

## **HIV and AIDS workplace policy: An implementation assessment of strategies in selected secondary schools of Lusaka and Northern provinces**

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## **Abstract**

*Using qualitative and quantitative approaches, this study investigated the extent to which teachers and secondary school pupils were benefiting from the strategies that were being implemented in secondary schools of Lusaka and Northern Provinces as workplaces in relation to the HIV and AIDS Workplace Policy. It tried to provide insight into the responses of pupils and teachers to the HIV and AIDS Workplace Policy. It was undertaken to establish if the strategies as stipulated in the HIV and AIDS Workplace policy of the Ministry of Education were benefiting the intended targets. The findings were that the stakeholders were aware of the challenges posed by HIV and AIDS but a lot more needed to be done, in terms of effective implementation of strategies in place. As at yet there was no systematic inclusion of HIV and AIDS in the curriculum hence teachers finding it difficult to teach in class. Teaching and learning materials proved to be a challenge since they were not standardized. Teachers had problems teaching since it was just a fraction of them who were trained to fuse HIV and AIDS teaching in their lessons. The study recommended that the curriculum should be standardized at secondary school level through systematic inclusion in the curriculum. All teachers should be trained in HIV and AIDS teaching as well as life skills. HIV and AIDS should become an alone standing subject which should be examinable.*

## **Introduction and Background**

AIDS is not only a deadly disease but perhaps the greatest scientific, political and moral challenge of our era. In this time of abundant resources and increased global connectivity, we have the means and knowledge to control the pandemic, yet to do so will require unparalleled global cooperation and shared recognition that AIDS threatens not only individuals, but entire societies.

In the mid 1990s, the Ministry of Education and other line ministries began to be devastated by HIV and AIDS. The impact of the pandemic continued to threaten the achievement of the Millennium Development Goals (MDGs) and of paramount concern, attainment of Education For All (EFA). As the disease continued its rapid spread, it is important to find ways of helping people change behaviours that are risky. Boler and Jellema (2005:12) point out that: "these

behaviours are usually embedded in deep social, economic and cultural patterns. Recent times have seen the appreciation of the power of education as a tool against AIDS. School systems have a threefold role to play in fighting AIDS. These are: protecting individuals, informing individuals and protecting societies. Socially and morally it is imperative that schools embrace the responsibility of teaching all young people about sexual reproductive health. Educational theory dictates that educational systems should be flexible enough to respond to the changing needs of their learners, including, when necessary, a change in what is actually taught.

Formulation, implementation and monitoring of educational policies are tasks entrusted with the Ministry of Education, hence, any systematic response to the impact of HIV and AIDS should be planned by it. These policies must take into consideration the cultural values, beliefs, and practices of the targeted groups. Singhal and Rogers (2003: 205) point out that, "only then can communication strategies accentuate the positive undercurrents of a culture, reducing the effects of opposing forces".

In Zambia, one of the measures put in place to mitigate HIV and AIDS infections in secondary schools as reflected in the policy is teaching about the disease. Teachers across the country were trained to teach HIV and AIDS education therefore there was need to find out to what extent.

### **Problem statement**

Currently the Ministry of Education has an HIV and AIDS Policy in place, but the extent to which the strategies being implemented have been able to embrace the teachers and learners in schools as stakeholders is not known.

### **Purpose of the study**

The purpose of the study was to establish to what extent the strategies implemented by the Ministry of Education under the Work Place HIV and AIDS Policy were able to embrace teachers and learners as stakeholders.

### **Objectives of the study**

The specific objectives of the study were as follows:

1. To determine if teachers were able to teach HIV and AIDS, life skills and Sexual Reproductive Health (SRH) after having been trained.
2. To establish how effective the feedback mechanism of the MOE (now Ministry of Education, Science, Vocational Training and Early Education (MESVTEE) had been.
3. To find out how the stakeholders were relating with the policy.
4. To ascertain what challenges administrators were facing in 2009 in the flow of information about HIV and AIDS education.

### **Research Questions**

1. Were teachers able to teach HIV and AIDS, Life Skills and Sexual Reproductive Health (SRH) after been trained?
2. How effective had the MESVTEE feedback mechanism been?
3. Were stakeholders able to relate with the policy?
4. What challenges were administrators facing in the flow of information about HIV and AIDS education?

### **Significance of the Study**

The study may help government strengthen its communication systems in the implementation of the HIV and AIDS Workplace Policy.

### **Literature Review**

According to Barnett (2002), "HIV and AIDS is not the first global epidemic, and it certainly won't be the last." It is a disease that is changing human history. Its presence and effects are felt most profoundly in poor countries and communities. Africa is the epicentre of the epidemic with the highest mortality in the world. In 2006, Africa accounted for 63% of all persons living with HIV (UNAIDS, 2006). Among all the new infections 40% were observed in young people aged between 15 and 24 years and over one third of the population in Sub-Saharan Africa were living with AIDS and its debilitating effects. The vast majority of those infected were men and women

in the productive 15 to 50 age group, and was very conspicuous among young adults in the 15 to 25 age group. ILO (2004) estimated that two thirds of people living with HIV work. It is therefore imperative that the impact of HIV and AIDS on productivity of the workforce and enterprise efficiency in all sectors of economic activity and development is dealt with. Teachers have not been spared in this spread and effects are seen at both family and national levels. World over Ministries of Education have been faced with a great challenge of having to put a stop to the HIV and AIDS negative effects on its valuable human resource development. The systematic and management challenges faced were mortality and morbidity of sector employees. It faced an increased attrition of staff due to HIV and AIDS related factors, low morale, stigma and discrimination in the Education Sector Workplaces especially in schools, (Uganda Ministry of Education, 2004). Until then it remained the single largest management challenge for the education sector.

The responses to the epidemic were manifold. Countries introduced legislation to facilitate mitigation of the impact of the epidemic and for the protection of the rights of persons living with or affected by HIV and AIDS. At sector level a lot of consultation was done among workers, employers and their organisations as well as other key stakeholders which resulted in comprehensive workplace policies and programmes. Despite all these efforts, new infections continued to occur and the impact of the epidemic continued to cause pain and suffering across sectors and at family and individual levels. More still needed to be done.

HIV and AIDS mainstreaming in the MESVTEE has led into policy, planning, implementation, delivery, monitoring and reporting. At the school level workplace programmes were in place, Life Skills teaching and fusion of HIV and AIDS teaching in the curriculum.

Workplace policies comprised one of the key themes fundamental to any comprehensive education sector HIV and AIDS policy in addition to prevention, treatment, care and support and management of the sector response. UNAIDS (2004), saw workplace policies as initiatives that had a legal framework for the protection of employees' rights containing regulations that governed the appropriate conditions of employment, establishment of efficient monitoring and reporting mechanisms of HIV and AIDS impact on teachers and other employees in the sector. HIV and AIDS was a workplace issue and which was to be treated like any other serious

illness/condition in the workplace. This was necessary not only because it affected the workplace, but also the workplace being part of the local community had a role to play in the wider struggle to limit the spread and effects of the epidemic (ILO, 2000).

In public secondary schools comprehensive workplace policies with specific features unique to the sector were contained within an education specific scenario.

## **Methodology**

The field study was carried out in Lusaka and Northern Provinces of Zambia, and the two Provinces were picked for the following reasons:

1. Lusaka had the highest HIV and AIDS prevalence rate of 25% and Northern with the lowest rate of 8%.
2. Both Provinces had the workplace policy being implemented in secondary schools.

The schools, which remained anonymous had students enrolled in grades 10-12.

Much of the study took the form of an interpretative qualitative approach and a bit of quantitative. The interpretative qualitative approach was adopted to address the research questions using a case study design to evaluate current policy and practice in high schools. Parker (1995: 68), explains that: "qualitative research is especially suited to unravelling the complexities of local knowledge, social and cultural peculiarities, and power and control issues". Qualitative research describes and interprets; and since the AIDS epidemic dramatizes what we do not know about sexuality, it is able to overcome this by paying particular attention to the socio-cultural context. According to Akpaka (2006), the qualitative approach pays attention to the many modes of communication (spoken language, body language, written records etc). It was able to draw a line between what people say they have to do (the rules), what they say they do (the norms), and what they actually do (reality).

The case study used multiple methods of data collection (Triangulation). This was to enhance enrichment of the quality of the data thereby establishing validity and reliability of the findings of the study. The informants were purposively selected in relation to their job descriptions. Selection was based on their status and rank at MESVTEE and the school as well as their daily

responsibilities. The key informants included; the school Headteacher, chairperson of the Anti HIV and AIDS committee (Focal Point Person), teachers trained in teaching life skills, pupils and MESVTEE officials. A total of 165 informants were selected: These were 3 MoE officials, 2 headteachers, 2 focal point persons, 11 teachers and 147 pupils.

## **Findings**

### **Ministry of Education officials**

Three officials were interviewed at the Ministry of Education. These were the HIV and AIDS programme Manager, the Director of Human Resources and the Coordinator of Life Skills and HIV and AIDS Education. All three in carrying out their duties dealt with issues pertaining to HIV and AIDS in schools as workplaces. They were therefore, able to acknowledge the seriousness of the pandemic in the Ministry.

Questions concerning feedback mechanism to monitor statistics and implementation of strategies on HIV and AIDS received divergent responses. This was mainly due to the fact that the HIV and AIDS Workplace Policy was initially the responsibility of the Human Resources Directorate but since 2004 the Educational Quality Improvement Programme (EQUIP2) had been running and providing technical support to the Ministry of Education on issues pertaining to HIV and AIDS. EQUIP2, being a programme funded by the United States Agency for International Development (USAID) under the Presidential Emergency Fund for AIDS Relief (PEPFAR) had, in practical terms, taken over the running of programmes on HIV and AIDS.

To have an effective monitoring system in place was a far fetched dream but under the existing system the best option would be to fuse it into the Standards Directorate. The EQUIP2 Programme Manager commented:

It would be easy to monitor implementation of strategies if the monitoring mechanism was coordinated with the Standards Directorate since personnel from there were frequently in schools to monitor the quality of education.

Since the monitoring mechanism was poor it was difficult to find out how many secondary schools were implementing the policy in Lusaka, but it was a well known issue that all the Headteachers were trained to come up with school based HIV and AIDS policy. After the training drafted policies workable within the immediate environment were submitted from a lot of secondary schools, there was no follow up from the Ministry.

### **Head teachers**

The Headteachers indicated that their duties as heads included, supervision of teachers, ensuring that all academic programmes were running smoothly and disciplining both teachers and pupils. In carrying out their duties the Headteachers saw to it that the HIV and AIDS activities were well conducted. They provided finances for the running of the Anti-AIDS clubs. The Headteachers pointed out that, girls were the most risky group in secondary schools.

The Headteachers pointed out that no survey or statistical information was at that time conducted or available to help in the planning process but all the teachers were aware of the existence of the Workplace Policy unlike the pupils who knew nothing. During the sensitization period of the policy a lot of talks were held but stopped along the way because there was nothing new to discuss.

The schools had no feedback mechanism with the Ministry, and no structures to coordinate HIV related activities though the sensitization period on the Workplace Policy contributed to reducing stigmatisation among the HIV infected teachers. A number of teachers were also trained in teaching Life Skills and talks on HIV and AIDS were held during assembly and occasionally in classrooms. The headteachers pointed out that the teachers were able to identify with the Workplace Policy in that they were in a position to enjoy a number of strategies put up for them, including VCT and Supplements for the HIV positive.

### **Teachers**

The majority of the teachers perceived HIV and AIDS as a manageable threat. Over the years its effects had been dealt with in many ways. The teachers were able to mention measures such as Anti -Retroviral Therapy (ART), Voluntary Counselling and Testing (VCT), HIV sensitization,



Teachers' Health Days. During Assembly, teachers trained in HIV and AIDS gave talks to Learners and other members of staff. One of the teachers said:

The school administration organises workshops with organisations such as CHAMP at least once a year. These workshops are coordinated by the facilitators. Yes they have brought about change, teachers discuss freely and openly issues to do with HIV and AIDS.

The teachers were quick to point out that the school administration from time to time provided booklets and posters for learners and teachers to be constantly reminded about the disease. The school had further integrated HIV and AIDS in subjects like Biology and Religious Education. The teachers who took part said they were able to teach about HIV and AIDS as well as life skills though they faced challenges of lack of standard teaching materials. Additionally, a teacher stated:

I teach about HIV and AIDS and life skills such as assertiveness, self esteem during SAFE Club Programmes.

All the teachers admitted that the teaching of HIV and AIDS was not difficult because there was a lot of literature, learners already had some knowledge about the disease and were always keen to learn more about it.

In order to effectively teach about HIV and AIDS teachers suggested that their salaries must be increased, while others thought it wise to just increase training opportunities.

Teacher informants pointed out that counselling and food provision were effected in order to help both teachers and learners suffering from HIV and AIDS in the school. These provisions were in place partly due to the fact that all teachers were aware about their rights as stipulated in the Workplace Policy. The teachers perceived the measures in place as adequate though some felt more could be done. Those who felt that more could be done pointed out:

The administration should pay particular attention to issues of literature provision, time, capacity building among teachers, drama and talks in classrooms.

## **Pupils**

This section presents findings related to the questions given to pupils as informants in this research. The questions looked at pupils' response to HIV and AIDS teaching, infected colleagues and what pupils knew about the disease. A total of 147 pupils responded to these projective questions:

1. How do the pupils in your classroom react when they have been talked to about HIV and AIDS?
2. If a pupil in your class misses lessons, and it is rumoured that he/she may have AIDS, how do you think the other pupils would respond?
3. If at any time your class is given a forum to discuss issues about sex, HIV and AIDS, what important issues usually arise?

The findings were presented according to the above questions as follows:

Pupils who tackled the first question were 46 and their responses were diverse. In class pupils did not take the teaching of HIV and AIDS and Life Skills seriously because they had more important things to do. They thought issues of HIV were for elderly people. They were too young to worry about their status and since it was not examinable, pupils thought it was a waste of time. Some pupils denied the existence of the disease, referring to it as witchcraft.

On the other hand some pupils paid more attention and were eager to learn more so that they could make informed decisions. The pupils were eager to learn more because it helped them know how to take care of those infected and also to prevent infection.

Among the 46 pupils who responded 21(45.6%) were receptive, 19 (41.3%) thought it not necessary and 6 (13%) were not sure about the teaching of HIV and AIDS in the classroom.

### **Summary of Findings**

The following findings were established from the study:

- i) The Ministry of Education had been implementing the HIV and AIDS Workplace Policy and had put a number of strategies in place to cater for all personnel in high schools.
- ii) Teachers were well familiarised with the policy but the pupils as stakeholders did not know much about it.
- iii) Pupils still held misconceptions about HIV and AIDS.

- iv) Teachers trained in teaching life skills were able to teach in class even though there were no nationally accepted teachers' and pupils' teaching manuals at secondary school level.
- v) Strategies in place for teachers were accessible. Teachers were able to have mobile VCT services, dissemination/sensitisation workshops, ART and to enjoy Teachers' Health Days.
- vi) The link between HIV and AIDS activities between secondary schools and the MESVTEE was very weak hence making it difficult to effectively implement strategies.
- vii) There was lack of reporting and monitoring systems in secondary schools to enhance communication with the MESVTEE.
- viii) There was very little being done to deliver information on sex education, HIV/AIDS and provision of health facilities for pupils.
- ix) Lack of an effective Education Management Information System had an impact on the flow of information on HIV and AIDS.
- x) Financial resources and utilisation posed the greatest challenge towards implementation of strategies on HIV and AIDS Workplace Policy. There was a lack of planning within what was available to provide a broad systematic roadmap to deal with the impact of HIV and AIDS.
- xi) The financial woes were further worsened by the fact that much of the money was from co-operating partners.
- xii) The poor communication systems between the MESVTEE and secondary schools was said to be attributed to the ineffective decentralisation process.

## **Discussion, Conclusion and Recommendations**

Teacher respondents were able to point out that more work loads due to sickness had reduced due to ART. Since most teachers thought the negative effects of the disease were being managed, one deputy headteacher was quick to point out that, and teachers trained as peer educators were claiming to have run out of things to teach others. The reason given was that all that they were trained in had been exhausted. The scenario highlighted above had led to the

decline of HIV and AIDS activities or programmes apart from Anti-AIDS clubs and weekly Assembly talks.

The teachers and learners who participated in the study had diverse views about the teaching of life skills in high schools. The teachers had a full understanding of the Workplace Policy and life skills teaching as one of the strategies put in place to deal with HIV and AIDS among learners. The learners on the other hand had no idea about what the Workplace Policy was about. To counteract the situation, the teachers felt the need to have standard teaching of Aids, particularly for secondary schools. According to the Life Skills Coordinator at the Curriculum Development Centre, formulation of materials were underway and was expected to be available to schools by 2009 but by 2012 when an up graded curriculum was put in place HIV was still seen as a cross cutting issue.

Further this study wanted to find out if there was an effective communication link between the MESVTEE and secondary schools. According to the HIV/AIDS programme Manager, all school Head teachers across the country had been trained in developing institutional HIV and AIDS policies with the guidance of the national HIV and AIDS Workplace Policy of the MESVTEE. A lot of policy drafts were received from secondary schools countrywide, but finding out how the strategies were being implemented still remained a challenge. The MESVTEE had no capacity to conduct monitoring activities in schools due to lack of funds. The Programme Manager was quick to state that:

Monitoring of Workplace Policy Strategies being implemented in secondary schools should be fused in with the Directorate of Standards. This is because they are always in schools to monitor the quality of education being provided. It would be cost effective for the MESVTEE.

At the school level, it was learnt that there was no system of collecting or compiling statistics on teachers or pupils affected or infected with the virus. This was mainly due to the fact that they received very little funding from the Ministry of Education. In essence what was concluded was that there was very little communication between the MESVTEE and secondary schools on issues pertaining to HIV and AIDS Workplace Policy.

Teacher respondents were all familiar with the Workplace Policy unlike the pupil respondents. The teachers had been sensitised on the policy and knew what was to be in place to help them face the challenges that came with their work. Through comprehensive HIV and AIDS Management Programme (CHAMP), Society for Family Health (SFH), Secondary School Teachers' Union of Zambia (SESTUZ) and Zambia National Union for Teachers (ZNUT), HIV and AIDS mobile VCT and sensitisation were carried out between the period of October 2006 and September 2007. Since then, the unions mobilised teachers for VCT offered at school and district levels through Teachers' Health Days. The SESTUZ is provided with funds to carry out activities by the MESVTEE through EQUIP2 but according to teacher respondents these activities were not felt at school level.

The learners knew very little about the policy. They did not know that it even existed. The learners were only talked to about HIV and AIDS issues during assembly but not in class. They did not have appropriate learner support materials to help in teaching, counselling, VCT and psychosocial support. The pupils had no adequate information on ART, prevention of Mother to Child Transmission (PMTCT), opportunistic infections and positive living, including nutrition. Even when these services were not in place for the pupils, those suspected of being positive were allowed to continue with their education. Responses from the pupils in their projective writings were able to reveal the lack of information that still existed among secondary school pupils.

MoE officials and headteachers were able to highlight a number of issues on problems they faced on the flow of information pertaining to HIV and AIDS Education. The administrators faced a lot of roadblocks in the flow of information due to lack of coordination between the MoE and secondary schools. The headteachers attributed this to poor funding from the Ministry, which had made it very difficult to put up structures that would improve information flow.

At secondary School level standardized Information Education and Communication (IEC) materials were still not available hence making it very difficult to teach HIV and AIDS as an examinable subject. As for the MESVTEE, the Life Skills and HIV/AIDS Coordinator observed that they were unable to set symposia with stakeholders as much as they would want to because of poor funding. As a result, regular review, where necessary, was not conducted, making it very difficult to measure what more needed to be done for the different target groups.

The secondary schools lacked the spirit of reporting and frequent monitoring of their own activities. Without an effective Education Management Information System (EMIS) in place, it had proved very difficult to have an effective flow of information on HIV and AIDS education. Exchange of information was perceived to be very cardinal in the success of any policy implementation programme. Feedback from the intended targets would be able to provide the administrators with information on how to strengthen or modify the strategies. The absence of such information made the strategies put in place unworkable.

The following **recommendations** were made based on the findings of the study:

- i. The MESVTEE should widen their net in sensitising all stakeholders, especially pupils about the HIV and AIDS Workplace Policy especially among pupils.
- ii. The MESVTEE through School Administration should strengthen the teaching of sex, Life Skills and health education in secondary schools.
- iii. To reduce on misconceptions held by pupils, Friday of every week, should be AIDS day so that a lot of activities are held.
- iv. The MESVTEE should improve the funding given to schools for HIV and AIDS activities to enhance implementation of the strategies in place.
- v. Communication links between secondary schools and MESVTEE must be strengthened through regular interaction and briefing to report on how at the school level the strategies are being implemented.
- vi. Refresher courses must be held from time to time to improve on the delivery of information on HIV and AIDS education.
- vii. There is need for the MESVTEE to create an Educational Management Information System which will be able to capture data to help in the implementation of the policy.
- viii. There is need to cut down on red tape through shared reporting systems.
- ix. In order to increase use of resources the MESVTEE should come up with self sustaining incentives to raise money as a strategy to reduce the reliance on donors.
- x. For the implementation of strategies to be enhanced, there is need for a holistic approach to the use of funds across a balanced agenda to include prevention, treatment, care and support and management of the responses in place.

- xi. Training in research, budget development and management, coordination and reporting will be of help to secondary school teachers and all personnel involved in HIV and AIDS activities.
- xii. Administrators should ensure that the strategies in place are on-going and not episodic, because workplace HIV and AIDS programming is a process whose power is cumulative.

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