

WORLD CONSULTATION OF TEACHERS' INTERNATIONAL ORGANIZATIONS

The International Federation of Free Teachers' Unions (IFFTU)
The World Confederation of Teachers (WCT)
La Fédération Internationale Syndicale de l'Enseignement (FISE)
The World Confederation of Organizations of the Teaching Profession (WCOTP)

**CONSENSUS STATEMENT
ON
AIDS IN SCHOOLS**

In association with:

World Health Organization
United Nations Educational, Scientific and Cultural Organization
International Labour Organisation

Consensus Statement on AIDS in Schools

by

The International Federation of Free Teachers' Unions
The World Confederation of Organizations of the Teaching Profession
The World Confederation of Teachers
La Fédération Internationale Syndicale de l'Enseignement

in association with

World Health Organization
United Nations Educational Scientific & Cultural Organization
International Labour Organization

This consensus statement has been developed by the International Federation of Free Teachers' Unions (IFFTU), The World Confederation of Organizations of the Teaching Profession (WCOTP), The World Confederation of Teachers (WCT), and La Fédération Internationale Syndicale de l'Enseignement (FISE), in association with WHO, UNESCO, and ILO, for the attention of education personnel with specific regard to teachers. It contains basic information on the transmission of the human immunodeficiency virus (HIV) and the lack of risk for its transmission in the school setting. The intent of the document is to provide a fundamental outline of the major issues relating to HIV and acquired immunodeficiency syndrome (AIDS) in the school environment, including educational efforts and policy principles.

I. General Statement

Infection with the human immunodeficiency virus (HIV) and the acquired immunodeficiency syndrome (AIDS) represent urgent worldwide problems with broad social, cultural, economic, political, ethical and legal dimensions and impact.

Today a substantial proportion of the people in all countries of the world are between the ages of five and eighteen years. A large number of them are in school systems or are in communication with those who are. Information, values and skills conveyed in schools have a considerable impact on the lives of these young people. Active involvement of teachers through their representative organizations in planning, implementing and evaluating (in cooperation with health, communication and social science experts) school health promotion programmes to deal with issues of AIDS and other sexually transmitted diseases (STD) is a necessity if knowledge is to be increased and risk behaviours reduced among young people. In addition, their involvement is critical in initiatives to combat ignorance and to prevent discrimination against both their colleagues and students who are HIV-infected.

II. Introduction

To date, epidemiological studies from throughout the world have documented that the human immunodeficiency virus (HIV) is transmitted in only three ways:

1. Sexual intercourse (heterosexual or homosexual) with an HIV-infected person;
2. Exposure to HIV-infected human tissues, such as blood, blood products, or donated organs and semen;

(Exposure to blood principally involves the transfusion of HIV-infected blood or the use of HIV-contaminated syringes and needles and other unsterilized skin piercing instruments.)

3. From infected woman to foetus or infant before, during or shortly after birth (perinatal transmission).

HIV is not transmitted by casual person-to-person contact in any setting, including the school setting. There is considerable evidence to show that HIV is not transmitted by insects, food, water, sneezing, coughing, toilets, urine, swimming pools, sweat, tears, shared eating and drinking utensils or other items such as protective clothing, telephones, shared toys, books, furniture or athletic clothing.

HIV infection and AIDS (HIV/AIDS) are global problems. At any point in time, the majority of HIV-infected persons feel and appear well; over time, they may develop AIDS or other HIV-related conditions or they may remain asymptomatic. A large percentage of the estimated 5-10 million HIV-infected persons worldwide are in their early twenties and many of them are likely to have acquired their first HIV infections before the age of 18. Therefore, the implications of HIV/AIDS in school settings should be thoroughly understood by teachers, students and parents, and comprehensive discussion of modes of transmission and behaviours to reduce risk of infection should be implemented by teachers as part of the national AIDS prevention and control programmes in every country.

It is important that everyone involved in school settings understands and communicates to others that ordinary contact between students, between teachers, between student and teacher, and between teacher and student does not involve a risk of acquiring or transmitting HIV. The primary risk behaviours that lead to HIV infection in students between the ages of five and eighteen years are the same as those for adults: sexual intercourse, contact with the bloodstream by HIV-contaminated unsterilized skin-piercing equipment (usually needles but also instruments for scarification, etc.) and, in countries where the screening of blood for HIV antibodies is not yet routine, by blood transfusions.

III. Policy principles

Teachers dealing with HIV-related issues according to agreed curricula, as well as HIV-infected teachers and teachers perceived to be at risk for HIV infection, should be protected from discrimination in accordance with the principles contained in international instruments relative to human rights and international labour standards.

Teachers through their representative organizations should work within school systems to foster policies which protect the human rights and dignity of HIV-infected students and teachers, including those with AIDS. Students or teachers with HIV infection who are asymptomatic should be treated the same as other students or teachers. Students or teachers with HIV-related illness, including AIDS, should be treated no differently than any other student or teacher who does not represent a risk to others under ordinary school conditions.

Most students and teachers with HIV/AIDS want to continue their regular activities in the school setting. They should be permitted to participate fully in school functions, without fear of discrimination or harassment by others. Enabling them to contribute their creativity and productivity in a supportive school setting enhances both their own well-being and the school's. Confidentiality and the right to privacy must be guaranteed and respected for all HIV-infected teachers and students.

Teachers should receive from their educational and/or health authorities adequate teaching materials and adequate initial and in-service training on HIV/AIDS. Such training should include information and discussion about all of the issues raised in this consensus document. Teachers' trainers themselves should also receive comprehensive training.

Teachers' representative organizations should also be involved in fostering comprehensive health promotion programmes for schools, which include AIDS/STD education. These programmes should provide young people with accurate knowledge and encourage them to develop skills which will help them to make mature decisions and act on them. Programmes should include a discussion of sexual issues as appropriate for the stage of psychosocial development of the student groups being addressed.

Students must be given the tools to make responsible choices about behaviour. Given that young people may become sexually active and/or attracted to risk behaviours such as drug injection at an early age, education programmes must include discussion of appropriate options for risk reduction.

Involvement of teachers' representative organizations in programme development is critical to ensure that the need of students to be presented with educational programmes meaningful to their lives can be responded to appropriately by teachers, with the full support of educational authorities, parents and the community at large.

IV. Policy development and implementation

Consistent policies and recommendations for school settings should be developed at international, national and local levels through consultations among teachers, their representative organizations, United Nations agencies and other international bodies, nongovernmental organizations, ministries of education, national AIDS committees, and, as much as possible, school administrations and staff, parents and other interested community groups, as well as students and their organizations. Teachers and their representative organizations are powerful instruments for dissemination of information and promotion of behavioural change, and should be integrated into all stages of planning, implementation and evaluation of AIDS/STD prevention and control programmes.

Policies and programmes should be:

- communicated fully to all the above-mentioned groups;
- continually reviewed in the light of epidemiological and other scientific information;
- monitored for their successful implementation; and
- evaluated for their effectiveness.

V. Policy components

A. Persons applying for employment as teachers or other school staff members, or students wishing to attend school:

Pre-employment or pre-enrolment HIV/AIDS screening as part of the assessment of fitness to work in or attend school is unnecessary and should not be required. (1) Screening of this kind refers to direct methods (HIV antibody testing) or indirect methods (assessment of risk behaviours) or to questions about previous HIV testing. Pre-employment or pre-enrollment HIV/AIDS screening for insurance or other purposes raises serious concerns about discrimination and merits close and further scrutiny.

B. Persons working in or attending school

1. HIV/AIDS screening: HIV/AIDS screening, whether direct (HIV testing), indirect (assessment of risk behaviours), or the seeking of information about tests already taken, is not necessary and should not be required.
2. Confidentiality: Confidentiality regarding all medical information, including HIV/AIDS status, must be maintained.
3. Informing the school administration or medical office: There should be no obligation of the teacher, other school staff member or pupil to inform the school administration or the medical office regarding his or her HIV/AIDS status.

... protection of school employees and students: Persons in the school who are HIV-infected or perceived to be HIV-infected must be protected from stigmatization and discrimination (2) by co-workers, unions, employers, students, parents and the community. Information and education are essential to maintain the climate of mutual understanding necessary to ensure this protection.

5. Access to services for school employees and students: Teachers, other staff, students and their families should have access to information and educational programmes on HIV/AIDS, as well as relevant counselling and appropriate referral.

6. Benefits: HIV-infected teachers and other school staff members should not be discriminated against; they should have access to standard social security benefits and occupationally related benefits.

7. Reasonable changes in working or schooling arrangements: HIV infection by itself is not associated with any limitation in fitness to work or to attend school. If fitness to work or to attend school is impaired by HIV-related illness, reasonable alternative working or schooling arrangements should be made. Decisions about impairment should be based on medical criteria.

8. Continuation of employment or school attendance: HIV infection is not a cause for termination of employment or school attendance. As with many other illnesses, persons with HIV-related illnesses should be able to work or attend school as long as medically fit for available, appropriate work or activities.

C. HIV/AIDS health promotion programmes

1. Comprehensive HIV/AIDS health promotion programmes should take place within school settings as an integrated part of the curriculum. Programmes should give students the information and skills they need to make responsible choices about behaviours which will reduce their risk of HIV transmission or infection. Such programmes are likely to be most effective if integrated with other curriculum content such as health education, sexuality education, social science and biology.

2. Teachers and all other education personnel should receive adequate initial and in-service training about HIV/AIDS.

3. Teachers through their representative organizations should be involved in every stage of planning, implementation and evaluation of HIV/AIDS health promotion programmes for students and for education personnel.

4. Teachers must be protected against loss of employment or benefits, and any other measures which may be taken against them in the context of their teaching of curricula covering transmission and prevention of HIV infection, including discussion of human sexuality as appropriate to the students' age group.

The AIDS pandemic is a clear and present problem demanding urgent attention. The organizations mentioned in the preamble believe that only a co-operative, comprehensive effort, at the regional, national and local levels, strongly supported by governments can achieve significant success. We have co-operated in the preparation of this document in order to further common efforts by the school community at large, with teachers and their representative organizations playing a principal role.

Within the school environment, teacher education and teacher motivation are essential in order to ensure effective education for AIDS prevention and control. Active involvement of teachers through their representative organizations in the development, implementation and evaluation of AIDS-related educational policies and activities will ensure appropriate programme conception and intervention. Their involvement will also ensure that HIV and AIDS prevention and control are integrated meaningfully into a comprehensive programme, rather than becoming an additional burden on an already overloaded curriculum.

-
1. Statement from the Consultation on AIDS and the workplace (1988); Unpublished WHO document WHO/GPA/INF/88.7 RW.7. Available from the Global Programme on AIDS, World Health Organization, CH-1211 Geneva 27, Switzerland.
 2. Avoidance of discrimination in relation to HIV-infected people and people with AIDS; Resolution WHA 41.24 of the Forty-first World Health Assembly (1988).

TOTAL P.08