

Education, the AIDS Crisis and International Cooperation

by Alexandra Draxler

UNAIDS released its Annual World AIDS Update on December 1, 2002, World Aids Day. This latest epidemiological update shows a picture even gloomier than one year ago. In the past year, there have been 2.4 million deaths from AIDS in Africa, and 3.5 million new infections. 29.4 million people live with the virus in Africa, of whom 3 million are children. Of some 14 million orphans with HIV/AIDS, most live in Africa. Many millions of children with ill parents are suffering dire effects of the illness through increased poverty, stigmatization and the inability to attend school.

An estimated 860,000 African children lost their teachers to AIDS in 1999, the last year for which these figures are available. Teachers ill with AIDS miss an estimated average of 26 days of teaching in a school year. Due to AIDS, severely hit countries will see a spectacular reduction in the school-age population. For Zimbabwe, between now and 2010 the estimate is a 1/4 reduction, and for Zambia it is 1/5. A national report in South Africa indicates that, whereas 3,000 teachers are currently trained each year, the need will rise to 20,000 per year if anti-retroviral drugs are not widely made available.

The impact on children and on people involved in various capacities in education is, thus, dramatic. The impact on resources is no less dramatic. The recently published Education For All (EFA) monitoring report¹ estimates that to meet just one EFA goal, that of universal primary education by 2015, additional resources of close to \$1 billion a year will be needed due to HIV/AIDS. And it is clear that additional strains on resources to mobilize health systems, salvage the economic sector and compensate for lost agricultural production will push the trends towards a reduction in resources for education.

Children who have lost one or more parents to the epidemic suffer in three important ways. They suffer emotionally through the upheaval, often being placed in foster care. They suffer stigma and discrimination that can reach extremes of ostracism such as homelessness and banishment from school. And they suffer materially through a significantly lowered economic outlook, including decreased access to education, health and other social services².

Protecting young people from the effects of the epidemic, and giving them the tools – both knowledge and access to prevention measures – is essential. The majority of young people are not infected, and keeping them free of infection is both a challenge and an obligation for all of us. Preserving the core functions of education systems and ensuring access to education for all young people is one of the most powerful weapons we have against the epidemic: a higher level of education on the whole translates into less vulnerability to infection.

There are tools to battle the pandemic, and to maintain adequate resource levels for education. Given commitment and persistence, they work. Priority actions must:

- Attack stigma and discrimination. Stigma and discrimination are violations of human rights. Stigma and discrimination also take away hope from people who are infected or think they might be, driving the infection underground and away from potential control;
- Promote broad-based public information campaigns that continue over time;
- Work on school-based education that includes classroom teaching about the illness, about prevention, about care and support and about mutual respect (between males and females, between people who are infected or ill and people who are not);
- Preparing teachers for teaching about HIV/AIDS, for care for orphans and for teaching appropriate conduct in schools and the community;
- Create an enabling environment that works to reduce vulnerability, promotes safe sex and makes schools safe, particularly for girls;
- Encourage positive attitudes and behaviors, therefore reducing risks

Countries already suffering heavy burdens of debt, countries hardest hit by the pandemic, and countries in deep and long-standing conflict will need substantial financial resources to meet the HIV/AIDS crisis and the educational needs at the same time. These solutions work when there is a broad-based effort. Countries that cannot meet the added financial burden due to HIV/AIDS and that do not get help will be humanitarian disaster zones for at least a generation, compounding risks of conflict and security within the countries and with their neighbors.

Beyond the enormity of the human tragedy, the HIV/AIDS pandemic is also a litmus test for ethics in international affairs. HIV/AIDS has emerged in the last twenty years and spread across the fault lines of poverty, disadvantage, violence and vulnerability. Its sufferers have been stigmatized and the illness often seen as the consequence of careless, irresponsible or reprehensible behaviour. It struck a few groups first (gay communities, intravenous drug users, commercial sex workers), before spreading out to the general population, gathering speed with vehemence in poor communities and countries. The realization came very late that the environment, economic status, general health and a host of other factors are as significant as behavior in the spread of the disease. Furthermore, many of those who become infected for all intents and purposes do not have the choice of practicing safe sex or other types of prevention.

Determined action groups in wealthy countries have forced authorities to recognize and protect the human rights of HIV-positive persons. Drugs are now available that make AIDS a manageable disease for those who can afford or are afforded treatment. Education programs teach about the illness but also about opportunities for testing and treatment. Needle-exchange programs and prevention in prisons protect the human rights of those concerned, but also serve as effective prevention for the population as a whole. Prevention programs communicate hope.

In the rest of the world (95% of ill people have no access to treatment) the picture is quite different. HIV/AIDS brings down on its sufferers a double sentence. The first is a sentence of death within a few years. The second is isolation and deprivation of hope or comfort due to stigma and discrimination. The effects of HIV/AIDS ripple out to families and communities, causing devastation in a number of ways. It takes away primarily people of reproductive age; that is, those on whom families depend for survival. The

famines due to drought in Eastern and Southern Africa and in Ethiopia are aggravating the HIV/AIDS epidemic and are undoubtedly aggravated by the HIV/AIDS epidemic. HIV/AIDS is provoking a decrease in schooling in some regions and vastly decreasing the quality of schooling in others. By increasing poverty it is placing a special burden on women and girls: less education, more work, vulnerability to violence and unwanted sex, and a lack of hope.

And yet, we have an international epidemic that can be influenced by international action. Money can change the course of this disease, as it has in wealthy countries. Money can buy treatment. Money can buy the medication that can prevent transmission of the virus from mothers to their children at birth. Money can provide condoms to all people, and in particular to commercial sex workers. Money can provide clean needles to intravenous drug users. Money can provide the education and prevention campaigns that could protect future generations. Money can help preserve the core functions of education and health systems in poor countries. All these actions are both humanitarian in nature and an investment in our common future.

Why, after sanctimoniously pledging \$2 billion dollars to the Global Fund to fight AIDS, Tuberculosis and Malaria, have the rich countries moved on to other priorities, after actually coughing up a mere \$500 million? After the WTO agreements in Doha almost two years ago to allow the production of generic treatments for AIDS in poor countries, the practicalities involved in implementation have made progress impossible. HIV/AIDS is still seen by most people, and overwhelmingly by most decision-makers as just another in the long list of development problems; another disaster calling for our attention that will eventually be displaced by another.

There is, though, another way to view this pandemic. It is both a much bigger disaster than any we have seen so far, and also a source of hope. It is a bigger disaster than any we have seen so far because it is the biggest killer in human history, and current knowledge indicates that we are years away from a vaccine or a cure. It is also, paradoxically, a source of hope, because it may finally prove to us the indivisible and

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mutually dependent situation of the entire human race. HIV/AIDS may temporarily appear to adhere to some natural boundaries, staying within certain groups (intravenous drug users, prostitutes, gay communities, prisoners), but it is demonstrating in a dramatic way that the boundaries between groups are much more porous than one might think. The connections between various human groups are much more complex and intimate than we sometimes want to believe, and HIV/AIDS has easily jumped from a predominance in some groups to the population at large. HIV/AIDS is widespread in prisons: the vast majority of prisoners are there temporarily and return to another world and another identity, taking their HIV status (positive or negative) with them. The clients of commercial sex workers very often have other sexual relationships and they take their HIV status with them to these other relationships. Many people who use drugs intravenously do so occasionally or temporarily, and live in a broader community where intravenous drug use (IDU) is not prevalent. And so on.

Furthermore, we are seeing drug resistant, more potent strains of HIV/AIDS that have the potential to spread even more rapidly. And the pace of expansion of HIV/AIDS in regions that were previously spared

(notably Eastern Europe and large parts of Asia including Central Asia) indicates "the window of opportunity for bringing the epidemic under control is narrowing rapidly"³. Consequently, the "us and them" view of HIV/AIDS is neither rational nor operational. Battling the illness involves setting aside judgments about human behaviour in order to reach all humans with the information and tools for prevention, and the information and tools for care and support.

Thus, international cooperation to battle HIV/AIDS is undeniably crucial: we are facing a humanitarian and human rights crisis that threatens us all. Self-interest and values converge to press us to act. Let us see whether the leaders of rich countries and civil society everywhere understand in time.

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1. In June 2000, a major international conference in Dakar, Senegal, agreed on six lofty goals with targets for universal primary education, gender equality, and other educational achievements related to education for all, progressively arrived at by the year 2015. Monitoring is part of the agreement, and the first report on progress was issued early this month by UNESCO.
 2. Jan Wijngaarden and Sheldon Shaeffer. "The impact of HIV/AIDS on children and young people: Reviewing research conducted and distilling implications for the education sector in Asia." Paper for a workshop in Bangkok, Thailand, 12 – 14 December 2002.
 3. UNAIDS and World Health Organization. AIDS epidemic update, December 2002. www.unaids.org