AIDS IN AFRICA:
THREE SCENARIOS FOR THE EDUCATION SECTOR

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ABSTRACT

This report presents three distinct scenarios of how the AIDS epidemic could impact on the education sector in sub-Saharan Africa over the next two decades and, in particular, the attainment of the Millennium Development Goals for education.

The first scenario, **Africa overcomes: hitting the basic for education for all targets**, suggests that the impact of the epidemic on education will be much less than is anticipated mainly because the country projections of HIV infection are over-estimated and that governments will be able to introduce effective HIV prevention programmes and provide life saving anti-retroviral drugs to affected teachers.

The second scenario, **Whirlpool: increasing poverty and HIV infection undermines the goal of Education for All**, portrays a situation where the epidemic seriously reduces both the capacity of schools and other institutions to deliver good quality education and training as well as the overall demand for education, especially among households that are most directly affected by the scourge. As HIV infection rates continue to climb in most countries, levels of morbidity and mortality among teachers reach crisis proportions and the numbers of orphans grow exponentially. Most of these children are unable to complete basic education.

The third scenario, **Africa takes a stand: home grown solutions to novel problems**, presents a more mixed picture with respect to the impact of the epidemic. Strong African leaders seek to develop genuine national solutions to the AIDS crisis, drawing in particular on traditional social and cultural values and questioning 'donor-driven' development policies.

Key words: HIV/AIDS, Africa, education, scenarios

SCENARIO 1

AFRICA OVERCOMES:
HITTING THE BASIC EDUCATION FOR ALL TARGETS

Looking back over the last 20 years, the actual impact of the AIDS epidemic in sub-Saharan Africa since 2004 has been much less than anticipated. For a variety of reasons, national HIV prevalence estimates were over-estimated during the late 1990s in many countries. Most estimates were based on surveys of pregnant women attending usually quite a limited number of mainly urban antenatal clinics. Rural prevalence rates were subsequently found to be two-four times less than in urban areas, which resulted in a major downward adjustment of actual and projected prevalence rates. Equally important, the commonly used demographic models over-estimated future levels of HIV prevalence, and thus AIDS-related morbidity and mortality. By 2003, these were already being revised downward in many countries. For example, in late 2003, leading HIV/AIDS researchers Olive Shisana and Thomas Rehel estimated that adult HIV prevalence in South Africa would fall from 17.3 percent in 2001 to 15.2 percent in 2010. In marked contrast, a few years earlier, the US Bureau of Census projected that, by 2010, 38 percent of the same 15-49 age group would be infected. Fortunately, Shisana and Rehel were found to be right and AIDS-related mortality levels and rates of orphaning were well under half those originally projected. Similarly, in most of the other high prevalence countries (HPCs), prevalence rates began to level off and begin to fall much earlier and, for some, at considerably lower levels than had been projected in the late 1990s.

The extent to which the AIDS epidemic has disproportionately impacted on the poor is now well recognised, but this was not the case 25 years ago. Typically, in the late 1990s, mortality rates among the poor were two-three times higher than among the professional 'middle class'. This was the result of behaviour change, access to anti-retroviral drugs (ARVs) and good medical care, and better nutrition. Well-educated African women, in particular, have adopted low-risk sexual behaviour.

Advocacy in support for increased government and donor efforts to deal with the AIDS threat also proved to be very effective from the late 1990s onwards. However, the downside was that, too often, advocacy got in the way of objective analysis of the extent of the epidemic.

Many more Ugandas

Africa's population has remained very young. At least half of the population is under 25 in most countries. HIV infection is also heavily concentrated in this age group. What this means is that overall HIV prevalence can change very rapidly if enough young people change their sexual behaviour. Uganda is the prime

example. HIV prevalence among pregnant women fell from 25.9 percent in 1991 to just in 8.7 percent in 1997. Other 'hot spots' also cooled down very quickly. For example, in Bukoba in Tanzania, the prevalence rate declined from 27.6 percent in 1987 to 11.2 percent in 1993. Over the last 20 years, there have similar success stories in other countries in Africa.

Per capita incomes in the HPCs in Southern Africa have remained among the highest in the continent. Good economic management has enabled these countries to achieve very high rates of economic growth and diversified their economies away from their previous very strong reliance on minerals. This relative affluence coupled with good medical provision and communications and transport infrastructures, has enabled the governments in these countries to distribute ARVs to everyone who has needed them. Sadly though, the economic performance of the very poor HPCs (most notably Malawi, Mozambique, and Zambia) has been very mixed and generally much less impressive.

NATIONAL MOBILISATION

After years of inaction in most countries, by 2005, most politicians had started to take the epidemic seriously. This was the result of numerous factors including rapidly increasing mortality, mounting pressures to do something from civil society, and a surge in external funding for HIV/AIDS programming. Multi-party elections were the norm by 2007 with increasingly little election malpractice. The imposition of aid disbursement conditionalities was increasingly frowned upon since it was widely recognised that they undermined national ownership and the forging of closer partnerships between the 'international cooperating partners' and governments. Nonetheless, donor funding became tightly linked to a gamut of 'good governance' indicators.

Strong national AIDS commissions had been established in all countries by 2005. Aggressive 'national war plans' to counter the AIDS epidemic were quickly formulated and implemented. At the corporate level, employers were strongly encouraged to introduce AIDS in the Workplace Programmes, with tax rebates for key expenditures. ARVs were made widely available to employees and their families.

Major public-private partnerships also became commonplace in the health sector with a strong emphasis on promoting 'treatment literacy'. Tanzania Care, a partnership between Abbot Laboratories and Ministry of Health is an early success story.

Communities mobilised to support those affected by the epidemic. A strong war-spirit mushroomed with the increasing successes in fighting the epidemic. Political scientists highlighted the increase in 'social capital' based on trust and strong associational relationships.

Democratisation and decentralisation provided a major impetus for the improved provision of services to the poor, including education and health. Poverty Reduction Strategy Papers become the major vehicle for poverty reduction in virtually all countries after 2005. Education has been accorded top priority in most of them. School feeding has been recognised as an essential nutritional safety net as well as a way of attracting and keeping poor children in school. Household food rations linked to school attendance for the most vulnerable children (including needy AIDS orphans) have been introduced in over half of all African countries. Although primary education was officially free in nearly all countries by 2008, it was not until 2012 that various 'hidden costs' were completely eliminated.

The Abuja Declaration to allocate 15 percent of public expenditure to the health sector was also largely fulfilled by 2015.

Poverty, gender, and HIV

The necessity of improving gender equality in order to reduce HIV infection was increasingly given top priority, especially in the HPCs. The economic empowerment of women was substantially boosted with the attainment of gender equality in education provision (both in terms of enrolments/access and learning outcomes). The targeted provision of key services, in particular micro-finance, also played a major role in most countries.

Women have continued to make major inroads in formal employment, which hitherto has been male dominated. Already, by the late 1990s, higher percentages of female school secondary leavers were in wage employment in quite a number of countries. Employment in the key growth sectors of tourism, agro-processing, IT and financial services, and textiles is female-intensive. As in the North, girls begin to perform better than boys in national examinations, including maths and science. At primary school, girls were already outperforming boys in reading in most countries by the early 2000s.

Donors

In 2000, the international community resolved in Dakar that 'no countries seriously committed to Education for All will be thwarted in their achievement of this goal by lack of resources'. To the surprise of many seasoned observers, this commitment was largely fulfilled over the next two decades.

The aid record during the 1990s had been dismal. Total aid fell by nearly 14 percent between 1991 and 2002. However, from 2003 onwards, the donor community recognised the overriding importance of tackling the AIDS crisis, both on humanitarian grounds and as a prerequisite for sustained poverty reduction. In fact, without the AIDS crisis, the overall level of donor assistance would have been much lower.

Total donor funding for HIV/AIDS in developing countries increased very little during the 1990s. Only 2 percent of the $10.8 billion spent by the US government on AIDS prevention and care was spent on 'international efforts' in 2000. The Bush Administration's commitment of $15 billion over five years for AIDS programmes in Africa was therefore a decisive turning point. Donor funding increased from $1.8 billion in 2001 to $10 billion in 2005, which was slightly above the amount that was required for an 'effective response' to the AIDS crisis in low and middle income countries. Half of this amount went to Africa. The World Bank had also committed over $2 billion to HIV/AIDS projects by the end of 2006.

After a shaky start in some countries, the sector-wide approach with primary reliance on budget support has become the preferred modality for disbursing aid to the social sectors throughout Africa. Key donors have accepted that, given the depth of the fiscal crisis in Africa, increasing levels of assistance to the education sector is unavoidable if the MDG education targets are to be met. Between 2005 and 2015, aid to basic education increased fivefold. The capacity of donor agencies to engage effectively as partners in policy analysis and formulation also increased enormously.

NATIONAL EFA STRATEGIES

National EFA strategies have been implemented in all countries based on the attainment of the six Millennium Development Goals for education, which are:

- Expanding and improving early childhood care and education, especially for the most vulnerable and disadvantaged children.

- Ensuring that by 2015 all children particularly girls, children in difficult circumstances have access to and complete free and compulsory primary education of good quality.

- Ensuring that the learning needs of all young people and adults are met through equitable access to appropriate learning and life skills programmes.

- Achieving a 50 percent improvement in adult literacy by 2015, especially for women and equitable access to basic and continuing education for all adults.

- Eliminating gender disparities in primary and secondary education by 2005 and achieving gender equality in education by 2015.

- Improving all aspects of the quality of education.

As expected, school-aged populations declined in absolute terms in HPCs with prevalence rates of over 25 percent. In purely numerical terms, therefore, this

made the attainment of the EFA targets easier to achieve than in the absence of the epidemic.

As the epidemic deepened, the strong link between poverty and HIV infection became all the more apparent. The role of basic education backed up with targeted skills training in alleviating poverty has become a central pillar of all PRSPs.

HIV prevalence and enrolment rates

There was no noticeable decline in key educational performance indicators (intake and completion rates, learning outcomes, gender enrolment gaps) in any of the HPCs during the 1990s. In fact, countries such as Botswana, Malawi and Uganda made enormous strides towards EFA during this decade. Other commentators pointed out that progress would have been greater still had it not been for the AIDS scourge. But it is simply impossible to say by exactly how much because there were so many other factors that influenced and shaped educational policy and practice.

From the very start of the epidemic, the large majority of the HPCs already had considerably higher primary school enrolment and completion rates. The mean (un-weighted) gross enrolment rate for the 13 countries with prevalence rates of 10 percent or greater was 102 percent in 2000 (latest year available). Countries with prevalence rates between 5-9 and 0-4 both had mean enrolment rates of 85 percent. Survival rates to Grade 5 were also significantly higher in the HPCs (74 percent compared to 64 and 67 percent for the other two groups of countries). Only two HPCs had enrolment rates of less than 80 percent (Central African Republic and Cote d'Ivoire).

In the late 1990s, it was mainly the African countries with the lowest enrolment rates that were least affected by the AIDS epidemic. These countries posed therefore the greatest challenge to attaining the education MDGs. Fortunately, HIV prevalence did not increase appreciably in these countries during the next two decades. Beginning in 2005 (as part of the Fast Track Initiative), the donor community began to target these countries, which hitherto had received relatively very little external assistance. These countries (referred to as 'donor orphans') were remarkably successful in increasing primary school enrolments, especially for girls and most managed to achieve the 2015 enrolment and quality targets. Not having to deal with the added burden of HIV/AIDS was a major contributory factor.

Despite all the claims to the contrary, there has never been a close correlation between levels and trends in HIV prevalence rates and school enrolment rates. Most of the largest changes in enrolment rates during the 1990s were in countries directly affected by war or recovering from war. The largest increases

in primary school enrolment rates were in Malawi and Uganda, which have had particularly serious AIDS epidemics.

However, three HPCs had very low Grade 5 survival rates in 2000: Malawi 49 percent, Mozambique 43 percent, and South Africa 65 percent.

Five large countries - Ethiopia, Nigeria, DRC, Sudan and Tanzania - accounted for over 60 percent of the additional enrolments that were required in order to attain the EFA target for primary schooling in sub-Saharan Africa by 2015. Another five countries accounted for one-quarter of additional enrolments- Burkina Faso, Cameroon, Cote d'Ivoire, Mali and Mozambique. In only two of these 10 countries (Cameroon and Mozambique) have prevalence rates ever exceeded 10 percent of their 15-49 populations. For the remaining countries, the epidemic did not impact seriously on educational outcomes.

For Africa as whole, enrolments had to double between 2000 and 2015 for the EFA target to be met. But the size of this challenge varied enormously from one country to another. EFA target enrolment growth rates were the highest in Francophone West Africa (7 percent per annum). But they were less than one percent in Southern Africa where most countries had already attained or nearly attained EFA and the epidemic had a major impact on the growth of the school-aged population. In the worst affected countries, the primary school-aged population was lower in 2010 than in 2000.

Access and completion

On the supply side, the key EFA goal was to ensure that every country had enough places in primary school to accommodate all children aged 6-11 without excessive overcrowding. A class size norm of 45 has been accepted in nearly all countries and special 'fast track' funding was provided between 2006 and 2010 in order to build the necessary additional capacity in both new and existing schools.

School charges: Tuition fees for primary schooling had been abolished in almost all countries by 2006, although it took considerably longer to phase out other charges that were commonly levied by schools, in particular school feeding, teacher salary supplementation, sports, and building improvement.

School feeding: The Clinton commitment to provide a free school meal to every child in Africa was revamped in 2005. The international community provided adequate funding through the World Food Programme.

Bridging programmes: A variety of bridging programmes were scaled-up in most low-enrolment countries in order to get **'**hard to reach children' into school. Community schools based on the successful BRAC model in Bangladesh have been particularly important since they have created a pathway for children to transfer to formal primary school in Grades 3 and 4. These schools are low-cost,

close to home, provide good in-service training of teachers, and have a strong focus on girls. The role of non-state providers in the expansion of non-formal education has expanded enormously since the late 1990s.

Eliminating gender inequality: The greatest challenge has been to get children from poor rural households and especially girls to enroll in school and then complete six years of primary education. Enrolment rates were particularly low among rural girls in Islamic countries, but HIV prevalence rates remained minimal in these areas.

The failure to reach the gender parity targets for primary and secondary education by the end of 2005 was a major disappointment and led to much hand wringing among donors. According to UNESCO's 2003 Global Monitoring Report, eight countries with HIV prevalence rates greater than 5 percent in 2001 (Burkina Faso, Burundi, Cote d'Ivoire, Ethiopia, Mozambique, Swaziland, Togo, and Zimbabwe) were at risk of not attaining the MDG gender enrolment parity target by 2015. In Lesotho, girl enrolment rates were projected to be higher than boys for both primary and secondary education and, in Botswana, Namibia and South Africa, this was the case for secondary schools only. Missing the 2005 gender enrolment parity target did however provide a major wake-up call that all the education MDGs were in serious danger of not being reached, just like the EFA goals set at Jomtien 15 years earlier in 1990. This led to a renewed focus on promoting the education of the 'girl child' in Africa, which was enormously successful.

National gender and education strategies were introduced in all countries, although the exact policies and interventions varied widely. These included national sensitisation programmes, the establishment of girls-only schools and classes, bursaries/stipends for girls, particularly for secondary and tertiary education, and girls-only education voucher schemes that have enabled poor households to choose which school they will send their daughters.

Quality and efficiency

System restructuring: The lynchpin of nearly all public sector reform programmes in African countries has been the decentralisation of service provision. Education has been successfully decentralised to both district and school levels in over two-thirds of countries. Greater local control over resource allocation and utilisation has resulted in significant improvement in efficiency and overall accountability throughout national schooling systems. However, decentralisation has also been combined with the centralisation and strengthening of key functions. In particular, semi-autonomous School Standards Agencies have been established in many countries with the power, authority and resources to monitor closely school performance in both rural and urban areas and in the state and non-state sectors.

Ministries of Education have also been comprehensively restructured and reformed. They have been given overall responsibility for policy formulation and regulation of service provision. Over-staffing was still chronic in the late 1990s and public sector pay was far too low, which resulted in very poor motivation and an inability to retain most capable personnel. The key priority was therefore to develop a small cadre of relatively well-trained and remunerated education policy analysts and support professionals. The pay of this group was increased at least fivefold in most countries, but this has proved to be highly cost-effective, with much less reliance on expensive local and international consultants. A major initiative to improve the planning and management capacity of education systems at both national and district levels has also been very successful.

Teachers: Twenty years ago, untrained teachers staffed most rural primary schools in Africa. Consequently, learning outcomes were generally poor with many of the anticipated benefits of primary education not being realised. Teacher's pay was so low that most teachers were forced to earn secondary incomes in order to survive. The scope to earn this additional income was very limited in most rural areas**.**

After the major international review of the education MDGs in 2006, governments and donors decided that poor teacher deployment and motivation had to be tackled head-on if EFA with 'minimum acceptable learning outcomes' was to become a reality, especially for the large majority of children who continued to live in rural areas. Conditions of service for teachers working in rural schools were made much more attractive. In most countries, a sizeable remote area living allowance is now paid and good quality housing is provided for most teachers. Crash programmes to upgrade untrained teachers who had been working in their local village schools for many years also paid major dividends.

Curriculum reform: In the early 2000s, both primary and secondary school curricula had not been seriously reviewed in most countries for many years. They were seriously out-dated, over-loaded and irrelevant to the livelihood needs of most children. Fortunately, a modern, well-conceived primary school curriculum with four core subjects was introduced in most countries by 2007. The secondary school curriculum was also comprehensively revised with increased emphasis on pre-vocational subjects in lower secondary school (especially IT, small enterprise development, and farm improvement)

Public-private partnerships: Effective partnerships were established with NGOs and for-profit providers, especially in curriculum development, special needs education, teacher training, vocational education and training, and higher education. NGOs have also taken a leading role in the design and delivery of HIV prevention programmes for youth, both in school and community-based.

Post-basic education

The higher education sector has continued to struggle in most countries. In over 20 countries, the quality of courses at public universities has been so poor that they have not been able to withstand competition from overseas institutions (especially from UK and Australia). These offshore providers aggressively market affordable degree and diploma courses based on open, supported learning with strong reliance on ICT. Increased cost recovery at public higher education institutions has been very controversial, but it has at least helped to improve teaching standards in some countries, albeit at the cost of reduced access by poorer students.

HIV/AIDS STRATEGIES IN THE EDUCATION SECTOR

For a variety of reasons, ministers of education and senior education managers had not responded decisively to the AIDS threat during the 1990s. AIDS prevention was seen mainly as the responsibility of the Ministry of Health and relatively few teachers had become sick and died. Other management issues were seen as being more pressing including enrolment expansion, upgrading of untrained teachers, high levels of teacher attrition, and poor teacher motivation. A few countries did develop HIV/AIDS policies and programmes for the education sector. HIV/AIDS committees and focal points were set up, but these generally lacked resources and were staffed by middle-level staff. A similar fate had already befallen ‘gender mainstreaming’ initiatives during the 1990s.

But, from around 2005 onwards, Ministries of Education in most HPCs started to take the actual and potential impacts of the epidemic seriously. Cumulative AIDS-related mortality among teachers had grown appreciably during the late 1990s and the numbers of ‘AIDS orphans’ were also accelerating rapidly. The creation of high-powered and well-resourced National AIDS Commissions was another key factor. For the first time, there was the political and bureaucratic commitment to make a comprehensive multi-sectoral approach a reality. The emergence of sector-wide approaches with budget support meant that the main aid donors became centrally involved in both policy design and implementation. They were in a much better position therefore to ensure that HIV/AIDS issues were mainstreamed throughout the education sector. Ring-fenced donor funding for AIDS and education programmes was also readily forthcoming.

HIV/AIDS Units were established or revamped in Ministries of Education in over 15 countries with considerable technical assistance. They have been staffed by appropriately qualified and experienced full-time officers with clearly defined responsibilities for student prevention, student mitigation and AIDS in the workplace programmes for teachers and other staff. Unit members nave also been increasingly deployed to the districts. From 2005, high-powered HIV/AIDS Committees chaired by the Minister of Education and with directors of all major departments began to meet regularly in most countries.

For the first time, policies and related interventions were based on good quality HIV/AIDS impact assessments. A major drawback of many of the first impact assessments that were undertaken in the late 1990s was that they did not properly contextualise the impact of the epidemic on education provision. For example, AIDS-related teacher mortality only accounted for a relatively small proportion of total teacher attrition or wastage and the analysis of the 'orphan problem' was very Eurocentric. The fact that most of these assessments were heavily based on demographic models was another problem since many of the assumptions that were made proved to be wrong. There was just too little hard information to be able to design well-conceived policy.

SUPPORTING TEACHERS

For a long time, it was widely believed that teachers were a particularly high-risk group. This certainly appeared to be the case during the early stages of the epidemic in some HPCs but, by the end of the 1990s, there was considerable evidence to show that teachers had changed their behaviour so that they had become less prone to infection. A major part of the problem was that population-based HIV testing among representative samples of teachers only began to be systematically conducted in 2004, beginning with Lesotho, South Africa and Zambia. Prior to this, inferences had to be made on the basis of levels and trends in mortality rates.

The success of AIDS in the Workplace Programmes (AWPs) among private companies, especially in the large corporate sub-sector, also highlighted the slow response of the government and other public sector employers. After a slow start, comprehensive AWPs were commonplace by 2006 in virtually all HPCs. While some modifications were required, these were closely modeled on best practice in the private sector. Teacher trade unions also began to take a keen interest in the AIDS issue and, in some countries, unions mounted campaigns around key issues such changes in sick and medical leave regulations and the provision of ARVs.

HIV prevention: By 2007, effective HIV prevention programmes began to be rolled out with good quality monitoring of the HIV infection profile among teachers along with periodic assessments of STD prevalence and attitudes, knowledge and behavioural surveys. Some thought it would not be possible to collect this type of information from teachers, but professional survey organisations with established track records were contracted to do this work in most countries. For the first time, HIV risk assessments enabled particular higher-risk groups of teachers to be targeted. For example, in Botswana, spouse separation was closely linked with much higher rates of HIV infection among married men, especially in small towns. Other hot spots included young single women who were posted to remote rural schools.

Innovative HIV prevention activities had been introduced in a handful of countries by 2005. This included weekly TV and radio programmes for teachers, female and male condoms available in every school, and the deployment of HIV prevention teams across the country that visited schools at least once a term. Even simple measures such as the wearing of AIDS prevention T-shirts on the same day every week by all Ministry of Education personnel from teachers right up to the Permanent Secretary, had a noticeable impact. For example, Friday was the preferred day in Zambia where this idea was first introduced In the worst affected countries, Teachers Against AIDS groups were actively promoted nationwide with strong political and management support and adequate resources for materials and meetings. These groups have played a major role in reducing the stigma attached to HIV/AIDS among teachers and supporting sick teachers.

As leading members of their communities, teachers played a vital role in promoting the use of condoms and, after 2008, microbicides. They led by example as was shown by the much faster declines in HIV prevalence among teachers.

Ministries of Education were also forced to respond to the public outcry about the growing number of incidents of sexual misconduct among teachers, many of which were being reported in the media. Even though only very small minorities of male teachers were engaging in 'love relations' with their students, such behaviour was seriously tarnishing the reputation of the teaching profession in many countries. Increasingly teachers were being seen as part of the problem rather than the solution with regard to the AIDS epidemic. Much tighter regulations were introduced and enforced.

AIDS mitigation: The provision of ARVs to teachers as part of government medical aid schemes in Botswana and Namibia from the late 1990s onwards led to almost immediate falls in AIDS-related deaths, which, despite some quite widespread initial concerns, were sustained indefinitely. From 2004 onwards, teachers and other education support personnel in other HPCs were able to access ARVs either as part of improved government medical aid schemes or national rollouts.

The 3 by 5 Programme sponsored by the WHO proved to be a complete success, which subsequently led to the All by 8 initiative. Earlier concerns about patient compliance proved to be largely unfounded and the new generation of ARVs have been easier to take with few serious side effects or resistance. National networks of clinics were quickly established in all the HPCs. Where necessary, affected teachers were transferred to schools within easy reach of these clinics.

The provision of ARVs has largely mitigated the impact of the epidemic on teachers. 'Without-ARV' modeling scenarios projected levels of teacher

absenteeism of up to 10 percent by 2010 in the worst affected countries. In the event, these rates averaged 3-4 percent, only slightly higher than in the mid-1990s. New regulations concerning sick and medical leaves ensured that, where necessary, teachers could take long-term sick and be quickly replaced by a temporary teacher.

SUPPORTING CHILDREN DIRECTLY AFFECTED BY AIDS

Three groups of children have been most directly affected by the AIDS epidemic namely, AIDS orphans, children living with AIDS, and children looking after sick parents and other household members. Taking care of these children has been a top priority in virtually all countries. The plight of these children has also become the focus of an international humanitarian effort, with resources being channeled into government agencies and NGOs.

Orphans

For a number of reasons, the impact of the epidemic on children, and orphans in particular, has been much less than was anticipated during the early 2000s. Firstly, the projections of future orphan numbers were over-estimated, often by as much as a half, in most countries. The projections of orphan populations that are regularly published in 'Children on the Brink' continued to have a major impact on both national and donor policies and resource flows. But these projections turn out to be serious over-estimates mainly because HIV prevalence rates peaked earlier and at much lower levels than had been assumed in the demographic model that was used to generate these estimates. Even on the basis of these flawed projections, the incidence of orphans (as a percentage of the under 15 population) fell in most countries between 2000 and 2015. During the 1990s, over two-thirds of orphans had lost their parents not as result of AIDS, but conflict and poverty. The incidence of two-parent orphans has remained low in most countries (generally around 3-4 percent).

The overall impact of the epidemic on school attendance has also been much less than was originally envisaged back in the 1990s. Lower than expected HIV prevalence coupled with the widespread availability of ARVs has meant that parental mortality has been around two-three times less than expected. The introduction of AIDS vaccines in 2015 has also had a major impact on the rate of orphaning.

Secondly, the impact of AIDS-related orphaning on school attendance has been considerably less than expected. The reasons for this vary from country to country, but there are some common factors including low schooling costs (both direct and indirect 'opportunity' costs), NGO support for orphans, and a strong schooling culture, especially in Southern Africa. Even during the 1990s, there was no simple correlation between attendance rates and parental status, particularly in the HPCs. The enrolment gap between orphans and non-orphans

has continued to be greatest among countries with the lowest enrolment rates. But, with a few exceptions, these countries had the lowest prevalence rates in the early 2000s.

Thirdly, comprehensive safety nets for 'orphans and other vulnerable children' (OVCs) have been introduced in almost all HPCs and other countries with sizeable orphan populations. The largest increases in orphan populations have been mostly in countries that have the greatest capacity to provide necessary welfare and other support. The 2001 UNGASS declaration on orphans stated that 'orphans shall have equal rights to education, shelter, health and good nutrition and freedom from abuse, violence and exploitation, discrimination, trafficking and loss of inheritance'. Most governments, especially in the HPCs, have fully incorporated this declaration into their national welfare strategies. National orphan support programmes have proved to be an effective safety net for orphaned children in need of material and emotional support. Botswana pioneered the first of these programmes over 20 years ago. Needy orphans along with other vulnerable children have been provided with food rations and clothing. Every effort has been made to support guardians, many of whom are grandparents and other elderly relatives. But where they cannot cope, fostering in the community has prevented most children ending up on the streets. These kinds of programmes are not cheap, but international donors have increasingly accepted that they are essential and have been prepared to foot most of the bill.

And finally, the special educational needs of orphans, especially in South Africa and the other HPCs countries, have been increasingly targeted as part of comprehensive, and properly supported national EFA strategies. Ministries of Education have also increasingly accepted that they must be fully involved in national orphan support programmes. But this is based on a realistic assessment of the capacity of schools to take on board additional responsibilities. Initially, many school managers and teachers did not believe that these should be undertaken by schools, but strong ministerial intervention backed up by concerted sensitisation and training activities has helped to overcome much of this resistance.

More generally, the enormous importance attached to achieving EFA by 2015 has ensured that all children, regardless of their parental status, complete at least six years of primary school. As the experience of Malawi and Uganda demonstrated so clearly during the 1990s, the introduction of free primary education coupled with strong government commitment to achieve EFA, led to an enormous surge in enrolments, which has been sustained ever since. Despite the increasing number of orphans in the HPCs, the proportion of orphans who never attended school or dropped out early fell quite dramatically in most countries. Leaders at all levels of society, from the President downwards, stressed the importance of education and actively chased up parents and guardians who did not send their children to school. In over 10, more developed countries, including most of the HPCs in Southern Africa, this was backed up by

new legislation making basic education compulsory, with strong sanctions against offenders.

The impressive progress made in most countries in improving the quality of basic education has also had very important knock-on effects with regard to orphans. In particular, schools have become a lot more child-friendly. In the better-off countries, properly staffed Guidance and Counseling services have been provided in both primary and secondary schools. G&C teachers have played a leading role in the identification of orphans who require emotional and/or material support and ensured that children have been promptly referred to social welfare agencies, which have been significantly strengthened during the last 20 years.

The abolition of not just tuition fees but also all other charges at both primary and junior secondary school has ensured that all poor children, regardless of their parental status, have not been prevented on financial grounds from attending school.

Orphans are not passive victims. Most have demonstrated a strong determination to do well at school and have just wanted to be treated like other children.

Despite claims to the contrary, the evidence from the 1990s shows that primary school attendance and completion rates among female orphans were not worse than among male orphans. This has continued to be the case.

The rapid expansion of early childhood care and education, especially for OVC, has also helped to relieve guardians of their child care burdens and has given these children a crucial head-start once they get to primary school. Reducing the age of entry into primary school to five years (from six or seven) has been another positive step since children have been able to complete their primary schooling relatively early.

AIDS orphans have not been singled out or targeted. Rather, their needs have been assessed in exactly the same way as other potentially needy children. For this reason, the term ‘orphans and other vulnerable children’ that was so popular 25 years ago has been replaced by ‘exceptionally vulnerable children’.

Child protection legislation has been beefed up in many countries based on the principle that the interests of the child are paramount. Where parents and guardians have been abusive, social workers intervene quickly and, where necessary, remove the children.

Caring for the sick

Again, the initial projections of the numbers of children who would need to look after sick parents have proved to be a lot lower than expected. Equally important,

though, well-resourced, home-based care programmes have been successfully established in nearly all the HPCs. This includes full medical backup as well as assistance with food and other essentials for affected households, when required. The length of the school day is also a key factor. In nearly two-thirds of countries, the primary school day starts at 0830 and finishes at around 1300. This means that children are available to look after the sick and can also undertake other household tasks during the afternoon and the evening.

Children with AIDS

The number of infected school-aged children has increased quite significantly in most HPCs. In some countries, up to 3 percent of primary and secondary school students are HIV positive. Mother to child transmission prevention programmes have significantly reduced infection rates among infected women (from around one-third to less than 10 percent). However, during the 1990s, nearly all children infected at birth had died before they reached school-going age. Thankfully, the availability of ARVs means that these children now survive into adulthood. School managers and teachers have received proper training to support these children and deal with the increased risk of HIV infection in schools. Calls for separate schools for infected children by some parents and community leaders have been robustly faced down.

HIV PREVENTION AMONG SCHOOL CHILDREN

The findings of a growing number of population-based HIV surveys have shown over and over again that young people who remain in school have much lower HIV prevalence rates than their age mates who have left school. Keeping children in school for as long as possible is therefore one of the most effective ways of preventing HIV infection. This has provided a major impetus for government and donor efforts to achieve nine yeas of basic education throughout the continent. With the rapid increase in enrolments, especially at the lower secondary level, infection rates among 15-19 year olds have moved steadily downwards.

School-based ‘AIDS education’ projects and other initiatives during the late 1980s and 1990s were largely ineffective. Most were limited in scope, focusing narrowly on providing factual information on the causes and consequences of the AIDS epidemic. They did not therefore seriously address the deep-seated social, cultural and economic causes of high-risk sexual behaviour, particularly among adolescent girls. Specific, stand-alone topics were ‘integrated and infused’ in carrier subjects, most notably science and social studies, and not until the secondary school grades, by which time a sizeable minority of students were sexually active. Children did not take HIV/AIDS education seriously for a number of reasons. Most teachers were very reluctant to teach AIDS topics and ‘sex education’, and students only focused on the usual examinable subjects. The promised ‘youth-friendly’ learning materials frequently never arrived and when

they did, they were not attractive to an adolescent audience who had already been heavily exposed to HIV prevention messages in media campaigns. By the late 1990s, most young people were sick of all this ‘talk, talk, talk’ about AIDS. Youth generally reacted badly, even defiantly, to calls for ‘high moral behaviour’ by politicians, many of whom were well known for not practicing what they preached.

As the Peter Piot, the Director of UNAIDS pointed out in early 2004, ‘all too often, HIV prevention is failing women and girls’. Life skills education places major emphasis on gender relations and empowering young women to negotiate safe sex and avoid infection. Clearly, schools alone cannot completely redress deep-seated gender equalities, but the new generation of better-educated women has had a major impact on social relations. Levels of violence against women have fallen considerably in many countries and educated women have been able to lead more independent lives. Some progress has been made in ‘redefining masculinities’, especially where gender-mainstreaming strategies have been inclusive of both men and women. Excluding men has often created resentment and ended up being counter-productive.

The importance of sexual abstinence continues to be emphasised (especially in the many schools that are owned and largely managed by faith-based organisations). However, it is also accepted that levels of sexual activity among young people are high and increasing in many countries, and that therefore condom use, sticking to one partner, and avoidance of commercial sex have to be highlighted. By 2010, young women had become well aware of the high risks of sexual relationships with older men, which was beginning to lead to less inter-generational sex by 2015. The social marketing of condoms has been gradually extended to secondary schools, despite considerable resistance from some politicians and many church leaders.

School health programmes have also been introduced or strengthened in many countries. Medical personnel now visit schools on a regular basis, which results in better, more timely treatment of STDs.

After a slow start, universities and other higher education institutions also began to introduce HIV prevention strategies. The University of Botswana provided an early example of effective prevention and support for both students and teaching and support staff. High-risk behaviours, including excessive drinking and sexual intimidation of female students in hostels, have been consistently targeted. Clinics and student counseling services (including confidential HIV testing) have also been strengthened.

SCENARIO 2

WHIRLPOOL:
INCREASING POVERTY AND HIV UNDERMINE THE GOAL OF BASIC EDUCATION FOR ALL

Tragically, those experts who predicted that many national schooling systems would collapse under the burden of the AIDS epidemic have been proved to be right. Most HPCs, certainly in Southern Africa, had achieved EFA by the late 1990s. However, the explosive growth in the orphan population coupled with a rapid decline in educational quality, meant that enrolment rates had plummeted to less than 70 percent by 2025.

The epidemic has grown rapidly throughout the continent. By 2010, only 10 countries in sub-Saharan Africa had HIV prevalence rates of less than 10 percent in the 15-49 adult population. Prevalence rates remain stubbornly high in the HPCs in Eastern and Southern Africa and spiral upward in Central Africa and the coastal belt of West Africa.

Young Africans just do not seem willing to change their high-risk sexual behaviour. The reasons for this are complex and still not fully understood by medical experts and social scientists. But ever widening and deepening poverty has undoubtedly been a major factor. The ‘money for sex, sex for money’ culture that fuelled the explosive growth in transactional sex in the 1990s is more deep-seated than ever. ‘Sugar daddies’ prey on adolescent schoolgirls who yearn for the same life styles as young women in the North. The CCC culture (‘cellphone, clothes and cosmetics’) has become ever more deeply corrosive of traditional social and sexual values and mores.

Urban-rural HIV prevalence rate differentials have narrowed markedly so that by 2015 they had become virtually non-existent in many HPCs, including Botswana, South Africa, and even Zimbabwe. Rapid rates of urbanisation fuelled by a mass exodus of young people from rural areas has been perhaps the most major striking feature of social change in much of the continent. During the last thirty years, the share of the African population living in large towns has increased from 20 to 40 percent. Cities and large towns are much higher risk environments for young people than rural areas. Peer pressures are more intense, and are exacerbated by the increasingly unreachable consumption norms of the global village. There have been, however, some sizeable economies of scale and agglomeration of dealing with epidemics like AIDS in the urban context.

The African population has doubled in size since 2001. Although overall adult HIV prevalence has only increased to 9 to 11 percent, the number of infected Africans has increased from 24 million in 2001 to 35 million by 2025.

The large majority of the poor, especially in remoter rural areas, have not been able to access life-prolonging ARVs. Drug resistance has become increasingly common and the new drugs that have been developed to counter this are much more expensive. Shortages of foreign exchange have continued to be a major problem in countries like Zimbabwe with major epidemics.

Patriarchal gender relations persist

Combating women's vulnerability to AIDS has been ineffective where gender relations have not changed. This in turn requires an altogether different kind of development process. Social and economic forces have led to greater gender equality in much of Africa, but this is inevitably, like everywhere else, a long-term process.

The impact of the epidemic on most affected households has continued to be devastating. Typically, one-third of household labour has been taken up looking after a sick person and the death of an adult has halved household production. Lack of flexibility in gender-defined roles is another key constraint. Most men have not been prepared to take on more responsibility for reproductive roles. Gendered access constraints to key services have also worsened in many countries as the impact of the epidemic has become more widespread. AIDS has fuelled a vicious cycle of increased household tensions, increased drinking-related violence, and further HIV infection. The epidemic has hastened the breakdown in social values with much higher levels of sexual violence and coercion. Most women have continued to lack the power to determine where, when and under what conditions sex takes place.

The increasing disempowerment of young men has also aggravated high levels of 'sex exploits', which bolster flagging self-esteem, social value, and masculinity. Life styles of aggressive sexual behaviour with multiple partners are increasingly common, especially in the cities.

Property grabbing has persisted in most countries. Surviving mothers and orphans have been left destitute, without their family home or land.

EFA TARGETS: A DREAM UNREALISED

Even without AIDS, the EFA targets would not have been attainable. But with a rapidly growing AIDS epidemic, the likelihood of meeting these goals was minimal. Spurred on by increasingly politicised and vocal electorates and target-driven donor agencies, governments became increasingly preoccupied with getting every child into school. While some have been more successful than others, the quality of education everywhere has suffered badly. IMF imposed ceilings on new teacher recruitment have meant that class sizes have increased

still further. In over 20 countries, primary school classes of over a hundred children were the norm by 2010.

It is very expensive to be poor. Education is not a high priority for poor households. In fact, the demand for basic education has declined quite rapidly in over one-half of all African countries. A key reason is the very low and often declining quality of primary schooling and thus learning outcomes. Increasingly, poor parents have seen little point in sending their children to school, especially when they get into adolescence and can start to make a major contribution to household activities, both productive and, in the case of girls, reproductive. Lower transition rates to secondary schools have also lowered demand because good passes in terminal secondary school examinations are vital for securing a 'good job'. The number of these jobs has fallen in relative and, in some cases, absolute terms in most countries. Economic growth has continued to bump along at 2-3 percent per annum, far below the 6-7 percent needed to achieve significant employment growth and poverty reduction.

More generally, increasing immiseration, especially in the burgeoning urban areas, has further lowered household demand for education. Despite all the claims made in glossy donor publications, the mass provision of primary education has had relatively impact on improving agricultural productivity and rural livelihoods in general. The paucity of new learning opportunities in an unchanging traditional, mainly subsistence agriculture has been repeatedly identified by expert commentators as the most critical constraint. Learning outcomes have continued to be very poor, especially at rural schools with the result that most young people are not functionally literate and numerate. The provision of essential complementary services including agriculture extension and micro-finance has remained very patchy. Despite accelerating levels of rural-urban migration, agricultural labour shortages have not become a serious production constraint in most countries.

Post-basic education continues to be the poor relation in the education sector. As a result, the shortages of properly trained high and middle-level personnel have become critical in most countries. The MDG poverty reduction targets have not therefore be achieved. The donor preoccupation with free primary education has lead to much higher levels of cost-recovery at higher education institutions. But, in time, more and more donors, have become increasingly disillusioned with the role of primary education in reducing poverty. By then, however, higher education is in such a mess that donors have not been prepared to make the heavy investments that are needed. Other interventions have become fashionable – particularly physical infrastructure and small enterprise development.

Better-off parents have become increasingly disgruntled with public schools and have moved their children in droves to private schools. Without strong 'middle class' pressure for free EFA of a reasonable quality, governments began to shift resources to other sectors, most notably health and social welfare.

Donors have also become increasingly desperate about the lack of progress in much of the continent. There have been dire warnings about the onset of major donor fatigue and the prospect of plummeting aid flows. But, donors are themselves so deeply implicated in the economic management of the most aid dependent countries, that they are unable to extricate themselves. Political scientists continue to muse about the implications of this kind of 'moral hazard'.

RESPONSE FAILURE AMONG MINISTRIES OF EDUCATION

The AIDS epidemic has disabled the education sector's core functions. But, with a few exceptions, governments and Ministries of Education in particular, have failed to take the decisive steps necessary to protect schools from the ravages of the epidemic. In some countries, the conflicting findings and recommendations of donor-funded HIV/AIDS impact assessments have increasingly confused and sometimes frightened politicians and senior civil servants. Experts insist that, in the face of the AIDS threat, schools must take on a whole new set of responsibilities. Given that this 'transformation' agenda is just not feasible, doing little or nothing has become the preferred option.

Decentralisation has also shifted implementation responsibilities to the district level with the result that Ministry of Education head offices have become even more detached from front-line school-level delivery issues.

Public sector reform has resulted in large-scale retrenchments, but without sizeable improvements in incentives nor the technical and management competencies of senior and middle level education managers at both national and district level. Thus, the overall capacity of Ministries of education to design and implement education policies has declined still further.

Most teaching unions have failed to mobilise around the threat posed by the epidemic to their memberships. The main exception is South Africa, where the main teaching union has been instrumental in pushing through the implementation of a comprehensive AIDS in the Workplace programme. The fragmentation of teacher unions has been a key factor in some countries.

Teachers

By 2025, the epidemic has cut a large swathe across almost two generations of teachers. In the HPCs, more teachers have been dying than have been trained so these school systems have become increasingly reliant on untrained and thus largely ineffective teachers.

Those who argued that teachers were a high-risk group have been proved entirely right. Teachers are heavily concentrated in the 20-39 age range, where HIV prevalence has remained highest. In addition, the sexual behaviour of

teachers has also put them at additional risk. Their growing impoverishment has continued to undermine the expected standards of professional conduct. 'Love relationships' between male and female students have become so commonplace that few serious attempts have been made to discipline such behaviour. Controls over teachers in rural areas are particularly weak. Teachers in rural communities enjoy high levels of status and respect and, for many parents, a teacher is 'a good catch' for a young daughter. Love relationships between young male teachers and female students in their mid-late teens are not therefore seriously frowned upon. In fact, most see it is as normal behaviour. Moreover, it is common knowledge that a good number of senior officials in the Ministry of Education have had these kinds of these relationships in the past.

Teachers in most countries were already deeply demoralised at the end of the 1990s. A group of teachers in Zambia commented that 'thirty years ago, experienced teachers drove to school in their own cars.….Now they cannot even afford bicycles'. At the same time, more and more is expected from teachers. The share of secondary incomes in total incomes from after (and sometimes before) school income earning activities has grown appreciably. The immiseration of teachers has also led to a surge in teacher militancy resulting in prolonged strikes and go-slows.

High levels of AIDS-related sickness and deaths among teachers have further sapped the morale and commitment of teachers in the majority of countries. Teaching loads have increased in most schools because tight budgets have prevented the recruitment of a special cadre of replacement/stand-in teachers.

Governments as well as donors have come under mounting pressure to expand enrolments. Thus, their main focus has been to increase the number of teachers in post, rather than tackle the mounting conditions of service crisis. Sorting out this crisis is simply too costly to contemplate seriously.

The quality of primary education has continued to decline. Increasing cost-recovery in post secondary has made it too expensive for most untrained teachers to become professionally qualified. Class sizes, especially in urban schools, have grown steadily in most countries, and males have increasingly crowded out females in the teaching profession, as employment opportunities have become increasingly scarce in the formal economy. Calls for female teacher quotas have still not been acted upon in most countries, even though it is known that more female teachers would help to achieve gender equality in education much quicker.

Mortality rates have continued to be significantly higher among primary school teachers and male teachers in general (despite higher reported HIV prevalence among women) in the majority of countries. The over-staffing of urban schools is even more pronounced, as it has become increasingly difficult to deploy teachers to schools located in rural areas. Teacher deaths rates have tended to be higher

in urban schools because of higher HIV prevalence in urban areas and also because sick teachers from rural schools have usually transferred to schools in larger towns and cities in order to be near suitable medical support facilities. However, this has been offset to some extent as a result of over-staffing. More cynical observers have suggested that because untrained teachers are so easy to replace, this expendability has reduced the MoE's incentive to protect teachers from the epidemic.

Sadly, the provision of ARVs has not significantly mitigated the expected impact of the epidemic on teachers. There have been numerous problems including affordability, poor compliance, access to medical facilities and, surprisingly, considerable reluctance among most teachers to go for voluntary counseling and testing.

Sick teachers are reluctant to go on long-term sick leave mainly because of concerns about loss of income and pension entitlements. Many continue to work therefore when they are simply too unwell to do so. Governments are loath to change sick leave regulations for fear of being accused of discriminating against people living with AIDS.

HIV prevention programmes among teacher have remained very patchy. A handful of countries have taken HIV prevention among teachers very seriously and have properly staffed activities with good outcomes. For the majority, though, the general view among senior MoE managements has been that 'this is not our responsibility' and most have passed the buck to other organisations. Despite all the talk of public-private partnerships, most civil servants have been very wary about bringing in expertise from outside. A major part of the problem is that public sector pay has remained pathetically inadequate in most countries, and public servants feel resentful of high-paid consultants, especially nationals.

Enrolments

The impact of the epidemic on poor households compounds an already difficult situation. The strong schooling culture has been seriously eroded in the HPCs in Southern Africa and primary school enrolment rates fall to less than 70 percent by 2012. The burden of household labour in directly affected families falls increasingly on older children. Higher HIV prevalence and mortality among younger women further undermines parental incentives to invest in the education of female children.

The challenge of completing basic education of nine years has become insurmountable for much higher proportions of orphans than for children in two-parent families. However, it is increasingly recognised that, even children whose parents are alive, are often being brought up by other relatives and suffer many of the same emotional and material problems as orphans.

The orphan population has reached 45 million by 2025. In the worst affected countries, by 2010, around one-third of children were either one or two-parent orphans. In 2015, as many as two-thirds of orphans were considered to be 'highly vulnerable'. Most of these children had had little or no schooling. Absenteeism, repetition, dropout, and examination pass rates are all much higher among orphans and these performance indicator differentials with other children have increased in most countries. This is particularly the case for female orphans since guardians have had very strong incentives to marry them off as early as possible. On the other hand, male orphans have tended to have more income earning opportunities while at school.

Only a few governments have had the political will, bureaucratic capacity and economic means to make primary education free and compulsory. In practice, therefore, parents and guardians can continued to decide which children in their households should attend school and for how long. Primary school completion rates have remained low in over two-thirds of countries (less than 75 percent) as have transition rates from primary to secondary school.

The costs of post-primary education and training are prohibitively high for most orphans. Governments have been forced to increase levels of cost-recovery as primary education has accounted forever larger shares of total public expenditure on education.

The capacity of communities to care for orphans has been pushed to their limits. Many guardians have themselves succumbed to the epidemic. Many others could not cope. As a consequence, populations of street children have increased fivefold in many cities. Sizeable minorities of vulnerable orphans (up to 15 percent in some countries) have ended up working as commercial sex workers. Others have resorted to criminal activities of various kinds. Cultural aversion to orphans being institutionalised has further frustrated government and NGO efforts to support vulnerable orphans.

Most schools have been too overwhelmed with other mainstream educational problems to be especially concerned about supporting orphans. The majority of primary school pupils in low-income countries are from poor families so it is difficult for teachers to distinguish between orphans and non-orphans. Schools have become very vocal in their opposition to taking on more 'social welfare' responsibilities. Most orphans and their guardians have also been very reluctant to be singled out for special treatment.

Most countries have not be able to afford national school feeding programmes mainly because donors remain unconvinced of their overall value and cost-effectiveness.

HIV prevention

The large majority of children in Africa still never get the chance to attend secondary school, particularly those who live in rural areas. Thus, most have already left school by their early-mid teens when they are most in need of intensive life skills education. Moreover, it is the poorest children who invariably drop out of primary school.

Increasing poverty has further lowered the incentives among young people to avoid HIV infection. Time horizons have shortened. A common saying among youth in Southern Africa is 'no money, no life'. With deepening poverty, the pressures to be sexually active have increased. The pervasiveness of the 'sugar daddy' phenomenon has spread throughout the continent, resulting in higher levels of infection among young women.

There are still no effective school-based HIV prevention programmes in many countries. Despite numerous evaluations that have consistently shown that school-based HIV prevention programmes are ineffective, Ministries of Education have refused to introduce life skills education as a timetabled subject with proper, professionally trained teachers. A major problem is that only a handful of countries have managed to wrest control of schools from faith-based organisations, many of which remain vehemently opposed to sexual and reproductive health education being taught in schools. Only 'moral education' has been acceptable, but this does not tackle underlying social and cultural beliefs that fuel high-risk behaviour. For example, taboos against masturbation persist throughout the continent. Parental resistance to sex education in schools has also remained high in many countries because it is widely believed that sex education encourages rather than prevents or forestalls sexual activity. This has not been helped by the strong moral backlash in many communities that have been the worst affected by the epidemic. The power of the churches, both established and evangelical, has increased with the deepening economic crisis. Decentralisation has also frustrated attempts by Ministries of Education to rein in major stakeholders, including the churches.

Surveys on the knowledge, attitudes and behaviours of youth have continued to be undertaken very infrequently so that it has been difficult to monitor properly trends in sexual behaviour.

The scare tactics of most governments and churches have continued to have serious unintended consequences. The widespread reporting of high infection levels among youth has undermined the resolve of young people to adopt safe sexual practices. 'What's the point', they say 'when we are all dead already'. More generally, young people's sense of optimism about the future has been a very important factor. This was certainly very important in Uganda where HIV prevalence among fell very quickly among young people in the early-mid 1990s. Generally, though, most young Africans are very pessimistic about the future, especially now that it is virtually impossible to find jobs in the North.

The evidence in support of circumcision as an effective means of HIV prevention continues to mount, but governments are not prepared to promote this for fear of disapproval among an increasingly politcised citizenry.

The prospect of the mass provision of ARVs after 2004 seriously undermined the efficacy of HIV prevention programmes in some countries, but then ARVs did not, in the end, have the expected impact on morbidity and mortality.

SCENARIO 3

AFRICA TAKES A STAND:
HOME GROWN SOLUTIONS TO NOVEL PROBLEMS

Political and economic liberalisation during the 1990s had far reaching effects on the overall political economy of the continent that only became apparent much later on. However, a growing number of politicians, intellectuals and social activists become openly critical of the failure of these policies to kick start rapid and sustained economic growth while also significantly reducing poverty. They have argued instead for a 'tightly controlled capitalism' that would curtail the excesses of the unfettered liberalisation and the uninhibited embrace of globalisation promoted so confidently by the IMF and the World Bank. But the capacity of very weak states in Africa to regulate their economies has remained a major stumbling block to the realisation of this new vision.

Another group of intellectuals has increasingly questioned the causal relationships between 'private sector development', on the one hand , and rapid poverty reduction, on the other. There is growing unease that liberalisation has mainly benefited a new 'middle class' in most countries with very little trickle down to the poor. The PRSP process has become the locus of this and other debates. Originally, PRSPs had been very top-down, donor-driven affairs, that mainly focused on international debt relief but, over a relatively short period of time, starting in 2004, this changed very rapidly.

'Repudiating dominance from the North' was another core theme of this new thinking. Somewhat ironically though, South Africa has become the dominant economic force in the continent. Already by 2005, the South African corporate presence in all key growth sectors was increasing rapidly, including agriculture, mining, banking/financial services, retail, hotels and tourism, brewing, telecommunications, transport, consultancy, and education and training services. Chinese entrepreneurs and companies were also beginning to invest quite heavily in these sectors. But, given the problems faced by local Asian businessmen in East Africa, Indian companies have been reluctant to make major investments.

The oil and minerals bonanza in Africa has been spectacular, especially since 2010. But, unlike in the past, the state revenues from these investments have not been misappropriated, but have been ploughed back into the social sectors as well as other productive investments. Increased government accountability based on a rapidly maturing process of democratisation and transparency has been a key factor in the emergence of genuine political pluralism.

African citizens from all walks of life have taken a stand against poor leadership, from the President downwards. Civil society groups, strongly supported by donor agencies and international foundations, have played a key role in nurturing good governance. Politicians have no longer been able to behave like paramount chiefs. Patrimonialism, rent-seeking and other forms of corruption have not been eliminated altogether, but they have become much less dysfunctional than in the past.

Increasing self-confidence among African economic and political elites does not however result in a reversion to the old forms of nationalism that characterised much of the 1960s and 1970s. The call then was for 'African socialism' that was allegedly rooted in the traditional 'communalism' of African society. In practice, this merely provided an ideological smokescreen for politicians and their business cronies to plunder state resources and exploit the peasantry. It is widely recognised that what is needed now is some kind of distinctive 'African capitalism', but it has taken a long time to articulate in any real detail what exactly this is. What is accepted though is that it must be a viable process of pro-poor, capitalist development with high levels of productive investment in key sectors. National entrepreneurial capacity has to be nurtured in a 'enabling environment' (both in terms of institutional development - the rules of the game- and material support). But international investment and foreign entrepreneurs are also essential, given the persistence of acute capital and skills shortages.

Learning from foreigners was a central driving force of the East Asian miracle. Over time, a good number of African leaders learn this lesson with the result that more effective use is made of foreign technical assistance. Some countries also try to emulate the Botswana success story. Strong knowledge partnerships (based on research and training) are forged with institutions in the North- universities, research institutes and think tanks.

Successful democratisation and decentralisation have resulted in less rent-seeking activity (which siphoned off over one-third of public resources in many countries), more efficient and effective service delivery, and has increased the voices of the poor, the business community, and youth. This has enabled some governments to reduce their levels of aid dependence and for others to say 'enough is enough' and not become more aid-dependent (as in Uganda).

A new group of younger, university educated career politicians emerges. Strong men like President Museveni in Uganda, continue to feature in a few countries, but the negative consequences of the limited democratic accountability that this type of leadership necessarily results is increasingly unacceptable.

The AIDS epidemic has tended to exacerbate the 'generational divide' in the HPCs because it has hollowed out the middle of the normal population pyramid. Youth in the continent react in very different ways to the pressures of change and on-going economic crisis. The children of the newly empowered 'middle class' that have been nurtured in order to drive the process of 'private sector

development' are increasingly indistinguishable, both culturally and materially, from affluent youth in the North. But this transnational elite is tiny in most countries. In marked contrast, the mass of urban youth comprise a rapidly growing lumpenproletariat, the 'wretched of the earth', as was so incisively described by Frantz Fanon over 40 years ago.

More generally, countering the worst affects of globalisation has not been easy, especially in low-income, resource poor countries. By 2010, almost every village in Africa has at least one satellite dish. Over one-third of African men watch the UK soccer premiership on a regular basis by 2007.

African governments become concerned that donor funding for HIV/AIDS was beginning to crowd out resource flows to other major diseases, including malaria, diarrhea, and pneumonia.

Comprehensive public sector reform has also been crucially important. At the centre, power has been concentrated in a revamped Ministry of Finance and senior and middle level civil servants are adequately remunerated.

CONFRONTING THE HUMAN DEVELOPMENT CRISIS

The new generation of strong African leaders recognizes the key role of education and training in the developing a distinctive African identity as well as promoting viable, home grown development models. In particular, they are critical of the uncritical adoption of 'Western' education models and the dominant role of international aid donors in shaping education and training policies. African governments were never fully convinced by the simplistic donor arguments that placed so such emphasis on primary education. However, major doubts about this educational strategy began to surface between 2005 and 2008 when it became increasingly clear that a more holistic and balanced approach to the development of the education and training sector was needed.

Culture and education

Calls for much increased emphasis on traditional social and cultural values in both primary and secondary school curricula are increasingly responded to in a growing number of countries from 2005 onwards. National education commissions come up with innovative but practicable proposals for curricula and other reforms that seek to achieve a better balance between 'modern' and 'traditional' values and beliefs. Greater emphasis is also placed on encouraging rural children not to migrate to towns and skills and knowledge for more sustainable livelihoods based on agriculture and other non-farm activities (including agro-processing, and artisan production). Agriculture and entrepreneurship become core subjects in the primary and secondary school curricula and 'education with production' experiments proliferate.

Tertiary education

From 2005 onwards, post-primary education and training also begins to receive much greater attention. A key factor is that politicians, business leaders, and intellectuals become increasingly alarmed by the growing gap in the national human resource capacities between African countries and those in the North. Critics of the 'primary education first' strategy proposed by the doors argue that this policy will consign Africans to being little more than 'hewers of wood and drawers of water', which nationalist leaders back in the 1950s had so actively fought against. African countries must therefore have a critical mass of well-trained personnel who can engage effectively with the global economy.

Rejuvenating universities and other tertiary education institutions is a Herculean challenge, but one that a small group of countries manages to achieve by 2015. Academic salaries are improved significantly and key learning resources (including 24-hour internet access for all lecturers and students) are made available. The impact on academic standards, which had fallen so precipitously during the 1980s and 1990s, has been dramatic, which turn has resulted in much higher standards of service delivery in the public sector (especially in education, health, and rural infrastructure) and has been key in facilitating the emergence of a new generation of young entrepreneurs in key growth sectors, including tourism, mining, and agriculture.

The need for truly national, homegrown development strategies also focuses the attention of all leaders on the development of the national intellectual capacity to formulate and implement these strategies. Resources are channeled into strengthening research capacity in major areas. A key element of this approach has been partnerships with overseas institutions and personnel.

Despite initial donor reluctance, a major in-service training programme, the Poverty Reduction Learning Network, was finally started in 2007 throughout the continent-wide with the objective of improving the competence of professional and support personnel involved in delivery of critical services to the poor.

Vocational education and training

Donor 'policy advice' concerning the limited role of the state in providing vocational education and training is also questioned and, in many countries, increasingly ignored. New leaderships accept that trying to turn schools into training centers for artisan and other occupations is not workable, but they still actively promote the development of enterprise development centers which provide skills training and other inputs (especially credit) to school leavers and other disadvantaged groups. NGOs and other private sector providers are key partners in reformed national training systems, which are both pro-poor, but also provide the essential skills for capitalist development in the key growth sectors. There is a major effort to improve agricultural training in many countries.

In the HPCs, the impact of the epidemic in reducing already very limited numbers of skilled personnel also heightens the importance of strengthening the training of high and middle level occupations.

SCHOOLS AND THE AIDS EPIDEMIC

Both conservative and pragmatic leaders alike are increasingly skeptical about the policy advice of mainly foreign experts concerning the role of the education system in tackling the AIDS epidemic. There is broad acceptance that schools have a crucial role to play, but that there are limits to what can be realistically expected. Thus, the recommendations made by numerous experts in the early 2002 for the radical 'transformation' of schools are rejected in nearly all countries. As one Minister of Education put it 'we have enough trouble imparting basic skills to children. Trying to cater to a whole new set of learning needs as well the provision of extensive emotional and material support to orphans and other affected children is simply not realistic'.

Schools take a stand in preventing HIV

Education continues to be regarded as a key 'social vaccine' against HIV infection. In some countries, politicians and civic leaders have stressed the need to reinforce 'traditional' cultural and religious values. Not surprisingly, this has run into stiff opposition from women's groups mainly because it is precisely these 'traditional' values that have frustrated the empowerment women in the past. Youth groups have also been very wary since traditional values have perpetuated the power and authority of a 'corrupt gerontocracy'. They also point out that, apart from Islam, the links between religious affiliation/belief and HIV prevalence are fairly tenuous. A coalition of 'progressive groups' calls instead for the transformation of heritage and taboos in order to defeat HIV. The promotion of female education and the provision of targeted services, such as micro-finance, that facilitate the economic empowerment of women have been consistently identified as critical components of this transformation process.

In almost all countries, Ministries of Education and other major education stakeholders have become caught up in fierce debates about the role of schools in preventing HIV among young people. Throughout the 1990s, conservative leaders and other influential conservative voices (including many of the faith-based organisations that own and manage many schools in most HPCs) believed that the best policy is for schools to do all they can to stigmatise the epidemic and stick to sexual abstinence as the main message for school-aged children. However, in the face of mounting evidence that the epidemic was not abating (or at least not fast enough) among teenagers, amore pragmatic approaches increasingly gained ground from the early 2000s. This was especially the case in those countries that succeeded in making a successful transition to multi-party democracy and where decentralisation allowed much greater participation of civil

society in education policy debates as well as implementation. At the school-level, the growing spirit of communalism is reflected in much greater involvement of parents and community leaders in discussions and decisions about what sex education is taught in schools.

By 2010, an altogether different approach had replaced the 'scare tactics' of the 1980s and 1990s. Progress was slow, but during the next decade, schools in at least 15 countries did become an effective 'social vaccine' against further HIV prevention. Major donors and international agencies actively promoted the 'integration and infusion' approach to HIV school-based education during the 1990s. In response to the general failure of this approach to change sexual behaviour, pragmatic leaders increasingly have become convinced of the need for life-skills education to be introduced as a core, examinable subject in the primary and secondary curricula with full-time, professionally trained teachers. The curriculum objectives of life skills education address key social and cultural issues and provide students with the knowledge and skills that, inter alia, help them avoid high-risk sexual behaviour. In a number of HPCs, children now receive life skills education from the early primary school grades, well before they become sexually active. Research studies have shown that behaviour modification is that much more difficult once a person has become sexually active.

Teaching methods are based on adult learning principles and are therefore participatory and learner-centred. Serving teachers with the right attitudes and skills have been carefully selected for special in-service training programmes and new pre-service training courses have been introduced at teacher training colleges. A range of exciting and interesting learning materials are available in all schools, including audio and video programmes and a regular newsletter (based on the very successful Soul City magazine first published in South Africa in 1999). In some countries, nation wide schools radio and television programmes are broadcast on a regular basis.

School AIDS Clubs have proved to be quite successful in some countries, especially when these activities had been closely coordinated with other HIV prevention interventions outside of school. Crucially, young people have been provided with accurate and up to date information on HIV prevalence rates, especially for the under-25 age cohorts. The reassurance that most of them are infection free provides a powerful impetus for the adoption of safe sexual behaviours.

Condoms

Pragmatic governments accept that greater condom use among young people has to be at the heart of any effective HIV strategy. Given the strong religious convictions of many leaders, this is not a palatable policy but, as the epidemic continues to grow, there really is no alternative. Starting in 2007, in a few HPCs,

condoms are made available to senior secondary school students free of charge. NGOs take the lead in implementing this policy. Condom distribution in school creates a storm of protest from many of the churches, but governments keep their nerve and persist with the policy, which proves to be very successful.

Questioning of teacher impact projections

As time went on, African leaders and other activists began to increasingly question the accuracy of the projections of the AIDS epidemic on teachers made by UNAIDS and other mainly foreign experts. Both the methodologies and the assumptions that underpin these modeling exercises have been criticized in a number of key respects. With regard to teachers, the models were wrong to assume that all teachers would be affected identically by the epidemic and that HIV infection among teachers was the same as the adult population as a whole.

By 2006, it was clear that the actual impact of the epidemic on the teaching force was much less than had been projected by AIDS impact assessments in the late 1990s and early 2000s. During the decade 2000 to 2009, average AIDS-related mortality rates among teachers in the HPCs averaged 1.5-2.5 percent per annum, which, while a tragic loss of human life, never posed a fundamental threat to overall teacher supply, especially in the majority of countries where total annual teacher attrition was already well over 5 percent. Even in the worst affected country, Botswana each school lost, on average, one teacher every year to AIDS during this period. This meant that instead of each school having to recruit, on average, one new primary teacher every year, as was the case during the 1990s, school management had to find two new teachers. The average for the continent as a whole was that, each year, one school in nine lost a teacher to AIDS between 2000 and 2009.

HIV testing

Mandatory HIV testing for teachers and other key public sector workers is adopted in some countries, even though this is widely criticised by the international community as an abuse of human rights and runs counter to best practice. A few governments do reverse this policy, especially when it becomes apparent that its unintended adverse consequences outweigh the benefits. Mandatory testing did not create a supportive environment for the de-stigmatisation of AIDS and most teachers living with AIDS saw little point in openly disclosing their status.