



Economic Commission for Africa

**Ad Hoc Expert Group Meeting on the
Impact of HIV/AIDS on the Education
Sector in Africa**

Report

**Sub Regional Outlook and
Best Practices
(Eastern and Southern Africa)**

15 September 2000

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I. INTRODUCTION

1. The growing HIV/AIDS crisis in Africa has brought together humanitarian groups and politicians debating the best approach to stem the pandemic disease, which has now been recognised as a major threat to the region's development. With approximately 25 percent of the population in many sub-Saharan African countries now infected, there will be dramatic consequences for the education sector over the next few years. The impact will be seen on

- the demand for education (few births as people die young; children infected and dying; orphans and child-head of families unable to attend school, etc.);
- the supply of education (teachers dying at a rate greater than they can be replaced; increased structural weaknesses and declining national wealth and competition from other sectors, such as health, reducing resources for education, etc.);
- the quality and management of education (teacher absenteeism, loss of inspectors, administrators, planners, managers; impact on the social and community environments in which education is supported); and
- the role of education in the fight against the disease (education on HIV/AIDS, curriculum development, training teachers for AIDS education, etc.).

2. In the light of the present emergency situation and imminent danger of collapse of the traditional formal education system as we know it, an Expert Group Meeting on the Impact of HIV/AIDS on the Education Sector in Africa reviewed, in a general manner, the social and economic consequences of the epidemic affecting the education sector as experienced by high prevalence countries of the Eastern and Southern African sub-regions; and provided information and analysis on on-going policy responses used in confronting the epidemic, especially the role of the education systems in the fight. In particular, the meeting focused the discussions on the following issues and questions:

- Providing a brief but general analysis of the socio-economic impact of HIV/AIDS to the education sector in the country. Take stock of the impact and consequences of the disease on human welfare in the country;
- Assessing current national strategies in fighting against HIV/AIDS in countries of the sub-regions by elaborating on the strengths and weaknesses of each component of the national strategies;
- Reviewing the steps that were being initiated to increase the capacities of education systems to change the behaviour of both learners and educators.
- Examining strategies that had been developed or could be developed to increase the capacities of education systems to cope with inevitable shortages of skilled human resources that will arise in all sectors, aspects and levels of education as a result of HIV/AIDS;
- Reviewing how countries were resolving the questions of training teachers, sustaining quality, curriculum coverage, planning, management, etc. The meeting reviewed how educational systems could be made more flexible and expanded so as to reach out into communities and be more accessible to those whose circumstances prevent them from participating in traditional, formal types of education;

- Issues on how the education systems could be made to contribute to the wider responses that society as a whole had to make if recognition to the greater vulnerability of females to HIV/AIDS had to be taken into account; and
- Debating on the leadership roles that education systems are expected to play, in collaboration with other sectors including government, private sector, civil society and religious groups, and so on, to support the communities they serve and mitigate the serious social and economic dislocations that would be caused by the massive death rates that is projected to produce in short- and long-terms.

3. Country desk case studies formed the basis for the preparation of a sub-regional synthesis report for Eastern and Southern Africa which was extensively reviewed by the Ad Hoc Expert Group Meeting on HIV/AIDS and would be subsequently presented to the Second African Development Forum (ADF-II) planned for 3-7 December 2000 in Addis Ababa, Ethiopia.

II. ATTENDANCE

4. The Meeting was attended by about 40 participants, educational policy makers and experts from 10 countries of the Eastern and Southern African sub-regions, including educational specialists at all levels, non-governmental organisations, religious leaders and senior representatives from development agencies and other resource persons invited in their personal capacity. People Living with HIV/AIDS were also represented in the meeting. Also present at the meeting were experts from the following member States of the ECA: Ethiopia, Kenya, Malawi, Rwanda, United Republic of Tanzania, Uganda, Zambia, Zimbabwe and South Africa.

5. The following United Nations specialised agencies were also in attendance: the United Nations Development Programme (UNDP); the Joint United Nations Programme on HIV/AIDS (UNAIDS); the United Nations Fund for Population Activities (UNFPA), the United Nations Children's Fund (UNICEF), the World Health Organisation (WHO), and the European Union AIDS Project.

III. AGENDA AND ORGANISATION OF WORK

6. The meeting adopted the following agenda:

1. Opening of the Conference

2. Session 1:

- The organisation of the Programme of Work
- The HIV/AIDS Epidemic: An Overview and Strategic Issues.
- General presentation of the draft report of the ECA.

3. Session 2:

- ***Presentation of Country Case Studies***

- The Impact of HIV/AIDS on the Education Sector in Rwanda.
- The Impact of HIV/AIDS on the Education Sector in Ethiopia.
Crisis Requesting Emergency-Type Response to Change the
Country's National Education Agenda.
- The Impact of HIV/AIDS on the Education Sector in Malawi.
- The Impact of HIV/AIDS on the Education Sector in Tanzania.

4. Session 3:

- ***Presentation of Country Case Studies (continued)***

- The Impact of HIV/AIDS on the Education Sector in Kenya.
- The Impact of HIV/AIDS on the Education Sector in Uganda.
- The Impact of HIV/AIDS on the Education Sector in
Zimbabwe.
- The Impact of HIV/AIDS on the Education Sector in South
Africa.

5. Session 4:

- ***What Education can do to HIV/AIDS: Conceptual Framework***

6. Session 5:

- ***Plenary Discussions of Each Chapter of the Report***

7. Session 6:

- ***Recapitulating the Main Conclusions and Recommendations of the
Meeting and Incorporating them in the Synthesised Report***

8. Session 7:

- ***Summary of the Report of the Meeting***

9. Session 8:

- ***Adoption of the Report and Closure of the Meeting***

IV. ACCOUNT OF PROCEEDINGS

4.1. Opening of the Expert Group Meeting

7. Dr. Kihumuro Apuuli, Director General of the Uganda AIDS Commission (UAC) and Chairperson gave the general opening statement for the Ad Hoc Expert Group Meeting on the Impact of HIV/AIDS on the Education Sector in Africa. He began by pointing out that the HIV/AIDS epidemic was not only the most important public health problem affecting large parts of the African continent, but was an unprecedented threat to the region's development. He emphasised the importance of appreciating the disease's economic, demographic and social consequences in terms of increasing overall poverty and the need to find effective strategies to reduce the impact of HIV/AIDS on the education systems in the continent. He called on the first speaker to make his opening remarks.

8. Mr. Joseph Ngu, the representative of the Economic Commission for Africa welcomed participants to the conference and thanked the people and Government of the Republic of Uganda for their support and acknowledged the effective collaboration of the Uganda AIDS Commission (UAC), the United Nations Development Programme (UNDP) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the ECA in organising the Meeting. Stating that the goal of poverty reduction was the overarching objective of development in the continent, he stressed that Africa should concentrate on reducing poverty and expanding growth in the years ahead if she were to meet a set of short-term challenges which included reducing and eliminating the negative impact of the HIV/AIDS pandemic. He provided information to underscore the magnitude and impact of the disease on the economic sectors, geographic regions and on specific demographic groups and stressed that AIDS was reducing the hard-won returns on investments in education and exacting a staggering human cost. Thousands of teachers and students were dying or leaving school for economic reasons because of illness or to care for family members, which reduced both the demand for education and the supply of teachers. He stressed that coping strategies developed by rural communities affected by HIV could actually lead to greater poverty and increased vulnerability. He observed that increasingly, many countries in the continent were facing the prospect of significant increases in staff costs arising from absenteeism (due to illness and family bereavements), higher labour turnover (due to illness and deaths), and increasing recruitment, training, and staff welfare costs (medical insurance, medical expenses, and benefits to employees) and wondered if the continent could bear the burden of the disease.

9. The representative of the ECA pointed out that his organisation had conceived the African Development Forum process as a means to establish an African-driven development agenda that reflected a consensus among major partners and that led to specific programmes for country implementation. The ECA was currently working with the entire UN System, bilateral and multilateral partners, the private sector and major foundations on an initiative that will culminate in December 2000, in the second African Development Forum (ADF) whose theme is on "AIDS: the Greatest Leadership Challenge in Africa". It is for this reason that a great part of this meeting would be spent, among other issues, in examining a synthesised report on "The Impact of HIV/AIDS on the Education Sector in Africa" prepared by Professor Michael J. Kelly of the University of Zambia. He stressed this report would serve as the background document for the

meeting. The objective of the meeting was therefore to help in preparing a final report for the Second African Development Forum (ADF) in December 2000 in Addis Ababa, Ethiopia.

10. He concluded by specifying the objectives expected of the Ad Hoc meeting, urged policy makers to make decisions with the good interest of the future of their children in mind, argued that a determined educational struggle on all fronts must include all the stakeholders and hoped that the meeting would provide a new impetus for action and renewed commitment by all those committed in using education as an effective weapon against the HIV/AIDS pandemic.

11. In his opening statement, Mr. Sam Igaga Ibanda, Assistant Resident Representative of UNDP, standing in for the UN Resident Co-ordinator, commended the ECA for identifying the education sector as a case study of the impact of HIV/AIDS on the development of Africa and thanked the Government of the Republic of Uganda for hosting the Expert Group Meeting. He noted that AIDS could and did dramatically undermine the gains of decades of investments made in human resources development by eroding the demand for education, and diminishing the supply of both students and teachers, which would now affect the quality of education in the continent.

12. On the issue of the impact of HIV/AIDS, Mr. Ibanda observed that it had serious consequences beyond the education sector itself: it diverted scarce resources; affected overall productivity, especially of youths; reduced access to education which forces them into risky undertakings because of the poverty it induces; and reduces learning opportunities to fight the disease. He noted that the UNDP was proud to be associated with HIV/AIDS initiatives in the education sector. In 1996, his organisation supported the establishment and capacity building of an AIDS Control Programme in the Ministry of Education and Sports in Uganda alongside the support provided to NGOs, which had established concrete AIDS education programmes in secondary schools in 13 districts. He observed that these initiatives had made some modest impact on the sector, although enormous challenges still remained. He announced that the UNDP, in collaboration with the ECA, would support 10 prominent Ugandan leaders to attend the forthcoming African Development Forum (ADF 2000) in Addis Ababa, Ethiopia, and called on the experts of this meeting to share their conclusions and recommendations with the pre-ADF conference that UNDP would be organised in Uganda later this year.

13. Dr. Sam Zaramba, representing the Director General of Health Services in the Ministry of Health, Republic of Uganda stated that his country was one of the first ones in the region to receive the full blow of the AIDS pandemic, which occurred as far back as 1982 with no part of the country, region or sector spared. This necessitated a national response that was ambitious, brisk but effective. He observed that the outcome of the government's efforts was seen in a declining HIV prevalence rate; increasing demand in condom and use; an increase in the age of first intercourse among youths; and increased awareness of the destructive economic, social and traditional impacts of the disease. He discussed the various strategies that the government had put in place to fight the disease, especially the Ugandan National Health Package that contained 12 main elements. Two of these elements are the communicable disease programmes that target HIV/AIDS virus and malaria; and the institutionalisation of the School Health Programme across the country.

14. In conclusion, Dr. Zaramba observed that this meeting was just as important to

health as it was to education.

15. In his opening remarks, Dr. Kihumuro Apuuli, Director General of the Uganda AIDS Commission (UAC) noted that for over 18 years, the HIV/AIDS epidemic had taken a heavy toll on the Ugandan population with over 1 million deaths that were attributed to HIV/AIDS and over 1.7 million children below 15 years orphaned because of the disease. In 1999, over 1.4 million people were estimated to be living with the disease. Putting a human face on this situational analysis, he observed that there was hardly any family in country that had not been touched by the bereavement of a relative or friend. There was also clear evidence that HIV/AIDS has had a dramatic impact on the socio-economic development of the country. He therefore argued for the institutionalising a multisectoral approach that incorporated sector specific responses to the disease while mainstreaming it into the existing planning processes of various government ministries. Committed leadership led by the Ministers, Permanent Secretaries and Directors was absolutely essential in providing effective sector response to HIV/AIDS.

16. In his diagrammatic presentation of the responses that the education sector could implement, Dr. Kihumuro Apuuli identified four main steps, which he emphasised, would result in positive and effective outcomes. These included understanding how HIV/AIDS impacts the wider society and the role of government ministries; identifying internal impacts within the Ministry of Education and Sports; identifying external impacts that influenced the ministry's functions; and identifying appropriate and adequate responses to the pandemic. Pointing the way forward, he stressed that as Uganda scales up its responses against the epidemic, there was a need for strengthening the capacity for planning, implementation and co-ordination by the government and at local levels. He indicated that an exercise for developing the AIDS education sector strategic plan was underway and outlined the priority areas that have been prioritised for mitigating its negative impacts on the sector. These included policy developments and advocacy; AIDS curriculum reforms; skills-based teacher training for AIDS education; counselling and health services; partnership for AIDS and education; and research and evaluation. Furthermore, he observed that priority areas for maximising the positive impact of education by reducing HIV/AIDS had also been identified: These included policies to ensure comprehensive education programmes for HIV/AIDS orphans; integrating AIDS into non-formal education programmes through community-based structures; and developing innovative programmes for young girls whose HIV risks and vulnerabilities were very high. He concluded by expressing the hope that the Experts Meeting would provide an opportunity for enriching this planning process with proven strategies from other countries in the region.

17. In his opening speech, Dr. Ben Mbonye, Permanent Secretary representing the Minister for the Presidency, Dr. Ruhakana Rugunda, welcomed the participants and experts to the meeting and to Entebbe. He commended the timeliness of the meeting and said it was clear that the AIDS scourge could not be handled by the government alone and appreciated regional initiatives that sought to assess the causes and impacts across similar cultural, social and economic backgrounds so as to arrive at harmonious solutions. He outlined the evolution of Uganda's response to the pandemic, which stretched initially from panic, fear and stigma at the early manifestation of the disease to spontaneous community self-help initiatives, and later in 1986, to the establishment of the first AIDS Control Programme within the Ministry of Health. This led later to the establishment of the Uganda AIDS Commission as the focal point to guide the country's

response against HIV/AIDS. He underscored the importance of recognising the challenges that the country faced in its struggle to alleviate and eradicate poverty and the role that education could play in overcoming these challenges, which included, among others, to early marriages, homeless children, child labour, prostitution and risky behaviours that often led to large infected youth populations.

18. In recognition of the grave impact of the epidemic, he noted that the Government of Uganda had put HIV/AIDS on the priority list of its development agenda and the disease has now been integrated into the four pillars of the national Poverty Eradication Action Plan. Although access to education has been increased with adoption of the Universal Primary Education (UPE) scheme in 1997, a lot still needs to be done to cater to the needs of the high prevalence population, especially among teachers and student communities. In conclusion, he pointed out that Uganda was ready to learn from best practices and this meeting was timely as it was taking place when the education sector was developing its AIDS sector plan. This, he hoped, would enrich Uganda's planning process and guide its actions.

19. The Permanent Secretary then wished the participants successful deliberations and declared the Ad Hoc Expert Meeting opened.

4.2. Sessions

4.2.1. Session 1

- ***The HIV/AIDS Epidemic: An Overview and Strategic Issues***

20. The first working session of the meeting was chaired and moderated by Mr. Sam Igaga Ibanda, Assistant Resident Representative of UNDP in Uganda. In his opening remarks, Mr. Ibanda reminded the experts that the meeting was planned to be action-oriented and as such was expected to result in the adoption of concrete, workable policy prescriptions for mainstreaming HIV/AIDS in the education systems in Africa and to review the draft synthesis report that would promote effective policies to enhance the capacity of education systems to fight the pandemic. He noted that the importance of the Expert Meeting lay in the fact that addressing the challenges posed by the AIDS and capacity building of education systems remained the only path to achieving sustainable growth and development in Africa.

21. The session then benefited from a presentation by Professor Michael J. Kelly of the University of Zambia entitled "The HIV/AIDS Epidemic: An Overview and Strategic Issues." After a brief survey of the extent of the pandemic in various parts of the world and its implications for the sustainable development of Africa, Professor Kelly went on to outline the characteristics of the disease in Africa in terms of its demography, gender, mortality rates and effects on overall productivity. The second sets of characteristics touched on the transmission routes and paths; the migratory patterns and routes within and across countries; and the growing dangers to the window of hope, which if not checked would continue to erode Africa's human resource base. Indeed, population growth rates were falling in all the countries of the sub-regions, with projections of severe population falls in Botswana, South Africa and Zimbabwe in the next ten years.

22. Using UNDP's composite Human Development Index (HDI), he showed how the

variables of life expectancy, education and income per capita in Africa had stagnated at best or declined because of HIV/AIDS. With regards to life expectancy, he explained that the reductions experienced by Ethiopia, Uganda, Zimbabwe, South Africa, Kenya, Botswana, Rwanda and Tanzania in the past decade were in the range of 5 to 17 years.

23. With regards to the education variable, he observed that the consequences of HIV/AIDS were reflected in increasing declines in school enrolments, reduced supply of teachers in schools, and the combined effect of the two variables above on the quality of education provided. Concerning the income per capita variable, he noted that the incomes of households, the private and public sectors were negatively affected and had been falling because of lower productivity and the diversion of resources of households, the losses in profits incurred by industries and the loss revenues/wastages experienced by governments. In addition there are increasing overall costs in the societies concerned in terms of higher medical and insurance payments and funeral expenses.

24. In discussing the strategic issues, Professor Kelly outlined four main factors that had constrained the implementation of effective strategies: (i) the lack of effective leadership commitment in the fight against the disease---no overt war to fight the disease expressed by the top leaderships of the countries concerned and inadequate representation of traditional and religious leaders; (ii) the need for openness and recognition of the severity of the disease---there was need to abolish the "S" words which included silence, stigma, shame, secrecy; (iii) a real awareness, not notional or token recognition of the disease; and (iv) a need to re-examine a number of untouchable taboos, cultural and traditional practices. He indicated that the development of a strategic framework consisted of conceptualising and taking into account three basic time periods: (a) what the education systems are expected to do in the period before infection has occurred. Here education systems were expected to help people change behaviour; (b) the period when infection has occurred with the thrust directed towards general impact mitigation, that is, improving the care and support for affected persons; this was also the period of preparation for death which should include arranging legal documents and making sure that adequate resource were available to pay terminal benefits; and (c) the period when death has occurred---activities geared towards relieving the pain and trauma of those that were still living. Here, the issue would be to make sure that certain basic services are available to surviving family members and these must include impact mitigation services, providing counselling for those who grieve, counselling for traumatised patients and providing humanitarian help to orphans so as to give them hope for the future.

25. In the interventions that followed the presentation, participants raised various issues pertaining to the problem of the impact of HIV/AIDS on the education sector in general, which could form the basis for the recommendations that would be adopted by the meeting as well as supplement those included in the synthesised report.

4.2.2. Session 2

• Country Case Studies

26. The first session on the presentation of the country cases was chaired by Mr. Yusuf Nsubuga, Commissioner for Secondary Education and HIV/AIDS Co-ordinator in Education Sector in Uganda. He called on the presenters to be brief in their presentations, to remain focused and highlight major issues, which could be shared by other experts.

He alluded to the fact that these studies were largely based on secondary materials and not on research carried out in the field and as such they had their drawbacks in that they lacked recent information and contacts with policy makers in the countries concerned. The meeting was informed that the objective was to get a situational (dip-stick) analysis of what was going on with regards to the effects of HIV/AIDS on the education sector and what the education system could do to mitigate the negative consequences of the pandemic.

Rwanda

27. The resource person for Rwanda, Dr. Jean Baptiste Gatali presented the situational analysis of the impact of HIV/AIDS on the education sector for Rwanda. He noted that Rwanda was badly affected by the genocide of 1994 which led to massive loss of life, massive population movement, destruction of the whole socio-economic infrastructure and human resources (it was estimated that in 1994, more than 3,000 teachers were killed or fled the country).

28. The population movement, massive rapes and promiscuity in the camps had caused a rise in sero-prevalence and dissemination of HIV/AIDS among the population, especially the youth. This led to prevalence rate of 11% in the general population, including urban and rural areas. He noted that many deaths due to AIDS had been experienced among both adults and children. Unfortunately, he observed that no studies had been done up to now on the impact of HIV/AIDS on the economic and social sectors in Rwanda. Given this weakness, he noted that according to the epidemiological situation, the HIV/AIDS infection rate had and would continue to have major impacts on Rwanda's education sector. The probable outcome, he pointed out, would be a decreasing rate of school enrolments, increasing rates of absenteeism and dropouts at the primary, secondary and high levels due to increasing responsibilities of taking care of parents, the lack of school fees, psychological trauma and the sickness. He stressed that these would particularly affect girls, decreasing the number of female students that could participate in the education systems.

29. It was clearly pointed out that teachers and education planners and managers in Rwanda were among the high-risk groups and were severely infected by HIV/AIDS, making it dangerous for the school populations at all levels in the country. As a way forward, he noted that Rwanda had adopted a multisectoral approach in the fight against the disease and currently there was a high involvement of the political authorities to fight the epidemic. The Ministry of Education and the Youth Council of Rwanda were planning to implement school health programmes.

30. However, he urged that other urgent and specific measures should be taken by the Ministry of Education and other partners (public institutions, international co-operation, NGOs, CBOs, teachers, students and parent organisations) including specific mechanisms to encourage and promote the infected and affected children including orphans, child heads of households etc, and teachers.

Ethiopia

31. Dr. Solomon Worku presented the case study on the impact of HIV/AIDS on the education sector for Ethiopia. He noted that his country has been experiencing

increasing levels of HIV prevalence among the population from 1997 – 7.4% to 1999 – 10.5%. It was more prevalent in urban than rural areas. By 2004, it is estimated that some 4.7% million people would be living with HIV/AIDS. Today, about half of the hospital beds were occupied by people living with AIDS.

32. He indicated that the impact of HIV/AIDS on education was severe. The number of AIDS orphans was increasing, as was the number of school dropouts. A National HIV/AIDS Council has been set up in the Prime Minister's Office. NGOs and CBOs in Ethiopia were considered partners in planning for the country's HIV/AIDS programmes. He stressed that there has been a lack of adequate political commitment previously but now the government has stressed that the epidemic should be tackled by intersectoral and collaborative approach by all Ministries while financial problems would be settled from a loan of US\$ 53.2 million to attack the problem. He observed that officers in the Ministry of Education were afraid that there could be a shortage of manpower to perform the desired tasks expected of the Ministry.

33. As for the way forward, he stressed that the future role and responsibilities of the education sector should include HIV/AIDS instructions as central and integral parts of the education curricula. The major problems facing the Ministry of Education included the lack of up-to-date information, insufficient human resources and competing priorities within the Ministry of Education. He recommended that government should develop an HIV/AIDS strategy; generate indicators for programme evaluation, train teachers in the dissemination of information and carry out basic research where necessary. This meant that the Ministry should take the initiative to combat the epidemic, develop its own HIV/AIDS prevention strategy and incorporate it in the National Educational Strategy.

Malawi

34. Mr. McBride Nkhalamba, the resource person from Malawi presented the desk study for Malawi. He indicated that Malawi has a prevalence of rate of 15.9% for the age group 15-49 years among the population of 10 million; and that there were more infections in the semi-urban than in urban or rural areas. The infant mortality rate has been increasing and was expected to peak at 40% higher by 2010. He noted that life expectancy had been dropping and was estimated to be 44.1 years by 2010. Infection rates among school youth began around the years 10-14 of age while research has revealed that many students had had more than one sexual partner, while about 46% were already sexually active.

35. He pointed out that HIV/AIDS has had negative socio-economic consequences in the Malawi society. He regretted the fact that at a time when the number of schools teachers was decreasing, educational authorities had introduced a system of free universal education to all children in the country, which had the effect of increasing enrolment rates from very low levels to 103% between 1994 – 1995. Many children were dropping out of schools; orphans were increasing and are estimated to reach 300,000 by 2010.

36. The National AIDS Control Programme, which had been placed in the Ministry of Health has not been adequately effective. Currently the programme fails to reach its target populations in various sectors. He stressed that some structures have been put in place to ensure implementation of a national HIV/AIDS strategy developed this year. A Cabinet Committee on AIDS, chaired by the Vice President was currently operational.

The challenge was mobilising adequate financial resources, the larger part of which is expected from external donors.

37. He suggested that for education to have an impact on the pandemic, the following would have to be introduced: school education programmes; life skills education – pre and in-service training for teachers; peer education programmes; youth friendly health services; and promotion of voluntary counselling and testing.

38. An HIV/AIDS Plan for the education sector is being developed in the planning department of the Ministry of Education. A National HIV/AIDS Policy shall be put in place to protect especially female students, to address human rights, women issues and other gender aspects. Deliberate initiatives have been taken to link community efforts in HIV/AIDS prevention with those in the Ministry of Education. Interventions in formal and informal education sectors targeting out-of-school youth are part of the initiatives (some 30% of girls and 20% of boys had never attend school).

Tanzania

39. The resource person from Tanzania, Dr Cosmas Kamugisha presented the desk study on the impact of HIV/AIDS on the education sector in Tanzania. He pointed out that AIDS has been in Tanzania for about seventeen years and by 1999 there were 1.3 million adults and children living with HIV/AIDS. Even life expectancy at birth was expected to drop by 15 years, that is, from 61 years to 46 years. The country's GDP would be 20% lower in 2010 than it would have been without the pandemic. AIDS has affected the education sector in Tanzania through an impact on cohort sizes and enrolment numbers. About 94% of the AIDS cases were between the ages of 15 to 55 years.

40. Tanzania, he explained, had initiated responses to HIV/AIDS in the education sector in particular and the country in general at an earlier period than most countries in the sub-region. At the general level, efforts dated back to 1985 with the 1985 to 1986 Short Term Plan, 1987 to 1991, second Medium Term Plan (MTP-II) implemented from 1992 to 1996. Currently there was a multisectoral strategic framework for implementing the Third Medium Term Plan – MTP III (1998 to 2002) under the National AIDS Control Programme (NACP). The Ministry of Education and Culture had established a school AIDS education Programme. The aim was to promote the development of curricula for responsible sexual behaviour. Various NGOs and international agencies had come up with projects targeted to youths in primary, secondary and higher institutions of learning through the country.

41. He pointed out that HIV/AIDS has reversed development efforts in Tanzania and was the leading cause of death in the country. It has badly affected the education sector. There was an expected drop in population and an increase in expenditures related to education. Teachers were dying at a rate that was severely affecting the supply of qualified teachers. Many university students had died and were still dying due to AIDS. He observed that the quality of education in Universities were low due large absenteeism, sickness and loss of teaching staff.

42. He indicated that while a curriculum had been developed to address HIV/AIDS problem, condoms were supplied to mostly to boys rather than to girls. Furthermore, he stressed that a lot of research has been carried out in Tanzania to study the behaviour of

students and as a result some programmes were being designed and set up. For example it has been noted that entertainment could be used as an instrument to educate the population about HIV/AIDS and theatre and drama were important in this respect. Tanzania had also adopted multisectoral approach in dealing with HIV/AIDS epidemic. The country plans to intensify and develop the relevant programmes while translating policies into concrete actions through out the country.

43. In the discussions that ensued, the way forward proposed would be to provide AIDS preventive education and counselling. The guidelines have to match and closely observe the principles contained in the Tanzania Education and Training Policy and those of the National AIDS Control Policy would have to be followed.

4.2.3. Session 3

- **Country Case Studies (continued)**

44. The presentation of the next four country cases was chaired by Dr. Cosmas Kamugisha, Institute of Development Studies, University of Dar Es Salaam, Tanzania. In his opening remarks, he requested the presenters to be brief, focused and to highlight major issues concerning the topic at hand. He called on Kenya, Uganda, South Africa and Zimbabwe to make their cases respectively.

Kenya

45. The resource person from Kenya presented the desk study he had undertaken on the impact of HIV/AIDS on the education sector in his country. He began by pointing out that HIV/AIDS was first diagnosed in 1984 and by 1998, some 1,944,623 persons were infected by HIV/AIDS of which 106,621 were children below the age of 14. The pandemic has led to an increase of orphans currently estimate at 1 million. It has killed over 10,000 teachers in the last 5 years and it was estimated to be killing about 1,400 teachers every year. He noted that this would reduce the GDP by about 15% in year 2005. At the tertiary education level it was claiming the lives of teachers, students and non-teaching staff. At Nairobi University, for example, about 100 members of the university die each year.

46. Mr. Mbwika observed that the country had formulated a number of programmes to fight against the spread of the HIV/AIDS. These included strategic plans by the government, Health Policy Frameworks and Resources Mobilisation activities. The NGO sector and religious organisations have played the greatest role in the fight against the disease. The Government-led school Family Life Education (FLE) programme, which was proposed in 1994, was yet to become a reality. It had planned to include the participation of communities, private sector and NGOs in its implementation process. However, these noble intentions and objectives have not been translated into actions. In 1999, the Government declared HIV/AIDS a national disaster and established a National AIDS Control Council.

47. In the discussions that ensued, questions were raised with respect to specific strategies for the education sector in Kenya, the role of NGOs and churches in the development of an adequate curriculum to mitigate the spread of the disease, and the high prevalence of HIV/AIDS along and within the Lake Victoria Basin. The responses to these issues indicated that the development of Family Life Education (FLE), which had been mooted since 1994, was still awaiting printing and distribution to schools while the

NGOs and churches were actively involved in the development of a comprehensive HIV/AIDS and reproductive health care programme and curriculum. He indicated that teachers were being trained under this programme and are expected to train others in their community schools. He concluded that the objective had been to institutionalise the subject of HIV/AIDS within the curricula of the Kenyan education system.

Uganda

48. In presenting the case study on the impact of HIV/AIDS on the education sector in Uganda, Dr. Henry Tabifor acknowledged that in this country HIV/AIDS constituted a major health and socio-economic problem. It has significant impact on the productive structure of the country's economy and the family structure. These consequently affected educational opportunities, which directly affected productivity in other sectors.

49. He noted that in spite of the decline in HIV/AIDS prevalence in Uganda, its impact on demand, supply, quality and management of education could still be visible. It was noteworthy that HIV/AIDS preventive education has been institutionalised within the education sector with some tangible outcomes in demystifying the disease, developing preventive methods and involving community participation. Comprehensive school health and life skills programs instituted were commendable. However much needs to be done in scaling up projects with success stories and best practices to cover the national territory. There was a need to train teachers and education managers; to combat gender stereotypes; and expand the education system to reach communities that cannot participate in the traditional or formal education systems. The government of Uganda should continue with its policy of openness, political commitment and effective leadership to ensure that its policies, programmes and actions developed to fight the disease was aggressive and integrative enough to include all groups in the society and that the trend in HIV prevalence continues to decline in the future.

50. The main issues raised after the presentation were directed at the following aspects:

- Impact of HIV/AIDS on school enrolment and cost of education not addressed;
- Most recent data had not been included - especially on school enrolments;
- Lack of adequate understanding of the reasons for low school participation in some areas and levels of education, which required the need to take into account the cost of education as explanatory variables for the falling enrolments noticed;
- The current strategic framework not adequately reflected nor properly presented. Poverty eradication plan not captured; and
- The roles of stakeholders like NGOs in the fight against HIV/AIDS and financing not addressed.

51. Ugandan participants were called upon to share their experiences with regards to providing information on the impact of HIV/AIDS in the education sector of the country.

South Africa

52. The desk study on the impact of HIV/AIDS on the education sector in South Africa prepared by Ms. Carol Coombe was presented to the meeting by Professor Michael Kelly.

He noted that South Africa had the fastest growing HIV/AIDS epidemic in the world and had more people infected than any other country in the world.

53. With 12 % of its educators, educational managers and support personnel being infected, it faced a decline in school effectiveness with a reversal of development gains and increasing difficulty in attaining current education development goals. An effective education sector response to HIV/AIDS requires:

- Learning about the conditions which encourage its spread and how best to educate those at risk;
- Preventing transmission through health education programmes aimed at young people;
- Understanding the impact of HIV/AIDS on the sector itself; and
- Responding by creative plans to manage the pandemic effects on the system.

54. It was noted that the South Africa's programme had three major components:

- Raising awareness in all learners and promoting advocacy;
- Integrating life skills and HIV/AIDS into the curriculum; and
- Developing planning models for analysing and understanding the impact of HIV/AIDS on the education system.

55. In the ensuing debate, it was clarified that the report was concerned with all those in education, managers and support personnel as well as students and children. It was also clarified that the reference to being satisfied with imperfect information (para108) related to statistical information and not to information about HIV/AIDS transmission, and/or protection strategies.

Zimbabwe

56. Ms. Williet Mabeza, resource person from Zimbabwe presented the desk study on the impact of HIV/AIDS on the education sector in her country. She indicated that approximately 1,200 persons in the country are dying every week due to AIDS, and more than 600,000 persons were estimated to have died by 1999. It is estimated that 910,000 children in the country would have lost one or both parents by 2005, and more than 7% of AIDS cases were in the 20 - 49 year age group, which means the large investments in education and training would be lost.

57. Ms. Mabeza pointed out that prevention programmes have been put in place to educate children who in turn were expected to educate the adults in the community. To renew the emphasis, she stressed that the leadership should strengthen political commitment, expand the multisectoral approach, strengthen STD treatments, enhance HIV education in education and training curricular, increase HIV funding base, strengthen sentinel surveillance systems and develop gender - sensitive HIV/AIDS programmes. While the situation in Zimbabwe required emergency solutions, there was a need to mainstream HIV/AIDS needs into the planning and curricula development process in the country to cater to the needs of all groups in the society.

58. No specific issues were raised.

4.2.4. Session 4

- ***What Education can do to HIV/AIDS: Conceptual Framework***

59. Session 4 was chaired by Dr. Kamugisha and subsequently by Dr. Donna Kabatesi, who called upon Professor Michael Kelly to present the conceptual framework on what education can do HIV/AIDS. Emphasising that a greater part of the presentations thus far had concentrated on evaluating the impact that HIV/AIDS had on education, it was now necessary to see how education contributed to not only preventing the spread of the disease but also could be used as an effective instrument in developing curricula and strategies to care for those already infected. It was high time that educational experts were pro-active and action-oriented in the fight against the pandemic.

60. Professor Michael J. Kelly gave a brief presentation on what education could do to HIV/AIDS. He provided a schematic presentation of this topic by indicating that one could conceptualise the impact of education on HIV/AIDS as long-term or immediate programmes and activities for poverty reduction, promoting gender equality, promoting female empowerment, for environmental and human rights protection should contribute to reducing vulnerability to HIV/AIDS.

61. With regard to the immediate targets, he stressed that these had two aspects, namely, teaching and strengthening management capacities to respond to the impacts of HIV/AIDS on education. Three major teaching areas were highlighted: teaching for HIV prevention; building education around a human rights framework and responding to the needs of orphans and children heading households through vocational skills building.

62. Teaching for HIV prevention would involve promoting AIDS awareness and helping young people to adopt behaviours that would protect them against HIV infection through the provision of life skills and reproductive health education, preparing young persons for social and sexual life and providing them with the basic to help withstand the impacts of epidemic on society.

63. Building education on a human rights framework should cover areas of child abuse, girl-child abuse, teacher-pupil sexual relationships, work place issues, etc. In responding to needs, he called for the building and strengthening of vocational skills. Such programmes should target AIDS orphans and children heading households to prepare young people to take up economic activities to improve their lives. He also brought up the issue of replenishing skills that were being lost by society through the AIDS-related death of skilled professionals, artisans and crafts-persons. Given the increasing rate at which the continent was losing its skilled craftsmen women to the disease, Professor Kelly argued that the education sector must re-orient itself to replenishing skills stocks in these professions to cater for all systems and sectors.

64. The second set of issues presented in the conceptual framework related to systemic and institutional issues. There were internal and external aspects in considering the activities that could be developed at these levels. The internal aspects should focus on workplace education and care for all categories of employees --- what organisational structures and arrangements can be put in place to support employees, provide information and look into personnel issues including human rights and the personnel

approaches to the human rights issues of confidentiality, VCT services provision, housing, terminal benefits, and much more.

65. The external aspects referred to managing the system so that it could respond to the needs of its clients as well as to the needs of orphans. There is great need for strategies that addressed the orphan issues based on the provision of appropriate education interventions, understanding the cost implications, designing support activities and catering for orphans special needs, paying particular attention to the girl-child.

66. System responses should target developing/strengthening structures to deal with HIV/AIDS and education, for example, providing focal points within education ministries for AIDS concerns in the system, developing appropriate policies; promoting effective advocacy and awareness programmes, and ensuring that adequate information is generated and shared by all groups in the society. In closing he stressed that all of these initiatives required dynamic and visionary leadership right from the top level who need a great deal of education themselves as well as down the line and through out the community to cater to the special needs of traditional and rural adult communities who were in danger of being decimated.

4.2.5. Session 5

- ***Plenary Discussions of Each Chapter of the Report***

67. This session was also chaired by Dr. Donna Kabatesi, Co-ordinator of Traditional Healers and Modern Practitioners Against AIDS (MOH/STI's Programmes. She called on Professor Kelly, the principal resource person and author of the synthesised report to give a review of the draft report. Professor Kelly began by pointing that the report consists mainly of seven chapters which began with an introductory examination of HIV/AIDS in Eastern and Southern Africa; the Vulnerability to HIV/AIDS; the Impact of HIV/AIDS on the Education Systems in the Sub-region; the Response of the Education Sector to HIV/AIDS; Providing Leadership for Education's Responses to HIV/AIDS; the Role of the International Community; Conclusions and the Way Forward. Then each chapter was carefully reviewed by the experts, who raised issues and made the recommendations that are reflected in the session below.

4.2.6. Session 6

- ***Recapitulating the Main Conclusions and Recommendations of the Meeting and Incorporating them in the Synthesised Report***

68. The meeting made the following conclusions and recommendations. The title of the synthesised report would now read as

"HIV/AIDS and Education in Eastern and Southern Africa: the Leadership Challenge and the Way Forward"

69. The report should state what is meant by education sector and should draw on a wide variety of sources of information.

70. The Report should be structured into three parts:

- Background and impacts;
- Best practices and what is happening in countries of the sub-regions; and
- Way Forward.

71. The Report should make reference to:

- The way the controversy about the origin of the disease slowed down the response to the disease;
- Availability of treatment by ARVs costs etc but still highlight prevention;
- Vulnerability of those with special disabilities;
- Vulnerability of leaders themselves; and
- Different prevalence rates according to age and level of education.

72. It was agreed that the report should hinge on the chapter dealing with the response of education to HIV/AIDS. Hence this chapter should be enlarged, enriched and amplified with best practices within the region. The chapter should point out what was being done well so that leaders at various levels can learn from these. It should also point out where there were gaps, where leaders need to take initiatives, etc.

73. It was further agreed that this core chapter should be structured around the conceptual framework presented earlier rather than having items presented independently.

74. The chapter on leadership should include a broad policy framework.

75. The leadership chapter should extend to all forms of leadership in education, for example, school head teachers, ministry officials, civil society, NGO, religious and traditional leaders.

76. Recommendations were made to expand the section on partnerships so that it includes reference to members of parliaments and parliamentary committees.

77. The report should assist and encourage leaders to consider how they could build on positive traditional values and practices and offset negative ones.

78. The report should make reference to the importance of PTAs exercising leadership roles in relation to the control of HIV/AIDS. Parents and teachers are also leaders and as such should be encouraged to break the silence surrounding HIV/AIDS and sexuality.

79. Donor supported programmes should not be donor driven but should be more flexible and adaptable to the circumstances and to the needs of NGOs.

80. The report should advocate the establishment of a regional African HIV/AIDS Commission. Moreover, as an outcome of the ADF, it should look for an education and AIDS Forum for Africa, which would meet on a regular basis to consider specific issues such as the role of traditional rulers in HIV/AIDS education.

81. It was agreed that the report should be structured according to the framework within

which it was conceived.

82. It was agreed that the final chapter should include reference to the following points:

- Promoting the involvement of people living with AIDS;
- Providing for voluntary counselling and testing;
- Promoting youth friendly health services and the provision of supplies for prevention and care; and
- Including other ministries as well as traditional institutions and leaders in the national task forces.

83. References should be made in the Report on Uganda's holistic combination-control-prevention, approach, as an important factor contributing to the decline of HIV/AIDS prevalence.

84. The report should refer more frequently to the educational needs of out-of-schools youths. It should also make some reference to the AIDS problem in higher education institutions. Moreover, it should make it clear that educational personnel including management support staff also needed help.

85. It was agreed that the report should have an executive summary.

86. A suggestion was made that a set of best practices might accompany the executive summary.

87. Finally, it was agreed that the report should include a selected bibliography of the principal data sources.

4.2.7. Session 7

- ***Summary of the Report of the Meeting***

88. Rev. Gideon B. Byamugisha of the International Alliance for Religious Responses Against AIDS in Africa chaired sessions 7 and 8 which were devoted to reviewing the summary of the Report of the Meeting, and Adopting and Closing the Ad Hoc Expert Group Meeting on the Impact of HIV/AIDS on the Education Sector in Africa. The summary of the report was reviewed paragraph by paragraph and the necessary amendments made.

4.2.8. Session 8

- ***Adoption of the Report and Closure of the Meeting***

89. The activities of the past three days were summarised by Mr. J.N. Ngu, focal point for the Ad Hoc Meeting on the Impact of HIV/AIDS on the Education Sector in Africa. After some deliberations on the draft report, the Chairperson of the closing session suggested that all interventions should be written and submitted to the secretariat for incorporation in the final report. The report was adopted as amended.

90. In the closing ceremonies, Professor Kelly thanked the participants, resources persons and organisers for making this expert meeting a success. Mr. Yusuf Nsubuga, Commissioner for Secondary Education and HIV/AIDS Co-ordinator in the Education

Sector in Uganda, gave a vote of thanks on behalf of the participants to the ECA, Mr. J.N. Ngu, Ms. Gava of SRDC-EA, Kigali, Rwanda and to the resource persons for bring all the delegates to Uganda. He suggested that Uganda's AIDS planning process within the Ministry of Education was going to benefit greatly from this meeting as well as from the African Development Forum 2000. Closing the meeting, Mr. Sam Igaga Ibanda, Assistant Resident Representative of UNDP hailed the importance of the work that had been accomplished, congratulated the participants for their active engagement, and applauded the ECA and the collaborative support of the UNDP, Uganda, for their effective partnership in organising the Expert Group Meeting. He advised the Experts to take time now that their work was over to see the Pearl of Africa, wished them a safe return to their various countries and declared the meeting closed.

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