



Why the education sector has a key role in the HIV and AIDS response in South Asia

Education can help reduce the stigma and discrimination that inhibits prevention efforts targeted at high risk groups.

Epidemiological studies show that in most of South Asia, HIV infection is concentrated in certain high risk groups, including commercial sex workers, men who have sex with men (MSM), intravenous drug users and vulnerable youth. Prevention is most cost-effective when it is targeted at these groups, but in many societies these groups are viewed negatively. Attempts to provide these groups with better access to prevention and care often meet with resistance from the larger community, who may view these efforts as condoning undesirable behaviors. The stigma and discrimination in the general population against high risk groups is therefore a major barrier to the effective implementation of targeted prevention programs.

Education of children about HIV and AIDS is an effective way of addressing stigma in the population as a whole.

There have been a large number of studies world wide to evaluate the effectiveness of school based programs. Programs show considerable variation in their ability to demonstrate prevention outcomes, but they are remarkably consistent in their ability to help children and youth adopt a more understanding and positive attitude towards those who are infected or affected by HIV. Better educated children contribute to a generation that will be more supportive of targeted prevention efforts.

HIV presents new challenges to children and youth in Asia, and meeting the challenge requires new knowledge and skills

HIV is already present in all countries in South Asia, and infection rates are increasing. It has been argued that the traditional cultures of South Asian societies will be protective and that the epidemic will be less severe than elsewhere. Whatever the truth to this argument, it is weak grounds for complacency in the face of AIDS. Traditional values are not immutable – witness

the increasing rates of obesity and sexually transmitted infections (STIs) in South Asian youth – and the new generation growing up in a world of HIV and AIDS needs knowledge and stronger skills to address this challenge. The education sector is ideally placed to offer that protection.

School children are a window of hope

Even in the worst affected countries, children of school age have the lowest rates of infection of any age group. In South Asia almost all school children are uninfected. With the right help, these children could grow up uninfected and remain uninfected for the rest of their lives. They are a window of hope into the future. In countries already affected by the epidemic, this gives hope that the face of the epidemic could be changed in a generation. In South Asia, taking advantage of the window of hope now could halt the epidemic.

Education can break the silence

There are well documented examples throughout South Asia of children being ostracized or expelled from schools because they or their relatives are suspected of being infected or affected. This stigmatization and discrimination is harmful in itself but also indicates a profound lack of understanding of the causes of infection and of the actions needed for prevention. Education can help dispel this fear and ignorance and create a society that is able to make a more realistic response.

Education can act as a “social vaccine” against HIV.

There is no biological vaccine against HIV but education can serve as a social vaccine to protect children as they grow up. When the epidemic was new and the causes and means of protection unknown, it was often the more educated members of society that became infected. But today this pattern has reversed. Studies in Africa now show that one year of education reduces the risk of infection by around 7% (de Walque et al., 2002, 2005). The Global Campaign for Education estimates that 7 million cases of infection could be avoided by ensuring that all children complete a basic education. In South Asia, achieving universal basic education

could deliver the social vaccine to 42 million children who are out of school and at risk (UNICEF, 2005).

Promote girls' education

An estimated 1/3 of people infected with HIV in South Asia are women and the proportion is growing. The feminization of the AIDS epidemic is a result not only of the physiological vulnerability of women but also because girls are often more socially and economically vulnerable due to their status in society. In India, for example, 80% of women aged 15-24 years report that they have heard of HIV or AIDS or both. This proportion, however, is lower in rural areas and varies across states ranging from 33% in Bihar, to 58% in Madhya Pradesh, to 66% in Rajasthan, to 89% in Delhi, and more than 90% in Andhra Pradesh. (India Behavioural Surveillance Survey, 2006. Government of India, New Delhi.). The level of knowledge is likely to be much lower still amongst schedule caste/tribe women. The considerable societal and economic benefits of educating girls are well documented and this is now known to translate into reduced risk of HIV infection. Girls' education programs are a crucial element in HIV prevention in South Asia for the more than 23 million (56%) out of school children who are girls.

What the World Bank is doing to help

Bangladesh: The Bank is supporting the Government of Bangladesh in reviewing the current school health program, including an HIV&AIDS component. A national stocktaking of School Health, Nutrition and HIV was recently undertaken by Save the Children, with the support of the Partnership for Child Development (PCD) and SARAIDS. Plans going forward include the revision of the curriculum to include: (a) a module on health and nutrition, with HIV&AIDS included at the secondary school level; (b) enhanced coordination in and between sectors, including the revision of the national policy; (c) plans to implement nationally examples of health services, health education and school environment that have been identified as good practice in promoting both health and education outcomes.

Bhutan: Following a stocktaking of the Bhutan school health program, the Ministry of Education requested assistance in developing a national school health policy, including HIV&AIDS. Bhutan has strong coordination mechanisms between the health and education sectors, and the evolving policy is being used to develop a more systematic national approach to school health and HIV&AIDS.

India: The Ministry of Human Resource Development (MHRD) and the National AIDS Control Organization (NACO), in collaboration with development partners, are scaling up programs for educating adolescents about HIV and AIDS. The Bank and PCD, with NACO and MHRD, and UNICEF and UNESCO, are supporting strengthening of this response through a situation analysis assessing the education sector responses to school health, nutrition and HIV&AIDS in 7 states in India.

Sri Lanka: At the request of the Ministry of Education, an initial stocktaking of school health and nutrition in Sri Lanka was undertaken by the Bank and PCD in 2006, followed by a round of Government-led discussions involving a broad range of stakeholders from the education and health sectors. As part of their education program, the Government developed a national map showing both education and health data for all geographical regions of Sri Lanka. Using these tools, plans were developed for the targeted scale-up of the comprehensive health promoting schools program (HPSP). The HPSP is intended by the Ministry of Education to ensure the good health and nutrition of all school children in Sri Lanka as a means of promoting equitable access to education, especially within conflict-affected areas, within the Government of Sri Lanka's Enhanced Education Development Project (EEDP).

Improve knowledge and understanding

Completing school is of itself protective, but the benefits can be increased by ensuring that the content of the education provides children with specific knowledge about developing healthy lifestyles, including the need to protect themselves from HIV. Surveys in South Asia show that even simple knowledge of HIV and AIDS is often lacking. For example, in Nepal 33% of young women aged 15-24 had no knowledge that an HIV-positive individual may demonstrate no external signs of infection, a potentially fatal ignorance even among married partners (Nepal Demographic And Health Survey, 2006. Government of Nepal, Kathmandu). An appropriate curriculum is a key element in the response.

Develop life skills

Knowledge is necessary but not sufficient, and needs to be linked with the development of ap-

propriate skills, attitudes and behaviors to apply the knowledge. Experience world-wide shows the effectiveness of this Life-Skills approach in promoting positive behaviors that reduce substance abuse and unwanted pregnancy, for example. This approach has to be society-specific to be effective and, where appropriate, can reinforce societal values that promote healthy lifestyles that protect against HIV and AIDS and against other diseases.

Use a life-long learning approach

Current HIV and AIDS education efforts in South Asia have largely targeted secondary school students. But with a Gross Enrolment Rate of 48% this misses a majority of children, and may present the difficult task of changing established behaviors. It is more effective to promote positive behaviors from the primary level and then reinforce these at all levels of education, including the non-formal education sector.

Build on existing school health programs

Most education systems in South Asia already have national curricula that address health, hygiene and nutrition, often using the Focusing Resources on Education and School Health (FRESH) framework. Including HIV and AIDS education in these programs offers the cost-effectiveness of using an existing infrastructure, and also enhances acceptance by children and parents because it addresses current problems of children, such as worms, malnutrition and malaria, rather than the more distant threat of HIV and AIDS, and helps situate HIV and AIDS education in a health, rather than sexual, context.

Recognize the central role of teachers

Teachers are role models and their individual knowledge and skills determines the quality of education. HIV and AIDS is a topic which teachers themselves need to understand and be willing to discuss before they can teach the learners. In traditional societies, teaching about the sexual dimension of HIV and AIDS presents special problems, and teachers may need to acquire

specific skills to address this role effectively. Overall, teachers will require institutional support to respond to this challenge and, this may include access to care and treatment.

What the World Bank Group is doing to support the education sector response to HIV and AIDS

The South Asia Region is focusing on developing stronger links between education and other sectors, especially health, to mainstream HIV and AIDS in new programs, and on making resources for HIV and AIDS available to the education sector. The Region has established a Multi-Sectoral Task Force on HIV and AIDS to strengthen coordination of World Bank assistance.

The World Bank is also a partner in regional efforts to harmonize and align technical assistance and external financing for the education sector, through the UNAIDS Inter-Agency Task Team on Education and HIV and AIDS working group to "Accelerate the education sector response to HIV and AIDS".

What can be done to mainstream HIV/AIDS in Education?

Methods	Interpretation
Policy and Strategy work	
<p>National HIV/AIDS Strategy includes education in a multi-sectoral approach.</p> <p>National Education Sector HIV/AIDS Strategy: sector-wide (addresses all sub-sectors); incorporated in the national education sector plan; budgeted plans of action; and addresses gender specifically.</p> <p>Education sector policy for HIV/AIDS: sector-wide (addresses all the sub-sectors); addresses gender, curriculum content, planning issues, and education needs of orphans and vulnerable children; and includes workplace policy using the International Labor Organization (ILO) code of practice (www.ilo.org/aids).</p>	<p>Demonstrates the government's commitment to responding to HIV/AIDS. The inclusion of the education sector shows recognition of the role of the sector in the response.</p> <p>Shows how the sector plans to contribute to the response to HIV/AIDS nationally. Costing its plan of action and inclusion in the education plan (EFA) indicates how this strategy will be implemented. Gender is a crucial element of the strategy because girls are more vulnerable to infection and are more likely to be excluded from education.</p> <p>Addresses sector specific HIV/AIDS issues. Establishing policy is the essential first step in an effective sectoral response. The policy will only be effective if it is owned by the relevant stakeholders, especially the teacher unions, and if it is widely known and understood. Addressing curriculum at this stage can facilitate dialogue and agreement with the community on sensitive issues that can otherwise slow progress in implementation.</p>
Institutional Management	
<p>Management of the sector response requires: an inter-departmental or sub-sectoral committee; department focal points who have HIV/AIDS activities as a specific part of their job description; a secretariat or unit that supports the mainstreaming of the response, and has clear political support; financial support and effective dialogue with the National AIDS Authority; and monitoring and evaluation of the response built into the Education Management Information System (EMIS).</p>	<p>Mainstreaming the HIV/AIDS response requires, at least initially, mechanisms for involving all sub-sectors (the committee) and for implementation (the unit). Keys to success are: the focal points have space in their work program to allocate time to HIV/AIDS; the unit reports to the highest level; the unit is led at the department director level. Through National AIDS Authorities the sector now has access to new financial resources (e.g. Multi-Country HIV/AIDS Program, Global Fund).</p>
Planning	
<p>For short to medium term planning, use EMIS and/or school survey data to assess the following at both national and district level: HIV/AIDS specific indicators; teacher mortality and attrition data; teacher attendance data; children's attendance by orphans and vulnerable children (ovc)/non-ovc status; and proportion of children receiving prevention education.</p> <p>For long term planning: computer model projection of the impact of HIV/AIDS on education supply and demand; assessment of the implications of changes in supply for teacher recruitment and training; assessment of the implications for demand of changes in the size of the school age population and the proportion of orphans and vulnerable children; and completion rates by ovc/non-ovc.</p>	<p>Even where an effective EMIS is unavailable, school and institutional survey data can be used to assess the impact of HIV/AIDS on the education system. This should relate district level education data to the geographical pattern of the epidemic, using epidemiological data from the health service.</p> <p>The effects of the epidemic have a time scale of decades, and impacts only slowly become apparent. Long term planning similarly requires projection of impact over decades. This can be achieved using computer projection models which combine epidemiological and education data. Projection allows for the planning of future teacher supply needs and, where necessary, the reform of teacher training schedules.</p>

Methods	Interpretation
Prevention	
<p>Achieve Education for All and implement Girls' Education programs. The national curriculum uses a life skills approach, including: formal and non-formal components; grade- and age-specific content, beginning before the onset of sexual activity; participatory teaching methods; based in a carrier subject; delivered in the context of school health (FRESH); and with the ownership and support of the community.</p> <p>Complementary approaches: peer education; MinEd has input to community Behavior Change and Communication (BCC) strategies; MinEd coordinates with non-governmental organizations (NGOs), faith-based organizations (FBOs) and community-based organizations (CBOs) prevention and mitigation programs; and Ministry of Education assists Ministry of Health in promoting youth-friendly clinics for voluntary counseling and testing (VCT), treatment of sexually transmitted infections (STIs) and condom distribution.</p>	<p>Completing a quality basic education is a social vaccine against HIV/AIDS. Key issues: Teaching needs to start before risky behaviors have become established, and the content needs to be matched to the development stage of the child. Teaching methods which establish knowledge, values and skills that support positive behaviors should be used. A single carrier subject (e.g. social studies) is simpler and avoids spreading messages thinly across subjects. Failure to involve the community in this sensitive area is one of the major causes of delay in implementation.</p> <p>An holistic approach is essential for effective prevention. Peer education can reinforce active learning by youth. BCC strategies should ensure consistent messages in the school, home and community. Building on existing programs speeds up the response. Early and effective treatment of STIs is effective in reducing HIV transmission, youth need access to VCT and condoms to translate learned behaviors into practice.</p>
Teacher Training	
<p>HIV/AIDS prevention requires that teachers develop skills in participatory methods through: pre-service training and materials; in-service training and materials; and messages and approaches that help teachers to protect themselves.</p>	<p>Preventive education is more frequently taught as part of in-service training than pre-service. While both are necessary, new teachers may be more readily trained in the participatory methods that are required to teach the subject. Teacher training institutions frequently overlook the benefits of helping teachers to protect themselves.</p>
Orphans and Vulnerable Children	
<p>Financial barriers to education are eliminated: achieve Education for All; abolish school fees and develop alternative financing mechanisms that do not act as a barrier to access; develop a mitigation strategy to avoid informal and illegal levies; and subsidize payment of informal levies.</p> <p>The education system helps maintain attendance: offer conditional cash (or food) transfers; and provide school health programs to support children (e.g. FRESH), including psychosocial counseling.</p>	<p>Achieving EFA enhances access for all children including OVC. School fees in particular may prevent OVC from accessing education. Abolition provides partial relief, but fees are often substituted by levies (e.g. for textbooks, parent-Teacher Association (PTA), uniforms) which must be addressed in financing plans for fee abolition. Social funds offering subsidies through schools, PTAs or the community can help overcome these barriers.</p> <p>Ensuring that OVC are able to attend school is only the beginning: they also require support to remain in school. One effective method is to offer caregivers cash (or food) transfers that are conditional upon attendance. OVC may require special care because of their experiences, and benefit from school health programs based on the FRESH framework, including psychosocial counseling.</p>

Useful websites •

- FRESH - <http://www.freshschools.org/>
- World Bank School Health and Nutrition - <http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTEDUCATION/0,,contentMDK:20557899~menuPK:1340757~pagePK:148956~piPK:216618~theSitePK:282386,00.html>
- Partnership for Child Development (schools and health) - <http://www.child-development.org/what.htm>
- UNESCO Bangkok (Asia & Pacific region) - <http://www.unescobkk.org/index.php?id=95>
- Human Rights Watch India - <http://www.hrw.org/doc?t=asia&c=india>
- The IIEP clearinghouse of information website on Impact of Education on HIV and AIDS - <http://hivaidsclearinghouse.unesco.org>
- The Sound of Silence: Difficulties in Communicating on HIV & AIDS in Schools - http://www.actionaid.org.uk/index.asp?page_id=100222&search_text=silence&search_theme=0
- Deadly Inertia: A Cross Country Study of Educational Responses to HIV & AIDS - http://www.actionaid.org.uk/index.asp?page_id=100222&search_text=&search_theme=&ob=&od=ASC&so=0
- Learning to Survive - http://www.oxfam.org.uk/what_we_do/issues/education/gce_hivaids.htm
- Education and HIV/AIDS: a Window of Hope - http://www1.worldbank.org/education/pdf/Ed%20&%20HIV_AIDS%20cover%20print.pdf
- Sourcebook of HIV/AIDS Prevention Programs in the Education Sector - http://publications.worldbank.org/e-commerce/catalog/product?item_id=3371657
- Accelerating the education sector response to HIV/AIDS in Africa: a review of World Bank assistance - <http://siteresources.worldbank.org/INTHIVAIDS/Resources/375798-1103037153392/EducandAIDS.pdf>

This brief is a work in progress. It is updated as new information becomes available. We welcome your comments and feedback.

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