

HIV and AIDS Education in Emergencies

Advocacy Briefing Note

Advocacy Briefing Notes have been developed by the UNAIDS Inter-Agency Task Team (IATT) on Education aim to assist education professionals to advocate for issues related to education sector responses to HIV.

The first four in the series (2008) address:

- Girls' Education and HIV Prevention
- HIV and AIDS Education in Emergencies
- Mainstreaming HIV in Education
- Teachers Living with HIV

About the UNAIDS IATT on Education

The UNAIDS IATT on Education was created in 2002 to support accelerated and improved education sector responses to HIV and AIDS.

It is convened by UNESCO and includes as members UNAIDS Cosponsors, bilateral agencies, private donors, and civil society partners.

It has as specific objectives to promote and support good practices in the education sector in relation to HIV and AIDS and to encourage alignment and harmonisation within and across agencies to support global and country-level actions.

For more information on the IATT on Education: <http://www.unesco.org/aids/iatt>

Introduction

The relationship between HIV and AIDS and humanitarian crisis is complex: conflict increases vulnerability, especially among women and children, as sexual violence increases (e.g. through the use of rape as a weapon of war), and social networks and institutions that usually provide support and regulate behaviour break down.ⁱ At the same time, there is evidence that in some situations, instability can also play a “protective” role vis-à-vis HIV infection, by limiting population mobility to high prevalence areas (often urban) and isolating communities.ⁱⁱ

In the aftermath of a conflict, vulnerability persists and is compounded by heightened exposure to HIV, as “protective” elements – including isolation and restricted movement – are removed due to new economic activity, the rebuilding of infrastructure and the return of refugees and combatants. The potential for rapid progression of the infection post-conflict due to the combination of high vulnerability and increased exposure opportunities argues for the need for a pro-active and deliberate approach to tackling HIV in post-conflict settings.

Current Situation

In 2005, more than 44 million people, primarily in low-income countries, were forcibly displaced by conflict, violence, crisis or persecution due to race, religion, nationality, political opinion or membership of a particular social group.ⁱⁱⁱ

Globally, a significant proportion (between 8% and 10%) of people living with HIV and AIDS are affected by conflict, humanitarian crisis and/or displacement. Children living with HIV and AIDS, and those orphaned as a result, are similarly affected (12%-17%, and 11%-15% respectively).^{iv}

A number of conditions may increase vulnerability during conflict and post-conflict situations, including:

- An increase in rape and sexual violence, including the use of rape as a weapon of war by fighting forces against civilians. This is most often exacerbated by impunity for crimes of sexual violence and exploitation.
- Severe impoverishment that often leaves women and girls with few alternatives but to exchange sex for survival.
- Mass displacement that leads to the break up of families and relocation into crowded refugee and internally displaced camps where security is rarely guaranteed.
- Broken down school, health and communication systems usually used to programme against HIV transmission.
- Limited access to condoms and treatment for sexually transmitted infections.

Heightened exposure in post-conflict settings is also believed to contribute to the spread of HIV, e.g. in Mozambique, where HIV prevalence went from less than 1% at the end of the civil war to more than 11% currently. The following conditions led to this heightened exposure:^v

- Removal of barriers to mobility
- Marked increase in cross-border trade and economic activity
- Deep poverty, low levels of literacy and rural-urban movements.

In conflict and post-conflict situations, HIV and AIDS and education often have to compete with other humanitarian priorities, including those focused on immediate survival and/or reconstruction.

Advocating for Change

HIV and AIDS education has an important role to play in preventing the rapid spread of HIV in post-conflict settings, which can undermine efforts to rebuild. Specifically, advocacy efforts can help to:

- Ensure that post-conflict funding prioritises HIV and AIDS education as a key mechanism for tackling the risk of a rapidly expanding epidemic. Any new funding should be integrated into and coherent with existing planning instruments, strategic frameworks and budgets and aligned with the overall national response to HIV and AIDS.
- Coordinate HIV and AIDS education with other educational initiatives at the country, sub-national and organizational levels in order to avoid duplication of efforts and to maximise the effective use of human, financial and material resources.^{vi}



- Ensure that HIV and AIDS education is comprehensive. It should be based on a curriculum designed for and adapted to the needs of the child, and, in addition to prevention, it should include aspects of care and treatment to address families and children who may be infected or coping with sick and dying relatives. Where possible, it should support links to services that address the psychosocial needs that children face during conflict and which can be exacerbated by HIV and AIDS.
- Take steps to strengthen the education ministry's capacity for skills-based education for HIV prevention and related issues.
- Train teachers in HIV and AIDS education and ensure they are equipped with adequate resources such as teaching kits, aids or other materials.
- Meaningfully involve communities in programme development, implementation, monitoring and evaluation and the development of tools for delivering HIV education.
- Ensure that returning refugee populations who were educated in camps are used as key resources for HIV education activities, including as peer educators.

Key Questions

1. What HIV and AIDS education programmes already exist for conflict-affected populations? What has been the experience of these programmes, including outcomes to date and who is funding them? How are they integrated into the overall national response to HIV and AIDS?
2. How are programmes being delivered? Is it via formal or informal education e.g. talks, posters, videos, drama presentations, leaflets, television shows or other media broadcasts? If it is via formal education, are programmes integrated across the core curriculum and/or within school health education?
3. What percentage of post-conflict funding is designated for HIV and AIDS education and how is this funding being used? Is this funding linked to and coherent with existing planning instruments, and aligned with strategic frameworks and budgets?
4. Are external donors interested in supporting the strengthening of ministries and other education stakeholders' capacities to benefit from international experience of HIV and AIDS education in emergency settings?
5. Is HIV and AIDS education being integrated into services for returning and/or decommissioned combatants and refugees?
6. What services are currently being provided in the post-conflict setting and what gaps exist? Is there coordination of activities and if so, how can it be improved? Are there good examples of coordination that can be used as models?
7. What are the factors driving the AIDS epidemic in post-conflict countries?
8. What are the special considerations that must be taken into account in designing HIV and AIDS programmes in post-conflict countries and conflict-affected populations that are confronted with problems such as demobilisation of ex-combatants, child-headed households and single-caregiver families mostly headed by women?

Looking Forward

In order to more fully understand the complex factors that impact on the epidemiology of HIV and AIDS in post-conflict situations, more and better data need to be compiled. Answers to the questions above are a first step towards this end, as they lend to site-specific analysis. To date, information on the link between the spread of HIV and conditions in post-conflict countries has been limited and largely qualitative. More rigorous research that answers some of the questions laid out above will help to better advocate for prioritisation of HIV and AIDS education financing and would help improve the effectiveness of both national and grassroots HIV and AIDS education by more accurately identifying key intervention areas.

Overview of IATT Activity

- UNESCO. 2007. *EDUCAIDS Briefs for Decision Makers: HIV and AIDS Education for Refugees and Internally Displaced Persons*. Paris: UNESCO.
- UNESCO and UNHCR. 2006. *Educational Responses to HIV and AIDS for Refugees and Internally Displaced Persons: Discussion paper for decision-makers*. Paris: UNESCO.
- Session on "HIV, AIDS and Education in Emergency, Conflict, Post-Conflict, and Fragile States" in IATT Symposium, 14 May, 2007, Washington, DC, hosted by the Academy for Educational Development (AED), Education Development Center (EDC) and American Institutes for Research.
- Section 2 in Academy for Educational Development (AED). *Tailoring the Education Message: Symposium Report*. Washington, DC: AED.
- UNHCR. 2004. *Refugees, HIV and AIDS: Fighting HIV and AIDS together with Refugees. Report on UNHCR HIV and AIDS Policies and Programmes for 2005*. Geneva: UNHCR.

ⁱ UNESCO and UNHCR. 2007. *Educational Responses to HIV and AIDS for Refugees and Internally Displaced Persons: Discussion paper for decision-makers*. Paris: UNESCO.

ⁱⁱ UNICEF and UNHCR. 2006. *HIV/AIDS, Conflict and Displacement: Conference Report on the XVI International AIDS Conference Affiliated Event*. Toronto, Canada.

ⁱⁱⁱ U.S. Committee for Refugees. 2006. *World Refugee Survey 2006*. Washington, DC: U.S. Committee for Refugees. This includes: 12 million refugees and asylum seekers, 1.04 million new refugees, 7.89 refugees in camps for 5 years or more; 21 million internally displaced persons and 2.1 million new internally displaced persons.

^{iv} UNICEF and UNHCR. 2006. *HIV/AIDS, Conflict and Displacement: Conference Report on the XVI International AIDS Conference Affiliated Event*. Toronto, Canada.

^v Keough, L. and Marshall, K. 2006. *Mozambique's Battle against HIV/AIDS and the DREAM Project*. Washington, DC: World Bank Global HIV/AIDS Program.

^{vi} UNESCO and UNHCR. 2007. *Educational Responses to HIV and AIDS for Refugees and Internally Displaced Persons: Discussion paper for decision-makers*. Paris: UNESCO.