SECTORAL ACTIVITIES PROGRAMME

SECTOR Notes

Response of the education sector in the Commonwealth Caribbean to the HIV/AIDS epidemic: A preliminary overview

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Foreword and Acknowledgements

The present paper is the first in a new series of research and briefing notes on topical issues in various sectoral activities covered by the Sectoral Activities Programme of the ILO. The intention of this note is to provide information on the education sector response to HIV/AIDS in the Caribbean, with particular reference to the concerns of the ILO for efforts to develop and apply workplace policies on HIV/AIDS in schools, training institutions and universities.

The paper has been written by Michael Morrissey, until 1997 senior education faculty member at the University of the West Indies (UWI), and since 2001 Honorary Consultant to the Vice Chancellor of UWI on special initiatives, with particular reference to the university's response to the region's HIV/AIDS epidemic. Mr. Morrissey is also senior consultant on HIV/AIDS to the UNESCO Office for the Caribbean, Kingston, Jamaica. During the period 2001-2004, the author made specific contributions to the efforts of UNICEF, the Caribbean Publishing Network (CAPNET) and ILO in this field. He has also consulted with a range of other international and regional organisations in the Caribbean, Africa and Asia on the HIV/AIDS epidemic and its impact on education.

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Background

The states and territories considered part of the Commonwealth in the Caribbean (hereafter Commonwealth Caribbean) comprise 15 small island developing states (ten are independent and five are British Overseas Territories) and two independent countries on the mainland of South and Central America respectively: Guyana and Belize. All but four of the British territories are member of the Caribbean Community (CARICOM), but this community also includes two non-Commonwealth members, Suriname and Haiti. The level of the HIV/AIDS epidemic is at a critical stage, rising unarrested and becoming generalised, losing former social and geographical concentrations¹.

This overview provides a situation analysis of the general response of the education sector in the Commonwealth Caribbean to the HIV/AIDS epidemic as of early 2005, with particular reference to HIV/AIDS education in the workplace. There has been no systematic country-by-country survey of this subject, although the ILO has undertaken mapping exercises of responses to the epidemic in some countries, which include references to the education sector².

This overview has therefore been based on: (i) fact finding undertaken in 2003³ by a team engaged by the UNESCO Office for the Caribbean & the Inter-American Development Bank (IDB); (ii) responses of four Commonwealth Caribbean countries in the *Global Readiness Survey* of the Education Sector to the HIV/AIDS epidemic conducted in 2004 by UNESCO's International Institute for Educational Planning (IIEP) for the Inter-Agency Task Team (IATT) on HIV/AIDS & Education (note 3)⁴; and (iii), most importantly, since 2001, the author's⁵ expert consultancy work in this field.

In broad terms, the education sector in the Commonwealth Caribbean had until recently been unresponsive to the growing and generalised epidemic. This was the conclusion of the author after region-wide discussions in 2002 and was confirmed in the situation analysis conducted in 2003 by the team of UNESCO/IDB consultants engaged to design a technical cooperation project to build education capacity in this field⁶.

Although it is 'early days', it would seem, however, that as a result of advocacy efforts focussed on this sector by UNESCO, UNICEF, the Pan-American Health Organisation (PAHO), and other UN partners, there has been a perceptible change in the 'Education & HIV/AIDS' landscape of some of the CARICOM counties in the last two years - notably in Barbados and Jamaica - although even in these two countries, it must be emphasised, the shift is at the embryonic stage and little has yet changed at the classroom level.

The next sections will review the development of the education sector response, from Health and Family Life Education (HFLE) and Non-governmental organisation (NGO) interventions that began more than a decade ago, through current efforts at engaging the sector systemically and plans for the near future to build sector capacity. Focus will be given to the extent that workplace training has been included

in these initiatives, the interest of the ILO as one of the UNAIDS co-sponsors and the underlying focus of this report⁷.

The HFLE approach

Prior to 2002, the response of the education sector was limited to a curriculum reform that embedded HIV/AIDS prevention as a small element within health promotion. For over two decades from 1983, a small band of enthusiasts, supported particularly by PAHO/WHO and UNICEF worked with the CARICOM Secretariat and selected Caribbean countries in development of a regional curriculum, HFLE, targeted to lower secondary grades (grades 7 to 9). Within this initiative, sexuality education and HIV/AIDS prevention constituted a small element.

Efforts focussed on achieving an outline of curriculum and content, a regional commitment at the political level through endorsement by CARICOM Ministers of Education & Health, and piloting elements of the new curriculum in a smattering of schools, in a few of the countries. The philosophical background and impetus for this movement is outlined by Cheryl Vince Whitman of the Education Development Centre Inc. (EDC), in an article that appeared in a special issue of *Caribbean Quarterly* dedicated to 'HIV/AIDS & Education in the Caribbean' in 2004⁸.

After a decade of HFLE efforts, however, there was little to show for this initiative at the school level, as agreements in principle had not been translated into action at sector management or classroom levels. Teachers' Colleges across the region had not changed their training curriculum to reflect the need for HFLE. Commercial publishers of learning materials - the litmus test of school demand - had not published any instructional materials for HFLE or HIV/AIDS. As HFLE had not become a reality by the early 2000s - and this was the only mechanism on the table for HIV/AIDS prevention education in the formal curriculum - it was clear that the response of the formal education system in response to the epidemic was negligible. Moreover, even in the few schools where HFLE had been piloted, the average classroom teacher would not have had skill nor desire (bearing in mind the silence and the universal stigma related to HIV/AIDS in the region) to effectively meet any HIV/AIDS objectives.

In 2002, however, there was a renewal of commitment to HFLE on the part of the CARICOM Secretariat and a renewal of UNICEF support in several of its offices in the region (Barbados/Organisation of East Caribbean States - OECS, Jamaica, Guyana). The new energy resulted in a renewed political commitment in 2003 by the regional CARICOM Council for Human & Social Development (COHSOD) and development of a new curriculum framework and prototype lessons for four HFLE themes, one of which was HIV/AIDS. The Education Development Centre (EDC) was engaged by CARICOM and UNICEF to support this development and to follow up through piloting work between 2005-2008 in four Caribbean countries, Barbados, Grenada, St. Lucia and Antigua & Barbuda. The four-theme detailed curriculum was completed in early 2005⁹ and classroom activity to evaluate is about to commence. A parallel effort has been led by responsible officers in the Ministries of Education of Jamaica, Trinidad and Tobago and Guyana, but implementation everywhere is stymied by the lack of teacher readiness or preparation, and the absence of HFLE in the core (and examinable) curriculum of schools.

There has been some recent movement forward in teacher preparation for HFLE. For several years, the Reproductive Health Unit of UWI's School of Continuing Studies has been engaged in professional development in HFLE with teachers across the region, but in small numbers in each country -work led by Dr. Phyllis McPherson-Russell, a guiding light in the HFLE initiative from its inception. Then from 2003, all teacher trainees in the UWI School of Education on the St Augustine campus (Trinidad) have been required to complete an HFLE module as an element of teacher preparation. UNICEF and EDC supported the UWI Cave Hill Campus (Barbados) to deliver a course in HFLE in the summer of 2004 in which 35 teachers were trained as potential leaders in this subject. In 2005, the UWI Institute of Education on the Mona Campus (Jamaica) began a process of developing an HFLE curriculum and instructional materials for Jamaican teachers' colleges, with the support of the UWI HIV/AIDS Response Programme (HARP), an initiative funded by the European Union (EU).

This recent activity gives hope that HFLE may one day be embedded in the curriculum of Caribbean schools, and that HIV/AIDS prevention will form part of it. However, what is being done relates largely to the three years of lower secondary education, in a region where a significant proportion of the population is sexually active in the upper primary age cohort, and discussion on inclusion of HIV/AIDS prevention at this level has hardly been initiated. The same holds true for upper secondary education (where the curriculum focus is on the 16+ examinations) and in teacher education institutions and universities - direct HIV prevention training is the exception rather than the norm.

In the case of UWI, a regional institution that is accountable to fifteen Caribbean governments, an effort has been made to renew the curriculum between 2002-2005 with European Union assistance referred to above under SIRHASC (Strengthening Institutional Response to HIV/AIDS and other Sexually Transmitted Diseases in the Caribbean) and a blueprint of what could be done was outlined in 2002¹⁰. While much was accomplished¹¹, the university has not succeeded in developing a mechanism to ensure AIDS-competence among all of its staff and students (one of the key recommendations of the blueprint referred to above).

In essence, at the beginning of 2005 in a region reportedly second in the world in its level of HIV prevalence and in a region generally with no downturn in prevalence trends, generations of students are passing through its primary, secondary, tertiary and teacher education institutions with no preparation through the formal curriculum of the institutions for the world of sexuality and the prevention of HIV infection. In the classroom, the stigma that has surrounded this epidemic from its inception in the region in 1981 continues to be a barrier to prevention education. The ensuing silence by teachers generally continues to fuel stigma, discrimination and ignorance, as the author's discussions with Ministry of Education and other education sector actors in recent years tends to confirm.

In relation to this paper's main subject, HFLE and other curriculum initiatives, such as UWI's programming adjustments supported through SIRHASC, have increased readiness and sensitivity, but have not resulted in wholesale preparation of teachers & lecturers in the education workplace.

A decade of NGO & FBO intervention

In the absence of a response through the formal curriculum, donors and UN agencies have supported interventions by NGOs through the formal education sector, as well as through non-formal channels, targeted at young adolescents. The United States Agency for International Development (USAID), for example, channelled considerable resources through contractors, such as Family Health International (FHI), to a Jamaican performing ensemble, *Ashe*, that has delivered HIV/AIDS prevention messages to young people in the school setting, and trained selected teachers and peer counsellors in "edutainment" methodology. Between 1996 and 2004, Ashe worked with schools in ten Caribbean countries and published methodology manuals. However, such efforts are dependent on evolving donor philosophies and funding allocations, and - in spite of positive evaluations 12 - *Ashe*'s contract was not renewed in 2005 when USAID undertook a review of its Caribbean strategy.

As well as secular bodies, faith-based organisations (FBOs) have been active selectively. USAID, UNICEF, and - most recently - the Ministry of Education of Trinidad & Tobago, have channelled funding through faith-based NGOs to deliver HIV prevention education, but messages are often related to the beliefs of the faith in question. FBOs, such as the *Seventh Day Adventists*, have worked within their denominational schools, but again, prevention messages are couched in the belief system of the religion rather than based on public health principles. Generally in the region, teachers are church, mosque or temple-goers, and their HIV/AIDS knowledge may be more related to what is preached than to scientific knowledge.

In addition to the sustainability of such interventions, issues of content and quality of NGO and FBO-delivered training have frequently surfaced. For example, the Ministry of Education, Jamaica, withdrew all *Ashe* materials from its schools in 2000 and required changes to the portrayal of sexuality (particularly homosexuality). The messages of FBO-related organisations, such as the "Governor's Program on Abstinence Louisiana, USA", that has been communicating fundamentalist messages in Trinidad & Tobago since 2004 in a programme funded by the Government¹³, may be contrary to the policy advocated by a country's national AIDS committee.

In general, ministries of education (MOEs) do not have clarity of policy nor the capacity to monitor NGO and FBO HIV prevention efforts through the formal sector, and by so permitting them under such circumstances, are often in derogation of their responsibilities under national education acts - and therefore liable in the event of public concern or complaint.

In any event, NGO and FBO coverage is not only unmonitored, but also patchy, intermittent and unevaluated in any objective sense. To address these issues, one of the components of a CARICOM/Inter-American Development Bank (IDB) /UNESCO technical cooperation project that will begin in mid-2005¹⁴ will be to work with one pilot MOE which has significant NGO/FBO involvement in HIV/AIDS in its sector to develop procedures to ensure effective management, quality assurance and efficient utilisation of resources. The project anticipates disseminating the approach developed, if successful, to other Caribbean countries.

Clearly the HFLE effort and NGO/FBO effort have been curriculum and prevention-oriented, and could not, even incidentally, be viewed as contributing to comprehensive workplace education. At best, these efforts may have sensitised school settings where they have been active. It was not until 2002, that effort began to develop an approach to a comprehensive sector response, inclusive of workplace education.

Toward a comprehensive sector response

In 2002, the UNESCO Office for the Caribbean undertook an informal assessment of the role of the education sector *vis a vis* the HIV/AIDS epidemic across the region in the context of its own mandate to support Governments to achieve *Education for All* (EFA) commitments and education-related *Millennium Development Goals* (MDGs).

It appeared indisputable that the sector had - in general terms - not responded whatever to the HIV/AIDS epidemic, with the exception of timid advances on the HFLE front, and enabling entry of NGO players as summarised above. In the region of the world with the highest HIV prevalence outside sub-Saharan Africa, UNESCO viewed this situation as untenable as it threatened EFA advances and MDG achievement. In this context, UNESCO sought the mandate of Caribbean Ministers of Education who jointly subscribed to the Havana Commitment of 2002¹⁵.

UNESCO has also developed a medium-term education strategy for the Caribbean (2002-07) that emphasized support to the education sector's HIV/AIDS response as a priority¹⁶, and subsequently elaborated a detailed Education & HIV/AIDS strategy for 2004-05¹⁷. Resolve followed strategy, and the work of UNESCO in the Caribbean on this front was viewed as a model for other UNESCO field offices by a 2004 independent evaluation of UNESCO's response to HIV/AIDS globally¹⁸.

In developing and implementing its strategy, UNESCO has collaborated with other UNAIDS cosponsors active in the education sector in the region, particularly with UNICEF, WHO/PAHO, UNDP, the World Bank and beginning in 2004, with ILO. A record of the evolving contribution of UNESCO, other UNAIDS cosponsors and non-UN partners has been recorded in the eight quarterly reports electronically distributed to date throughout the region under the banner *Education & HIV/AIDS*¹⁹.

UNESCO's approach has been: (i) to foster a comprehensive response by the sector, balancing prevention and mitigation roles, and comprehensive in scope (from early childhood to university, formal and non-formal); (ii) to reach the ministries of education of all 20 countries that its Caribbean office serves; and (iii) to find the resources necessary to accomplish this through partnership-building and fund-raising.

What has been accomplished at the country level as a result of this new level of effort since 2002? In the absence of a formal Caribbean evaluation, the following indicators provide evidence of a quantum leap forward in the education sector perspective and response over the three years:

- o Political commitment through signature by all Ministers of Education of the *Havana Commitment* in 2002
- O Positive reaction region-wide to, and acceptance of, the justification and framework for a comprehensive sector response first published by UNESCO in 2003 under the title *Education & HIV/AIDS in the Caribbean*²⁰, evidenced, *interalia* by independent book reviews in newspapers in Jamaica and Trinidad and Tobago, congratulatory messages from regional specialists and highly positive comments of the co-directors of the Mobile Task Team of southern Africa
- o Inclusion of HIV/AIDS as an element of the 2003-04 strategy of the Caribbean Publishing Network (CAPNET)²¹ and sensitisation of CAPNET membership on the need for a publishing response to HIV/AIDS in the annual conference in 2003²².
- Publication of the first (and still the only) Caribbean instructional textbook focussed on HIV/AIDS prevention and mitigation²³.
- O Cabinet approval in Jamaica in 2004 for an education sector *Schools' HIV/AIDS Policy* that guides school boards, school principals, teachers and parents in a rights-based & prevention-oriented national policy²⁴. This is the first such sector policy in the Commonwealth Caribbean, and provides a climate for workplace education.
- O Publication of a manual in 2004 by the teachers' union in Trinidad & Tobago, but this has not to date received Government endorsement and distribution, and therefore its impact is uncertain²⁵.
- O Active and frank self evaluation by four Ministries of Education in the Commonwealth Caribbean that participated in a global survey of education sector "readiness" to respond to the epidemic in 2004²⁶, two of which claimed to be advanced in workplace HIV/AIDS programmes and their implementation, and two indicating a lack of action.
- Establishment in 2004 by the Ministry of Education in Jamaica of a prototype dedicated HIV/AIDS Response Team, integrated into the ministry's six region administrative structure, to disseminate its HIV/AIDS & Schools policy, provide workplace training and promote the curriculum response. A preliminary evaluation of the team's initial impact was undertaken in early 2005²⁷.
- Mobilisation of the teacher training system in Jamaica by the Institute of Education, UWI, in 2004 to commence formulation of a comprehensive institutional response.
- School-level assessment in 2004-05 of the effectiveness of sub-Saharan Africa HIV/AIDS instructional materials in formal and non-formal situations in Guyana and Jamaica, to begin addressing the absence of learning support tools in this sphere²⁸.

o Holding of an international conference and training for Caribbean educational publishers on publishing for HIV/AIDS²⁹.

There is much more to be done, and UNESCO launched in February 2005 an *Advocacy & Leadership Campaign* that will design a strategy for delivery to all Caribbean ministries of education to ensure: (i) that each one recognises the role it must play in a national multi-sectoral strategy; (ii) create in the sector the demand for capacity building in this new field for key leaders and officials; and (iii) to create in the education sector the demand (currently weak to non-existent) for central resources (such as those provided by the World Bank and the Global Fund). This campaign will include advocacy of workplace training in the sector. It is expected that by the end of 2005, six countries will have benefited from this campaign, with remaining countries reached in 2006³⁰.

In respect of workplace training in the education sector, action has been limited to the effort of Educational International's Caribbean regional organisation in 2004-05 to sensitise key union members across the region to the need for such training. Quite separately, in Jamaica, with World Bank support, there was some training in the sector in 2004, but this was limited to a handful of headquarters staff; more recently an interest has been expressed on the part of the World Bank to discuss its involvement in future regional activities. Across the Caribbean region, it would not be an exaggeration to say that workplace training is yet to begin.

Of potential importance in this respect is the inclusion of five Caribbean countries (Barbados, Belize, Jamaica, Trinidad & Tobago and Guyana) in an initiative launched in 2003 (Belize and Guyana) and 2004 (other countries) by the ILO with United States Department of Labor (USDOL) support for workplace training in selected sectors, to be determined at the national level. Sectors have not been preselected and selection will be on a needs/demand basis. It is anticipated that the UNESCO-funded *Leadership & Advocacy* project will prioritise ILO/USDOL countries in its first wave of targets so that education sector leaders will be sensitised to the urgency of workplace training in their own sector and will, as a result, make a strong case for ILO/USDOL support in education. Through such efforts, it is hoped that education managers will come to recognise the role of workplace training as one element of a broad education sector response.

Capacity building for education sector managers

While advocacy will increase the resolve and influence policy, the reality is that capacity in the Caribbean education sector to respond to HIV/AIDS is undeveloped. To address this, there is a plan in 2005 to support professional development in this field during 2005 in a comprehensive, integrated and sustained way, beginning with in-depth training of selected key MOE officials. Based on results of a mission to the region by the co-directors of the South Africa-based *Mobile Task Team* (MTT) on HIV/AIDS & Education in late 2004 and their consultations with Ministries of Education across the region, UWI and UNAIDS co-sponsors³¹, programmes developed for sub-Saharan MOEs would be adapted to Caribbean epidemiological and cultural settings and mobilise experienced university professors to deliver such training. This innovative programme will, among many skills, enable

MOEs to plan and implement workplace training suitable to their conditions, giving priority to national epidemiological "hot spots". Through both the advocacy and capacity building initiatives, an MOE environment conducive to successful workplace programmes would be sought with UNESCO and ILO support.

In preparation for this undertaking, UNESCO has made plans to provide professional development for selected university professors and other senior resource persons in a range of disciplines to orient them to the need for and requirements in capacity building for education sector personnel. The concept of workplace training will form a part of this professional development exercise and prepare experts to be able to deliver technical assistance to MOEs in this and other areas. The Organisation of American States has agreed to support UWI & UNESCO in the preparation of the necessary team of professional trainers.

To provide sustained leadership to such activities and the need for research, UWI has established a *UNESCO/Commonwealth Chair in Education & HIV/AIDS* that will report to the Vice Chancellor, and it is expected that the first professor will take up the Chair (the first globally) in mid-2005³². The Chair will have a broad mandate for the response of the sector, through leadership in research, professionalizing the area and capacity building for MOE officials, including workplace training.

A new UNAIDS thrust of 2005 is the agreement of co-sponsors to launch the UNESCO-led *Global Initiative on HIV/AIDS & Education*. This initiative aims to accelerate a comprehensive education sector response in all critically affected countries, beginning with a first wave of pilot countries in 2005. The initiative has the support of all ten UNAIDS co-sponsors, including ILO, and includes promotion and execution of workplace training in the education sector with the concept. It is anticipated that one Caribbean country will be included in the first wave of six countries. The initiative will provide resources for rapidly developing a model MOE response in the Caribbean for replication elsewhere in the region. The initiative will formalise the contributions of several UNAIDS cosponsors at the country level as well as attempt to integrate efforts of civil society organisations and donors in a sector response³³.

The ILO also launched in 2004 an initiative to draft a model education workplace policy based on the *ILO Code of practice on HIV/AIDS and the world of work*, accompanying guidelines on applying such a policy and suitable training materials for use by education authorities, public and private, teachers' unions and other stakeholders in the region.³⁴

In the Caribbean, the establishment of national coordination bodies on HIV/AIDS is well advanced, as is the development of national HIV/AIDS strategies. This is mirrored on the regional level by a CARICOM regional strategy, an association of national HIV/AIDS coordination authorities (CCNAPC) and a regional alliance of national Persons Living with HIV and AIDS (PLHA) networks - the Caribbean Regional Network of Persons Living with HIV and AIDS (CRN+).

However, due to the lack of recognition of the education sector as a key player - both of itself and by other sectors - until very recent years, regional and national

plans, and the authorities that implement them, grossly under-reflect education sector professionals. With the efforts underway as noted above, the goal is for this situation to be corrected by 2006, as national education sectors better understand the role to be played and the urgency of playing it. The development of a Caribbean model under the Global Initiative will, it is hoped, create a methodology that can be rapidly replicated across the region.

The same applies to teachers' unions and principals' associations, which have been slow respectively to recognise the implications of the epidemic for union membership and for school leadership and management. While there have been some sensitisation workshops at regional level organised by the Caribbean regional organisation of the largest international federation of teachers' organisations, Education International (EI), an EI/WHO/EDC/ training programme on HIV prevention begun in Guyana, and some sensitisation of school principals at selected national and regional meetings, these interventions have merely scratched the surface. As of early 2005, there was virtually no sustained pressure from unions for workplace training in Caribbean countries and no pressure for HIV/AIDS policy & management training from associations of school managers. There is considerable scope therefore, for initiatives such as those highlighted above by UNESCO, ILO, UNAIDS, EI and WHO to increase advocacy and build capacity for workplace and management efforts to deal with the epidemic.

Beacons of evolving good practice

This preliminary report attempts to broadly portray the situation across the Caribbean region in terms of a comprehensive response by Education to the epidemic, with particular reference to the extent to which HIV/AIDS workplace training has been implemented. In respect of this particular focus - development of comprehensive workplace policies and the training of every education official and teacher in an education system to be HIV/AIDS competent and non-discriminatory - the picture is bleak: to the author's knowledge, this has not been accomplished, nor has it been planned for, in any Caribbean country.

Nor has much been accomplished towards this end in the major regional university, the University of the West Indies, in spite of a grant of US\$2.5 million to strengthen its institutional capacity in this field. The project will terminate in mid-2005, yet comprehensive workplace training has not been established, nor a workplace-wide approach piloted. This institution of 50,000 staff spread across 15 countries of the region remains largely in denial that the epidemic is within its walls. An external review of UWI's response will be undertaken in early 2005 as part of a UNESCO global study of twelve universities across the world³⁵.

Nevertheless, the education sector is wakening to the challenges and in several countries there are instances of evolving practices that will facilitate the development of more comprehensive responses and workplace training policies. Three examples will illustrate.

First, the Jamaica team of health promotion officers integrated into MOE's six -region structure, with two dedicated officers in each region, presents a vehicle for

nationwide workplace training and monitoring. The HIV/AIDS response team was initially dedicated to building capacity of the regional office in the Ministry's Schools Policy on HIV/AIDS, disseminating the policy through training, and monitoring its implementation. The team is funded by a mix of Government and donor resources (financing from UNICEF, UNESCO, World Bank, Japan International Cooperation Agency (JICA) and the Global Fund) that promise to sustain it. The preliminary evaluation of the HIV/AIDS Response Team's effectiveness, referred to earlier, is positive in its conclusion. The team presents a readymade framework for national workplace training, alongside the teachers' union, head teachers' associations and other players.

In Barbados, the Chief Education Officer was trained as an HIV/AIDS Leader under a regional UNDP-organised programme in 2003, and this resulted in her involvement in the training-of-trainers and a plan for sensitising all teachers at primary and secondary levels beginning in late 2003. About 63% of primary teachers and 44% of secondary teachers have been sensitised to date. Additional activities planned for the 2004-05 school year include the training of teachers in behaviour modification strategies. The Ministry of Education also plans to work in partnership with the Ministry of Labour and Social Security during 2004-05 to conduct training for staff in managing HIV/AIDS in the workplace, which will include the distribution of first aid kits, and the inclusion of such issues as the female condom and sexual rights in the workplace. In addition, the Barbados Community College, an institution that feeds a large portion of its students directly into the labour force has plans for staff orientation sessions to sensitise the staff on a volunteer basis on the impact of HIV/AIDS in the community, including a discussion of workers rights.³⁶ The efforts in Barbados, as a result, are likely to present a welcoming environment for the more intensive workplace effort that has to follow the initial sensitisation.

The Commonwealth of the Bahamas was subject to a higher level of prevalence than other Caribbean countries a decade ago, and its Ministry of Education acted more decisively from the mid-1990s to utilise NGO services in all secondary schools in a prevention campaign. Statistics suggest a declining prevalence in this country over the past few years, but there is no evidence to suggest a link between the two. In the Bahamas, as in most other Caribbean countries, the levels of stigma, denial and discrimination are severe, and a concerted effort will be needed to change the situation, a change essential if the epidemic is to be contained. It is likely the Bahamian Government will welcome accelerated workplace training in view of its national readiness.

Concluding remarks

In education, and particularly in values education, it is widely held that teachers cannot communicate skills, foster attitudes nor nourish values unless they have and hold these themselves³⁷. This premise is critical to the role of schools in prevention and in the inclusion of those infected and affected in education (both a receivers and deliverers).

HIV/AIDS workplace training universally delivered is therefore critical, if teachers are to be agents to promote safe practice, rights and tolerance. It is also urgent, if the level of the epidemic is to be contained below sub-Saharan African levels. Across the region, direct training would be impossible to effect and culturally-sensitive cascade approaches will need to be developed, beginning in countries such as those referred to in this paper where the levels of readiness and need are higher than in others.

Notes

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¹ See Caribbean Epidemiological Centre: "The Caribbean HIV/AIDS Epidemic epidemiological status - success stories: a summary" by Bilali Camara et al, CAREC Report Volume 23 Supplement 1, October 2003. Available on CAREC website www.carec.org and reproduced in part in "Our Challenge HIV/AIDS: The Caribbean Presence in Bangkok - Handbook for Caribbean participants at the XVth International AIDS Conference", published by UNESCO Office for the Caribbean, July 2004.

² "HIV/AIDS in the World of Work: Mapping Exercise and Situational Analysis Barbados", prepared for ILO-Barbados by Sarah Adomakoh, September 30, 2004; "Status Report and Situational Analysis: HIV/AIDS in the Workplace (Legislation, Policies, Programmes) Mapping Exercise", prepared for ILO-Belize by Michael Rosberg; "HIV/AIDS and the World of Work: Guyana", prepared for ILO in Guyana by Arnon Adams.

³ CARICOM Secretariat, UNESCO, and the Inter-American Development Bank (IDB), 2003. Cooperation in the Preparation of a Caribbean Education Sector HIV/AIDS Response Capacity Building Programme: Joint Programme Identification Study, April-May 2003, prepared by Roger England (Team Leader), Jennifer Sancho and Inon Schenker.

⁴ UNAIDS Inter Agency Task Team, 2005. Report on the Education Sector Global HIV/AIDS Readiness Survey 2004, commissioned of the Mobile Task Team on the Impact of HIV/AIDS on Education (MTT). Commonwealth Caribbean country responses were from Barbados, Guyana, Jamaica and Trinidad and Tobago.

⁵ In a 2002 Concept Paper that contributed to strengthening the institutional response of the Jamaica Ministry of Education to the HIV/AIDS epidemic, the author provoked discussion on the following proposition: "Recognition by the Ministry that a central responsibility in an era of global epidemic is to protect its workforce and contribute to health promotion (wellness, virus containment), national population goals (life expectancy maintenance, HRD investment protection), human rights, etc". Paper included in Michael Morrissey, 2003. Final Consultancy Report to UNICEF Kingston on services provided to the Ministry of Education, Youth & Culture, Jamaica.

⁶ CARICOM Secretariat, UNESCO, and the Inter-American Development Bank (IDB), 2003. op. cit.

⁷ UNAIDS has regional representation the Commonwealth Caribbean with an office in Trinidad and Tobago, and national representation in Guyana and Jamaica. There are UN Theme Groups on HIV/AIDS that include all UNAIDS cosponsors, in Jamaica, Barbados and OECS, Trinidad and Guyana.

⁸ Cheryl Vince Whitman, 2004. "Uniting Three Initiatives on Behalf of Caribbean Youth and Educators: Health & Family Life Education and the Health Promoting School in the Context of PANCAP's Strategic Framework for HIV/AIDS", *Caribbean Quarterly*, Volume 50, No.1, March 2004.

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¹⁰ Brendan Bain and Michael Morrissey, 2002. The Caribbean HIV/AIDS Epidemic: 14-point proposal for priority curriculum and programming responses by UWI, The University of the West Indies HIV/AIDS Response Programme. Commissioned by UWI under the EU-funded SIRHASC project.

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