Editorial

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After more than 20 years of intensive medical research into HIV and AIDS, international public health campaigns, increased funding, and countless initiatives to thwart the epidemic, at the local, national and global levels, there is still no prospect of a real cure of AIDS. In 2008, 33.4 million people were living with HIV. In sub-Saharan Africa the epidemic has orphaned more than 14 million children; meanwhile, young people account for around 40% of all new adult (15+) HIV infections worldwide (UNAIDS and WHO 2009). In some countries the gains in life expectancy are wiped out by more than a decade. This is a human tragedy, which also has far-reaching effects on economic growth and poverty, and escaping its grip will certainly not be easy.

In this context, understanding the linkage between education and the epidemic is more critical than ever. In the absence of a vaccine, education offers a unique opportunity to provide effective prevention. However, the indisputable relation between education and HIV and AIDS has not always been unquestionable.

For instance, in the early stages of the pandemic in Africa, researchers found that males with a higher than average education were more often contracting the disease, as they had higher incomes, more leisure time, and sometimes greater access to commercial sex workers. Thus, formal education started to be seen as a risk factor for contracting AIDS. Recently, however, researchers are contradicting this decades-long trend. For example, David Baker and his colleagues at Pennsylvania State University, in an article published in this journal, suggested that increased schooling across sub-Saharan Africa might in fact be lowering new HIV infections among younger adults (Baker et al. 2008). The emergence of formal education as a major factor in preventing new infections has enormous policy implications for turning education into a “social vaccine” against HIV in sub-Saharan Africa and elsewhere.

Expanding quality primary schools, a main Education for All (EFA) goal, should be a top priority for the governments in the region. Better-educated people have lower rates of infection; more to the point, better-educated girls have decreased rates of infection. In Africa, the average infection rates in teenage girls are five times higher than those of

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teenage boys. A similar trend exists in more developed regions, such as North America, where the prevalence of HIV among women rose by 5% between 2001 and 2003. This is because people lack knowledge about the virus and its transmission but also because women are more vulnerable to infection than men. Placing a priority on girls' education—another important EFA goal—will definitely improve progress in the fight against HIV and AIDS.

The education sector has a key role to play, not only in preventing HIV but also in building capacity, knowledge and skills to address risk behaviours, and to help young people resist pressure. It can also help by promoting human rights, gender equality, and the participation of young people and people living with HIV, and by reducing stigma and discrimination (UNESCO 2008). Formal education is one of the most efficient and cost-effective prevention mechanisms and the curriculum is a key element of the response as it has a direct impact on an important target group: adolescents and young adults. UNESCO is leading the education response among the UN agencies; IBE is specifically dedicated to helping nations integrate HIV and AIDS issues into their curricula both comprehensively and effectively, by advising ministries of education on these subjects, contributing to teacher training programmes and disseminating best practices at school level.

The circular connection between education and HIV and AIDS goes in both directions. On one hand, as discussed above, education can help prevent HIV transmission; on the other hand, the AIDS epidemic has an alarming impact on education systems. Education is fundamentally threatened by AIDS. It reduces both demand for and access to education, as well as the average years of schooling. Lower enrollment and high drop-out rates are prevalent among children affected by AIDS and orphans who have lost one or both parents to the disease.

Many education systems, especially in Africa, are confronting sharp increases in the mortality rates among teachers. Teachers die faster than they can be replaced. Quite a few avoid taking official leaves of absence, as few workplaces have policies on doing so and because they fear the stigmatization associated with the disease and problems related to redeployment and replacement. Consequently, the sector's costs increase. For instance, it was estimated that HIV and AIDS would add between \$US 450 and 550 million to the cost of achieving the EFA in 33 African countries (World Bank 2002, p. xviii).

Analyzing this complex interplay between education and HIV and AIDS requires a thorough re-examination of many of the premises underlying education as it is currently delivered. Addressing it entails partnership across sectors, while pursuing the EFA goals (especially providing basic education to all children and ensuring equal opportunities for girls), in a national multi-sector context. It requires interaction between national planning and the setting-up of new supportive structures for schools at the local level. It also entails a careful analysis of the culture-bound aspects of the epidemic, as community norms are among the most powerful determinants of individual behaviour, and can be used effectively to prevent the disease.

Since 1990, a range of programmes based on the ABC model—i.e. Abstain, Be Faithful, or Use Condoms—have been developed throughout Africa. To date, myriads of prevention programmes have been developed. Many of them have been surprisingly unsuccessful, for various reasons, including lack of political will, weak contents, inappropriate methodology, lack of resources, or resistance from the community. Others have been effective programmes of AIDS care and support, especially those devised by various grassroots organizations that have sprung up in the past decade to fight the epidemic. However, too few studies have examined how effective those programmes are, in terms of outreach, behavioural change, education and communication, as well as cultural sensitivity and relevance. More

importantly, very little has been done to monitor and evaluate those programmes in order to determine their overall effectiveness.

This special issue undertakes a systematic inquiry into the relationship between HIV and AIDS and education. However, its guest editor, W. James Jacob, goes beyond identifying and analyzing this important linkage, and aims to achieve what he calls “reflective practices in HIV and AIDS education design”. A process that encourages policy makers and practitioners to reflect continuously on how to improve existing programmes pertaining to HIV and AIDS, the reflective design of HIV and AIDS education includes benchmarking to search out best practices and learn from them, principles of good governance, force field analysis, effective and appropriate monitoring and evaluation, and a results-based approach to designing programmes. It requires input from all key stakeholders and alignment with national HIV and AIDS strategic frameworks and other national policy documents. The lack of reflective education design, Jacob argues, is evident in the countless HIV and AIDS education initiatives that exist in both formal and non-formal contexts. Hence, the declared purpose of this special issue is to fill this gap and to analyze which programmes and initiatives are the most effective, sustainable, and culturally appropriate.

The issue brings together experienced government leaders, policy makers, practitioners and researchers to reflect on topics of most importance related to HIV education, such as key issues to consider when integrating HIV and AIDS education into the formal curriculum; the role that non-formal education can play in preventing HIV and AIDS transmission among injected drug users; the unique challenges in HIV and AIDS prevention, care, treatment, and support, in emergency, conflict, and post-conflict contexts; successful practices for developing and implementing pre-service and in-service teacher training programmes to integrate HIV and AIDS information into the curriculum; and the need for government agencies, nongovernmental agencies, and development partners to work together in a unified response to the disease.

The issue concludes with a Profile of Peter Piot, former founding executive director of the streamlined United Nations Program on HIV and AIDS (UNAIDS), who has had a profound influence on HIV and AIDS education efforts worldwide over the past 15 years. The biographical sketch follows his extraordinary career, including his discovery, with colleagues, of the then-unknown Ebola virus in the Yambuku samples.

This issue should be of interest to policy makers, government planners, school administrators and teachers, youth leaders, and leaders of other organizations committed to increasing the role that education can play in the response to HIV and AIDS. It is our hope that this special issue will continue the dialogue in relation to the forces that encompass education and the HIV epidemic and will generate further multi-sectoral responses to stop the epidemic.

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