering HIV and AIDS, life skills, social health, family life education and more. The syllabus aims to:

- empower the student in regard to health, life skills and social development
- raise the self-esteem and skills of the teacher
- improve the school environment
- develop better school, home and community relationships.

The syllabus is supported by a series of manuals for animators and coordinators, a reference manual on the eight syllabus topics, and a teacher’s manual with lesson plans.

**Teacher effectiveness in teaching about HIV and AIDS**

The complexity of HIV and AIDS requires **managerial capacity, leadership and expertise** across a variety of subjects in order to respond effectively to the medical, political and social implications of the disease. Forum participants weighed in on the question as to who is best suited to spearhead HIV education in schools.

Many emphasized that teachers should bear responsibility for teaching HIV education as they play an influential and authoritative role in the lives of students. It was suggested that “... if the education sector is to respond effectively we have to mainstream HIV and AIDS in the sector”. The participant added: “the more we mainstream, with educators taking a leading role, the more educators are going to personalize and identify themselves with the issue at hand. This will instil commitment in the sector”. Head teachers, in particular, were called on by one participant from Uganda to “play a role too in teaching just because of the authoritative nature of their job [in] schools”. Another participant from Nigeria suggested that it would be better to have HIV-positive teachers instruct on the subject as they “are motivated”.

Other participants felt that, due to the nature of the epidemic, health-care experts and specifically trained professionals are best suited to teaching HIV education in schools. However, given the lack of health-care professionals, particularly in sub-Saharan Africa, many agreed that teachers and head teachers can and should be equipped with the skills to teach about HIV and AIDS. One participant from Kenya suggested the need for broader community outreach, noting that:

since the HIV/AIDS issue is more complex, the school cannot have all the expertise required, hence there is even need to include other stakeholders who can provide referral services like guidance and counselling and part-time and vocational skills for those who need to support family members.

**Box 3 Identified good practice: IIEP-BREDA workshop ‘Educational planning and management in a world with AIDS’, Ghana**

A Forum participant commented on the usefulness of a workshop organized by the International Institute for Educational Planning (IIEP) and UNESCO’s Regional Bureau for Education in Africa (BREDA) held in Ghana. The four-day workshop aimed to heighten awareness of the educational planning and management issues that the epidemic raises for the education sector and to impart planning skills. Training participants included ministry staff, trainers and educators from Anglophone West Africa.

**The role of teachers’ unions and civil society**

It was noted that teachers’ unions in many countries are developing training materials and organizing training programmes to equip teachers to deliver HIV and AIDS education. However, the question was raised as to whether such union-led efforts are sustainable. According to one discussant:

Union-led HIV and AIDS education training programmes are of extreme importance, but the long-term solution is for the governments to assume their responsibility and to finance programmes and provide teachers with support to do our job well, as well as a decent salary in accordance [with] the expectations society has [of] our work.

#### **Box 4 Identified good practice: EFAIDS Programme**

One discussant described the EFAIDS Programme, implemented by 46 teachers' unions in 35 countries and coordinated by Education International (EI) in partnership with the World Health Organization (WHO) and the Education Development Center, Inc. (EDC). Through training, teachers acquire the skills to promote HIV prevention among their colleagues and students. In addition, the unions are actively involved in advocating and campaigning for improvements on a whole range of AIDS-related themes, including government inclusion of HIV and AIDS education in pre-service teacher training and school curricula. Teachers' unions are learning the best ways to respond to and prevent HIV-related discrimination and are providing vital support to teachers living with the disease.

Many participants also emphasized that civil society organizations, including international and national non-governmental organizations (NGOs) and community-based organizations, were providing a considerable amount of support to teacher training efforts. This included the following examples:

- In **Swaziland**, in-service training was said to be facilitated by NGOs in collaboration with the Department of Guidance and Counselling in the Ministry of Education and Training.
- In **Togo**, to promote open discussion on sexual education, the NGO Association Togolaise pour le Bien-Etre Familial initiated a secondary school pilot project in which the association facilitates discussion and debate on sexuality as it relates to HIV and AIDS.
- A participant during the Forum described the project 'HIV as a Bridge for Peace', which brought together HIV educators to develop a **Middle East and North**

**Africa regional network** on HIV education. Over 500 Egyptian, Jordanian, Turkish, Moroccan, Palestinian and Israeli teachers and other educators met in Jerusalem/Bethlehem in a series of workshops and developed a network to support their activities.

- According to a participant from **Malawi** participating in IIEP/UNESCO-sponsored research on teacher management in the context of HIV and AIDS, “most of the good work has been done by developing partners and NGOs”. The example of the ‘TIWOLOKE Stepping Stones’ project, pioneered by ActionAid, was referred to in particular (see Box 5).

**Box 5 Identified good practice: ‘TIWOLOKE Stepping Stones’ project, Malawi**

The TIWOLOKE project is a workplace-focused behaviour change model targeting primary school teachers in Malawi’s education system. Implemented since 2006, with support from Malawi’s National AIDS Commission, ActionAid International Malawi and the United Kingdom’s Department for International Development (DFID), the intervention has reached 7,600 teachers in its first phase. TIWOLOKE has also supported the development of T’LIPO, the country’s first national network of teachers living positively with HIV and AIDS. Established in June 2007, T’LIPO currently has a membership of around 2,500 teachers.

A participant from Nigeria highlighted that, while international development partners could provide technical support for HIV and AIDS education, government ministries and agencies **need to take ownership** of these efforts in order to make a significant and sustainable impact in-country.

**For further consideration**

Themes that were not discussed during the Forum, but which are relevant to the topic include:

- Teacher training strategies in low versus high prevalence settings.

## Topic 3 The role of teachers in child protection and promotion of safe and healthy school environments

### Forum questions:

- What is the **role for teachers in ensuring that schools are safe places**, free from abuse, violence, exploitation, HIV transmission through accidents, HIV-related stigma and discrimination, and homophobia? In what ways can teachers use their power or status to help or hinder HIV prevention?
- **How are teachers trained** to create a safe environment for HIV education that fosters respect, trust, confidentiality, gender equality, openness and comfort in discussing sensitive issues? Are separate interventions required for girls and boys?
- How can **harmful practices**, including gender-based violence and abuse, sexual interactions between teachers and learners, and harassment, be prevented? Are codes of conduct in place to prevent and to address reported cases of abuse? Consider also the role of ministries of education, head teachers, teachers' commissions, teachers' unions and parent-teacher associations in this area.
- What preparation and support are teachers being provided to deal with **HIV-positive children or children affected by AIDS**? What role are teachers playing in identifying vulnerable children and supporting linkages between schools and health and other social services?
- To what extent are teachers providing **counselling and psychosocial support** for HIV-affected children? Has any training been provided to support them in this role? Is this sustainable or do other mechanisms need to be put in place?

As role models and community leaders, teachers have important responsibilities in the promotion of safe and healthy school environments and in child protection. However, cases of harmful practices such as gender-based violence and abuse between teachers and learners are a stark reality in some schools and universities, despite codes of conduct that are intended to protect students. Over the course of the Forum, participants addressed the role of teachers in the prevention and perpetration of harmful practices, protection against stigma and discrimination, and the provision of counselling and psychosocial support to students.

## **Role of teachers in ensuring that schools are safe places**

According to Forum participants, teachers and head teachers can **foster a safe school environment** by:

- ensuring the implementation of child protection policies in schools
- reporting all forms of child abuse
- ensuring the prosecution of perpetrators
- identifying vulnerable children
- providing counselling and psychosocial support for HIV-affected children.

There are a number of mechanisms in place to support teachers in this role, including training and legal frameworks to prevent and punish harmful practices.

- According to a participant from **Zambia**, the government is committed to “providing a school environment where learners’ rights are protected and their safety assure[d]”. This commitment is embodied in the MoE’s National Implementation Framework 2008–2010, the National Child Friendly School Initiative (MoE and UNICEF) and the Schools as Centres of Care and Support (SCCS) initiative, whereby teachers are trained to offer protection and support to children. These efforts have also prompted the Campaign for Female Education (Camfed) to launch advocacy efforts on child protection in Zambia schools.
- Teachers were viewed by Forum participants as playing a key role in offering protection and support to children, as evidenced by this contribution from **Zambia**: “Teachers can use their power to help prevent HIV by ensuring that the child protection policy is implemented in schools, and by also ensuring that all forms of child abuse cases are reported and perpetrators are prosecuted”.

**Box 6 Identified good practice: Schools as Centres of Care and Support (SCCS), Swaziland**

In Swaziland, the SCCS programme is helping to train teachers to offer protection to children through school support teams (SST). In each school, two teachers and a guidance teacher are members of the SST and they also have a role of sensitizing other teachers. They report cases beyond their control to the school health nurses.

**Harmful practices**

The subject of **harmful teacher-student relations** in school and at university was discussed during the Forum and was identified to be a major issue in addressing HIV and AIDS in the education sector. Participants discussed topics such as ‘sexually transmitted grades’, university dress codes, seduction of teachers by students and codes of conduct.

Several Forum participants referred to codes of conduct and other policies that are intended to protect students from abuse, as referenced below:

- In **Ghana**, the University of Cape Coast has established a Sexual Harassment Policy, which is monitored by the Sexual Harassment Committee. The committee conducts research, investigates harassment cases, and makes recommendations to school faculties, centres, institutes and departments. According to the discussant, Ghana “has a good code of ethics for teachers and the 2008 Education Act ... is a good footing to punish any licensed teacher who conduct[s] himself/herself badly in this respect”.
- In **Swaziland**, the Teaching Service Commission (TSC) monitors the conduct of permanent and temporary teachers to ensure that there are “no intimate relations” with students. The Teaching Service Act and School Rules and Regulation offer guidelines and principles to ensure that gender-based violence and sexual interactions between teachers and learners are prevented. A teacher found guilty of child abuse faces disciplinary measures that can include expulsion. A toll-free

line has been established by the Ministry for Education and Training to report cases of abuse occurring in the school. Children also have access to counselling.

However, even where codes of conduct exist to protect pupils against abuse, examples were given of the code not being applied. In some cases, students may not be aware of their rights or they may not know how to register a complaint. Some of the difficulties associated with the reporting and registering of abuse cases include:

- Fear on the part of the child to report the teacher because s/he is an authority figure and has control over the student's progression in school.
- The child, guardian, parents and/or community may benefit financially from staying silent. For example, a participant from Swaziland noted in particular that "this may well be the case where the guardian (often the grandmother) has several family members to support and has no source of income".
- The higher status of the teacher within the community may discredit the child's claim.
- The disciplinary procedures for abusive teachers can be 'cumbersome' and if cases are reported, "they are seldom upheld by the various levels of management".

### **Children infected or affected by HIV and AIDS**

A number of mechanisms were described by discussants to ensure that schools are safe and healthy places free from **HIV-related stigma and discrimination**, including the example below:

- According to a discussant in **Uganda**, HIV-positive students are involved in a number of extra-curricular activities such as dancing and singing. These activities were felt, by the participant, to have "made these students so happy and have

reduced the stress of living with the disease”. To prevent stigma and discrimination, strict rules are in place prohibiting students from teasing and ignoring other students infected by HIV.

### **Counselling and psychosocial support**

The extent to which teachers were found to be providing **counselling and psychosocial support** for HIV-affected children varied, as did the availability of training to support teachers in this role.

### ***Challenges***

Forum participants identified a number of challenges associated with the provision of counselling to HIV-infected or affected students:

- Few teachers are trained in counselling and support either at pre-service or in-service levels.
- If teachers are trained, there is limited knowledge-sharing between or within schools.
- Teachers may lack motivation as counselling work is typically a supplementary or unremunerated task.

In Zambia, according to one discussant, the MoE trains teachers to identify all forms of child abuse and links to referral systems within their communities. In addition, the MoE trains teachers to provide psychosocial support to children affected by HIV. However, this was described as being unsustainable “because only one teacher at a school is trained and there is no sharing of information with other teachers in the schools”. Therefore, it was suggested by participants that a full-time specialized school counsellor should be hired, or that other

stakeholders such as head teachers, PTAs, mother support groups, and other school-based committees should receive training in counselling to support teachers in this area.

A discussant from Swaziland recommended that “each school should have a teacher to solely teach about guidance and health issues including HIV and AIDS”.

### **For further consideration**

Themes that were not discussed during the Forum, but which are relevant to the topic include:

- Teacher training to create a safe environment for HIV education.

## Topic 4 Supportive and enabling environments for teachers affected by HIV

### Forum questions:

- Have **teacher deployment policies and transfer practices** been affected by or modified in response to the HIV epidemic? What are the challenges?
- Is there a **workplace policy on HIV and AIDS**? Is it accompanied by functioning (and legally binding) mechanisms to protect teachers as employees? Are all aspects effectively implemented?
- Have **management tools** been adapted in order to monitor teacher absences, replacements, transfers and training? What kind of information is collected? Is the Ministry of Education able to estimate the proportion of teachers leaving the education system due to HIV and AIDS?
- Are **sick leave regulations** adapted to the needs of HIV-positive teachers in your country or the countries in which you work? Are teachers reluctant to go on sick leave? If so, why? Are relief teachers available in case of absence? What are the problems associated with existing teacher replacement options and how can these be addressed?
- What measures are in place to ensure that teachers have easy **access to HIV testing, treatment and counselling** in a confidential manner? What referral and support structures are in place and how effective are they?

There are a variety of measures to support teachers infected or affected by HIV and AIDS, including inclusive and protective workplace policies, adaptive sick leave regulations, access to voluntary and confidential HIV counselling and testing, and anti-retroviral therapy (ART). Forum participants discussed some of the challenges associated with these measures and the impact HIV and AIDS are having on schools and learning overall.

### Workplace policies on HIV and AIDS

According to Forum participants, stakeholders (including teachers' unions and NGOs) are vital partners in the development, implementation and dissemination of workplace policies on HIV and AIDS (see also Topic 1: Involving teachers in HIV prevention).

Participants described strategies to create a supportive environment for teachers, including community sensitisation campaigns, mobile counselling support units, adaptive sick leave regulations, and teacher and student activism. Two examples are highlighted below:

- In **Kenya**, the Kenya National Union of Teachers (KNUT) participated in the development of the HIV and AIDS workplace policy, which explains how HIV is transmitted and how to protect oneself in a school setting. According to the participant, the workplace policy has helped to reduce discrimination in government schools.
- To create an enabling and supportive environment for teachers affected by HIV and AIDS in the **Central African Republic**, work is being carried out in partnership with NGOs to increase awareness in schools, universities and institutes. There is also a project being developed to provide training sessions in the interior of the country, which is the geographic zone most affected by the epidemic.

### ***Challenges***

A discussant from Uganda described some of the challenges implementing the MoE's Workplace Policy on HIV and AIDS:

- Teachers lack understanding or awareness of the content of the workplace policy.
- There are limited legally binding mechanisms for its implementation.
- An associated budget is often lacking.

## Management tools

Forum discussion relating to **management tools** focused on some of the difficulties of monitoring teacher absences, replacements, transfers and training and the repercussions of prolonged teacher absence on the classroom.

Though the impact of HIV and AIDS on **teacher absenteeism** is reportedly difficult to measure, absenteeism is generally high in many of the countries and communities that are hardest hit by the epidemic. Moreover, the issue of replacing teachers on sick leave is exacerbated in certain countries due to chronic teacher shortage. This was evidenced in the following contributions:

- With regards to monitoring absenteeism, attrition and death, a participant from **Malawi** indicated: “First from my experience of research work for many years, one of the greatest problems [for] policy implementation in developing countries is the absence of accurate and timely data’. In particular, the participant noted, ‘timesheets or attendance records for teachers are usually incomplete’”.
- The lack of data was also lamented by a participant from **Swaziland**, who noted that this was mainly “because there are no proper databases and records for the mortality rates of teachers, which is a great challenge in the deployment and transfer of teachers”. The participant noted that the Ministry of Education and Training is also unable to estimate the proportion of teachers leaving the education system due to HIV and AIDS because the cause of death is not necessarily specified or investigated further.
- A participant from **Kenya** indicated that “management and monitoring of teacher absence, replacement and transfer is an uphill task for the Teacher Service Commission, which is the government agency that employs teachers. There is no mechanism that ensures that teachers are replaced as soon as the needs arise”.

- Signs of progress were reported from **Zambia**, where a discussant noted that “there has been a significant improvement in the collection, inputting, recording and public dissemination of education data over the past 6-7 years”. In particular, the Education Management Information System (EMIS) was reported to be “up-to-date and indicates teacher attrition statistics incorporating cause of death. This includes conditions that are often opportunistic infections associated with HIV+ status”. The discussant noted that reporting HIV status breaches confidentiality laws and that death certificates report the proximate cause of death.

In cases of protracted absence, mechanisms for teacher replacement may include:

- engaging volunteer teachers
- appointing a fellow teacher to take over the class
- actively recruiting new teachers and training them (possibly sponsored by an international partner)
- no replacement (i.e. an unsupervised classroom) with no teacher at all.

A participant from Cameroon lamented that often “the pupils suffer”.

### ***Challenges***

Forum participants described several challenges related to teacher absenteeism, transfer and replacement, including the following:

- Teachers can remain absent for prolonged periods if they negotiate with the head teacher, which can lead to delays in the replacement or appointment of substitute teachers.

- In cases of transfer, some teachers may take a leave of absence for several months before going to the new school (particularly in rural areas).
- Teachers on training leave can be difficult to replace.
- Replacement teachers often do not have the same level of qualifications.
- Posting or transfer to rural areas for HIV-positive teachers remains problematic due to the limited availability of ART.
- HIV-positive teachers are reportedly reluctant to be transferred to their home villages as they fear that their families or communities will find out about their HIV status.

### **Sick leave**

Discussion on sick leave provisions was limited among Forum participants. A discussant from Swaziland noted that paid sick leave regulations are in place, but not necessarily adapted to the needs of HIV-positive teachers. Teachers were reportedly reluctant to go on sick leave for various reasons including “their ignorance about [this provision] and the fact that there are no relief teachers, so when they are gone, the work is stalled”. A respondent from Zambia noted that the sick leave benefits are determined by the terms and conditions of service for public sector workers, and that “provision is made for teachers who are sick and need specialized treatment to transfer to a district where there is a hospital with facilities to treat complications”.

### **Access to HIV testing, treatment and counselling**

Forum participants described measures that had been established to facilitate access to HIV counselling and testing, and treatment. In particular, participants reported great variation in

the **availability of ART** for teachers. In some countries, ART is provided free of charge (for example, in Botswana, Lesotho and Zambia), meaning that teachers on ART are reportedly able to continue working for longer and that issues of cover for long-term sick leave are greatly reduced.

### ***Challenges***

Forum participants did highlight, however, ongoing challenges with the provision and availability of ART including:

- issues of confidentiality, overcrowding, lack of counselling and irregular stocks of ART in government clinics
- the unavailability of treatment and counselling in rural or remote areas
- lack of knowledge by some teachers of where to access testing and treatment.

In response to some of these challenges, a participant from Lesotho suggested that the provision of ART could be decentralized to public institutions including schools with health workers attached to assist teachers.

### **Partnerships at country-level**

**Teachers' unions and networks of HIV-positive teachers** were also identified by Forum participants as making a great impact in the provision of care and support. A discussant from Kenya described a training session facilitated by an HIV-positive teacher from the Kenya Network of Positive Teachers (KENEPOTE). According to the discussant:

The facilitators provide a way of dealing with panic and fear that once you are infected with HIV you cannot live a normal life. I was particularly impressed with the way this group is visible and answer questions based on their life experiences.

- The **Namibia** National Teachers' Union (NANTU), the MoE and UNESCO have established a network for HIV-positive teachers to share personal experiences and encourage positive living. The network has 60 registered members, with an elected technical committee consisting of NANTU, the MoE, UNESCO, Academy for Educational Development (AED) and other stakeholders.

**Box 7 Identified good practice: partnership at work for teachers, Zambia**

Partnerships developed between the MoE, teachers' unions, private sector providers and teacher support groups in Zambia have sensitised teachers to the need for voluntary counselling and testing (VCT) and have provided this service. As of 2006, 40,000 to 45,000 teachers have accessed VCT. Additionally, ART has also been made available through the central government free of charge since 2005. More than 5,000 teachers are reportedly on treatment. To accelerate teachers' uptake of VCT and to raise awareness of HIV and AIDS, the MoE introduced 'Teacher Health Days', funded by the United States President's Emergency Plan for AIDS Relief (PEPFAR) where teachers and their families can get tested for hypertension, diabetes, intestinal parasites and HIV. The response is reported to have been overwhelming.

**The Joint UN Teams on HIV and AIDS**, civil society and educational development partners are taking an active role in-country to support teachers and the education system as a whole to cope with HIV-related issues and challenges. The example below from Nigeria describes specific areas where **international partnerships** are making an impact on the country's response to the pandemic and where, according to the participant: "Interagency collaboration and the forging of partnerships are paramount to the progress and success of interventions".

- According to a participant in **Nigeria**, the membership of the HIV and AIDS National Policy Technical Working Committee includes development and bilateral partners such as Enabling HIV & AIDS, TB and Social Sector

Environment (ENHANSE), United States Agency for International Development (USAID), UNESCO, ActionAid International, SMARTWork and UNICEF in addition to other national bodies. The team is responsible for: developing sector policy documents; providing expertise; planning, implementing and monitoring of sector policies; advocacy and information sharing; and production and dissemination of policies.

### **For further consideration**

Themes that were not discussed during the Forum, but which are relevant to the topic include:

- Teacher deployment policies and transfer practices.

## Conclusion

The Web Forum provided an interactive and thought-provoking platform for participants from all over the world to exchange their experiences and share their perspectives on the role of teachers in HIV prevention and the impact that the epidemic is having on teachers. Over the course of the Forum many examples of ‘good practice’ and lessons learned were evoked and suggestions made for areas where efforts should be intensified.

Cultural sensitivities to HIV-related topics, lack of instructional materials and curricula, and limited time and resources were listed as some of the **main challenges** teachers face in delivering school-based HIV education. Incentives and curriculum aids were seen to be **essential elements** to build teachers’ confidence and support them in the classroom.

**Pre- and in-service training** for teachers was also highlighted as critical to improving teachers’ effectiveness in enhancing learners’ knowledge, skills and attitudes related to HIV and AIDS. The coverage of teacher training, however, was felt by participants to be limited (particularly in rural areas). Many countries were reported to be relying upon support from other key stakeholders, including civil society partners, teachers’ unions and parent-teacher associations or hiring specialized professionals to teach about HIV and AIDS.

Discussion on the role of teachers in **child protection and the promotion of safe and healthy school environments** focused on some of the challenges associated with the reporting and registering of harmful practices, including child abuse and harassment. In high prevalence countries, teachers were reportedly providing counselling and support for children affected by HIV and AIDS. However, concern was raised about the appropriateness, sustainability and effectiveness of these efforts given the limited training and support teachers were receiving.

Regarding the establishment and maintenance of supportive and enabling environments for **teachers affected by HIV**, Forum discussion underlined the importance of workplace policies (ideally developed and disseminated by partners such as unions and networks of teachers living with HIV) and adaptive management tools to monitor teacher absences, replacements, transfers and training. While efforts have been made in many countries to scale up access to and uptake of voluntary and confidential HIV counselling and testing and ART, significant challenges still remain.

The importance of **country ownership and leadership** in education sector responses to HIV and AIDS was felt to be essential to make a significant and sustainable impact at country level. **International expertise and assistance** was also credited as contributing to: enhancing institutional capacity; creating an atmosphere in which silence towards HIV and AIDS could be broken; and supporting teachers, including those infected and affected by HIV. Support from international partners was noted as being particularly crucial in communities where the school administration and learning institutions lack the managerial and financial resources to train teachers and provide materials on HIV education.

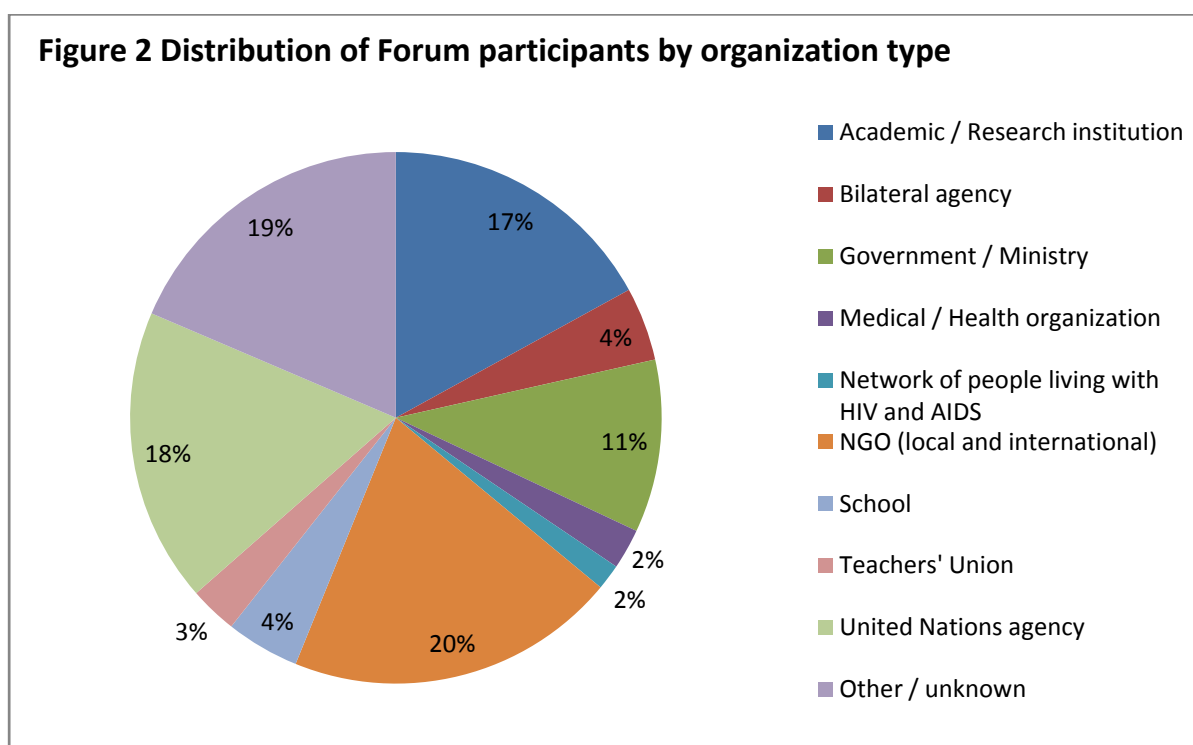
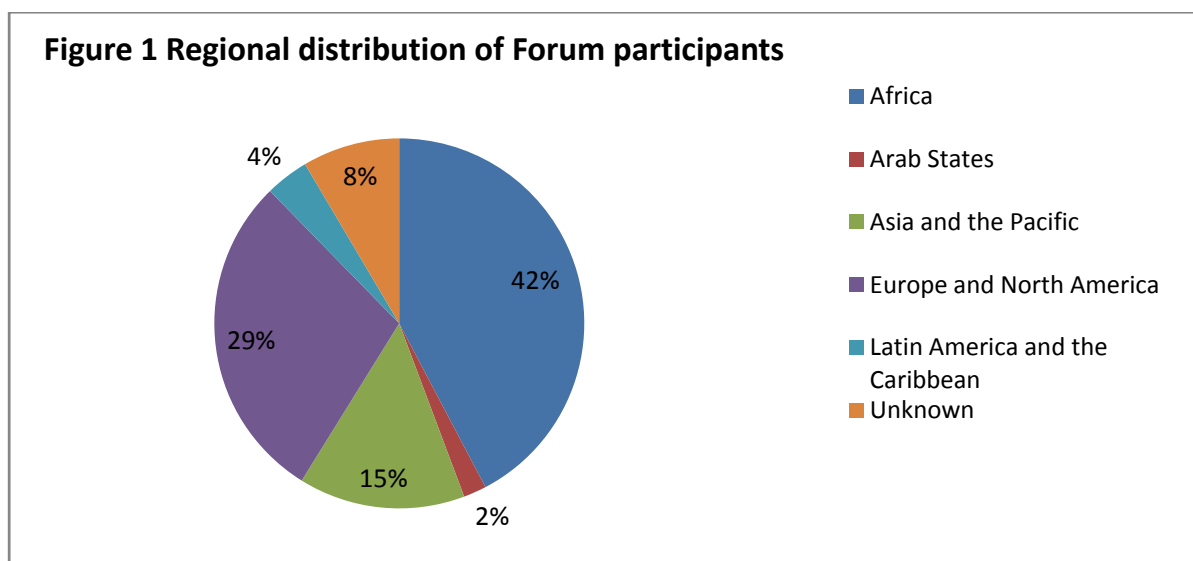
Some concern was voiced about the **sustainability of overseas development assistance** for HIV-related programmes in the current financial and global economic crisis, and mention was also made of a need to improve the disbursement and monitoring of such funds. In addition, **corruption** at various levels of HIV and AIDS programme implementation and management was signalled to be an issue by participants working in Cameroon, Kenya and Nigeria. Examples from these countries revealed: the provision of large allowances to participants in HIV and AIDS trainings; *ad hoc* use of HIV and AIDS funds by ministries; and insufficient follow-up of funded HIV and AIDS projects.

Finally, discussants highlighted specific areas where UN agencies and other international partners could play a pivotal role. These included:

- supporting the integration of sex education in curricula, starting at the primary school level, and the standardisation of curricula overall
- participating in policy and strategic planning development, appraisal and revision
- strengthening and enhancing the capacity of educational institutions, MoE HIV and AIDS focal points and teachers
- facilitating knowledge and skill transfer opportunities
- organizing consultative and best practice sharing forums
- providing technical support to train teachers, particularly in rural areas.

## Annex I Background of participants

Close to 450 discussants from 78 countries in sub-Saharan Africa, the Arab States, Asia and the Pacific, Europe and North America, and Latin America and the Caribbean participated in the Web Forum and shared their diverse and rich experience on the discussion topics. Figures 1 and 2 provide a sketch of the participants by regional distribution and by type of organization:



## **Annex II Websites and discussion forums**

A wide range of websites, discussion groups and distribution lists provided information on the Web Forum. These included:

AIDS Education Global Information System

[www.aegis.org](http://www.aegis.org)

Af-AIDS

<http://www.healthdev.org/eforums/cms/individual.asp?sid=95&sname=AF-AIDS>

African Regional Networks of Ministry of Education HIV and AIDS Focal Points  
West Africa

<http://www.schoolsandhealth.org/sites/westafrica/Pages/default.aspx>

East Africa

<http://www.schoolsandhealth.org/sites/eastafrica/Pages/default.aspx>

AIDSPortal

<http://www.aidsportal.org/>

Communication Initiative

<http://www.comminit.com/>

Education International

<http://www.ei-ie.org/>

EFAIDS newsletter

ELDIS HIV & AIDS resource guide

<http://www.eldis.org/hivaids/>

Global Learning Portal

<http://www.glp.net/>

Global Youth Coalition on HIV/AIDS

<http://www.youthaidscoalition.org/>

HIV Atlas

<http://www.hivatlas.org/>

IATT on Education listserv

IIEP alumni listserv

IIEP newsletter

IIEP website

<http://www.iiep.unesco.org/>

Interagency Gender Working Group listserv

Interagency Youth Working Group listserv

International Basic Education Update

Partners Zambia

<http://www.healthdev.org/partnerszambia>

ReseauSida Afrique eForum

<http://www.reseausida.org/>

Schools and Health

<http://www.schoolsandhealth.org/>

SEA-AIDS

<http://www.healthdev.org/eforums/sea-aids/>

The Body

<http://www.thebody.com/>

UNAIDS IATT on Education

<http://www.unesco.org/aids/IATT>

UNAIDS website (including a feature story on the Forum)

<http://www.unaids.org/>

[http://www.unaids.org/en/KnowledgeCentre/Resources/FeatureStories/archive/2009/20090514\\_IATT\\_Teachers.asp](http://www.unaids.org/en/KnowledgeCentre/Resources/FeatureStories/archive/2009/20090514_IATT_Teachers.asp)

UNESCO/Bangkok HIV and AIDS listserv

UNESCO HIV and AIDS Consultative Group listserv

UNESCO HIV and AIDS focal points listserv

UNESCO Education Sector

<http://www.unesco.org/education/index.shtml>

UNESCO HIV and AIDS Education Clearinghouse

<http://hivaidsclearinghouse.unesco.org/>

UNESCO HIV and AIDS

<http://www.unesco.org/aids>

UNESCOMMUNICATION

## Annex III Suggested reading

The list below contains suggested reading materials that were compiled by the organizers as a useful resource for Forum participants:

ActionAid International. (2003). *The sound of silence: difficulties in communicating on HIV/AIDS in schools*. London: ActionAid International.  
[www.actionaid.org/doc\\_lib/146\\_1\\_sound\\_silence.pdf](http://www.actionaid.org/doc_lib/146_1_sound_silence.pdf)

ActionAid International and Save the Children UK. (2004). *Approaches to examining the impact of HIV/AIDS on teachers*. London: ActionAid International/Save the Children UK.  
[www.actionaid.org/assets/pdf/HIV\\_teachers.pdf](http://www.actionaid.org/assets/pdf/HIV_teachers.pdf)

Association for the Development of Education in Africa (ADEA). (2006). Film: *The teaching profession united against HIV/AIDS*. Paris: ADEA.

Bennel, P. (2004). *Teacher motivation and incentives in sub-Saharan Africa and Asia*. London: DFID.  
[www.eldis.org/fulltext/dfidtea.pdf](http://www.eldis.org/fulltext/dfidtea.pdf)

Clarke, D. (2008). *Heroes and villains: teachers in the education response to HIV*. Paris: IIEP-UNESCO.  
[www.iiep.unesco.org/information-services/publications/abstracts/2009/heroes-and-villains.html](http://www.iiep.unesco.org/information-services/publications/abstracts/2009/heroes-and-villains.html)

Degazon-Johnson, R. (2008). *Gender, HIV/AIDS and the status of teachers: report of the third Commonwealth teachers' research symposium*. London: Commonwealth Secretariat.  
[www.thecommonwealth.org/files/182467/FileName/THIRDTEACHERSYMPOSIUMREPORT.pdf](http://www.thecommonwealth.org/files/182467/FileName/THIRDTEACHERSYMPOSIUMREPORT.pdf)

Education International (EI). (2008). *Leadership in the HIV and AIDS response: a toolkit for teachers' unions to promote health and improve education*. Brussels: EI.  
[www.ei-ie.org/ef aids/en/documentation\\_ei.php](http://www.ei-ie.org/ef aids/en/documentation_ei.php)

Education International, World Health Organization (WHO), Education Development Center, Inc. (2007). *Building a gender friendly school environment: a toolkit for educators and their unions*. Brussels: EI.  
[www.ei-ie.org/ef aids/en/documentation\\_ei.php](http://www.ei-ie.org/ef aids/en/documentation_ei.php)

Education International, WHO, Education Development Center, Inc. (2007). *Inclusion is the answer: unions involving and supporting educators living with HIV*. Brussels: EI.  
[www.ei-ie.org/ef aids/en/documentation\\_ei.php](http://www.ei-ie.org/ef aids/en/documentation_ei.php)

Education International, WHO, Education Development Center, Inc. (2007). *Training for life: EI report on teacher training on HIV/AIDS*. Brussels: EI.  
[www.ei-ie.org/ef aids/en/documentation\\_ei.php](http://www.ei-ie.org/ef aids/en/documentation_ei.php)

Education International, WHO, Education Development Center, Inc. (2004). *Training and resource manual on school health and HIV and AIDS prevention*. Geneva: WHO.  
[www.who.int/school\\_youth\\_health/hivaids\\_project/en/index.html](http://www.who.int/school_youth_health/hivaids_project/en/index.html)

Family Health International (FHI). (2004). *Teacher training: essential for school-based reproductive health and HIV/AIDS education*. Washington, DC: FHI.  
[www.fhi.org/en/Youth/YouthNet/ProgramsAreas/SexEducation/teachertraining.htm](http://www.fhi.org/en/Youth/YouthNet/ProgramsAreas/SexEducation/teachertraining.htm)

International Labour Organization (ILO), UNESCO. (2006). *An HIV/AIDS workplace policy for the education sector in the Caribbean*. Paris: UNESCO.  
[www.ilo.org/public/english/dialogue/sector/papers/education/carib-ed-policy.pdf](http://www.ilo.org/public/english/dialogue/sector/papers/education/carib-ed-policy.pdf)

ILO, UNESCO. (2006). *An HIV/AIDS workplace policy for the education sector in southern Africa*. Paris: UNESCO.  
[www.ilo.org/public/english/dialogue/sector/papers/education/soafrica-hiv-ed-policy.pdf](http://www.ilo.org/public/english/dialogue/sector/papers/education/soafrica-hiv-ed-policy.pdf)

InWent/University of the Western Cape. (2005). *Breaking the silence: teaching and the AIDS pandemic, a capacity building course for teacher educators in Africa*.  
[www.ibe.unesco.org/uploads/media/breakingthesilence\\_WesternCape\\_univ\\_06.pdf](http://www.ibe.unesco.org/uploads/media/breakingthesilence_WesternCape_univ_06.pdf)

International HIV/AIDS Alliance. (2008). *Our future. Teaching sexuality and life-skills. A guide for teachers using our future pupils' books*. Brighton: International HIV/AIDS Alliance.  
[www.aidsalliance.org/graphics/secretariat/publications/Teaching\\_sexuality\\_and\\_lifeskills.pdf](http://www.aidsalliance.org/graphics/secretariat/publications/Teaching_sexuality_and_lifeskills.pdf)

Jansen, J. (2006). *Bodies count: AIDS review 2006*. Pretoria: Centre for the Study of AIDS, University of Pretoria.  
[http://hivaidsclearinghouse.unesco.org/search/resources/BODIES\\_COUNT\\_AIDS\\_Review%20202.pdf](http://hivaidsclearinghouse.unesco.org/search/resources/BODIES_COUNT_AIDS_Review%20202.pdf)

Kelly, M. J. (2008). *Gender, HIV/AIDS, and the status of teachers*. London: Commonwealth Secretariat.  
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[http://hivaidsclearinghouse.unesco.org/search/resources/4\\_2.pdf](http://hivaidsclearinghouse.unesco.org/search/resources/4_2.pdf)

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[www.popcouncil.org/pdfs/horizons/Kenya\\_TeachersMatter.pdf](http://www.popcouncil.org/pdfs/horizons/Kenya_TeachersMatter.pdf)

Kiragu, K., Kimani, M., Manathoko, C. & C. Mackenzie. (2006). *Teachers matter: baseline findings on the HIV-related needs of Kenyan teachers*. Horizons Research Update. Washington, DC: Population Council.

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[www.panos.org.uk/?lid=250](http://www.panos.org.uk/?lid=250)

Population Council. (2006). *Promoting VCT at the workplace*. Horizons Report. Washington, DC: Population Council.  
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Smart, R. (2008). HIV/AIDS Care, Support and Treatment for Education Staff. In: Volume 4: *Responding to the epidemic. Educational planning and management in a world with AIDS*. Paris: IIEP-UNESCO/ESART.  
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<http://unesdoc.unesco.org/images/0015/001586/158673e.pdf>

UNESCO. (2008). *Good policy and practice in HIV & AIDS and education: educator development and support*. Paris: UNESCO.  
<http://unesdoc.unesco.org/images/0014/001463/146308e.pdf>

UNESCO. (2008). *School-centred HIV and AIDS care and support in southern Africa. Technical consultation report*. Paris, UNESCO.  
<http://unesdoc.unesco.org/images/0015/001578/157860e.pdf>

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<http://unesdoc.unesco.org/images/0015/001536/153603e.pdf>

USAID. (2009). *DOORWAYS TRAINING MANUALS on school-related gender-based violence prevention and response*. Washington, DC: USAID.  
[www.usaid.gov/our\\_work/cross-cutting\\_programs/wid/doorways.html](http://www.usaid.gov/our_work/cross-cutting_programs/wid/doorways.html)

WHO Regional Office for the Western Pacific. (2001). *Sexually transmitted infections: briefing kit for teachers*. Manila: WHO.

[www.wpro.who.int/NR/rdonlyres/DC57A9FD-11B3-41F1-9810-3A0E28752101/0/STI\\_Briefing\\_Kit\\_for\\_Teachers\\_2001.pdf](http://www.wpro.who.int/NR/rdonlyres/DC57A9FD-11B3-41F1-9810-3A0E28752101/0/STI_Briefing_Kit_for_Teachers_2001.pdf)

World Bank. (2008). *Courage and hope: stories from teachers with HIV in sub-Saharan Africa*. Washington, DC: World Bank. (Note: book and film)  
[www.schoolsandhealth.org/pages/CourageandHope.aspx](http://www.schoolsandhealth.org/pages/CourageandHope.aspx)

## **Annex IV Recommended websites**

The list below of recommended websites was compiled by the Forum organizers as a useful resource for participants. In addition, participants themselves also provided links to relevant project websites and these are included below marked with an asterisk (\*):

Academy for Educational Development (AED)

[www.aed.org](http://www.aed.org)

ActionAid/Global Campaign for Education (GCE)

[www.actionaid.org](http://www.actionaid.org)

[www.global.campaignforeducation.org](http://www.global.campaignforeducation.org)

American Institutes for Research (AIR)

[www.air.org](http://www.air.org)

Association of African Universities (AAU)

[www.aau.org](http://www.aau.org)

Association for the Development of Education in Africa (ADEA)

[www.adeanet.org](http://www.adeanet.org)

Australian Agency for International Development (AusAID)

[www.ausaid.gov.au](http://www.ausaid.gov.au)

CARE International

[www.care-international.org](http://www.care-international.org)

Canadian International Development Agency (CIDA)

[www.acdi-cida.gc.ca](http://www.acdi-cida.gc.ca)

Council on Foreign Relations (CFR)

[www.cfr.org](http://www.cfr.org)

Department for International Development (UK) (DFID)

[www.dfid.gov.uk](http://www.dfid.gov.uk)

Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ)

[www.gtz.de](http://www.gtz.de)

Education Development Center, Inc. (EDC)

[www.edc.org](http://www.edc.org)

Education International (EI)

[www.ei-ie.org](http://www.ei-ie.org)

EduSector AIDS Response Trust

EFAIDS\*

[www.ei-ie.org/efaids/](http://www.ei-ie.org/efaids/)

European Commission (EC)

[www.ec.europa.eu](http://www.ec.europa.eu)

Ford Foundation

[www.fordfound.org](http://www.fordfound.org)

Higher Education HIV and AIDS (HEAIDS) Programme, South Africa\*

[www.heids.org.za](http://www.heids.org.za)

International Labour Organization (ILO)

[www.ilo.org](http://www.ilo.org)

Irish Aid

[www.irishaid.gov.ie](http://www.irishaid.gov.ie)

Mema Kwa Vijana (MKV), Tanzania\*

[www.memakwavijana.org](http://www.memakwavijana.org)

Nelson Mandela Foundation

[www.nelsonmandela.org](http://www.nelsonmandela.org)

Netherlands Ministry of Foreign Affairs

[www.minbuza.nl](http://www.minbuza.nl)

Norwegian Agency for Development Cooperation (Norad)

[www.norad.no](http://www.norad.no)

Partnership for Child Development (PCD)

[www.child-development.org](http://www.child-development.org)

Save the Children Alliance

[www.savethechildren.net](http://www.savethechildren.net)

Swedish International Development Cooperation Agency (SIDA)

[www.sida.se](http://www.sida.se)

Tiwoloke Stepping Stones, Malawi\*

[http://hivaidsclearinghouse.unesco.org/search/format\\_long.php?lang=en&ret=index\\_expert.php&fiche=4509](http://hivaidsclearinghouse.unesco.org/search/format_long.php?lang=en&ret=index_expert.php&fiche=4509)

Joint United Nations Programme on HIV/AIDS (UNAIDS)

[www.unaids.org](http://www.unaids.org)

Joint United Nations Programme on HIV/AIDS (UNAIDS) Inter-Agency Task Team (IATT)  
on Education

[www.unesco.org/aids/iatt](http://www.unesco.org/aids/iatt)

United Nations Children Fund (UNICEF)

[www.unicef.org](http://www.unicef.org)

United Nations Development Programme (UNDP)

[www.undp.org](http://www.undp.org)

United Nations Educational, Scientific and Cultural Organization (UNESCO)

[www.unesco.org](http://www.unesco.org)

United Nations Educational, Scientific and Cultural Organization (UNESCO) HIV and AIDS  
Education Clearinghouse

<http://hivaidsclearinghouse.unesco.org>

United Nations Educational, Scientific and Cultural Organization (UNESCO) International  
Institute for Educational Planning (IIEP)

[www.iiep.unesco.org](http://www.iiep.unesco.org)

United Nations High Commissioner for Refugees (UNHCR)

[www.unhcr.org](http://www.unhcr.org)

United Nations Office on Drugs and Crime (UNODC)

[www.unodc.org](http://www.unodc.org)

United Nations Population Fund (UNFPA)

[www.unfpa.org](http://www.unfpa.org)

United States Agency for International Development (USAID)

[www.usaid.gov](http://www.usaid.gov)

University of London, Institute of Education

[www.ioe.ac.uk](http://www.ioe.ac.uk)

University of New South Wales, National Centre in HIV Social Research

<http://nchsr.arts.unsw.edu.au>

University of Pretoria, Centre for the Study of AIDS

[www.csa.za.org](http://www.csa.za.org)

World Bank

[www.worldbank.org](http://www.worldbank.org)

World Food Programme (WFP)

[www.wfp.org](http://www.wfp.org)

World Health Organization (WHO)

[www.who.org](http://www.who.org)

## Annex V Evaluation questionnaire

An evaluation questionnaire was circulated electronically to participants immediately following the Web Forum to receive their feedback and suggestions for future Forums. Approximately one quarter of participants responded to the questionnaire. A copy of the questionnaire is below:

### Teachers and HIV & AIDS: reviewing achievements and identifying challenges (IATT-IIEP)

**1. In which country do you work?**

**2. Please select the category that best describes your organization type:**

- School/University
- Government/Ministry
- Bilateral agency
- United Nations agency
- NGO (local and international)
- Faith-based organization
- Academic/Research institution
- Medical/Health organization
- Private sector (for profit)

Other (please specify)

**3. Please rate your satisfaction with the content of the discussion about teachers and HIV & AIDS:**

- I was very satisfied with the content of the discussion
- I was somewhat satisfied with the content of the discussion
- I was not satisfied with the content of the discussion

**4. Which topics did you find most useful?**

	Not useful	Fairly useful	Useful	Very useful
Teachers and HIV prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Pre- and in-service training</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Child protection and school environments</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Supportive and enabling environments</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Role of international partners and NGOs</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you feel some topics were not adequately addressed? What other topics would you have suggested including?

**5. What aspects of the forum did you find most useful?**

	<b>Not useful</b>	<b>Fairly useful</b>	<b>Useful</b>	<b>Very useful</b>
<b>Forum organization (level of focus, daily highlights, input from and access to expert discussants)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Discussion attributes (diversity of participants, level of expertise and professionalism of participants, openness of discussion and willingness to share information/knowledge/points of view)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Outcomes (exchange of information/knowledge/points of view, identification of new resources, networking/communication with other forum participants)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add a comment:

**6. Will you use any of the information shared during the forum?**

- I have already
- Yes probably
- Don't know
- No

Add a comment:

**7. If yes, how have you used or intend to use the information?**

- Inform personal research/thinking
- Input for professional activities (papers/speeches/presentations/courses)
- Share information/resources with colleagues/students
- Use networking potential of forum

Other or to add a comment:

**8. How would you rate the organization of the forum?**

- Forum was very well organized
- Forum was generally well organized given the size of group and the volume of messages
- Room for improvement

**9. How could the forum be improved?**

- Ease of use of software
- More direct and focused moderation
- Greater diversity in contributions through a wider variety of participants

Other:

**10. Thank you for taking the time to complete this evaluation questionnaire and for your participation in the forum. If you have any questions, comments or further suggestions please share them with us:**

## **Annex VI Feedback from participants**

Participants shared constructive feedback with the organizers over the course of the Forum and in response to the evaluation questionnaire to which approximately one quarter of participants responded (see Annex V). Overall satisfaction with the content and topics of the Forum was high (66% of participants who responded to the survey signalled a very high level of satisfaction). Additional results of the evaluation included broad comments regarding the content and organization of the Forum (several examples are below) and information on how the information generated during the Forum was or would be used by participants (see Figure 3).

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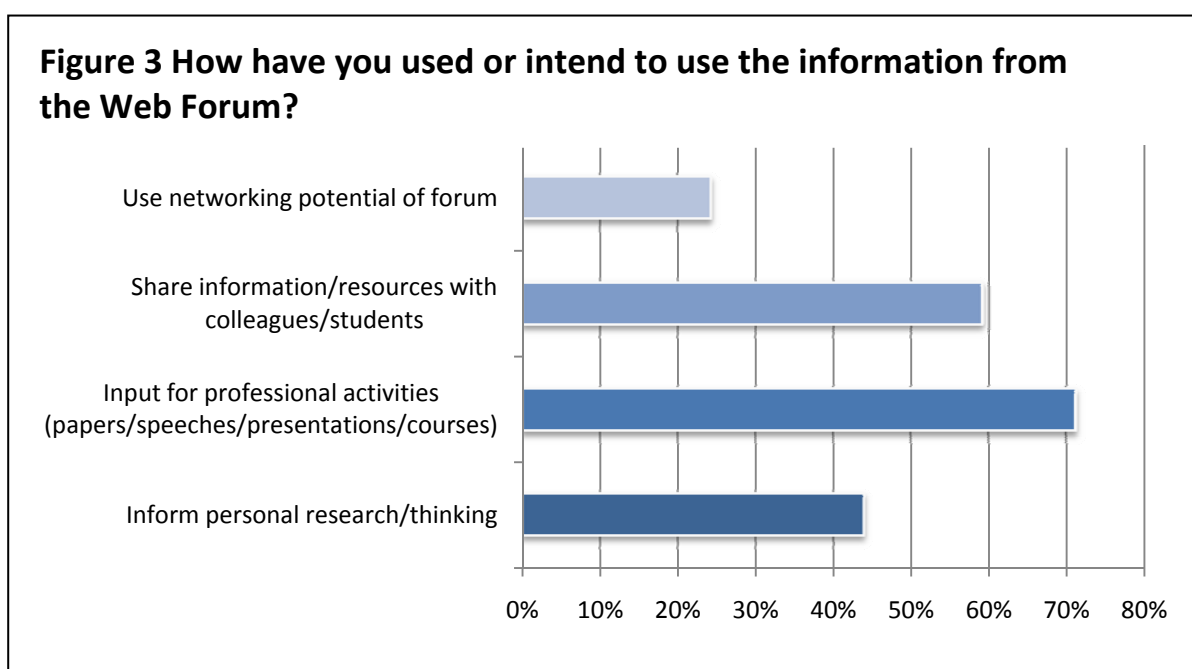
Here are some examples of responses from participants:

“I have found many of the forum exchanges to be interesting and instructive in terms of raising issues that must be dealt with in designing curriculum and teacher training on HIV/AIDS and life skills.”

“I think that the initial opening questions were too over-arching and broad, and imposed on forum participants. It would be better, from a collaborative perspective, if facilitators had genuinely guided discussions, and used a Wiki to post synthesized comments, to which feedback could be added continuously.”

“I have shared the information with all members of staff in my organization and will use most of the information for training our implementing partners in the districts where we are operating.”

“It would be better if the forum participants had collectively developed an action plan, and then develop a network to motivate each other in implementing pilot projects on themes related to Teachers and HIV/AIDS.”



## Annex VII Daily highlights

Brief daily summaries were produced and distributed to all participants during each of the ten days of the Forum. These summaries highlighted the main themes and debates of the discussion and provided thought-provoking questions for the following days. The summaries are below:

### Highlights of 18 May 2009

#### Debates

Discussion related to **teacher training** focused on strategies for addressing stigma and discrimination of HIV-positive teachers and the need for broad-based awareness of the disease and how it affects entire communities. The importance of partnerships among ministries of education, non-governmental organizations, national AIDS Commissions, teachers and students in building such awareness was emphasized.

The **availability of anti-retrovirals** for teachers was highlighted, meaning that issues of cover for long-term sick leave are greatly reduced. However, issues of confidentiality need to be addressed for this to be effective.

#### Country experiences

In the area of **policy and monitoring**, significant developments in response to HIV and AIDS among education sector staff in Zambia have been identified including: development and dissemination of literature on prevention and workplace practices; significant improvements in the collection, inputting, recording and public dissemination of education data, including teacher attrition statistics; provision for transfer of teachers who are sick and need specialized treatment; and the development of partnerships between the MoE, teachers' unions, private sector providers and teacher support groups to sensitize teachers to the need for voluntary counselling and testing and providing this service.

An additional successful innovation in Zambia has been the introduction of Teacher Health Days, whereby teachers and their families can come to be tested for hypertension, diabetes, intestinal parasites and HIV.

In Barbados it was reported that HIV and AIDS-related themes have been included in the **curriculum**, especially in the arts, with support from school management. The discussant added: "I also think that although teachers care about their students' welfare and may make general comments or address HIV in certain parts of the syllabus, they (we) feel that government can deploy people who are specifically trained in this area (health care professionals) to spearhead HIV education in schools."

#### Emerging issues

The topic of harmful **teacher-student relations** in school and at university, including sexually transmitted grades, was discussed. This has been identified to be a major issue in addressing HIV and AIDS in the education sector in Sierra Leone. A discussant from Ghana made reference to the teachers' code of ethics and to the Education Act as an

enforcement mechanism.

In addition, the issue of **incentivizing teachers** (including through financial remuneration) to become involved in HIV education was raised for discussion with examples from Ghana and Nigeria.

## Highlights of 19 May 2009

### Debates

There was a varied and robust discussion on **teacher training** and the inclusion of HIV prevention in school **curricula**. For example, a discussant in Tanzania described teachers as having very limited training in HIV and AIDS, leaving them unprepared to provide useful information to pupils. In Kenya, though national training exists for tutors, the trainings have not been systematic, resulting in narrow inclusion of HIV prevention education in the curriculum.

In addition, a clear disparity exists between knowledge of HIV issues between rural and urban communities including school administrators, as pointed out by a discussant from Cameroon. This highlights the need to incorporate teachers from both urban and rural areas in HIV education trainings.

Several proposals were put forward to address the lack of HIV education in schools including the assimilation of HIV education across subject areas (arts, sciences), extra incentives for teaching staff and the recruitment of specialized teachers specifically trained in HIV education. For example, in Botswana, the teaching of HIV and AIDS has been integrated into several of the subjects taught in primary and secondary schools such as science, moral education and guidance and counselling.

Motivating and empowering teachers to take on HIV education was signalled to be crucial. However, there was discussion as to how to raise the confidence of teachers given the highly sensitive nature of the issues. The Ministry of Education and Skills Development in Botswana is working through its Curriculum Development Department to train teachers to use life skills materials including those dealing with HIV and AIDS topics in order to boost teacher confidence in teaching HIV prevention in all subjects.

A participant from Cameroon described several basic principles of successful programmes that aim to integrate HIV and AIDS into education materials and ensure the effective use of the materials at the classroom level, thus ensuring culturally appropriate and locally relevant interventions. These principles include: learning about and adapting to local conditions; ensuring community participation; carefully targeting the audience; identifying effective strategies and messages; building local capacity; evaluating results; and using the results from the evaluation. According to a discussant from Botswana, what has been missing thus far is 'the detailed work needed at a school level to ensure that staff and students were allowed access to the programme and were given basic training on how to use the material effectively day to day'.

### Country experiences

The MEMA KWA VIJANA (MKV) meaning 'good things for young people' was a four-

year project jointly implemented by the African Medical and Research Foundation (AMREF), National Institute for Medical Research (Tanzania), the Liverpool School of Tropical Medicine, and the London School of Tropical Medicine with a focus on the prevention of HIV and AIDS in Tanzanian schools. The programme involved multi-sectoral departments (Education, Health, Planning and Community Development) to ensure total commitment of the Tanzanian government and the lessons learned were widely shared within the region and in-country. Teachers and health service providers were the primary beneficiaries of the programme. The programme has been useful in generating policy influence among teachers and the government to ensure that teachers are part and parcel in the fight against HIV and AIDS and that their students are aware of the means for controlling the disease. As a result, many teachers in schools of the Mwanza region have now formed community clubs to support themselves in continuing with HIV and AIDS education and prevention.

### Emerging issues

Several participants discussed issues related to **sexual harassment** of students by teachers and described the legal frameworks intended to protect students from such harassment, including sexually transmitted marks. For example, according to one discussant from Ghana, the University of Cape Coast has established a Sexual Harassment Policy that is steered by the Sexual Harassment Committee. The committee conducts research and investigates the causes of sexual harassment and makes recommendations to school faculties, centres, institutes and departments. Additional frameworks related to preventing sexual harassment in Ghana include the District Education Oversight Committee and the Education Act.

### Questions for tomorrow

How are **teachers' unions** involved in teacher education programmes on HIV and AIDS in your country? Do you think that this should be a core activity of the union? What about other aspects related to HIV prevention, treatment, care and support?

If the objective of the transmission of knowledge related to HIV and AIDS to pupils is more or less attained, the question remains as to whether **behaviour change** is occurring and how it can be measured?

## Highlights of 20 May 2009

### Debates

**Teachers' unions** can play an important role in minimizing the adverse effects of HIV and AIDS on teachers and on the education sector as a whole by mobilizing their membership, raising awareness of the issues and developing policies to support workers, especially those living with HIV and AIDS.

Discussion related to the role of trade unions in teacher education on HIV and AIDS focused on such activities as project implementation, training materials development, workshop organisation and outreach and support for teachers affected by HIV and AIDS. According to one discussant:

The core activity of the union should be to defend the interest of its members and enhance

education in a sustainable way. Union-led HIV and AIDS education training programmes are of extreme importance, but the long-term solution is for the governments to assume their responsibility and to finance programmes and provide teachers with support to do our job well, as well as a decent salary in accordance [with] the expectations society has from our work.

One discussant described the EFAIDS Programme, implemented by 46 teachers' unions in 35 countries and coordinated by Education International together with its partners the World Health Organization and the Education Development Centre. Through training, teachers acquire the skills to promote HIV prevention among their colleagues and students. In addition, the unions are actively involved in advocating and campaigning for improvements on a whole range of AIDS-related themes, including government inclusion of HIV and AIDS education in pre-service teacher training and school curricula. Teachers' unions are learning the best ways to respond to and prevent AIDS-related discrimination and are providing vital support to teachers living with the disease.

### Country experiences

Below are some snapshots of the work undertaken by teachers' unions at the country level:

In **Burkina Faso**, four teachers' unions are working together to build the capacity of their members to address HIV and AIDS in schools. Recently the unions have also focused on informing their members about the importance of voluntary counselling and testing. To date, the Burkinabe unions have achieved an impressive outreach, training 600 trainers and 7,000 teachers in almost 3,000 schools.

The **Namibia** National Teachers' Union (NANTU) played an active role in 2008 in the consultation and drafting process of the 'HIV and AIDS Workplace Wellness Policy for the Education Sector'. In addition NANTU worked with the Legal Assistance Centre to produce a dedicated Workplace Union Policy, which was launched in 2008. Teachers were subsequently trained in the practical use of the Workplace Policy.

In 2004 the **Nigeria** Union of Teachers and Lagos State Wing organized an awareness programme on the prevention of HIV among primary school pupils in Lagos, Nigeria. Four hundred students were trained in HIV prevention and in turn, were able to reach out to their peers through Anti-AIDS Club activities.

### Emerging issues

- **Teacher/student relationships:** the seduction of teachers by students in order to attain higher marks was discussed by several participants as a serious issue in their respective countries.
- **Compensation** for teachers to teach HIV education: according to one participant from Tanzania, HIV and AIDS is taught through career subjects, such as biology and civics. In this case the subject teachers cannot ask for incentives as HIV and AIDS is treated as a cross-cutting issue. Another participant from Timor Leste added that incentives for teachers to be involved in HIV and AIDS education could include transportation and accommodation subsidies. A discussant from Nigeria contributed, "We should pay teachers to teach HIV/AIDS education? Well that's okay but let's see how well teachers themselves taking time to even find out what is HIV/AIDS talk less of teaching but just want to be paid".
- The **promotion of life skills** to enable learners to put knowledge into practice and to develop attitudes and skills that support the adoption of healthy behaviours was

highlighted as being critical. A discussant remarked upon his experience in Zimbabwe “where, apart from all trainees being taught life skills, they had another category of trainee peer educators who were brilliant!”

### Questions for tomorrow

How can evidence-based research measure the impact of HIV prevention programmes on behaviour and attitude change?

Do education sector policies on HIV and AIDS effectively trickle down to actions on the ground?

## Highlights of 21 May 2009

### Debates

Issues relating to the **implementation and evaluation** of education sector policies on HIV and AIDS received considerable attention with a focus on how to increase the accessibility of such policies and how the outcomes could be monitored.

A discussant from Uganda described some of the challenges implementing the Ministry of Education’s Workplace Policy on HIV and AIDS. Despite its distribution to three quarters of schools by the Uganda National Union for Teachers (UNATU), the participant lamented that the policy often “ends up on the principal’s shelf” and that teachers remain unaware of the content. The discussion continued with a comment from Kenya: “Effectiveness of implementation is difficult to judge when the expected outcome is not well stated and the indicators of success are also not clear”. This included a suggestion that the monitoring and evaluation department at the ministry should investigate how education sector policies are being implemented.

In terms of evaluation, a discussant from Zambia highlighted that, despite the many HIV prevention programmes and policies in place, there exists a “need for all stakeholders and the government to conduct evidence-based research on the impact that these programmes have especially on behaviour and attitude”.

### Country experiences

In **Kenya**, according to one discussant, there is an **education sector policy** that obliges teacher training colleges to institutionalize HIV and AIDS policies. However, not all colleges put these policies into place, leaving them “at the mercy of NGOs who conduct ad hoc training on various aspects of HIV/AIDS education. This lack of systematic implementation of the education sector policy means tutors as well as trainee teachers are not well prepared to handle HIV/AIDS in their classes.”

### Emerging issues

There is evidence that many teachers have **difficulties addressing HIV-related issues** including sex when teaching in the classroom setting. In some programmes, NGOs may conduct the sexual health and prevention teaching in schools without the active involvement of the teachers themselves. According to a participant from Tanzania, more

needs to be done to empower and train teachers, particularly at the primary school level, as many teachers may be too “shy to answer the critical question from the student”.

**Materials and resources** (in English) on teacher training in sexual and reproductive health were signalled by a participant to be available on the project website of MEMA KWA VIJANA (good things for young people).

### Questions for tomorrow

What kind of support is available to teachers for example from NGOs and ministries, in terms of **facilitating HIV education** in the classroom and in **building teacher confidence** to address HIV-related topics?

What policies (for example, Workplace Policy on HIV and AIDS) or materials (lesson plans, teachers’ resource book, etc.) have produced demonstrable **improvements in teacher effectiveness** to teach about HIV and AIDS at the classroom level in your country? What policies or materials have been less effective and why?

## Highlights of 22 May 2009

### Debates

With regard to creating **supportive and enabling environments for teachers affected by HIV and AIDS**, the discussion introduced a wide variety of support mechanisms for teachers in countries including Namibia, Kenya and Cameroon.

In Cameroon a discussant stated that HIV-positive teachers “enjoy equal rights as any other employee” including paid sick leave and that they cannot be dismissed for testing positive. With regards to services offered, the discussant added that the testing for teachers is free of charge and done in a highly confidential manner.

In response to various forms of discrimination against HIV-positive teachers, the Namibia National Teachers’ Union (NANTU), the Ministry of Education and UNESCO established a network for teachers to share personal experiences and encourage positive living. Another network was introduced by a discussant from Kenya who described their experience during a training session facilitated by an HIV-positive teacher from the Kenya Network of Positive Teachers (KENEPOTE). According to the discussant:

The facilitators provide a way of dealing with panic and fear that once you are infected with HIV you cannot live a normal life. I was particularly impressed with the way this group is visible and answer questions based on their life experiences.

### Country experiences

Teachers play a critical role in **child protection** and in the **promotion of safe and healthy school environments**. The example from **Zambia** below describes several mechanisms put in place to support teachers in this role.

According to the participant from Zambia, the government is committed to “providing a school environment where learners’ rights are protected and their safety assure[d]”. This

commitment is embodied in the Ministry of Education's National Implementation Framework 2008-2010, the National Child Friendly School Initiative (Ministry of Education and UNICEF) and the Schools as Centres of Care and Support (SCCS) initiative.

The MoE trains teachers to identify all forms of child abuse and points out the referral systems available within their communities. In addition, the Ministry trains teachers to provide psychosocial support to children affected by HIV, although: "This is not sustainable because only one teacher at a school is trained and there is no sharing of information with other teachers in the schools". Therefore it was suggested that other stakeholders such as head teachers, school-based committees and mother support groups receive counselling training in order to support teachers in this area.

### Emerging issues

**Role of parents:** participants from the Central African Republic, Cameroon and Zambia highlighted the importance of educating parents in HIV education so that they can transfer positive messages to their children.

**Taboo subjects:** according to a discussant from Cameroon, "the word sex is still considered a taboo" in rural communities—a thought echoed by a discussant from Ethiopia who stated that even where there is political commitment, there may be "cultural and traditional norms, values, beliefs, perceptions, attitudes, mind set, silences ... of considering HIV/AIDS issues as that of 'others'." In Togo, to promote open discussion on sexual education, the Association Togolaise pour le Bien-Etre Familial initiated a secondary school pilot project in which the association facilitates discussion and debate on sexuality as it relates to HIV and AIDS.

**Rural and urban areas:** today's postings frequently brought up the issue of rural versus urban areas. In Zambia it was noted that many pupils, especially in rural areas, lack the basic necessities and that despite codes of practice, there are still reported cases of sexual interactions between teachers and learners. A posting from Cameroon stated that training in sex education is particularly needed in rural areas and that "the issue of pre- and in-service training for HIV/AIDS should focus more on rural areas than the urban areas and UNESCO should take a leading hand in doing this".

### Questions for tomorrow

A participant from the Central African Republic introduced the importance of awareness raising in tackling stigma and discrimination.

What strategies are being implemented by teachers (and other stakeholders) in your country to address HIV-related stigma and discrimination in schools?

## Highlights of 25 May 2009

### Debates

Discussion on the **role of teachers in child protection and promotion of safe and healthy school environments** focused on the prevention of harmful practices, protection against stigma and discrimination and the provision of counselling and psychosocial

support to students.

Even where codes of conduct exist for protecting pupils against **child abuse**, examples were given of the code not being applied as students may not know their rights or how to register a complaint. According to a participant from Zambia, few cases are reported for several reasons: the child may fear to report the teacher because he/she is an authority figure and has control over the student's school progress; the child, guardian, parents and/or community may benefit financially from staying silent; the teacher retains a higher status within the community and the child may not be believed; the girl child is considered to have lower status than a boy and is therefore more vulnerable. In addition, procedures for disciplining teachers who have abused their students can be 'cumbersome' and if cases are reported, "they are seldom upheld by the various levels of management".

A number of mechanisms were described by discussants to ensure that schools are **safe and healthy places**, including an example from Uganda whereby HIV-positive students are involved in a number of extra-curricular activities, such as dancing and singing, that have "made these students so happy and have reduced the stress of living with the disease". To prevent stigma and discrimination, strict rules are in place prohibiting students from teasing and disassociating with those infected by HIV.

The extent to which teachers provide **counselling and psychosocial support** for HIV-affected children varies both within and between countries, as does the availability of training to support teachers in this role. A discussant from Zambia stated that there are far too few teachers trained in counselling and support through either the National In-Service Teachers' College (NISTCOL), in-service courses or other providers and that "even if one teacher is trained, it does not mean that he or she passes on what has been learnt to others"—a reality that has been echoed by other participants during the Web Forum.

### Country experiences

Participants from Cameroon, Kenya and the Central African Republic described teacher **strategies to address HIV-related stigma and discrimination** in schools.

A number of strategies were highlighted by a discussant from **Cameroon** including: massive sensitisation campaigns led by teachers and students; mobile psychological and counselling support units targeting rural areas; HIV-positive individuals getting involved in activism.

In **Kenya**, the Kenya National Union of Teachers (KNUT) participated in the development of the HIV and AIDS workplace policy, which explains how HIV is transmitted and how to protect oneself in a school context. According to the participant, the workplace policy has helped to reduce discrimination in government schools. However, unconfirmed stories from private schools indicate that HIV-positive teachers are dismissed if their status is discovered.

To create an enabling and supportive environment for teachers affected by HIV and AIDS in the **Central African Republic**, work is carried out in partnership with NGOs to increase awareness in schools, universities and institutes. There is also a project being developed to provide training sessions in the interior of the country most affected by HIV and AIDS.

### Emerging issues

A variety of mechanisms and resources (financial and otherwise) are needed to **support teachers to address HIV and AIDS**.

A participant from Timor Leste described several examples of the **difficulties** teachers may encounter trying to access HIV education training and materials. These include: difficulty accessing trainings by teachers in rural areas due to lack of transportation; lack of appropriate instructional aids; lack of expertise or basic introduction to HIV education; lack of financial resources.

### Questions for tomorrow

Two questions were brought forward by a participant from Cameroon:

The issue was raised as to who is best suited to teach HIV education in schools: trained health-care professionals or teachers and head teachers?

Different cultures and traditions, both within and between countries, view HIV and AIDS in different ways. So, in designing a curriculum for HIV and AIDS, it is important to take cultural and traditional norms, values and beliefs into consideration. How is this approached in your country?

### Highlights of 26 May 2009

#### Debates

The complexity of HIV and AIDS requires **managerial capacity, leadership and expertise across a variety of subjects** in order to effectively respond to the medical, political and social implications of the disease, stressed a discussant from Kenya. This involves various stakeholders at the school and community levels, including teachers, health-care workers and counsellors. Several participants weighed in on the question as to who is best suited to teach HIV education. Opinions varied and were substantiated with personal experiences.

According to a participant from Nigeria, due to the nature of the epidemic, health-care experts and professionals are best suited to teach HIV education in schools. However, due to a lack of health professionals in most developing countries, teachers and head teachers can be equipped (via training) with the skills to teach HIV education. The example was given of a workshop on educational planning and management organized by the International Institute for Educational Planning (IIEP) and UNESCO's Regional Bureau for Education in Africa (BREDA), which aimed to heighten awareness of the educational planning and management issues that the epidemic raises for the education sector and to impart planning skills. Participants included ministry staff, trainers and educators from Anglophone West Africa. Forum participants encouraged UNESCO to conduct similar workshops across Africa.

A participant from Malawi emphasized that educators (teachers and head teachers) should bear responsibility for teaching HIV education and that "if the education sector is to respond effectively we have to mainstream HIV & AIDS in the sector". It was added:

For the past decade in Malawi the issue of HIV & AIDS has been considered as a health issue and health professionals took a leading role and what did we achieve? Very little. I feel that the more we mainstream, with educators taking a leading role the more educators are going to personalize and identify themselves with the issue at hand. This will instill commitment in the sector.

### Country experiences

Different cultures and traditions view HIV and AIDS in different ways, so in designing a curriculum, it is important to take **cultural and traditional norms, values and beliefs** into consideration. This is approached differently across countries, with examples below from Kenya and Nigeria.

On the issue of traditions, norms and culture, a participant from **Kenya** lamented that:

curriculum developers are trying to please everyone hence they have always circumvented these issue[s] by coming up with programmes that avoid mentioning sexuality. Right now a new life skills programme has been launched in primary schools with a belief that if one is taught life skills s/he will be able to survive. Life skills has not been proven to work in isolation.

This suggests that a broader repertoire of teaching methodologies and instructional aids are vital to address the range of risk and protective factors related to HIV.

According to a participant from **Nigeria**, “for HIV and AIDS to be appropriately incorporated into the curriculum, there is no doubt that the culture and traditional norms should be taken into consideration”. In Nigeria, the participant explained, the socio-cultural realities of a community are considered in the process of designing and implementing the HIV and AIDS curriculum. For example, the Family Life HIV and AIDS Education (FLHE) Curriculum is an age-appropriate and gender-sensitive curriculum for primary and secondary schools that aims to mobilize and empower teachers, students, youth and families to protect themselves against HIV infection. It is offered as a compulsory one-year course in all teacher training institutions and includes a seven-day training on curriculum content (HIV and AIDS issues including sex, life skills), facilitation techniques and a practice period.

### Emerging issues

**High versus low prevalence settings:** a participant from Nigeria noted that the same HIV education curriculum is used in both high and low prevalence settings. However, the only difference is that areas with high prevalence have an earlier introduction to the curriculum than low prevalence areas.

### Questions for tomorrow

Some participants have proposed that **UNESCO and UNAIDS take a leadership role in the area of teachers and HIV and AIDS**, and suggestions have been made regarding specific areas of support (i.e. HIV testing, teacher training and school-level policies).

What is the role of Joint UN Teams on HIV and AIDS in supporting teachers at the country level? How are education development partners taking on issues related to HIV and AIDS?

## Highlights of 27 May 2009

### Debates

During the forum, participants responded with suggested areas where **international leadership and expertise** could enhance institutional capacity, support teachers and create an atmosphere in which silence towards HIV and AIDS could be broken. This is particularly crucial in communities where the school administration and learning institutions lack the managerial and financial resources to train teachers and provide materials on HIV education, emphasized a participant from Kenya who added:

This is in line with the Kenya Education Sector HIV/AIDS policy that requires each learning institution to develop their own policy using the education sector policy as a framework. The policy also encourages learning institutions to seek partnership with stakeholders dealing with HIV/AIDS issues: hence engaging with UNESCO & UNAIDS will be welcomed.

A discussant from Ethiopia highlighted several specific areas where UNAIDS and UNESCO could play a pivotal role, including: curriculum standardisation; building/enhancing the capacity of educational institutions and HIV and AIDS focal points and teachers; participating in policy revisions and redesigning strategies; organizing consultative and best practice sharing forums; and facilitating knowledge and skill transfer opportunities. Other suggestions called for support for the integration of sex education in curriculum starting at primary school level and the provision of HIV and AIDS experts to train teachers.

### Country experiences

Examples were also given of the contributions of **civil society and education development partners** at the country level including the activities below in **Malawi**.

According to a participant from Malawi participating in IIEP/UNESCO-sponsored research on teacher management in the context of HIV and AIDS, the government of Malawi could be doing more in this area. The participant noted that there is a 2 per cent allocation in the budget for HIV and AIDS activities at all levels, but its implementation is *ad hoc* with no corresponding guidelines. The participant noted that “most of the good work has been done by developing partners and NGOs”.

The example of the TIWOLOKE Stepping Stones project, pioneered by ActionAid, was referred to in particular. The TIWOLOKE project is a workplace-focused behaviour change model targeting primary school teachers in Malawi’s education system. Implemented since 2006 with support from Malawi’s National AIDS Commission and the UK’s Department for International Development (DFID), the intervention has reached 7,600 teachers in its first phase. TIWOLOKE has also supported the development of T’LIPO, the country’s first national network of teachers living positively with HIV and AIDS. Established in June 2007, T’LIPO currently has a membership of around 2,500 teachers.

### Emerging issues

**Role of community and religious leaders:** A participant with experience working in Lebanon highlighted that in the Middle East and North Africa region, religion has created barriers in introducing meaningful messages on HIV prevention. The participant noted that teachers face pressure not to include certain messages when talking about HIV and AIDS prevention. Another participant from Afghanistan described a project organized by the

Ministry of Public Health and international partners that trained religious community leaders to raise awareness and to deliver HIV education messages to community members. The participant also underlined the vital role that teachers play in educating their students about HIV and AIDS.

In Uganda, the Ministry of Education and Sport is initiating **sex education** in schools through the National Curriculum Development Centre. According to a participant in Uganda, this is meeting resistance from parents who assert that it is ‘contradicting with cultural norms’.

**Curriculum:** a participant working in Haiti asked for recommendations on where to find French-language curricula in HIV and AIDS and life skills that include both student and teacher materials.

**Regional initiatives on teachers and HIV prevention:** in the Middle East and North Africa region, regional initiatives have been cited as best practice and hailed by the international community. A participant during the forum described the project ‘HIV as a Bridge for Peace’, which brought together HIV educators to develop a regional network on HIV and AIDS education. Over 500 Egyptian, Jordanian, Turkish, Moroccan, Palestinian and Israeli teachers and other AIDS educators met in Jerusalem/Bethlehem in a series of workshops and developed a network to support their work.

### Questions for tomorrow

- A participant from Cameroon emphasized the role of **corruption** in hindering the progress and efforts of individuals and organizations involved in HIV and AIDS: Is corruption affecting the progress being made in the domain of HIV and AIDS in your country?
- Have **management tools** been adapted in order to monitor teacher absences, replacements, transfers and training?

### Highlights of 28 May 2009

#### Debates

Though the impact of HIV and AIDS on **teacher absenteeism** is difficult to measure, chronic teacher shortage represents a significant obstacle for many countries and communities hardest hit by the pandemic. Discussion related to **management tools** focused on some of the difficulties of monitoring teacher absences, replacements, transfers and training and the repercussions on the classroom as a result of prolonged teacher absence.

A participant from Malawi highlighted: “from my experience of research work for many years, one of the greatest problems to policy implementation in developing countries is the absence of accurate and timely data’ and ‘timesheets or attendance records for teachers are usually incomplete”.

In Cameroon, management tools have been adapted to better monitor teacher attendance and movements, but posting to rural areas remains problematic, as well as payment of undue salaries and replacement of teachers on training leave.

In cases of protracted teacher absence, mechanisms for teacher replacement may include: hiring volunteers who may have some level of secondary education (given as an example in Malawi where teacher shortage is a problem); appointment of a fellow teacher to take on the class (Cameroon); active teacher recruitment and training occasionally sponsored by an international donor (described by a participant from the Central African Republic); or in some instances, no teacher at all. A participant from Cameroon lamented that often “the pupils suffer”.

### Country experiences

The Joint UN Teams on HIV and AIDS and educational development partners are taking an active role in-country to support teachers and the education system as a whole to cope with HIV-related issues and challenges. The example below from **Nigeria** describes specific areas where **international partnerships** are making an impact on the country’s response to the pandemic and where, according to the participant: “Interagency collaboration and the forging of partnerships are paramount to the progress and success of interventions”.

In Nigeria, the Joint UN Team on HIV and AIDS has organized several teacher trainings at the federal, state and local levels and has supported national HIV and AIDS committees, emphasized a participant during the forum. Development partners have also been involved in issues relating to HIV and AIDS programmes and policies. For instance, the membership of the highest committee on HIV and AIDS in Nigeria (the HIV and AIDS National Policy Technical Working Committee) includes development and bilateral partners such as ENHANSE, USAID, UNESCO, ActionAid, SMARTWork and UNICEF in addition to other national bodies. The team is responsible for: developing sector policy documents; providing expertise; planning, implementing and monitoring of sector policies; advocacy and information sharing; and production and dissemination of policies.

### Emerging issues

**Corruption** at various levels of HIV and AIDS programme implementation and management was signalled to be an issue by participants working in Kenya, Nigeria and Cameroon. Examples from these countries revealed: the provision of large allowances to participants in HIV and AIDS trainings; *ad hoc* use of HIV and AIDS funds by ministries; meagre follow-up of funded HIV and AIDS projects.

A participant from Nigeria agreed that, while international development partners should provide **technical support** for HIV and AIDS preventive education, governments and education ministries and agencies **need to take ownership** of these efforts in order to make a significant and sustainable impact in-country.

### Questions for tomorrow

- Should HIV and AIDS be taught as a **stand-alone subject** in schools so that it can receive the appropriate allocation of time, resources and personnel?
- How can the provision of ARVs be scaled up in rural areas in order to avoid medical-related teacher absences?

## Highlights of 29 May 2009

### Debates

In response to the question of whether **HIV and AIDS should be taught as a stand-alone subject** in schools, participants expressed support for this approach and also underlined some of the challenges.

Participants from Cameroon, Kenya, Lesotho, Nigeria and Timor Leste supported teaching HIV and AIDS as a stand-alone subject, as they felt it ensures an appropriate allocation of time, resources and personnel to the topic. A discussant from Cameroon emphasized that HIV and AIDS “should be given equal importance” as other subjects such as arithmetic, biology and geography.

Research undertaken by a participant in Kenya found that, in order to teach HIV and AIDS comprehensively, it should be taught as a stand-alone examinable subject. The participant added that a university in Kenya has introduced a compulsory HIV unit for all students pursuing a bachelor degree in education. The unit is graded and thus programmed, resourced and staffed.

However, a participant from Nigeria highlighted several challenges in addressing HIV and AIDS as a stand-alone subject, including difficulties recruiting experts due to the sensitive nature of the epidemic and curriculum design. The participant also brought up the issue as to whether other pandemics should be taught as stand-alone subjects.

There was limited discussion on how to **scale up the provision of ARVs** in rural areas. However, a participant from Lesotho suggested that the provision of ARVs should be decentralized to public institutions such as schools and that health workers be available to assist teachers.

### Country experiences

The example below describes a nationally coordinated initiative to develop and strengthen the capacity of **South Africa**’s higher education sector to respond comprehensively to the challenges posed by the HIV and AIDS pandemic.

The Higher Education HIV and AIDS (HEAIDS) Programme in South Africa is conducting research exploring the roles of educators in mitigating the impact of HIV across three sectors—schools, the further education and training sector and higher education, looking specifically at pre-service and in-service training.

### Emerging issues

**Role of NGOs:** a participant from the Central African Republic stated that there is not a legally binding workplace policy to protect teachers infected by HIV and AIDS. Therefore, NGOs are working to provide support for teachers and their families.

One participant questioned the sustainability of overseas funds for HIV programmes and activities in developing countries, given the context of the current **financial crisis** and asked how to improve the **disbursement** and **monitoring** of such funds.

This report documents the outcomes of a Web Forum hosted by UNESCO's International Institute for Educational Planning (IIEP) and the UNAIDS Inter-Agency Task Team (IATT) on Education on *Teachers and HIV & AIDS: reviewing achievements and identifying challenges* from 18–29 May 2009.

The Web Forum brought together a wide range of actors including educational planners, policymakers, representatives of teachers' unions and teaching staff, networks of people living with HIV, civil society groups, donors, UNAIDS co-sponsors and other multilateral agencies. The geographic scope of the Forum included nearly 450 participants from almost 80 countries in sub-Saharan Africa, the Arab States, Asia and the Pacific, Europe and North America, and Latin America and the Caribbean. The participants exchanged their rich and diverse views and experiences on involving teachers in the response to HIV and AIDS and mitigating the effects of an epidemic that is having a profound and negative impact on schools and entire education systems.

### **International Institute for Educational Planning (IIEP)**

IIEP is a specialized organ of UNESCO created to help build the capacity of countries to design educational policies and implement coherent plans for their education systems, and to establish the institutional framework by which education is managed and progress monitored. More information is available at: [www.iiep.unesco.org/about-iiep.html](http://www.iiep.unesco.org/about-iiep.html)

### **HIV and AIDS Education Clearinghouse**

The Clearinghouse is a knowledge-sharing initiative, provided by UNESCO, with contributions from external partners. It brings together, on a single platform, existing resource centres on HIV, AIDS and education from seven UNESCO offices and institutes. More information is available at: <http://hivaidsclearinghouse.unesco.org>

### **UNAIDS Inter-Agency Task Team (IATT) on Education**

Formed in 2002, the IATT on Education is convened by UNESCO and brings together UNAIDS co-sponsors, bilateral agencies, private donors and civil society organizations with the purpose of accelerating and improving a coordinated and harmonized education sector response to HIV and AIDS. More information is available at: [www.unesco.org/aids/iatt](http://www.unesco.org/aids/iatt)