

INEE Thematic Issue Brief: HIV and AIDS

Definitions

HIV: HIV stands for Human Immunodeficiency Virus. HIV is a virus (of the type called retrovirus) that infects cells of the human immune system (mainly CD4 positive T cells and macrophages—key components of the cellular immune system), and destroys or impairs their function. Infection with this virus results in the progressive deterioration of the immune system, leading to immune deficiency. The immune system is considered deficient when it can no longer fulfill its role of fighting off infections and diseases. Immunodeficient people are more susceptible to a wide range of infections, most of which are rare among people without immune deficiency. Infections associated with severe immunodeficiency are known as opportunistic infections, because they take advantage of a weakened immune system. (UNAIDS definition)

AIDS: AIDS stands for Acquired Immunodeficiency Syndrome and is a surveillance definition based on signs, symptoms, infections, and cancers associated with the deficiency of the immune system that stems from infection with HIV. (UNAIDS definition)

The Minimum Standards Handbook offers the following definition of HIV prevention, treatment, care and support: a combination of behavioural, legal, structural and biomedical interventions needed to reduce the number of new HIV infections and the impact of HIV and aids on the affected populations. Through a thorough understanding of the epidemic, the most vulnerable populations, and risky behaviours, HIV prevention, treatment, care and support can occur. Socioeconomic drivers impacting HIV prevention, treatment, care and support must also be taken into consideration, concurrently with risky behaviors including sex in exchange for money, injecting drug use, concurrent partnerships, age disparate partnerships, and males having sex with males.

HIV and AIDS as Thematic Issues

In the almost three decades since acquired immunodeficiency syndrome (AIDS) was first identified, we have learned that preventing infection with the virus that causes AIDS – human immunodeficiency virus (HIV) – is no simple matter. Though the biophysical mechanics of HIV transmission are relatively straightforward and have been understood for some time, the human behaviours that support transmission are influenced by a complex interplay of individual knowledge and abilities; personal and group attitudes, values and beliefs; and a range of conditions in society.

Countries around the world have made significant commitments to scaling up both prevention and treatment of HIV and AIDS. A significant expansion of access to treatment has occurred in recent years; yet, the number of new HIV infections has not generally declined and in some of the most affected areas, basic knowledge about how HIV is transmitted has not increased to sufficient levels. Improvement on the prevention side of the equation must therefore remain a priority, and obviously affects what can be achieved on the treatment side. Getting the balance right is a matter of tailoring a combination of efforts to the specific dimensions and dynamics of particular epidemic. This requires addressing the unique behavioural, structural (social, cultural and political) and biomedical factors that are contributing to the scope and pattern of infection rates in particular areas or situations, while responding with relevant and effectively prioritised combination of efforts, planned in a manner that entails knowing what is being done, in what measure, and with what results. In addition to issues of prevention and treatment, attention must be paid to the needs for care and support of people infected and affected by HIV and AIDS.

Emergencies often increase risk by creating new threats and vulnerabilities and/or exacerbating pre-existing ones. HIV related risk factors, such as threats which are present in the environment (HIV prevalence, a culture of violence, or gender-based violence) and individual vulnerabilities (poverty, powerlessness, disability, being part of a discriminated group) may be introduced or exacerbated during emergencies, therefore increasing the risk of HIV infection. However, these risk factors can be reduced through access to quality educational opportunities. Education contributes to reducing the

vulnerability of children and adolescents, and girls in particular, to HIV infection and related stigma and discrimination. For an effective approach, all education actors should integrate HIV in their programme activities and preparedness plans, and HIV and AIDS needs to be mainstreamed in national education sector plans and budgets, school and teacher training curricula and school health coordination mechanisms. A number of preparedness actions should also be taken which can enable rapid implementation of a minimum prevention and response to gender-based violence (GBV) and discrimination, along with other HIV related risk factors particular to the context.

Addressing HIV and AIDS in the INEE Minimum Standards

Examples of how HIV and AIDS is mainstreamed throughout the INEE Minimum Standards Handbook include the following:

- **Foundational Standards** emphasise the participation of vulnerable groups, especially those with HIV and AIDS, in the design and implementation of educational programmes. Furthermore, the domain reminds practitioners of the need to work with the health sector to gather data on HIV prevalence and threats, determine the availability of HIV related health services, and design HIV and AIDS awareness-raising campaigns in order to design a comprehensive and coordinated educational response.
- **Access and Learning Environment** emphasises the importance of including all learners, without discrimination based on a variety of factors including HIV status, when providing access to education. Learners affected by HIV should never be discriminated against or barred from school. This domain also includes guidance on linking schools with community health services in order to promote the physical well-being of those living with HIV.
- **Teaching and Learning** calls for the training of teachers in life-skills content, including sexual and reproductive health and rights and HIV and AIDS, and emphasised the integration of such topics into school curriculum.
- **Teachers and Other Education Personnel** stresses the importance of non-discriminatory recruitment of staff and supporting the well-being of teachers, guidance which applies depending on the context and the teacher's HIV or AIDS status.
- **Education Policy** highlights the need to create laws, regulations and policies protecting against discrimination in education, including those made vulnerable or marginalised due to their physical condition, including their HIV or AIDS status.

Additional Guidance

Specific educational interventions in situations of emergencies should be planned and implemented with regard to behavioural, legislative, structural and biomedical measures of combination prevention:

- **Preparedness for teaching and learning** should ensure that HIV risk and vulnerability issues are part of overall preparedness and contingency plans in education.
- **Life skills learning** should include development of relevant learning materials and outcomes to contribute to reducing the number of new HIV infections and mitigating the impact of HIV and AIDS for those infected and affected by the virus.
- **Life skills teaching** should include relevant content, and ensure teacher training covers interactive methodologies, adequate psychosocial support and knowledge in HIV health services in order achieve the intended learning.
- **Protective and enabling learning environment** should include school policies to ensure wellbeing of all learners and staff.
- **Information, access and referrals to HIV-related services** should focus on what, where and which services are available for HIV, and sexual and reproductive health, and referrals to the

available HIV-related services for staff and learners, in particular those infected, affected by HIV and/or with high risk behaviours.