



UNESCO Regional Seminar on Institutionalizing HIV/AIDS within the School System in the Arab States

Brumana, Lebanon
October 1-5, 2001

FINAL REPORT

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Executive Summary

A regional seminar on institutionalizing HIV/AIDS within the school system in the Arab states was held in Brumana, Lebanon during the period 1-5 October 2001.

The seminar was organized by UNESCO Regional Office in Beirut under the patronage of the Lebanese Prime Minister, Mr. Rafik Al Hariri, and was attended by 103 members representing 18 Arab states, NGOs, UN and international organizations. UNESCO partners for this seminar were UNAIDS, WHO, National UNESCO Committee in Lebanon, and other UN agencies.

The general objective of the seminar was to contribute to the enhancement of HIV/AIDS preventive education among youth of the region with the following specific objectives:

1. Sharing experiences and information on “best practices” as regard school HIV/AIDS education;

2. Strengthening the awareness of decision-makers, curriculum planners at the level of the Ministries of health and Education, and NGOs of the need for preventive education on HIV/AIDS and the potential impact of the AIDS epidemic on the supply, demand and quality of education;
3. Mobilizing the participants to urgently formulate effective school preventive educational strategies and programs at the national level, from a culturally sensitive perspective;
4. Building participants' capacities through the introduction of the Educational Resource Package that has been developed jointly by UNESCO, WHO and UNAIDS.

At the opening session of the seminar, attended by visiting guests and participants, four speeches were delivered by: Mr. Abdel Rahim Mourad – the Lebanese Minister of Education (representing the Lebanese Prime Minister), Dr. Albert J. Khadar – representative of the Lebanese Minister of Health, Dr. Habib Lattiri – WHO Representative in Lebanon and Dr. Victor Billeh – UNESCO Regional Director

The seminar program included lectures, plenary sessions, panel discussions, work groups, and country and group reports. An exhibition on HIV/AIDS education materials was also organized to run concurrently with the seminar in which several Lebanese NGOs and countries have participated.

The main subjects the seminar dealt with were:

- Facts about HIV/AIDS in the world
- UNESCO strategies on HIV/AIDS education
- Strategies for HIV/AIDS preventive education in the Arab states: one or many strategies
- HIV/AIDS preventive education for youth: purpose and objective
- Cultural considerations in HIV/AIDS education
- Planning, monitoring and evaluating HIV/AIDS education programs: Thailand pilot project as a case study
- Teachers' creativity in HIV/AIDS preventive education
- UNESCO HIV/AIDS education resource package: its objectives, methodology, activities and programs
- Country Reports related to status of HIV/AIDS education activities, obstacles and future plans
- Work Group report related to recommended regional strategy HIV/AIDS preventive education
- Work Group reports on country plans to integrate HIV/AIDS preventive education in the school system
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This seminar, evaluated by the participants, was deemed successful and beneficial as evidenced by their completed evaluation forms.

Seminar Preparation and Results

1. Background

The Joint United Nations Programme on HIV/AIDS (UNAIDS) was established by UN Economic and Social Council resolution 1994/24 and launched in January 1996. It was created not as a new agency but as a coordinating body for the UN System's global response to HIV/AIDS, bringing together seven co-sponsoring agencies (UNDP, UNESCO, UNICEF, UNFPA, UNDCP, WHO, World Bank) with significant AIDS related activities.

UNESCO's involvement in the struggle against HIV/AIDS began in 1987 when it cooperated with WHO on an AIDS prevention educational program. These efforts were further channeled into a larger and more coordinated action through the UNAIDS since 1996. Activities were undertaken in the following five main areas: Education, Basic Research, Culture with a

specific focus on the cultural approach to HIV/AIDS prevention and care, Human Rights and Public Information and Awareness. UNESCO's self-description in the UNAIDS Unified Budget and workplan bravely characterizes the organization's contribution to the global response as follows:

2. Justification

Within that global context, UNESCO in cooperation with UNAIDS has organized several regional seminars on HIV/AIDS and Education: New Delhi (1994, Asia), Harare (1995, Eastern Africa), Dakar (1997, French speaking African countries) and Almaty (1998, Central Asia). UNESCO Regional Office in Beirut has been entrusted to organize the Arab Regional Seminar on the institutionalization of HIV/AIDS education in the school system. **This seminar took place in Brumana, Lebanon from 1 to 5 October 2001 and brought together decision-makers, curriculum planner from Ministries of Health and Education from the whole Arab Region and representatives from various Arab NGOs active in this field, UN Agencies and regional and international organizations.**

Education, a key instrument in the HIV/AIDS prevention, and particularly its integration of preventive education in school programs is the most urgent action to be acknowledged and further improved in the Arab Region. This falls within the follow-up of the EFA Cairo Recommendations and Framework for Action, (January 2000) and was subsequently reinforced at the Dakar World Education Forum, April 2000.

Even though, the dimension and trend of the epidemic in this part of the world differs from other regions and gives the wrong impression that the Arab Countries seem to be less concerned by the epidemic, relevant strategies need to be developed. There are two main factors that are related to the lower spread of the disease in the Arab Region: conservatism (cultural and religious obstacles) views and under-reporting (denial, lack of infrastructure). The influences of both tradition and religion are still very strong, and social taboos, especially related to sexuality and drug abuse are quite dominant, along with great respect for the value of family. The current epidemiological status of HIV/AIDS in these countries is based on self-reporting from Ministries of Health that, in more than a few cases, are not providing complete information on the actual spread of HIV/AIDS. This is mostly due to the lack of appropriate infrastructure and the shame of accepting the disease.

Therefore, there is a major risk in maintaining the current status in the Arab States since the likelihood of HIV/AIDS infection is on the rise. It appears clearly then, that institutionalizing HIV/AIDS education within the school system at large in this region will need much effort and focus from the multiple UNESCO fields of competence and on the two main areas- Education and Culture, that are the most relevant to the specificity of the Arab countries. Indeed UNESCO has a clear comparative advantage in areas of work concerning Preventive Education in HIV/AIDS, which should also play a key role in the development of culturally sensitive approaches to HIV/AIDS.

3. Objectives

Given that Education as a whole and, more specifically school, is a key instrument of prevention against HIV/AIDS and given the considerable interactions that exist between cultural norms and HIV/AIDS issue, the Regional Seminar general objective was to contribute to enhancing the prevention as regard HIV/AIDS among youth in the Region. More specifically it aimed at:

- Strengthening the awareness of decision-makers, curriculum planners at the level of the Ministries of health and Education, and NGOs of the need for preventive education on HIV/AIDS and the potential impact of the AIDS epidemic on the supply, demand and quality of education;

- Mobilizing the participants to urgently formulate effective school preventive educational strategies and programs at the national level, from a culturally sensitive perspective;
- Building participants' capacities through the introduction of the Educational Resource Package that has been developed jointly by UNESCO, WHO and UNAIDS;
- Sharing experiences and information on "best practices" as regard school HIV/AIDS education.

The ultimate goal of this seminar was to set up the basic platform for the formulation of a comprehensive long-term strategy/program based on consultation of every stakeholder in view of the institutionalization of HIV/AIDS education in culturally relevant curriculum and educational activities.

The seminar lasted five days and was organized to include plenary sessions, panel discussions and working groups. Representatives of each country gave a 10-minute presentation focusing on current efforts carried out at the national level, obstacles faced and future plans related to the HIV/AIDS situation and activities in their countries. An exhibition of educational material provided by the countries, NGOs, and UN Agencies was displayed at the seminar.

4. Participants

The seminar was intended to meet the needs of a broad category of participants and stakeholders from Ministries of Education and Health, and from NGOs. Three major categories were invited to participate in the workshop:

- Decision-makers;
- Curriculum planners; and
- Members of the civil society involved in the prevention activities.

In addition, and in close consultation with UNAIDS, NAP's Managers were invited since they are, the interface between various concerned Ministries and very often are responsible for coordinating efforts at the national level.

A total of 103 participants attended the seminar (Appendix II):

- 51 from 18 Arab countries (Algeria, Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Mauritania, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Sudan, Syria, Tunisia, United Arab Emirates, and Yemen)
- 23 UN International Organizations
- 22 Lebanese NGO representatives
- 7 Lebanese University and School representatives
- 65% of attendees were female

5. Language

The working language of the workshop was Arabic. Simultaneous interpretation was provided in English and French.

6. Methodology

Preparations for this seminar started a year in advance. A workplan listing sessions, objectives, contents, methodology, resource people and completion dates were developed and used as a timeline to prepare for this seminar.

Ten days prior to the opening of the seminar a press conference was held at UNESCO Regional Office in Beirut. The press conference was chaired by Her Excellency Ms Bahia Al

Hariri - Chairman of the Parliamentary Education Committee and ambassador of UNESCO for good intention, and attended by His Excellency Dr. Majdalan - Chairman of the Parliamentary Health Committee, Dr. Victor Billeh – Director of UNESCO Regional Office for Education in the Arab States, and Dr Habib Latiri – WHO Representative and UN Theme Group on HIV/AIDS, and representatives of the major television stations, broadcasting stations and local newspapers. The objectives and activities of the seminar were explained to the attendees and an information package was distributed to assist the mass media in presenting the seminar accurately to the public.

Partners that helped UNESCO Regional Office in Beirut prepare for this seminar included: UNESCO headquarters in Paris, UNESCO National Commissions in the Arab countries, National AIDS Programs in the Arab countries, the UN Theme Group on HIV/AIDS in Lebanon, UN agencies in Lebanon (WHO) and in the region, and Lebanese NGOs active in the field of HIV/AIDS education. The program of the seminar was planned to allow maximum time for interaction and active participation through discussion, work groups, case studies, reporting, and games.

7. Results of the Seminar

The following results were achieved before the end of this seminar:

- Increased participant awareness of the HIV/AIDS situation and its preventive education programs (as revealed by an information test given during session IX and participant evaluation forms, see Appendix IV)
- Distributed, presented and discussed the HIV/AIDS educational resource package to participants during session IX (package was developed by UNESCO, WHO and UNAIDS and distributed to all participants)
- Shared participant experiences and information related to HIV/AIDS activities in the Arab region during sessions, workgroups and other seminar activities also participant evaluation forms. (Appendix IV).
- Developed country work-plans to introduce HIV/AIDS preventive education into the school curriculum (see summary country plan reports below)
- Suggested regional strategies to institutionalize HIV/AIDS education within the school system (see report on strategies below).
- Formulated recommendations to develop and introduce HIV/AIDS preventive education to the region (see final recommendations below)

Result: Reports of Work Groups Country Plans to Introduce HIV/AIDS Education

Three groups worked on developing “country plans of action” to introduce HIV/AIDS preventive education into the school system. (see appendix III for group membership)

The following is a summary report of the action plans and recommendations developed by the three groups.

1. Situation analysis of the status of HIV/AIDS education in the countries of the region:

The analysis of the status of HIV/AIDS education by the three groups revealed the following:

- Official and well defined HIV/AIDS school curricula is not available in most of the countries of the region
- Teachers are inadequately prepared to teach the subject
- Teacher training programs are inadequate or nonexistent
- Parent participation in these programs is very limited and nonexistent in most of the countries of the region

- NGO participation is limited in most countries of the region and nonexistent in UAE, Qatar and Oman
- Teaching and audio visual material is insufficient and inadequate

The groups made the following recommendations:

- It is very important that regional governments commit themselves to the implementation and institutionalization of national HIV/AIDS educational programs in their school systems
- Qualitative and quantitative research should be conducted prior to the development of HIV/AIDS educational programs
- HIV/AIDS education programs should be based on results of research done that has included students, teachers and parents
- The Ministry of Education should coordinate with the Ministry of Health, NGO's, and community and religious leaders in the planning and implementation of HIV/AIDS educational programs
- Cultural, social and religious factors should be taken into consideration when planning HIV/AIDS educational programs in each country
- Regional cooperation is considered essential in the implementation of the above

2. Aims and Objectives of the Program:

The groups recommended that the same objectives mentioned in the manual for curriculum planners (page 16-17) be used as a guide for developing the objectives of the HIV/AIDS education program for each country with the following considerations kept in mind:

- The religious, cultural and social aspects in each country
- Time the school program in each country can allow for HIV/AIDS education program
- The capabilities of the teachers and students
- Avoid overlapping with other topics

3. Methodology and Levels of HIV/AIDS Education Programs:

- The three groups believe that HIV/AIDS education should be included in all grades. If this is not possible then it is recommended that HIV/AIDS information be provided at intermediate level and before sexual maturity.
- HIV/AIDS educational programs should be developed taking into consideration the developmental, emotional and social needs of each age group
- Integration of HIV/AIDS educational programs in the school curriculum was recommended by two of the work groups with the third group feeling that countries should be allowed to choose whether or not integrated or independent programs would better fit their needs.
- Cultural and religious beliefs related to issues such as virginity, importance of marriage, fidelity, and health laws should be included and emphasized in the curriculum.
- Active participation, group discussion, debates, case studies, and demonstrations should be the methodology emphasized in HIV/AIDS preventive education programs
- HIV/AIDS preventive health education should involve parents, teachers, the entire school body and community leaders

4. The Contents of the HIV/AIDS Educational Program

The groups recommended that the following be considered in preparation of the contents:

- Needs of each age group
- Life skills and positive behavior

- Objectives of the program
- Peculiarities of each country
- UNESCO strategies
- UNESCO model package

5. Teacher Parent and Peer Leader Training

The groups recommended the following:

- Teacher training programs are essential
- Active participation, communication and creative skills should be emphasized in teacher training programs
- HIV/AIDS training should be included in teacher training institute programs
- Refresher courses and continuing education programs for teachers
- Peer leader training programs should be developed to utilize students in HIV/AIDS educational programs
- Experienced specialist should be involved in the training of trainers.

6. Teaching and Audio Visual Material

- Textbooks and teaching material should be age appropriate and take into consideration the social, cultural and religious aspects of each country
- Appropriate creative teaching material should be developed
- Audio visual materials should be utilized whenever possible
- Teaching activities should be interesting and motivating to the students
- Teaching manuals should contain the most recent and up to date information on HIV/AIDS
- Teaching materials should be evaluated and updated on a continuous basis
- Special teaching material should be developed for parents that will encourage sincere open dialogue with their children
- Teaching materials should emphasize critical thinking and decision making

7. Monitoring and Evaluation

- Knowledge Attitudes and Practice Studies (KAP) should be conducted before developing the program
- KAP studies should be repeated after running the program to monitor and evaluate changes
- Regular evaluation of curriculum, teaching materials, and teaching methodology is recommended
- Knowledge, attitude, behavior and motivation of students should be considered in student evaluations
- Curriculum and teaching materials should be tested prior to using them with students
- Monitoring and evaluation should be ongoing
- Teacher performance should be based on training they have received in the subject

8. Coordination and Cooperation

The groups recommended cooperation and coordination at the following levels:

- The Ministry of Education with the Ministry of Health, NGO's, universities, community leaders and UN organizations in developing a national strategy for HIV/AIDS education
- School administration with teachers, parents and community leaders

- Regional and sub-regional levels to exchange experience, material, and lessons learned
- Countries outside the region in seminars, exchange programs and internet activities
- UNESCO, UNAIDS and other UN organizations

9. Financing HIV/AIDS Education Programs

- Schools should budget for HIV/AIDS education at an equal level with other school programs
- Assistance from various local sources should be investigated
- HIV/AIDS educational programs in countries should benefit to the utmost from finances available through UN and International organizations

Result: Regional Strategies

Group 4 worked on developing regional strategies for HIV/AIDS preventive education. (see Appendix III for membership)

The group defined the current and common strengths of the region as follows:

I. General:

- Existing common system of values, beliefs and traditions
- Common language
- Presence of expertise and human resources
- Increasing openness on HIV/AIDS preventive education in general
- Presence and role of NGOs

II. Governments

- Commitment, interest and presence of national programs
- Support for the integration of HIV/AIDS prevention in school programs
- Support for formal and non-formal HIV/AIDS preventive education
- Growing intersectoral approach to HIV/AIDS prevention
- Cooperation with the United Nations Agencies

III. NGOs

- Need to increase NGOs' involvement in HIV/AIDS prevention (local and regional)
- Need to build capacities
- Need to cooperate and coordinate between existing NGOs
- Lack of resources
- Encourage cooperation between governments and NGOs
- Need for a broader spectrum of activities and topics

IV. Civil Society/Community & Private Sector

- Need for more involvement
- Need to raise the perception of risk
- Build on common protective values and beliefs

The Priorities of the region are:

- Better coordination and cooperation between the health, education and social sectors
- Strengthen community involvement in preventive education

- Need for research (both qualitative and quantitative)
- Need to create a regional database
- Involvement of the youth in the development and execution of strategies and programs
- Integrate and promote HIV/AIDS prevention in an age and culturally appropriate manner
- Promote more advocacy to overcome resistance
- Strengthening the role of NGOs in and outside the school environment
- Focus on vulnerable groups
- Adopt evaluation system and impact assessment studies
- Reinforce and/or develop non formal activities for youth
- Design and produce more interactive and appealing material for youth
- Use creative channels for addressing youth
- Reinforce the school health system
- Increase access and affordability of care

Proposed Main Lines for a Strategy

After looking at UNESCO's Strategy in Preventive Education and their tasks, the group incorporated the priorities identified above as represented in the following table:

Main Lines	Corresponding Priorities
1. Advocacy and building alliances at all levels	<ul style="list-style-type: none"> - intersectoriality - community involvement - involvement of the youth - role of NGOs
2. Customizing the message	<ul style="list-style-type: none"> - research - overcome resistance - interactive and appealing material
3. Promoting safe behavior, changing risk behavior and reducing vulnerability	<ul style="list-style-type: none"> - research - integrate and promote - vulnerable groups - non formal activities - school health system - creative channels
4. Caring for the infected and affected	<ul style="list-style-type: none"> - role of NGOs - access and affordability of care - school health system
5. Generating data for policies and programs	<ul style="list-style-type: none"> - research - regional database - evaluation system
6. Capacity building	<ul style="list-style-type: none"> - role of NGOs - programs

Possible Sources for Sharing

Possible sources of sharing strategies and documentation for best practices in the region include:

- Regional WEB site
- Exchange visits, conferences, seminars
- Regional newsletters
- Support information centers and flow of documentation
- Establish interagency working group/task force
- Develop a technical resource pool

- Provide guidance for policy and legislation

Possible sources of Budget

Possible approaches to mobilize funding include:

- Advocate for commitment of resources by concerned governments sectors
- Develop regional level proposals on priority themes (various sources: UN agencies, bilateral donors, and international NGOs)
- Develop local and national strategies on HIV/AIDS education for youth to be submitted for funding (government, UN agencies, bilateral donors)

Mechanisms for Follow-up

- A suitable follow-up mechanism will be adopted
- Consultation with appropriate stakeholders

Result: Seminar Recommendations:

The following is a summary of the recommendations made by the seminar groups:

- The cooperation of the Ministries of Education and Health is essential during HIV/AIDS preventive education planning
- Parents, NGOs, religious and community leaders should take an active role in the implementation of HIV/AIDS education programs
- Cultural, social and religious factors should be considered when developing HIV/AIDS preventive educational programs for each country
- Students' educational and age specific needs should be taken into consideration when developing HIV/AIDS educational programs
- HIV/AIDS educational programs should be included in all grade levels. If this is not possible then it is recommended that HIV/AIDS programs be provided at intermediate level and before sexual maturity
- Active participation, group discussion, debates, case studies, and demonstrations should be the methodology of the HIV/AIDS preventive education program
- All modes of transmission of HIV/AIDS should be discussed thoroughly in educational programs to decrease social stigma attached to the AIDS patient
- Counseling, moral support and health care should be provided for patients and their families
- Cooperation at regional and sub-regional levels to exchange experience, educational material and curriculum plans should take place regularly
- Sharing and coordination of information, experience, educational material and curriculum plans should take place regularly at the international level and include UN organizations
- Frequent regional seminars similar to this one would be beneficial
- Accurate research, studies, and statistics are important in developing national strategies for HIV/AIDS prevention programs
- The educational package on HIV/AIDS prepared by the UNESCO Regional Office should be utilized as an important reference in planning of preventive programs
- Teacher training and production of educational materials should benefit from internet resources as well as other educational and new methods of accessing information
- Countries should provide all human and financial resources needed for the implementation of HIV/AIDS prevention programs

- HIV/AIDS educational program policies should be developed for each country. The assistance of the UNESCO regional office in developing these policies is essential.
- It is hoped that the UNESCO Regional Office will help the countries of the region in training of trainers, developing modern creative activities and audio visual materials, integrating the program into the school curricula and in research methodology.
- It is hoped that the UNESCO Regional Office will follow-up on these recommendations and assist the Arab countries in implementing the country action plans to introduce HIV/AIDS preventive education.

Proceedings of the Seminar

Opening Ceremony

The opening of the seminar included addresses by:

- Dr. Victor Billeh, Director of UNESCO Regional Office for Education in the Arab States – Beirut
- Dr. Habib Latiri, WHO Representative and UN Theme Group on HIV/AIDS
- Dr Albert Joukhadar, representing H.E. Mr. Suleiman Frangie, Minister of Public Health
- H.E. Mr. Abdel Rahim Mrad, Minister of National Education and representative of H.E. Mr. Rafic Hariri, President of Council of Ministers

The program of the opening also included a 10 minute video, “SIDA, il est temps que l’école agisse” specially subtitled in Arabic for this event.

Attendees at the opening included participants, officials from various ministries, leaders of NGOs, educators, mass media representing television and newspapers, and officials from the city of Brumana. Dr. Majdalani, head of the parliament committee on health and Mrs. Bahia El Hariri Head of Parliamentary Commission on Education and UNESCO also in attendance.

Dr. Victor Billeh welcomed the participants and the audience and thanked the Lebanese Government, Ministers and officials, and all UN organizations that assisted in the preparations for this seminar. He extended the personal greetings and well wishes of the Director General of UNESCO.

Dr. Billeh talked about the threat of the HIV/AIDS virus and its devastating influences on humanity. He continued by presenting the role of UNESCO in combating this disease through education and prevention programs. The objectives of the seminar and their importance to the UNESCO program in the region were presented. The educational Resource HIV/AIDS package adapted specifically for the Arab region with the assistance of WHO was mentioned with an explanation of the contents and its importance in developing future HIV/AIDS preventive programs for the Arab States. He concluded by gratefully thanking H.E. Mr. Rafic Hariri for his patronage of this event, all contributors to the seminar and gave special thanks to UNAIDS program for their technical and financial support.

Dr. Habib Latiri briefed the audience on the situation of HIV/AIDS in the world and the status and challenges in the Arab region. He stated that Arab countries should remain vigilant in fighting the disease even though numbers of cases are currently lower than other parts of the world and work on prevention in hopes of keeping epidemic numbers of cases from increasing in the region. He explained the role of WHO in fighting the epidemic, how it cooperates with UNAIDS and UNESCO in prevention of the disease, and pointed out WHO’s

full support of introducing HIV/AIDS preventive education to school systems as this is the only effective means of combating the spread of the disease.

Dr Albert Joukhadar on behalf of the Ministry of Health spoke about the Lebanese Ministry of Health's efforts to introduce the HIV/AIDS education program into the school system, the medical care being provided, and the budget of one million dollars for HIV/AIDS medicine provided by a government already under monetary strain. He closed by extending the personal greetings of the Minister of Health, Mr. Franjeh, to the participants. He then thanked UNESCO and its regional office for organizing this important seminar and wished the participants the best of luck.

H.E. Mr. Abdel Rahim Mrad felt honored to have been asked by the President of the Council of Ministers to represent him at the opening of this seminar. He then went on to express the importance the Ministry of Education places on HIV/AIDS preventive education at all levels in the school system as it may be the best available method of keeping this disease from increasing in magnitude in the region. He thanked UNESCO regional office, UNAIDS, the Lebanese National Committee of UNESCO for organizing this seminar this seminar wishing the participants the best of luck.

Session I

Dr. Ramzi Salame, Programme Specialist at UNESCO-Beirut, led this session along with Ms Noha Bawazir, Liaison Officer and HIV/AIDS Focal Point at UNESCO-Beirut, and Dr. Mounah Geha, UNESCO Consultant. The objectives, program and organization of the seminar were reviewed. Questions of participants were answered and the chairperson and vice-chairperson for each session were assigned (see appendix I).

Session II: Facts about HIV/AIDS in the Arab World

Presenter: Mr. Ussama Tawil, Inter-Country Program Advisor – UNAIDS

Chairperson: Ministry of Health/Lebanon

Vice-Chairperson: Algeria

The main points presented in this session included the following:

Global Situation

- The first cases of AIDS were reported in the early 1980s. By 1983, there was evidence of spread in Sub-Saharan Africa and by 1985 all regions of the world had reported at least one case.
- It was estimated that there were 36.1 million persons living with HIV/AIDS by the end of 2000, including an estimated 5.3 million new infections occurring in that year.
- HIV transmission occurs through sexual intercourse (heterosexual or homosexual), infected blood and from an infected mother-to-child.
- Throughout the world, younger age groups are the most likely to be infected.

- There are various biological, behavioral, economic and socio-cultural factors that determine HIV infection.
- Currently, multiple epidemics exist that vary in scale and features across the world.

Regional Situation

- There was an estimated 400,000 persons living with HIV/AIDS in the Middle East and North Africa by the end of 2000.
- While this Region is still among the least affected in the world, the number of cases is increasing.
- The total reported AIDS cases reached 10,479 in 2000, 1236 of these having been notified in 2000.
- Sexual contact is the dominant mode of transmission, while transmission related to injecting drug use currently accounts for 4% of the reported cases.
- The HIV/AIDS surveillance system in countries is not comprehensive, resulting in considerable under-reporting and lack of data on prevalence in specific populations.
- There is considerable variation across countries. Most countries have a “low prevalence” status, with a few having a “concentrated” or “generalized” status.

Diversity in the Region

- If we look at countries within this Region, the worst affected are those in the Horn of Africa where there is a combination of poverty, population displacement, political instability and weak health structures.
- In North African countries there is concern with migration and socio-economic factors of vulnerability.
- Currently, in many other countries, the risks are not very clear or they are related to specific groups, such as drug users or those at risk of sexual exposure.
- Outbreaks are occurring among injecting drug users in certain countries.
- Across the entire Region, younger people are a concern.

Determinants of Infection in the Region

- Changes in sexual norms among younger generations.
- Increased drug use, including drug injecting.
- Extent of mobility and migration.
- Influences of global culture on life-styles.
- Commercialization and social-economic disparities.
- Inadequate access to health and social services.
- Consequences of conflict and displacement.
- Stigmatization and social attitudes.

Elements of the HIV/AIDS Response

- Establishment of National AIDS Programs and supportive policies.
- Blood screening and adoption of universal precautions in health settings.
- Surveillance of HIV/AIDS and STDs.
- Awareness campaigns for the general and specific populations.
- School-based education.
- Prevention and care of STDs.
- Health care for persons living with HIV/AIDS.

Challenges for the Future

- Working with the most vulnerable groups.
- Establishing voluntary counseling and testing.
- Complimentary approach between sectors, including education, health, labor, security, migration, etc.
- Introducing legislation that would reduce stigmatization and discrimination.

Challenges to Working with Young People

- Focus on young people as an opportunity.
- Identify sub-groups at greater risk among young people.
- Adapt prevention messages and approaches, as well as provide services.
- Strengthen coordination between sectors, including NGOs and researchers.
- Ensure coverage of information and services for all young people.
- Seek social and policy consensus on programs for young people.

School Education and HIV/AIDS

To achieve one of the goals identified on young people by the Declaration of Commitment at the United Nations General Assembly Special Session on HIV/AIDS held in June 2001—*reduce by 2005 HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25 per cent, and by 25 percent globally by 2010* – it is essential to reinforce prevention efforts for, with and by young people. To this effect, school education in the Arab World continues to provide a critical opportunity to focus HIV/AIDS and STD prevention efforts before young people adopt set behavior patterns. It is also a channel to reach a large number of young people and ensure their active participation in the future of their community.

Session III: Presentation of National Reports by Countries
Presenter: Representatives of Algeria, Bahrain, Egypt, Iraq, Jordan, Kuwait
Chairperson: Yemen
Vice-Chairperson: Tunisia

Algeria

Present situation of AIDS/HIV cases in Algeria according to the report presented is as follows:

- At the age group of 20-49 years there are 293 registered cases of males and 104 cases of females (this group constitutes 79% of all registered cases)
- At the age group of 50 and above there are 32 registered cases of males and 14 cases of females (this group constitutes 9% of all registered cases)
- At the age group 0-14 there are 12 registered cases of males and 7 cases of females (this group constitutes 4% of all registered cases)
- At the age group 15-19 there are 3 registered cases of males and 1 registered case of female (constituting 1% of the total)
- Undetermined: there are 19 males and 15 females (constituting 7% of the total)

Efforts of the Algerian Government:

- The National Committee for the Struggle Against AIDS was established in 1989
- NCSS is a multidisciplinary committee that includes representatives from 18 ministries, 3 NGO's and 6 commissions
- Official commitment by the Government to reinforce the action against AIDS was issued in November 2001
- The president of the Republic participated in the ABUJA Summit on HIV/AIDS (April 2001)

Efforts of the Ministry of Education:

- Two programs were developed: sexual education integrated in fundamental education, and sexual education non-integrated in fundamental education
- Main achievement of the integrated program: teacher training, development of two teacher's guides
- Main achievement of the non-integrated program: development of a manual on health education for the school system
- The main school activities include: celebrating AIDS International Day, distributing of folders, video projection, drama, poetry and painting competitions, exhibitions...etc.

Efforts of NGOs:

- National Associations
- Local Associations
- Representation at the NCLS
- Maghreb/Middle East Network Bahrain

Bahrain

The present situation of AIDS/HIV cases in Bahrain, according to the report presented, is as follows:

- The number of registered HIV/AIDS cases in Bahrain during the period January 1986-December 2000 was 742
- 216 of the above cases are Bahraini nationals and the rest are non-nationals
- Number of AIDS cases was 78 (10 of these 78 cases are still alive)

The efforts of the Ministry of Health:

Some of the Ministry of Health's activities include:

- Screening before marriage
- Screening for imported workers
- Providing awareness and counseling programs
- Strict procedures for blood safety
- Established a national committee for AIDS prevention

The efforts of the Ministry of Education:

Bahrain school system has an advanced health education program with adequate HIV/AIDS information included in the following subjects:

- Science: HIV/AIDS education is a component of the secondary school biology books including information on the virus, transmission, incubation, symptoms, prevention, care

and treatment. Also, the science book of the second intermediary has an introduction to AIDS, its impact, prevention and the efforts the Gulf States are involved in.

- Family Education: The curriculum of family education at the secondary level includes HIV/AIDS education under the subject of sexually transmitted diseases (STD) and discusses ways of transmission, incubation, symptoms, causes and prevention.
- Religious and Social Studies: First and second intermediate curriculum includes HIV/AIDS information in the subjects of Islamic Ways of Healthy Living, Bad Effects of Smoking, Drugs, Alcohol and other Forbidden Items.

Also, the School curriculum in Bahrain emphasizes extra curricular activities, physical education and promotes healthy habits.

NGO efforts

Many NGOs are participating in the activities of HIV/AIDS prevention education. They run their own activities and support the Ministries of Health and Education activities. These NGOs include: Bahrain Red Cross, Physicians Association, Family Planning Association, Reform Association, The Islamic Cultural Association and others.

Egypt

The following are the main points included in the Egyptian report:

- In 1993 and 1994 the Ministry of Education revised and developed the school curriculum for the elementary and intermediate levels and introduced a number of contemporary issues including HIV/AIDS preventive and curative programs.
- Health education program was integrated into this new curriculum
- The science curriculum included HIV/AIDS under the following subjects:
 - Reproduction in human beings
 - Sexually Transmitted Diseases (STD)
- The religious studies curriculum for 5th elementary discussed HIV/AIDS and STDs under the subject: Importance of Values in Prevention
- The third elementary book gave appropriate information on HIV/AIDS
- Ministry of Education produced special activities and teacher's manuals related to HIV/AIDS education
- Ministry of Education also produced a series of modules on health education with HIV/AIDS content. One of these modules (number 7) was exclusively on HIV/AIDS education)
- For each module developed by the Ministry of Education specific educational material was provided for the following groups:
 - Students
 - Teachers
 - School principals
 - Parents
 - Directors of local administration
 - Physicians
- In 1996 The National Aids Program in Egypt and the General Directorate of Communicable Diseases organized a workshop on HIV/AIDS Prevention Education and Means of Integration into the School Curriculum
- The modules produced by the Ministry of Education were discussed in the above workshop, and books and brochures produced by the Ministries of Health and Housing related to the subject were also discussed and made ready for distribution.

The report displayed the elementary and intermediate curriculum at different grade levels and demonstrated ways health was integrated in various subjects.

Iraq

The present situation of AIDS/HIV cases in Iraq, according to the report presented, is as follows:

- Total number of registered cases of HIV/AIDS is 227 (114 cases were registered by the end of 1999)
- 88% of the cases are male
- 21% of the cases are children below 15 years of age
- 49% of the cases are between 15 and 29 years of age
- 84% of the cases are related to imported blood, 11% related to sexual activities, and 5% mother to infant

The efforts of the Ministry of Health:

The Ministry of Health cooperates with other ministries, WHO, NGOs, and the National Aids Program in the fields of prevention and treatment. Some of the activities carried out by the Ministry include:

- Production of educational material
- Participation in developing school curriculum
- Active participation in the International AIDS Day
- Participation in developing school curriculum
- Active participation in the International AIDS Day
- Mass Media public programs
- Participation in the regional and national seminars and conferences
- Development and distribution of books, manuals and calendars
- The National Aids Program in Iraq works to prevent HIV virus transmission during sexual activities, blood transfusion during pregnancy. The program also provides care for infected persons.

The efforts of the Ministry of Education:

- HIV/AIDS preventive education is integrated in the Iraqi school curriculum at elementary, intermediate and secondary levels
- The main subjects of integration are biology and health
- Schools organize lectures, seminars, exhibitions and produce audio-visual materials
- HIV/AIDS preventive education is included in the curriculum of the teacher training institutes

NGO efforts

- The Union of Iraqi Women and Union of Youth and Students together with NGOs include HIV/AIDS prevention activities in their programs
- Family Planning runs 136 clinics in Iraq and includes HIV/AIDS preventive education in its programs

Jordan

Introduction

Academic educational system in Jordan consists of 2 educational stages:

- Elementary Education with 10 grades
- Secondary Education with 2 grades

Vocational/Occupational Education consists of 2 grades after elementary education

Current AIDS/HIV education in the curriculum

- Elementary
 - 8th grade – has less than half a page about sexual abuse (subject: National Education) and AIDS is mentioned as a possible result of this abuse
 - 9th grade and 10th grade – AIDS is explained, in one page, as a disease with its modes of transmission in Biology
- Secondary academic schools
 - AIDS education is included in second grade Biology, Islamic Studies and Culture
- Occupational schools
 - AIDS is included in the first year of nursing programs
 - In biology, anatomy and Physiology classes
- Comments: AIDS is included within the curriculum but with short explanations about the disease and with little emphasis on religious issues neglecting logical and scientific explanation and continuity. Sex education and STDs are not included in the school curriculum

Educational activities in the field of prevention and counseling

The Ministries of Health and Education implement educational activities on disease prevention and wrong behaviors of youth through the educational counselor and school physician as free extracurricular student lessons.

NGO efforts

The main active NGO in the field of HIV/AIDS education in Jordan is Family Planning Association. Its activities include teacher training, awareness programs for schools, rehabilitation centers and the general public.

Recommendations

The report made the following recommendations:

- Current HIV/AIDS curricula is insufficient and requires further development and structure
 - More coordination between educators and physicians is suggested
- HIV/AIDS education should begin by age 14

Kuwait

The present situation of AIDS/HIV cases in Kuwait, according to the report presented, is as follows:

- HIV/AIDS cases at the end of 2000 was 835 with 61 AIDS cases
- Most cases are within the ages 20-59
- Most cases are sexually transmitted

The efforts of the Ministry of Health:

In 1992 the Ministry of Health established a special committee for AIDS prevention with the following main responsibilities:

- Develop an overall policy for prevention and treatment
- Develop plans and programs to increase awareness of and protection from HIV/AIDS
- Develop educational material
- Information gathering through research and studies
- Encourage research and studies
- Train physicians and technicians
- Protect patients' rights through laws and regulations
- Monitor and evaluate the AIDS/HIV situation

The efforts of the Ministry of Education:

An analysis of the Kuwaiti school textbooks revealed the following:

- At KG and elementary levels there is no mention of HIV/AIDS
- At Intermediate school the 4th grade science book included the following contents on HIV/AIDS education
 - Causes
 - Transfer
 - Effects
 - Prevention and treatment
 - Efforts of Gulf States in fighting the virus
 - Family role in prevention
 - Values of marriage
- At secondary level:
 - The HIV/AIDS education program is part of the religious studies and includes the following:
 - Good Conduct
 - Abiding by Islamic Laws and Values
 - Adultery
 - Alcohol and Drug Abuse
 - The science book includes HIV/AIDS education as part of STD education and includes the following information:
 - Immunity and AIDS virus
 - Diseases Associated with HIV/AIDS
 - Transmission
 - Prevention

Session III Presentation of National Reports by Countries (cont.):

Presenter: Representatives of Lebanon, Morocco, Oman, Palestine, Qatar
Chairperson: United Arab Emirates
Vice-Chairperson: Syria

Lebanon

The national AIDS program in Lebanon was established in 1989 as an outcome of cooperation between the Lebanese government and WHO.

The present situation of AIDS/HIV cases in Lebanon, according to the report presented, is as follows:

- 316 HIV positive cases (199 AIDS cases)
- 69.3% of the cases are related to sexual activity, 8.3 % related to contaminated blood, 8.5% drug addiction, 4.1% mother-to-child, and 9.8% unspecified
- 31.5% of the cases are within the age group 31 to 40
- 78.5% of the cases are males
- 47.6% of the cases are imported and 52.4% local

The efforts of the Ministry of Health:

The Ministry of Health through the National AIDS Program with the assistance of WHO is implementing a national AIDS program with the following objectives:

- Establish standards for prevention
- Reduce suffering of patients and families
- Provide care and medicine for patients
- Provide counseling for patients and families

The efforts of the Ministry of Education:

The Ministry of Education signed a contract with the Ministry of Health, National AIDS Program, and WHO in 1995 aimed at the introduction of HIV/AIDS education to the intermediate and secondary school system in the country. A joint committee was established for this purpose including the Educational Center for Research and Development, National Aids Program, Health Education Unit of the Ministry of Health, specialists in the field, representatives of parent committees and educational institutions. The achievement of this committee was the development of an HIV/AIDS educational program in English, French, and Arabic for the intermediate and secondary level that emphasized knowledge, skills, attitudes and practices related to HIV/AIDS education. Due to objections raised by some schools and religious groups this program was only implemented at the secondary level in first and second grades as part of the health education program that is already integrated in civics, sciences, languages and social studies.

NGO efforts

At present there are 10 active NGOs in the field of HIV/AIDS prevention. Their main activities include:

- Production of pamphlets, brochures, etc
- Organization of awareness programs in schools and NGOs
- Organization of exhibitions, lectures, debates, workshops and seminars
- Provision of counseling and assistance to patients and their families

Morocco

The present situation of AIDS/HIV cases in Morocco, according to the report presented, is as follows:

- Number of HIV/AIDS registered cases during the period 1986 – June 30, 2001 was 879
- 70% of cases are between 15 to 39 years of age
- 78% of cases are sexually transmitted

The efforts of the Ministry of Education:

The school system in Morocco aims at improving the students' and teachers' health and involves the students in healthy activities. The school health program provides first aid services, health and psychological counseling. Activities provided in the school health program include:

- Health education campaigns
- Fighting bad habits
- Awareness campaigns
- Effective positive community behaviors
- Prevention education on STDs
 - HIV/AIDS is included in STD curriculum of grades 6 and 9 basic level and grade 1 and 2 of the secondary level
 - HIV/AIDS program is integrated in natural sciences, Islamic education. Social studies and family education programs
 - Main activities of the HIV/AIDS program are:
 - Health club

- Contests
- Round table discussions
- Lectures
- Celebration of World AIDS Day
- Production of brochures, posters and manuals

Ministry of Health and NGO efforts

The Ministry of Health and NGOs are active in the above programs of the Ministry of Education.

Oman

The following is a summary of the report presented by Oman:

Rapid social, economic and demographic changes in the Sultanate of Oman have led to a remarkable change in the map of health problems and risks that face the population of the country. New non-contagious diseases, and other ailments caused by certain life styles occupy an important position among the nation's health services priorities.

The first AIDS case was reported in the Sultanate of Oman in 1984. Because of Islamic religious teachings and the deeply rooted values that characterize Omani society, the rates of infection are still low in the country. Still, the Omani government is not complacent about the issue. Moreover, the government does not feel unconcerned towards this international epidemic.

Since it was launched in Oman in 1987, the National Campaign to fight AIDS attains great attention in all health programs and plans of the Ministry of Health. The campaign was part of the 4th and 5th five-year plans. It is also included in the current 6th five-year plan which ends in 2004. The Omani National Program has carried out the following tasks:

- A national campaign to make people aware of the problem and to guide them to avoid risky behaviors.
- Enforcement of measures for the safety of blood in the country so as to exterminate the risks of infection by blood transfusion.
- Encouragement of voluntary check ups
- Set up of a surveillance system to observe the AIDS virus, limit its spread and record its future trends.

The Ministry of Education is also playing a very important role in this field. With the collaboration of other parties such as the Ministry of Health, The Ministry of Education conducts several activities and functions relevant to school health programs in fighting AIDS. These activities include the following:

- Inclusion of AIDS in health education program for preparatory and secondary levels
- The International AIDS Day activities include: lectures by doctors, speeches by students, distribution of educational materials, workshops, exhibitions and theatrical plays.
- Inclusion of a topic about AIDS in a book titled "Facts about Life" published in 1996/7. Almost 40,000 copies of this book have been distributed to second secondary school students.

The Omani Ministry of Education includes in its curricula health topics that are directly relevant to the life of Omani people:

- The Department of Science and Mathematics curricula has included AIDS in the Biology course of grade 12 (Science Stream). The subject has been dealt with from all aspects such as its causes, history, symptoms, and ways of infection. Its effects on the immunity

system of the human body are also dealt with. The curricula provide information on methods of protection against this disease and include religious and health guidance and advice in helping to avoid infection.

- AIDS has been included in the Science course for Grade 12 (Arts Stream).
- Science curricula of third preparatory of general education and grade nine and ten of basic education will include topics about AIDS in the forthcoming years.
- The secondary Islamic education curricula deal also with this issue.

The main recommendations presented in the report:

- Include the study of AIDS in the curricula of elementary and preparatory grades because many students leave school before they reach secondary level.
- Acquaint teachers of all aspects of this killer disease and encourage them to explain it to their students.
- UNESCO and other concerned international organizations should provide member countries with necessary expertise to activate their curricula enabling them to have a positive and effective role in students' behavior and conduct.
- Exchange of expertise between different countries on how to activate their programs on fighting AIDS
- Establishment of regional units to unify efforts in activation of these programs.

Palestine

The present situation of AIDS/HIV cases in Palestine, according to the report presented, is as follows:

- The estimated number of HIV/AIDS cases is 250 to 400
- The number of accumulated AIDS cases is 36 (21 dead)

The efforts of the Ministry of Health:

The National Committee for STD at the Ministry of Health together with the National AIDS Program organizes the following activities:

- Blood screening for vulnerable groups and marriage applicants
- Organization of lectures
- Production of educational material, brochures and posters
- Participation in the school health program
- Providing drugs and treatment

The efforts of the Ministry of Education:

- Two KAP studies were done in Palestine
- HIV/AIDS educational activities are integrated in the Health and Environment program
- The HIV/AIDS program is planned to meet the academic level of the students
- The program is taught by the teachers of health and environment
- HIV/AIDS is included in the Population curriculum
- Participation in the International AIDS Day
- Cooperates with NGOs (especially in the training of teachers)
- Cooperates with EMRO, UNFPA, UNDP and UNRWA

NGO efforts

- NGOs support activities run by the Ministries of Health and Education
- Cooperate in the teacher training programs of the Ministry of Education
- Conduct awareness campaigns

Recommendations

The report made the following recommendations:

- Increase support to health education, STD and AIDS programs
- Involve the students in the planning and implementation of the above programs
- Increase the role of schools and students in community awareness and prevention activities
- Increase support for youth health education

Qatar

The analysis of schoolbooks in Qatar for HIV/AIDS content revealed the following:

- Intermediate level
 - Science book of second intermediate level includes the following subjects:
 - AIDS its Causes and Means of Transmission
 - Prevention and Treatment
 - Importance of Early Marriage from an Islamic Point of View
 - Prevention Efforts Made by Qatar and the Countries of the Gulf Region
- Secondary level
 - Biology book of second secondary level includes HIV education in:
 - Immune system
 - Causes of AIDS disease
 - Effects of AIDS on the Immune System
 - Transmission and Means of Prevention
 - Biology book of third secondary level includes HIV education as part of the STD curriculum

Recommendations:

The report made the following recommendations:

- More attention should be given to HIV/AIDS education
- The subject should be better covered in science, religion and social studies
- The celebration of AIDS World Day should involve the students in a variety of activities and should be accompanied by awareness campaigns
- Strengthen cooperation among the Ministries of Health, Education and Information
- Utilize all mass media means available in providing awareness programs
- Organize regular meetings for professionals at the regional level and encourage exchange of information and experience
- Pay more attention to teacher training
- Involve the students in workshops and seminars related to the subject

Session IV: One or more Strategies in HIV/AIDS Preventive Education for the Arab Region

Presenter: Dr. Malika Ladjali, Senior Program Specialist – UNESCO – Paris

Chairperson: Kuwait

Vice-

Chairperson: Sudan

The following strategies were presented and discussed:

Advocacy at all levels

- Political commitment – effective leadership

- Mobilization of various Government Departments e.g. Education and Health and others, if any
- Mobilization and coordination with all sectors – particularly religious leaders, media, school personnel, parents associations, etc.

Customizing the message

- Ensure scientific validity of messages
- IEC to culturally sensitive and non-judgmental
- Messages to be tailored to the target audience

Changing risk behavior and vulnerability

- Healthy life style, child and adolescent friendly formal and non-formal skills based programs
- Adolescent and child friendly services including counseling
- Curriculum sensitive to gender and culture

Caring for the infected and affected

- Human rights for health care
- Reducing stigma and discrimination through positive attitude
- Providing care and support to infected and affected people

The group that worked on developing strategies for the region used the above strategies as a model.

Session V: Preventive Education about HIV/AIDS for Youth

Presenter: Ms. Sana Nemr, Ms. Rana Ibrahim & Mr. Fadlallah Hassouna

Chairperson: Kuwait

Vice-

Chairperson: Sudan

IPPF Experiences at the Regional Level

By Ms Sana Nemr, Representative IPPF Regional Office

- IPPF has programs in 170 countries throughout the world including 14 countries in the Arab region
- IPPF serves the following Arab countries: Mauritania, Morocco, Algeria, Tunisia, Egypt, Sudan, Djibouti, Yemen, Bahrain, Palestine, Lebanon, Syria, Jordan and Iraq
- IPPF strategy for year 2000 emphasized programs for youth and their needs
- The status of Arab youth in relation to productive and sexual health is as follows:
 - 50-55 percent of the population of the Arab countries are below 20 years of age
 - Arabs tend to marry at an early age decreasing opportunities for youth to finish their education, especially for females as they tend to marry younger than males.
 - Female circumcision is practiced to varying degrees in Egypt, Mauritania, Sudan, Djibouti and Yemen.
 - Reliable STD and AIDS statistics are lacking

- Reproductive health education for youth is unavailable or inadequate
- Lack of reproductive health programs for youth
- All local family planning NGOs have established special committees for youth. Some of their activities include:
 - Hotline services in Morocco, Algeria, Lebanon, Palestine and Syria
 - Youth care centers in Syria, Palestine and Jordan
 - Peer education programs in Tunisia, Algeria, Morocco, Egypt, Lebanon and Mauritania
 - Youth communication cells in Tunisia
 - Cultural, recreational activities and leadership training in Lebanon
 - Other activities include workshops, research and studies, and production of educational activities
- At the regional level IPPF has the following programs:
 - Regional counselor for youth and a regional youth committee
 - A strategy for the program Healthy Adolescent Lifestyle in the Arab World – HALA
 - A periodical on reproductive health
 - Annual festivals for youth
 - Organization of workshops and training courses
 - Joint programs with NGOs for youth
 - Production of training and educational materials

Session V (continued)

Information, Education and Communication addressing Youth in Lebanon Ms Rana Ibrahim, IEC Officer – NAP, Lebanon

- The presenter reviewed the world AIDS/HIV situation and talked about youth in relationship to AIDS/HIV and listed the main problems facing youth as follows:
 - Peer pressures
 - Contradictions between mass media and cultural/community messages
 - Gender discrimination
 - Incorrect information resources
 - Absence of family and school sex education
 - Effects of globalization and mass media
 - A study in Lebanon showed that the first sexual experience of secondary school students occurs at the age of 15 (29.5% of males and 2.3% of females)
 - 10.6% of secondary school students mentioned that they had four or more sexual partners
 - 23.9% of young people in Lebanon (age 15-24) have used condoms
- The National AIDS Program in Lebanon organized exhibitions on HIV/AIDS prevention that included posters, brochures, games, drama, debates and discussions
- Exhibition organizers found that youth understanding of HIV/AIDS was good while their understanding of STDs was poor
- It is recommended that the exhibition be organized in different locations throughout Lebanon and that it address all age groups
- Experience learned from the exhibition includes:
 - Youth are eager to learn more about HIV/AIDS
 - Youth would like to have understanding and knowledgeable persons to discuss HIV/AIDS and sexual matters with
 - Youth are creative and have great potential
 - Exhibitions can support but not replace formal educational programs dealing with HIV/AIDS

Session V (continued)

Peer Education among Youth

Mr. Fadlallah Hassouna, Environment Affairs Officer – Al Najda Al'Shabiya - Saida

The objective of this presentation was to give an example of NGO activities in the field of HIV/AIDS prevention. The presenter gave a description of the program that Al Najda Al'Shabiya has with the National Aids Program on HIV/AIDS preventive education for youth implemented in southern Lebanon. The main achievements of this program are as follows:

- 120 young men age 15-18 were trained
- 100 young men of age 18-25 had the same training
- 9 of the above group were trained as trainers and led 4 training courses for 15 to 18 year old males
- The program produced training manuals on peer education
- Organizes awareness campaign for around 223 young men
- The program was successful for the following reasons:
 - Support received from National AIDS Program and WHO
 - Preparation given to trainers
 - Enthusiasm and dedication of trainers
 - Support received from the parents of the trainees

Session VI: UNESCO's Strategy in HIV/AIDS Preventive Education

Presenter: Mr. Shankar Chowdhury, National Program Officer, AIDS UNESCO – New Delhi

Chairperson: Kuwait

Vice-

Chairperson: Sudan

The following is a summary of the presentation and main points of discussion:

Advocacy

- Ministry of Education
 - Has to develop its own response
 - Has to take ownership
 - Has to continuously review/refine policies and programs
 - Has to identify partners and stakeholders
- Ministry of health
 - Has to decentralize
 - Has to develop intersectoral links/collaboration

Addressing Denial

- HIV/AIDS is not an educational problem. It is a Health problem
- HIV/AIDS education will lead to moral de-gradation
- Conflicting values
- Will lead to sexual promiscuity
- No time in the curriculum

Policy

- Is it sex education?
- Is it reproductive health education?
- Is it adolescence education (ICPD)
- Is it family life education
- Is it population education?
- Is it life skills education?

Tips

- **Needs Assessment**
 - Base line surveys, focus group interviews, observation
 - HIV/AIDS in country data
 - KAP studies
 - Stigmatization and discrimination
 - Case studies

Why Preventive AIDS Education in Schools?

- Schools play a significant role in the HIV pandemic.
- HIV infection is in pandemic proportion.
- HIV/AIDS is affecting millions of young people.
- HIV infection is a chronic disease that affects the physical, psychological and social well being of individuals who are infected, their peers, families and community members.
- Schools need to provide HIV education along with education about sexuality, reproductive health, life skills, substance use and other important health education issues.
- Schools need to educate community members and work with them to determine the most appropriate and effective ways to prevent HIV infection among young people.
- Policies and curricula can provide highly visible opportunities to demonstrate a commitment to equity, gender and human rights.

Does the Curriculum

- Integrate HIV/AIDS education across the core curriculum and/or within comprehensive school health education?
- Provide all students, at each grade level, with age and gender appropriate learning experiences, and consider cultural and religious beliefs?
- Include information about the prevalence of HIV/STD among young people in the Nation/Area and the extent to which young people practice behaviors that place them at risk of infection?
- Set objectives that reflect the needs of students, based on local assessments and relevant research?
- Include lessons that provide opportunities to address a range of preventive options, e.g.. delaying sexual intercourse, condom use, no use of drugs, use of clean needles?
- Include opportunities to practice skills for avoiding HIV/STD, pregnancy and drug and alcohol use?
- Address the use of effective teaching strategies?
- Provide opportunities for parents and the community to learn about and reinforce education about HIV/STD?
- Help students recognize their attitudes and feelings about the HIV and people living with AIDS?

Session VII: Cultural Considerations in HIV/AIDS Education

Presenter: Ms Aicha Chouqairi, Mr. Hassan Hamoui & Ms Lina Abou Habib

Chairperson: Morocco

Vice-

Chairperson: Jordan

The Experience of North Africa (Maghreb)

The complexity of the epidemic has initiated a large debate on major social issues:

- The role of information, communication and education in HIV/AIDS prevention
- Research on notion of vulnerability and vulnerable groups
- Theories and concepts developed on the change of attitude
- The marginalization of affected individuals --research on social relations
- Treatment of affected individuals -- reconsider infrastructure and health system
- The relation between HIV/AIDS and development, HIV/AIDS and sexual education and gender, community mobilization and on the cultural approach in the prevention of HIV/AIDS.

Cultural Approach of Prevention and Care in the Maghreb: definition, components and integration within prevention action.

The sub-regional workshop held in Fes, Morocco from May 29 to June 2, 2001 and organized jointly by UNESCO Rabat and the Thematic group on AIDS in Morocco attempted to find a proper definition of the cultural approach in HIV/AIDS prevention and care, what are its components and the extent of its integration within preventive measures in the Maghreb Region. Discussions showed that efforts should be made in order to determine other issues and more sustainable actions for which countries of the Maghreb have not developed expertise yet. The World Declaration on cultural policies (Mexico, 1982) defines culture as a set that refers to spiritual, material, intellectual and emotional characteristics that define a social group or a society. Art and culture contain fundamental rights of a person, values, traditions and beliefs which and a number of factors that contribute to either prevent from or encourage vulnerability to STD/HIV/AIDS.

Maghreb countries constitute an entity with many common factors in which the first is the Islamic religion. Religion in these countries occupies a very important place in the definition of the way of living, perceptions and values. This can lead to the success or failure of many programs, particularly those related to health. Health issues are linked to sexuality and taboo that represent an obstacle to efficient intervention aim at improving the living conditions. It is prohibited to discuss the subject within institutions that protect social norms and values such as the family or school. There is a misconception about the disease that links HIV/AIDS to homosexuality and prostitution, both officially prohibited in the Islamic context.

Analysis has demonstrated that there is a high relationship between development and HIV/AIDS since it directly affects the economically active and productive population. In addition, the treatment of affected persons requires substantial material and financial investment and training of human resources. The confusion between religion and tradition complicates the intervention aiming at changing attitudes in these countries. However, this is

not easily discussed especially in situations where the level of illiteracy is high. Among the factors affecting HIV/AIDS interventions in this Region are:

1. Circumcision

Since the arrival of Islam to the Maghreb this tradition linked to religion has been widely practiced. It has become a family event in the urban communities while it is a tribal phenomenon in rural areas. Scientifically, it is a means to reduce the risk of STDs and HIV. However, in reality it is not properly practiced since the same material is repeatedly used for all patients, without any precautions or sterilization.

2. “Hajjam” (hairdresser and dentist)

These professions do not use sterilized instruments and they have access to a large category of the population, which contribute to propagate the virus.

3. The “Moussems” (cultural and religious practice)

In recognition of the good favors of a religious person, festivals are organized and are very popular. It is of tradition that men waste all their money on alcohol and have relations (unsafe in this case) with several partners.

4. Rural Migration

There are alarming poverty rates which are mainly due to structural adjustment policies, which have considerable impact on social issues. Migration moves toward urban areas for those people seeking a better life. These homeless people are at a great risk for infection since there is no control over them.

5. Manhood in patriarchal societies

Manhood in North African societies (less in Tunisia) is directly connected to the pre-dominant spirit of patriarchy (i.e. societies traditionally led by men). Indeed, man must demonstrate his manhood in several occasion, and especially in his sexual pattern. The actual number of sexual partners and pre-marital sex are indicators to measure manhood. Knowing that multiplication of partners represents one of the main factors of HIV/AIDS transmission, men are obviously at risk because of these misconceptions and lack of knowledge.

6. Marriage at an Early Age

This is a phenomenon resulting from the social conception of the woman’s role. By marrying a girl at an early age, parents assume that it is for her best, for her protection and to a certain extent because they are afraid of gossips and “shame” of having an unmarried daughter. Marriage can provide some sort of protection if there is mutual fidelity, but scientifically young girls' cervix (uterus) is very delicate and sexual intercourse can increase the risk of STDs infection.

7. Solidarity

In the course of history, solidarity has always played an important role in defining people ways of life. In difficult circumstances, during wars or natural disasters, mutual help and solidarity were values that gave comfort to people. These values have been transmitted from a generation to another and are present in the modern notion of “Twiza”, which shows the evolution of solidarity per se.

Development and Implementation of the Cultural Approach

The above-mentioned examples demonstrate of the importance that must be given to understanding social and cultural phenomena and their interaction with HIV/AIDS. This is the first step towards developing and implementing an efficient cultural approach that will be a valuable asset to planners and social actors.

However, more complex issues need to be scrutinized as well when developing projects in HIV/AIDS prevention. The evolution of social values, norms, and traditions is a process that depends on the internal factors coming from within a society. External factors have also great impact in particular in a rapidly changing world where globalization and new technologies determine the course of such elements.

In conclusion, it is important to take into account the following: changes must come from within, relevant intervention must be sustainable and foresee transfer of knowledge to the local communities and finally the scale of any project should be adapted to the requirements of a cultural approach.

School preventive education from an Islamic point of view

Mr. Hassan Hamoui, Supervisor of Education Department, ISESCO, Rabat

Health preservation from an Islamic perspective was the topic presented during part of this session with the main points discussed being:

- Taking care of your health is an important Islamic principle
- A Moslem is obligated to do his/her utmost to maintain good health and avoid behavior that might endanger his/her health
- Health principles followed by Moslems include:
 - General community health
 - Respect for Islamic community life
 - Abiding by Islamic Law
 - Personal health
 - Deep belief in Islam
 - Fear God
 - Reliance upon God
 - Cleanliness of body and spirit as well as environment
 - Abiding by Islamic Law
 - Self confidence
 - Protecting self from deviating from Islam
 - Eating appropriate food while avoiding forbidden foods
 - Exercise
- Role of Islamic education in HIV/AIDS education includes the following:
 - Encouragement of marriage
 - Forbids adultery
 - Forbids abnormal and homosexual relations
 - Forbids alcohol, drug abuse and bad habits
- Recommendations of the presenter:
 - Give more attention to youth and their needs
 - Implement a preventive strategy that will deal with problems being faced by youth

Gender Considerations in HIV/AIDS Preventive Education

Ms Lina Abou Habib, Director, Center for Research and Development, Beirut

Introduction

Gender considerations in HIV/AIDS preventive education were highlighted in this presentation. The speaker argues for the importance of integrating gender in preventive HIV/AIDS education and provides some related preliminary guidelines. In conclusion, the speaker discussed the importance of adopting strategies for gender equality at all

institutional levels (household, community, and state) in order to curb women and girls' increasing vulnerability to HIV/AIDS.

Gender Relations & HIV/AIDS: Why are women more vulnerable?

Facts and figures speak out

Recent statistics, research findings and reports seem to provide a clear indication that women and girls are increasingly affected by the HIV/AIDS epidemic. Indeed, there is increased evidence worldwide that the HIV risk for women is rising.

The following pointers are a case in point to illustrate the increasing vulnerability of women to HIV/AIDS (source: AVERT, "Women and HIV/AIDS", 1999)

- UNAIDS estimated that in 1996, more than 10 million women worldwide had been infected with HIV since the start of the epidemic, out of a total of over 25 million infected adults. Women accounted for 42% of the over 21 million adults living with HIV.
- Women are now close to half of the adults worldwide who become infected daily. Over 9 of 10 infected women live in developing countries.
- Women tend to be infected at a younger age than men.
- More than four-fifths of all infected women get the virus from a male sex partner (heterosexual transmission). The remainder becomes infected from blood transfusions or from injecting drugs with contaminated needles. Moreover, studies in Africa and other parts of the world indicate that many married women have been infected by their one partner – their husband.
- AIDS prevention campaigns often fail women by assuming that they are at low risk, or by urging prevention methods that women have little or no power to apply, such as condom use, abstinence and mutual fidelity.

Why are women and girls more vulnerable to HIV/AIDS? (source: AVERT, "Women and HIV/AIDS", 1999)

Women and girls vulnerability to HIV/AIDS is multi rooted and has been summarized in the literature on gender and HIV/AIDS according to the following three clusters of root causes.

Biological causes of vulnerability

- Research concurs that the risk of becoming infected with HIV during unprotected vaginal intercourse (i.e. without the use of a condom) is as much as 2 to 4 times higher for women than for men.

Women have a larger surface area of mucosa exposed during intercourse as compared to their male partner's sexual secretions. This contributes to their biological vulnerability to HIV/AIDS.

- Rape, violent sexual intercourse, and female genital mutilation increase the risk of HIV/AIDS transmission significantly
- A silent and untreated STD infection in women significantly multiplies the risk of HIV transmission

Economic causes of vulnerability

- Women's social and economic dependency and subordination often compromise their autonomy over decisions concerning their bodies, their sexual and reproductive health. When women lack access to and control over economic resources, they fear to be abandoned or to suffer violence and oppression from their male partners should they want to decide on how and when they have sex.
- Poverty and prostitution render women unable to have any power to protect themselves from HIV.

- Failure to respect the human rights of girls and women in terms of equal access to schooling, training and employment opportunities reinforces their economic dependence on men.

Social and Cultural causes of vulnerability

- HIV/AIDS prevention programs and interventions have focused on the mechanisms and screening of blood transfusions, information and communication about HIV transmission, awareness raising on abstinence, fidelity, safer sex, and condom promotion, as well as encouraging people to seek prompt information and care for STDs and HIV/AIDS. However, all of these strategies focus on solutions which women and girls can hardly control.
- When sex education and/or HIV/AIDS education is indeed integrated in the school system, girls remain at a disadvantage given the gender based obstacles to girls' education, particularly in developing countries, and the ensuing high girls dropout rate from schools.
- Violence against women is often accompanied by coerced sex, which increases the risk of HIV transmission.
- Multiple sexual partners are culturally accepted for both married and unmarried men. Monogamous women do not normally suspect that they are at risk and hence are least likely to seek preventive care or information about HIV/AIDS transmission.
- Women are expected to marry older men who tend to be more experienced and more likely to be infected.
- Men tend to have sexual relations with younger partners in order to avoid infection or because of widespread belief that sexual intercourse with a virgin cures AIDS and other STDs

Gender Consideration in preventive HIV/AIDS education

- Adolescent girls are highly vulnerable to HIV/AIDS (More so than adolescent boys)
- Traditions and customs are not conducive for women's empowerment and economic and social independence
- Strategies on preventive HIV/AIDS education need to address vulnerability of adolescent girls to HIV/AIDS

As such, education on Gender Equality becomes the cornerstone for preventive HIV/AIDS education.

Guidelines for integrating gender in HIV/AIDS preventive education

For preventive HIV/AIDS education to be effective and competent, it needs to integrate a clear gender approach and perspective.

As such, and despite its importance, preventive education focusing solely on mode of transmission and prevention of HIV/AIDS, may not be entirely helpful for curbing the transmission amongst girls and women.

Integrating gender into preventive HIV/AIDS education will thus require the following:

- Ensuring that girls have access to formal education and that their rights to education are respected. This entails taking account of the gender-based barriers to information and knowledge and to avoid risky sexual behavior.
- Recognizing the need to provide a comprehensive basis of knowledge about sexuality and reproduction.
- Acknowledging the need for girls and young women to have different gender related skills and information than boys and young men.

- Addressing gender roles and relationships and building skills for improved partner communication.
- Developing curriculum that aim to empower girls in making informed decisions about their bodies.
- Reinforcing the roles and responsibilities of boys.
- Linking preventive HIV/AIDS education to a community based referral system/service.
- Extending HIV/AIDS preventive education, particularly the components that address gender roles and relationships and capacity building skills to the household level.

The integration of gender in HIV/AIDS education needs to be based on and informed by a thorough analysis and understanding of the following:

- Gender-differentiated awareness of issues of reproductive and sexual health
- Gender ideology and norms around sexual behavior
- Differing motivation for sexual activity
- Varying powers to negotiate around sex and related risks

Session VIII: Presentation of National Reports by Countries

Presenter: Representatives from Saudi Arabia, Sudan, Syria, Mauritania, Tunisia, UAE, Yemen

Chairperson: Bahrain

Vice- Chairperson: Iraq

Saudi Arabia

The present situation of AIDS/HIV cases in Saudi Arabia, according to the report presented, is as follows:

- The number of AIDS cases since 1985 is 440
- No further information was provided by the report

The efforts of the Ministry of Health:

- The Saudi National AIDS Program is part of the Ministry of Health Preventive Health programs and has the following objectives:
 - Prepare and implement procedures related to treatment, prevention and importation
 - Develop statistical information on HIV/AIDS by geographic areas
 - Monitor and study cases
 - Supervise treatment
 - Coordinate with WHO
- The activities of the National AIDS Program include:
 - Organizing the meetings of the scientific committee for AIDS prevention at the level of the Kingdom
 - Coordinating with the executive office of the Ministerial Council of the Gulf States
 - Organizing HIV/AIDS preventive programs

The efforts of the Ministry of Education:

- HIV/AIDS program is a component of Religious Studies and includes early marriage, adultery, homosexuality and all actions that harm human health (alcohol, drugs, etc)
- HIV/AIDS is taught in Biology courses under the topics of health and disease, and classification systems.

- HIV/AIDS is a component of the school health program at intermediate and secondary levels
- The Ministry of Education cooperated with the Ministry of Health to develop a pilot educational program on STDs and AIDS that was recently introduced in the health education programs of the secondary and intermediate levels in two districts. This program considers the religion, culture and traditions of the country and emphasizes interaction between students and teachers. Teachers involved in this program were given special training. Based on the recommendations of the evaluation committee this program will be introduced in other districts of the Kingdom.

Recommendations

The Saudi report made the following recommendations:

- HIV/AIDS education programs should be based on Islamic beliefs
- HIV/AIDS preventive education should be well planned taking into consideration the culture and traditions of the country
- Emphasis should be placed on sports and extracurricular activities to keep students occupied and healthy
- Sex education at the schools should be complemented by the presence of good health services
- Teacher training should be emphasized

Sudan

The present situation of AIDS/HIV cases in Sudan, according to the report presented, is as follows:

- First case of HIV/AIDS was recorded in 1986
- Number of estimated HIV aids cases 400,000 by the end of December 2000
- Number of registered cases of AIDS by the end of December 2000 was 3,512
- Ratio of Male to female cases was 6:1 in 1988 and became 3:1 by 2000
- 97% of the cases were transmitted sexually
- The highest incidence of the disease is in the age group 20-49

The efforts of the Ministry of Health:

- The National AIDS Prevention Committee was formed in 1987
- The National AIDS Program is developing a five-year strategy
- The HIV/AIDS five-year strategy is expected to be flexible, decentralized and consider the needs of each district
- The Ministry of Health is cooperating with other sectors in HIV/AIDS prevention efforts

The efforts of the Ministry of Education:

- 1997 – two projects on HIV/AIDS education were started by the Ministry
 - The first project was with the National Council for Curriculum Development and introduced population education into the school system with HIV/AIDS information included
 - The second project introduced HIV/AIDS preventive education into student activities and adult literacy classes
- HIV/AIDS preventive education is integrated into the following subjects:
 - Religious Studies
 - Science
 - Environment
 - Applied Arts
- The main HIV/AIDS curriculum includes:
 - History and background

- Causes
- Transmission
- Symptoms
- Prevention
- Relation to STDs and bad habits
- 225 teachers were trained to teach HIV/AIDS curriculum

NGO efforts

The NGOs in Sudan are involved in:

- Preventive education
- Provision of social and moral support to the sick
- Home care
- Research and studies
- Training

Syria

The present situation of AIDS/HIV cases in Syria, according to the report presented, is as follows:

- Total number of registered HIV/AIDS in the second quarter of 2001 was 230 with 88 non-Syrian
- Total number of AIDS cases 84 (11 of the cases are non-Syrian)
- 71 deaths from AIDS by the second quarter of 2001
- 70% of the cases are in the age group 15-39
- 22% of the cases are female and 78% are male
- Mode of transmission: 67% heterosexual, 17% husband to wife, 8% homosexual, 8% unknown

The efforts of the Ministry of Health:

- In 1987 the Ministry of Health established the National AIDS Prevention Program and a Committee led by the Ministry and including other Ministries, NGOs, syndicates, and UN organizations (including UNAIDS Program)
- Training of teachers
- Lectures
- Production of teacher's manuals
- Summer camps for youth
- Workshops

The efforts of the Ministry of Education:

The strategies of the Ministry of Education for the HIV/AIDS education program are the following:

- To introduce HIV/AIDS preventive education to all students
- Increase awareness through school extracurricular activities and youth programs

HIV/AIDS preventive Education is included in:

- Third and second grade biology curriculum for scientific majors and part of the Arabic curriculum for literary majors
- Some Intermediate and secondary schools as well as vocational training schools have lectures provided by physicians on HIV/AIDS education
- Television programs

Recommendations and suggestions:

The report made the following recommendations:

- Introduce a structured HIV/AIDS education program based on activities, active participation and behavioral changes at the elementary school (6-12 years of age)
- Introduce HIV/AIDS educational programs in the curriculum of religious studies, social studies and biology at the intermediate school level (13-15 years of age) with emphasis on prevention and transmission
- The secondary school program should be based on the curriculum presented in the intermediate level with increased detail and openness provided
- HIV/AIDS education should be integrated whenever possible in scientific, social and religious studies throughout the curriculum

Mauritania

The present situation of HIV/AIDS in Mauritania according to the report presented is as follows:

- First cases of AIDS appeared in 1987
- In 1999, 6,600 cases were registered (3,500 of these cases were women)
- In 2000, the estimated number of HIV/AIDS cases were 10,000
- According to UNICEF/UNAIDS sources, the prevalence rates for youth (15-25 years of age) is 0.6% for girls and 0.4% for boys
- The ratio of infected men to women is 49/51, which means that more women are infected than men
- The transmission mode in Mauritania is mainly heterosexual

Efforts of the Mauritanian Government:

- A national multidisciplinary coordination committee was formed
- Government support was given to the Ministry of Health and Ministry of Social Affairs
- The personnel of NSPA (National Program for Struggle Against AIDS) was increased
- The state budget allocated for HIV/AIDS programs was increased more than two times
- Blood transfusion security was reinforced

Efforts at the level of NGOs:

- The list of NGOs (national and international) and UN agencies involved in the struggle against HIV/AIDS and cooperating with the National Program for the Struggle Against AIDS (NPSA) include: IDA (international), BAD (international), EU efforts, UNFPA, WHO, World Vision, UNICEF, Lutheran World Federation, Society for Women and AIDS in Africa (national and regional), Stop SIDA (national), SOS peers Education (national), Al Karamat (national), Khadimat El Mujtamaa (national), ASCY/Riyadh PK11 et 12 (national), GMJ (national), Together for a Maternity that Defeats Poverty (national)

Tunisia

The present situation of AIDS/HIV cases in Tunisia, according to the report presented, is as follows:

- Incidence of HIV/AIDS infection averages 70 cases per year
- Total reported AIDS cases (1985- 2000) – 608 cases (117 women and 55 children)
- Prenatal transmission is less than 5 cases per year

History of fighting AIDS in Tunisia

- 1985 – First AIDS case notification
- 1986 – Constitution of a multispecialist and multisectorial committee to elaborate a national program of HIV/AIDS prevention
- 1987 – Launch of the National AIDS Program (N.A.P.)
- 1992 – Constitution of a national technical committee by order of the Minister of Health that includes all partners involved in AIDS prevention and care from governmental and non governmental departments (NGOs).
- 1994 – Integration of reproductive health and AIDS in the school program of the ninth level of basic education
- 1998 – Integration of STD control and care in the N.A.P. which becomes NASTD Programs
- 2000 – Generalization of the combined anti-retroviral therapy for all HIV/AIDS patients according to clinical and biological criteria

Objectives of the National AIDS and STD Program

- Prevention of HIV transmission
- Reduction of the psychological and social impact of HIV infection on people living with HIV/AIDS and their families

Strategies of the National AIDS and STD Program in Tunisia

- Prevention of sexual transmission of HIV among the general population and target groups through provision of information, education and communication programs.
- Epidemiological surveillance of HIV through case notification, sentinel surveillance and epidemiological studies among vulnerable groups.
- Medical, psychological and social care and support for people living with HIV/AIDS. The Ministry of Health provides care and medicines free of charge including retroviral medicines and those, which treat opportunistic infections. Several partners from NGOs and governmental sectors also provide social support
- Management of STD syndromes

United Arab Emirates

Historic Review:

- 1984 – The import of blood was forbidden
- 1989 – The reporting of HIV/AIDS cases was made obligatory
- 1989 – The National AIDS Prevention Committee was established with 9 subcommittees at the level of the health districts

The HIV/AIDS program of the United Arab Emirates includes:

- Prevention programs
- Curative programs
- Social and financial support to patients and families
- Blood screening for patient

- Blood and organ donor screening
- Regular testing of:
 - University students
 - Pregnant women
 - Pre-operative patients
 - Marriage applicants
 - Prisoners
 - Blood donors
 - Employee applicants for both citizens and non-citizens
 - Applicants for temporary residence
 - Kidney patients
- Awareness campaigns through mass media
- Organization of seminars, workshops and conferences
- Publication of brochures, posters and educational materials

School curriculum and health activities

- HIV/AIDS education is taught as part of the science subject at intermediate level as part of the STD curriculum
- AIDS Week Programs are organized in cooperation with the Ministry of Islamic Affairs
- Awareness campaigns
- Health groups organized under the supervision of the school nurse

Yemen

The present situation of AIDS/HIV cases in Yemen, according to the report presented, is as follows:

- Cumulative number of reported HIV/AIDS cases by the end of 2000 was 874
- Transmission of HIV/AIDS:
 - heterosexual 76%,
 - homosexual 5%
 - blood transfusion 5%
- The ratio of infected male to female was 4:1 in 1995 and 2:1 in 1999
- The number of recorded cases in 1999 is nine times that of 1993
- 96% of cases are in the age group 20 to 39
- 55.58% of the cases are foreigners (first quarter of 2000)

Factors contributing to spread of HIV/AIDS in the Yemen

- Geographic location (close to the African Horn)
- Migration of Yemeni people, mainly youth, to other countries
- Poverty
- Active tourism
- Spread of sexually transmitted diseases
- Contaminated blood
- Lack of appropriate health services

The efforts of the Ministry of Health:

- The National AIDS Program is being strengthened and given more attention by the Ministry of Health. The first budget for this program was provided in 2001 and its main strategies include the following:
 - Organization of awareness and communication programs through schools and mass media
 - Monitoring the HIV/AIDS and STD situation in Yemen
 - Provide care and social support for patients and their families

- Blood safety regulations
- Organize training programs in Yemen and abroad
- Conduct research and KAP studies

Recommendations:

The report made the following recommendations concerning HIV/AIDS educational programs:

- Secure the political support of the government
- Increase awareness of citizens through mass media programs
- Introduce appropriate school programs with consideration for social, religious and cultural factors
- Secure the cooperation of all parties in prevention activities

Session IX: The HIV/AIDS Educational Resource Package: its objectives, methodology, activities and program

Presenter: Dr. Abdel Halim Joukhadar, Regional Advisor on Population IEC-UNFPA/Country Technical Services for Arab States (CST) – Amman

Ms. Nada Aghar, Project Officer – WHO/Lebanon

Chairperson: National Center for Research and Development, Ministry of Education/Lebanon

Vice-

Chairperson: Saudi Arabia

Main points discussed during this presentation were:

- Why do we need HIV/AIDS education in our schools?
 - To provide students with information
 - To strengthen their resistance to peer pressure
 - To delay early sex
 - To help them acquire positive safe healthy habits
- Presentation and discussion of the educational resource package developed by UNESCO includes the following manuals:
 - Curriculum planner
 - Teacher's manual
 - Student's manual
- Main issues presented and discussed during this presentation were:
 - Best age to start HIV/AIDS education is before maturity age
 - Gender differences should be considered when planning for HIV/AIDS education
 - Social, cultural and environmental factors should be considered in planning for HIV/AIDS education
 - Issues that might be difficult to discuss with students (condom use and sex) or might raise religious or cultural sensitivities should be made optional or dealt with to the best ability of the educator/teacher
 - KAP studies help in planning and evaluating HIV/AIDS preventive education programs
 - Presentation of HIV/AIDS education can be offered independently or be integrated into the curriculum and this choice should be based on the

educational laws and procedures of the country, the extent of the epidemic and country peculiarities.

- The HIV/AIDS education program should be creative, flexible, take into consideration cultural and religious factors and allow student participation.
- Parent and student leaders should be involved in the program
- Teacher training is an important part of HIV/AIDS education programs
- Evaluation and monitoring of HIV/AIDS educational programs should be an ongoing process

**Session IX Demonstration and Practice on HIV/AIDS
(cont.): Educational Material: Guide for Curriculum
planners, guide for teachers, and guide for
students**

Facilitator:: Dr. Mounah Geha

**Animators: Ms Mayada Kanj, Ms Rana Ibrahim, Ms Nada Aghar-
Naja, Ms Sana Nemr, Ms Nadia Badran**

Chairperson: Algeria

In this session the participants were divided into 10 groups and each group was assigned a facilitator. The groups participated in model activities and games related to HIV/AIDS programs.

One of the games was put in the form of a test including 45 questions covering most information related to the disease. These questions were answered individually, and then by the groups in order to indicate whether individuals or groups perform better. The game was successful in demonstrating group dynamics as a teaching method. It also showed that participants knowledge of the information related to HIV/AIDS is excellent.

In another game the members of the groups were given information related to three different HIV/AIDS programs and asked to exchange this information among each other and choose the best program. This game served the purpose of testing knowledge related to successful HIV/AIDS programs and at the same time gave a chance for group interaction and teamwork.

At the end of the session the following list of suggested Principles for Group Work in Schools was discussed and commented on by the participants.

1. I will not make fun of or put down another member of the group
2. I will not interrupt others
3. I believe that each member of the group has the right to keep some things confidential
4. I will stay on topic and not deviate
5. I will not discuss confidences shared in the group with outsiders
6. I will criticize ideas and not people
7. I will work to find the best solution for the group without putting myself first
8. I will encourage others in the group to participate and express their points
9. I will listen carefully to others even when I disagree with them
10. I will do my best to understand other points of view
11. I will be willing to change my viewpoint if I am convinced that another one is better
12. I will cooperate with other members of my group and do my best to maintain harmony

Session X: Creativity in Teaching HIV/AIDS: Role of Teachers

Presenter: Dr. Marie Noelle Belot, UNESCO Consultant

Chairperson: Egypt

Vice-

Chairperson: Mauritania

Introduction

Teaching HIV/AIDS prevention is not simply giving lectures: it goes beyond standing in front of a class room and providing facts about such a subject. Lots of program evaluations have shown that traditional methods of teaching of HIV/AIDS prevention for young people have not inspired sufficient behavioral change among that target population. The impact of such education on young people has been inadequate by any measure, even if knowledge about HIV/AIDS has increased, behavior attitudes remain the same. It is therefore important to change our approach of teaching if we want to be effective health educators. The most important part in teaching HIV/AIDS for young people is first of all an effective training of teachers/educators to help them to understand how to communicate healthy messages in an interesting manner.

Creativity in teaching HIV/AIDS

Briefly, creative teaching means being more innovative in developing interactive educational strategies designed to deeply anchor learning in a person by making it relevant to his/her individual personality within the context of his/her own country and environment. In this process of learning through active participation, the young person takes an honest look at his/her capacities in order to design the most suitable actions; acquires the skills needed to implement these actions. By the end of the process, he/she is a different person because he/she thinks differently and acts differently.

What is special about young people?

The most notable thing about young people is their restlessness, penchant for action, speediness and feelings of hope and invulnerability. These characteristics are fertile soil for any learning process. Educators should take this element as positive and useful for their teaching. Young people are ideal clients because their desire for independence makes actions designed and done by them particularly effective as learning tools. Teaching HIV/AIDS prevention has not been sufficiently successful because young people being naturally volatile risk-takers are not amenable to across-the-board solutions.

Creativity in teaching is probably the most important element of any curriculum on HIV/AIDS prevention. Teaching HIV/AIDS is an art by itself and it is certain that a teacher who finds appropriate, interesting and effective teaching tools can be called "an artist"!

Creativity in teaching means delivering messages in an interesting, modern and interactive way. Young people will learn better through various games, stories telling, role-play, demonstration, presentation, group work etc.

Person-to-person

When dealing with young people, the most important thing to remember is that each individual personality needs support on a person-to-person basis. They are at that difficult age, between childhood and adulthood, where every element in the personality stands on shaky foundations and confusion. Yet, they are driven and impatient risk takers, they like to experiment new things. Not yet mature enough and trustworthy to lean on, they easily fall prey to harmful influences and find themselves in a box. They continue unprotected sex

although they know how to obtain and use condoms and are aware of the certainty of death when AIDS develops.

As educators, it is impossible for us to deal with each young person on a sustained person-to-person basis. We must, therefore, develop tools to impart skills that allow a young person to become self-reliant as an individual and to voluntarily take responsibility to protect herself/himself against HIV/AIDS. There are at least two aspects: reinforcing the personality by helping the person to look within for personal resources; and anchoring the skills in that personality required to live a safe life.

Listen and learn

This process is effective only if there is no lecturing or talking down to young people. The health educator, an adult, does not approach young people as tender minds in need of counsel. Instead, he/she approaches them as maturing personalities who are the best exponents of their own lives. The educator listens more than he/she talks. His/her purpose is to learn from young people about the perception of their problems; to help them to prioritize those problems in the context of HIV/AIDS; and to encourage them to create positive actions they can take realistically in their own environments and circumstances. Then he/she helps them to acquire the skills, materials and determination to implement those actions successfully. Instead of being an educator, he/she is a sensitive mentor, coach, guide and facilitator.

Young people have within them the basic desire to learn and grow, therefore, the environment of the class has a large impact on whether their interest and desire are stimulated or left dormant. It is the goal of an educator to create a friendly environment classroom, a place where students like to be. They should feel equal and have trust in their peers and in their teacher. In creating such an atmosphere the students will continue to learn and grow both in the classroom setting and the real world that in fact is the final aim of the HIV/AIDS prevention program. I have found from my experience that this type of atmosphere is essential in developing creativity.

Being prepared

Young people have an intrinsic desire for learning and are basically good. A young person's intellect and emotions should become part of their learning and gaining of new knowledge, attitudes and skills. In other words the student is not a blank slate on which we write nor are they robots that we command but rather a living feeling individual who takes an active part in his/her own personal growth.

I have also found in my work that the teacher's organization is the key to successful classroom management. Being organized means being prepared and ready for class each time, having specific lessons ready, alternative educational strategies prepared, and having classroom policies that will physically organize the students. Being organized eliminates confusion and many potential discipline problems. It also creates a stable atmosphere and gives young people confidence in themselves. Even in such an atmosphere, discipline problems may occur. In handling these I realized that the best approach is to use verbal as well as non-verbal messages, positive reinforcement and proximity control. Effective use of these disciplinary actions together with good organization helps to maintain an effective class atmosphere while earning the student's respect.

By using these principals, teachers can not only help students learn more but also help them to come to know who they are; and have a better understanding of the world around them and how they fit in it.

Session XI: Planning, monitoring and evaluating HIV/AIDS Educational Programs: a case study from Thailand

Presenter: Dr. Marie Noelle Belot, UNESCO Consultant

Chairperson: Palestine

Vice-

Chairperson: Qatar

What is Qualitative Evaluation?

Qualitative methods help the HIV/AIDS evaluator understand participants' experience in greater depth than typical paper-and-pencil tests. The qualitative prevention program evaluator usually wants to know about the meaning participants place on their experience in the program

The qualitative evaluator uses words, observations, pictures, photos, or behaviors rather than numbers to reflect participants experiences. Participants' perceptions are important because their perceived reality is reality for them. A qualitative evaluator attempts to capture these perceptions through such methods as in-depth interviews, case studies, focus group discussion, or other participatory activities in order to understand the impact of the program.

What Good Qualitative Evaluation Should Be

At their worst, both quantitative and qualitative evaluation can be trivial, tedious, and boring. However, at their best, good qualitative evaluations should:

i. Capture the spirit of the program

Evaluators must strive to create a vivid picture of their program through participants' words, drawings, writings, and perceptions. The program should "come alive" not only as a result of the evaluation but through the process itself.

ii. Create a partnership between the evaluator and the program participants

Qualitative participatory evaluation allows evaluators to give up their "expert" roles and invites the real experts – the program participants – to become co-owners of the research process. Participants can take the roles of group leaders, data collectors, data analyzers, and presenters.

iii. Recognize and use the wisdom of program participants

Because HIV/AIDS prevention programs are set up to meet the needs of those they serve, the program participants themselves are important consultants and experts in efforts to improve a program.

iv. Improve services

One of the main purposes of evaluation is to make services better. Like a thermostat provides feedback to cool or heat a home, good qualitative evaluation provides feedback that allows the program manager to continuously improve his/her program. At its best qualitative evaluation is not an add-on but is built directly into the program.

v. Illustrate the differences the program is making in people's lives

The readers of an evaluation report should be able to see, through the eyes of the participants, why the prevention program is worthwhile, how it has improved people's lives, and the difference it is making in the community.

vi. Search for meaning behind numbers

If someone rated a program "6" or "8" on a ten-point scale, this information may not, in itself, be particularly enlightening or useful. Good qualitative evaluations help the evaluator dig better to find out the meaning behind ratings – what the participant really thinks about

aspects of the program, how the program could be improved, and why the program is doing well.

Qualitative Evaluation Methods

Participatory Methods

Participatory evaluation is as much a way of thinking as it is a set of techniques. The distinctive feature of participatory methods is the relationship between the evaluator and participants. Participatory evaluators attempt to flatten the expert-subject hierarchy by involving participants as active co-evaluators. Participants are encouraged to generate, own, use, and share their knowledge and expertise. Consequently, they become empowered in the process and more committed to the program.

Evaluators, for example, might train participants to be focus group leaders, interviewers, data analyzers, or presenters of evaluation results.

Focus Group Discussions

A focus group involves a non-threatening, interactive group discussion on a particular topic. The purpose is to understand the participants' views of whatever aspect of the program is being evaluated. The open-response format and the generative effect of group discussion often result in rich ideas that would not come up through other methods. HIV/AIDS evaluators can use focus group to assess needs, to plan, monitor and evaluate HIV/AIDS prevention programs, and to design HIV/AIDS educational materials.

Action Methods

Action evaluation methods are structured activities that creatively engage participants in the evaluation process.

These methods invite participants to express themselves in ways that may or may not use words. A creative evaluator can ask participants to actually "demonstrate" their feedback by:

- i. Drawing pictures or symbols that represent how they see the program or its components
- ii. Using metaphors such as colors, fairy tales, musical styles, objects, TV shows or characters, to describe various parts of the program.
- iii. Creating horizontal timelines (lines drawn on paper reflecting a time interval from one point in time to another) indicating points where changes have occurred in participants' lives since the program started, or the events that have occurred in the life of a program.
- iv. Creating a mural or collage (cut and paste game) that depicts the strengths or weaknesses of the program.
- v. Role-playing an event in the program that needs to be evaluated.
- vi. Writing stories, poems or songs about different events or components of a program.
- vii. Creating various interactive games such as card games to evaluate acquired knowledge and attitudes toward HIV/AIDS, building something to evaluate different skills (communication, leadership, negotiating etc)
- viii. Artwork to illustrate their personal experience.

Session XII – Developing Country Plans of Action to Introduce HIV/AIDS Education: Orientation for Working Groups 1,2,3

See results under section 2.7.1. (page 8 of report)

Session XII (cont.) Four Working Groups on the Development of Country Plans on Action and an Outline for a Regional Strategy

See results under section 2.7.2.. (page 11 of report)

APPENDICES

Appendix I - Seminar Program

Appendix II - List of Participants

Appendix III - Membership Work Groups

Appendix IV - Evaluation of Seminar by Participants

Appendix I Program



Regional Seminar on the Institutionalization of HIV/AIDS Education
within the School System
Brumana-Lebanon, 1- 5 October 2001

SEMINAR PROGRAM

Monday 1 October 2001

- 09:00 - 10:00** Registration
- 10:00 - 11:00** Opening Ceremony
- Speech by Dr. Victor Billeh, Director of UNESCO Regional Office for Education in the Arab States – Beirut
. 10 min video tape: “SIDA, il est temps que l’école agisse”
 - Speech by Dr. Habib Latiri, WHO Representative and UN Theme Group on HIV/AIDS
 - Speech by H.E. Mr. Suleiman Frangie, Minister of Public Health
 - Speech by H.E. Mr. Abdel Rahim Mrad, Minister of National Education and representative of H.E. Mr. Rafic Hariri, President of Council of Ministers
- 11:00 – 11:15** Reception
- 11:15 – 12:00** **Session I: Organizational Session**
- 12:00 – 13:00** **Session II: Plenary**
Facts about HIV/ AIDS in the Arab World:
Mr. Ussama Tawil, Inter-Country Program Advisor – UNAIDS
Discussion
Chairperson: Ministry of Health/Lebanon
Vice-Chairperson: Algeria
- 13:00 – 14:30** Lunch

- 14:30 – 16:00** **Session III: Presentation of National Reports by Countries (Algeria, Bahrain, Egypt, Iraq, Jordan, Kuwait) - Discussion:**
Chairperson: Yemen
Vice-Chairperson: Tunisia
- 16:00 – 16:30** Coffee/Tea Break
- 16:30 – 18:00** **Session III (Cont.): Presentation of National Reports by Countries (Lebanon, Morocco, Oman, Palestine, Qatar, Saudi Arabia) - Discussion:**
Chairperson: United Arab Emirates
Vice-Chairperson: Syria

Tuesday 2 October 2001

- 09:00 – 10:00** **Session IV: Plenary**
One or more Strategies in HIV/AIDS Preventive Education for the Arab Region?
Dr. Malika Ladjali, Senior Program Specialist - UNESCO-Paris
Chairperson: Kuwait
Vice-Chairperson: Sudan
- 10:00 – 11:30** **Session V: Panel Discussion**
Preventive Education about HIV/AIDS for Youth
Chairperson: Kuwait
Vice-Chairperson: Sudan
- **IIPF experience at the regional level:**
Ms. Sana Nemr, Representative IPPF Regional Office;
 - **Information, Education and Communication addressing Youth in Lebanon:**
Ms. Rana Ibrahim, IEC Officer – NAP, Lebanon;
 - **Peer Education among Youth:**
Mr. Fadlallah Hassouna, Environment Affairs Officer - Al Najda Al'Shabiya-Saida.
- 11:30 – 12:00** Coffee/Tea Break
- 12:00 – 13:00** **Session VI: Plenary**
UNESCO's Strategy in HIV/AIDS Preventive Education
Mr. Shankar Chowdhury, National Program Officer, AIDS UNESCO-New Delhi
Chairperson: Kuwait
Vice-Chairperson: Sudan
- 13:00 – 14:30** Lunch
- 14:30 – 16:00** **Session VII: Panel Discussion**
Cultural Considerations in HIV/AIDS Education
Chairperson: Morocco

Vice-Chairperson: Jordan

- **Experience of North Africa:**
Ms. Aicha Chouquairi, Project Officer - Moroccan Association for Solidarity and Development, Rabat;
- **School preventive education from an Islamic point of view:**
Mr. Hassan Hamoui, Supervisor of Education Department, ISESCO, Rabat.
- **Gender considerations in HIV/AIDS preventive education:**
Ms. Lina Abou Habib, Director, Center for Research and Development, Beirut

16:00 – 16:30 Coffee/Tea Break

16:30 – 18:00 **Session VIII: Presentation of National Reports by Countries (Saudi Arabia, Sudan, Syria, Mauritania, Tunisia, U.A.E., Yemen) – Discussion:**
Chairperson: Bahrain
Vice-Chairperson: Iraq

Wednesday 3 October 2001

09:00 – 10:30 **Session IX: Plenary**
The HIV/ AIDS Educational Resource Package: its objectives, methodology, activities and program:
Chairperson: National Center for Research and Development, Ministry of Education / Lebanon
Vice-Chairman: Saudi Arabia

- Dr. Abdel Halim Joukhadar, Regional Advisor on Population IEC-UNFPA/Country Technical Services for Arab States (CST)-Amman;
- Ms. Nada Aghar, Project Officer - WHO/Lebanon.

10:30 – 11:00 Coffee/Tea Break

11:00 – 13:00 **Session IX (Continued):**
Demonstration and practice on HIV/AIDS Educational Material: Guide for Curriculum planners, guide for teachers, and guide for students
Chairperson: Algeria
Facilitator: Dr. Mounah Geha, UNESCO Consultant
Animators:

- Ms. Mayada Kanj, Lecturer, Health Department-American University in Beirut
- Ms Rana Ibrahim, NAP/Lebanon
- Ms Nada Aghar-Naja, WHO/Lebanon
- Ms Sana Nemr, Family Planning Association/Lebanon
- Ms Nadia Badran, SIDC/Lebanon

13:00 – 14:30 Lunch

FREE AFTERNOON FOR THE PARTICIPANT – VISIT OF BEIRUT CITY CENTER

Thursday 4 October 2001

- 09:00 – 10:30** **Session X: Plenary**
Creativity in Teaching HIV/AIDS: Role of Teachers
Dr. Marie Noelle Belot, UNESCO Consultant
Chairperson: Egypt
Vice-Chairperson: Mauritania
- 10:30 – 11:00** Coffee/Tea Break
- 11:00 – 12:00** **Session XI: Plenary**
Planning, monitoring and evaluating HIV/AIDS Educational Programs: a case study from Thailand:
- Dr. Marie Noelle Belot, UNESCO Consultant
- Dr. Mounah Geha, UNESCO Consultant
Chairperson: Palestine
Vice-Chairperson: Qatar
- 12:00 – 13:00** **Session XII: Developing Country Plans of Action to introduce HIV/AIDS Education: Orientations for Working Groups**
- 13:00 – 14:30** Lunch
- 14:30 – 18:30** **Four Working Groups on the Development of Country Plans of Action and of an Outline for a Regional Strategy**
Coffee/Tea served in the rooms

Friday 5 October 2001

- 08:30 – 11:00** **Reporting and Recommendations of Working Groups**
- 11:00 – 12:00** **Closing Session**
UNESCO–Beirut
UNAIDS
UNICEF
Word from the participants

Appendix II

List of Seminar Participants



Regional Seminar on the Institutionalization of HIV/AIDS Education within the School System

Brumana - Lebanon
1-5 October 2001

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Appendix III

Seminar Work Groups

Group 1

Name	Country	Position
Dr. Hamida Khattabi	Morocco	Chairperson
Dr. Abdel Halim Joukhadar	UN Staff	Facilitator
Dr. Safwat Ishak	Egypt	Member
Dr. Zahra Bezaad	Morocco	Member
Mrs. Aysha Shukairi	Morocco	Member
Abdel Ghani Ba Kareem	Morocco	Member
Miss Nadia Badran	Lebanon	Member
Dr. Samia Hammadi	Algeria	Member
Dr. Ben Aida Lakhdar	Algeria	Member
Dr. Abdel Kader Semid	Algeria	Member
Dr. Alaya Mahjoub Zarrouki	Tunisia	Member
Mr. Monji Abid	Tunisia	Member
Dr. Salwa Salahaddin	Egypt	Member
Dr. Ahmad Abdullah	Egypt	Member

Group 2

Name	Country	Position
Dr. Somaya Al-Jowder	Bahrain	Chairperson
Dr. Shankar Chadoury	UNESCO New Delhi	Facilitator
Dr. Mary Noelle Belot	Consultant to UNESCO	Facilitator
Dr. Amal Al-Jowder	Bahrain	Secretary
Mrs. Nahla Hamed Al-Kindi	Oman	Secretary
Dr. Mariam Al-Mulla Harmas	Bahrain	Member
Mr. Ali Hassan Moosa	Bahrain	Member
Ms Rabha Al Shaheen	Iraq	Member
Ms Haidar El Haddad	Iraq	Member
Dr. Malek Habashneh	Jordan	Member
Dr. Hisham Shishtawi	Jordan	Member
Mr. Mohamed Takei Alddin	Yemen	Member
Mr. Ali Yahia Al Omari	Yemen	Member
Mr. Mohamed Ali Qaadhi	Yemen	Member
Mr. Samir Kharee	Yemen	Member
Dr. Ali Ben Ahmed Ba-Omer	Oman	
Mr. Mohamed El Bechir	Mauritania	Member
Mr. Mohamed El Nema	Mauritania	Member
Mr. Mohamadi Sid Ahmad Vali	Mauritania	Member
Dr. Amna Khamis Al Malki	Qatar	Member

Group 3

Name	Country	Position
Dr. Nasser Ben Saleh Al Hozaim	Saudi Arabia	Chairperson
Dr. Mounah Geha	UNESCO Consultant	Facilitator
Dr. Zahira Habash	Palestine	Secretary
Ms Ameera Saud Al Hassan	Kuwait	Secretary
Dr. Zainab Khazaal	UAE	Member

Ms Naima Abdel Hamid	Sudan	Member
Ms Fathia Saad Matroun	Sudan	Member
Dr. Salem Abdallah Bin Othman	UAE	Member
Mr. Nasser Ben Abdallah Al Husini	Saudi Arabia	Member
Ms Roua Horaneyah	Syria	Member
Mr. Mohammed Abu Trayh	Palestine	Member

Group Four

Name	Country	Position
Dr. Wafa Benzaouia	Morocco	Chairperson
Mr. Oussama Tawil	UNAIDS	
Dr. Malika Ladjali	UNESCO-Paris	
Dr. Tahera Ben Ali	Oman	Secretary
Mr. Samir Anouti	Lebanon	Secretary
Mr. Adel Zeddami	Algeria	Member
Dr. Mohammed El-Bechir Ould Auounen	Mauritania	Member
Dr. Imad El Daker	Syria	Member
Ms. Sana Nemer	IPPF	Member
Ms. Rana Ibrahim	Lebanon	Member
Ms. Staneala Beckley	UNICEF	Member
Dr. Said Arnaout	WHO-EMRO	Member

Appendix IV

Seminar Evaluation

Results of the Participant Evaluation Questionnaire

1. How do you evaluate the seminar in general?

Very Good	Good	Satisfactory	Unsatisfactory
34%	50%	15%	1%

2. How do you evaluate the preparation and logistics for this seminar?

Very Good	Good	Satisfactory	Unsatisfactory
48%	43%	9%	0%

3. How do you evaluate the program and activities of this seminar?

Very Good	Good	Satisfactory	Unsatisfactory
35%	39%	22%	* 4%

**Comment: Those evaluating the seminar as unsatisfactory said the program was overloaded.*

4. Did this seminar help you to increase your knowledge related to AIDS/HIV preventive education?

Very Much	Much	Some	Not at all
38%	22%	23%	0%

5. Did this seminar give you the opportunity to increase your awareness of AIDS/HIV activities and programs in other Arab countries?

Very Much	Much	Some	Not at all
46%	50%	4%	0%

6. Did this seminar help you understand how to develop HIV/AIDS country action plans

Very Helpful	Helpful	Unhelpful
75%	25%	0%

7. Do you have recommendations or suggestions?

- Program was overloaded
- Give more free time
- Is very important to have an effective seminar follow-up program provided by UNESCO Regional Office
- Thanks to the Ministries of Health and Education as well as the UNESCO Regional Office for a successful seminar