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HIV/AIDS and the Education Sector

Executive Summary

The AIDS epidemic is presenting particular challenges to the education sector, not least by hindering its capacity to deliver quality education for all. In the countries most affected by the epidemic, the direct impact on education system personnel is significantly undermining its capacity to deliver educational services. The human resource base is rapidly eroding, as are the number of individuals expected to seek and receive its services. Education can reduce the negative impacts of AIDS by establishing the conditions that render the transmission of HIV less likely, such as poverty reduction, individual empowerment, and human rights. Additionally, the education sector has the infrastructure and human resources necessary to promote preventive behaviour and create enabling environments.

Eight areas for priority action have been identified to mitigate the negative impact of HIV/AIDS on the education sector. These include: a) policy development and advocacy; b) AIDS curriculum reform; c) skills-based teacher training for AIDS education; d) counselling and health services; e) educational system capacity-building; f) resource mobilization for AIDS education; g) partnerships for AIDS and education; and h) research and evaluation.

In addition, three priority areas to maximize the positive impact of education on reducing HIV/AIDS transmission are recommended for the most affected countries. These are: policies to ensure comprehensive educational programmes for AIDS orphans, children who head households, and children displaced as a result of AIDS; integrating AIDS education into non-formal education programmes through community-based structures and constituencies; and developing innovative education programmes for young girls whose HIV risk and vulnerability are increasing rapidly.

The UNAIDS Secretariat and Cosponsors, through the Interagency Working Group on School-based AIDS Education and in collaboration with respective partners, are developing a coordinated response to the interaction between the HIV/AIDS epidemic and the education sector. Utilizing coherent strategic approaches and drawing on the comparative advantages of the Secretariat and the Cosponsors, the Working Group will operationalize the envisioned action agenda for the education sector's response to AIDS.

Action required

The PCB is requested to endorse the process for developing a coordinated UNAIDS strategy in the education sector to support and strengthen national responses.

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I. Introduction

1. Following the recommendation to the UNAIDS Secretariat by the Programme Coordinating Board on 28-29 June 1999 (Agenda item 3 – Report of Executive Director; document UNAIDS/PCB/(8)/99.2): “The PCB recognized the increasing importance of the engagement of the education sector in promoting life skills and the role of the media in empowering young people to prevent HIV transmission and contributing to an environment free of stigmatization. The PCB therefore requested the Secretariat and the Cosponsors, in particular UNESCO, to document the contribution of the education sector to mitigating the impact of the epidemic and to analyse the impact of AIDS on the development of the education sector, especially access to schooling. The PCB further requested that a progress report in that regard be submitted at its next meeting.”

2. The UNAIDS Secretariat and Cosponsors WHO, UNICEF, UNDP, UNESCO, UNFPA, UNDCP and the World Bank, through the Interagency Working Group on School-based AIDS Education and in collaboration with respective partners, are engaging in a process to develop a coordinated response to address the impact of AIDS on education, aimed at strengthening the national level response through the provision of technical support to increase national technical capacity, as well as facilitating the implementation of the envisioned action agenda package.

3. The AIDS epidemic has continued to grow with an estimated 16,000 people worldwide newly infected each day. Currently, 33.6 million people in the world are living with HIV or AIDS, one-third of whom are young people between the ages of 10 and 24. The epidemic is undermining educational systems in many countries while remaining a potential threat to the system in others. In the most severely affected countries, the education sector is being devastated by the AIDS epidemic. Education professionals in some countries suffer higher infection and mortality rates in comparison to the general population. Moreover, many of the children they would serve are under pressure to drop out of school because of their own illness, of the need to care for affected family members, or for economic reasons. Efforts must be made to both alleviate the negative impact AIDS is having in regions such as sub-Saharan Africa, and to prevent the further spread of the disease in less affected regions.

4. AIDS affects every part of society. The prevention of HIV infection and related discrimination thus requires the consideration of a range of cultural, social, religious, health and education issues, as well as their ethical and moral implications. Education is key to sustainable social and economic development. Education should therefore play a decisive role in an overall strategy for AIDS prevention, care, and impact mitigation. Education can be effective by establishing the conditions that render the transmission of HIV less likely (poverty reduction, gender equity, empowerment), in addition to providing a mechanism for the delivery of effective AIDS education on prevention, care and support to students, parents and the community.

5. The education sector includes a number of different but closely-linked elements: i) the education system and the providers of educational services, including educational institutions (schools, adult education institutions, vocational programmes, adult education

programmes) and educational policy makers, planners, supervisors, and teachers; and ii) the “clients” of education, including students, parents, and the broader community.

6. An analysis of the interaction between AIDS and the education sector must be put in the wider context of the links between education and sustainable development gains. An increasing number of international conferences and conventions have underlined this point: (1) the Convention on the Rights of the Child (CRC), ratified by 191 States, which states that “States Parties recognise the right of the child to education, with a view to achieving this right progressively and on the basis of equal opportunity”; (2) the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), endorsed by 161 States thus far, which states that “States Parties shall take all appropriate measures to eliminate discrimination against women in order to ensure to them equal rights with men in the field of education, etc.” Both conventions emphasize the responsibility of national governments to ensure that education is offered on an equitable non-discriminatory basis.

7. In addition, recent United Nations (UN) global agreements have reaffirmed the basic right to education. The World Conference on Education For All, the International Conference on Population and Development +5 Programme of Action, the World Summit for Social Development +5, and the Beijing +5 Platform for Action all emphasize the inextricable links between education and development and put forth concrete targets and strategies for education that have been endorsed by UN Member States. The goal is to ensure that significant public and private resources are invested in education, e.g. to support infrastructure, personnel, and programmes, and that reasonable standards are met in the quality of the services provided. The importance placed on this sector by the United Nations is shown by the recent completion, a United Nations system-wide strategy for girls’ education, spearheaded by the United Nations Development Group (UNDG). This initiative has particular significance for AIDS-related efforts, as girls between 15 and 19 are five times as likely to be infected by the virus as boys in the same age group in some parts of sub-Saharan Africa.

8. The AIDS epidemic is presenting particular challenges to the education sector, specifically by hindering its capacity to deliver quality education for all. In the countries most affected by the AIDS epidemic, the direct impact on education system personnel is significantly undermining its capacity to deliver educational services. The human resource base is rapidly eroding, as are the number of individuals expected to seek and receive its services. In sub-Saharan Africa, where 90% of all HIV infections are found, one-third of children do not currently attend school, and a steady increase in the absolute numbers of out-of-school children is projected. This demands that new methods be developed to provide education to children who do not have access to formal education systems.

9. While the education system should not be the sole channel for AIDS education, it is a critical entry-point for the provision of appropriate information and the skills necessary for young people to protect themselves from the disease. Evidence from developing countries (e.g. Senegal, Thailand, Uganda and Zambia) suggests that comprehensive and relevant AIDS education, provided through formal and non-formal education systems, can contribute to reduced HIV infection levels. Thus, comprehensive AIDS education must become an essential component of national education programmes.

II. The Impact of the AIDS Epidemic on the Education Sector

10. Responding to the interaction between AIDS and the education sector requires the consideration and analysis of two key issues: (i) the impact that AIDS can have on an education system; and (ii) the impact that education can have on preventing the further spread of AIDS.

11. AIDS has impacted the education sector primarily by affecting the: a) demand for education b) quality of education and c) management of education systems.

Impact on demand

12. As AIDS incidence has increased in certain regions of the world, enrolment figures have declined. The most affected areas are beginning to witness a decrease in the overall demand for education in terms of enrolment rates in basic educational schools, vocational and adult education, and tertiary education facilities. AIDS has also reversed achievements in infant and child mortality rates, drastically reducing the education-age population in the most affected areas. Since the epidemic began, 3.8 million children have already been infected with HIV, and over two-thirds have died. In countries like Swaziland, Zambia and Zimbabwe, the number of children of primary school age will be more than 20% lower than pre-AIDS projections by 2010.

13. The number of individuals who have dropped out of school has increased, and access has been limited or denied to many young people because of additional AIDS-related demands. These include coping with personal illness, caring for family members (girls in particular are withdrawn or drop out for this reason), trauma related to illness and death in the family, discrimination and stigma, reduced family income resulting in the need to engage in income-generating activities, and/or declining financial support from parents. A high percentage of these drop-outs will likely be orphans, street kids and working youth with very limited resources and few clear incentives for entering the education system.

14. The high morbidity and mortality rates of teachers and administrators have severely affected the supply of educational services in schools and vocational centres, including universities. In Zambia, for example, the mortality rate for the 15-49 year-old age group is 23 per thousand; for school teachers in 1998 it was 70% higher, at 39 per thousand. The need for education systems to develop mechanisms to effectively address and avoid the high costs and disruption resulting from teacher absenteeism, due to personal illness or care-taking responsibilities, is imminent.

Impact on quality

15. In the heavily affected countries, the quality of teaching processes and content has decreased, particularly within struggling education systems. The quality of teaching and learning is increasingly inconsistent. Schools are struggling to cope with irregular teacher attendance, poor health, and the depletion of trained teachers.

16. The epidemic has highlighted inadequacies in educational curricula that are generally not designed to discuss the many sensitive issues surrounding AIDS. Consequently, lead-ins

to the introduction of essential life skills critical for students to handle HIV risk contexts have often been inhibited, or in some cases prohibited. The role of education as a formative tool for confronting real-life demands is, therefore, being undermined in such cases.

Impact on the management of the education sector

17. High staff turn-over rates, in addition to the unreliability of institutional staff and educational system supervisors, has eroded corporate quality in certain affected regions. This problem also affects classroom teaching quality, in part due to the reduced pool of qualified teachers since experienced teachers are needed to fill school management positions.

18. The emergence of AIDS has diminished the value of long-term sectoral planning. Strategies to meet human resource shortages, material resource scarcities, and curriculum reform are not being implemented because in most cases AIDS has not been factored into educational planning. Moreover, existing policies and practices, which in some cases reinforce discrimination, neglect personal safety, and fail to improve poor working and learning conditions, have not considered AIDS as a mediating factor. The increasing mortality of educational planners and supervisors has weakened oversight of the education system.

III. The Impact of Education on AIDS

19. AIDS prevention programmes can work with young people. Evidence suggests that school- and community-based AIDS education programmes can reduce risk behaviour and are effective in achieving knowledge, positive attitudes and reduced risk behaviours. Furthermore, when parents and community leaders are actively involved in such programmes, the effectiveness of these interventions further increases as, from their participation, significant and sustainable support systems evolve for the young members of their families and communities.

20. Studies have shown that sexual and reproductive health education for young people can have significant and sustainable impact on their behaviour if properly implemented. A global assessment of school-based programmes concluded that the inclusion of sexual health education and AIDS prevention activities into school-based programmes not only delayed the start of sexual activity, but also reduced the number of sexual partners and raised contraceptive use among those who became sexually active.

21. When AIDS prevention education programmes are comprehensive (e.g. including an emphasis on life skills, training and continuing support to educators, creation of an enabling environment in a school or community setting, and provision of referrals to supporting health services), they can reduce risk of HIV infection.

22. Thailand and Uganda provide evidence that AIDS-related education programmes help overcome the socio-cultural obstacles that increase vulnerability to HIV. For instance, enriching employment opportunities for young girls and/or providing subsidies for their education minimize their vulnerability to sexual exploitation.

23. On the other hand, completion of a basic primary and secondary general education, that does not include an AIDS education component, has not been shown to necessarily reduce risk of HIV infection. For education to be effective in the prevention of AIDS, AIDS education, that is information and skills-building, must be a specific component of a general education programme. Only countries that have sustained AIDS education components as a part of their general education programmes have succeeded in decreasing HIV infections.

IV. Obstacles

24. There are several ways in which education can be utilized as a channel for AIDS awareness and skills-training, as well as a mechanism for referral to care and to support programmes at the community level. The success of these efforts has varied considerably due to variability in their quality, reach and sustainability. In some areas, the school system has been used extensively as a vehicle for AIDS prevention efforts. In other regions and communities, AIDS has not been integrated into the education sector in spite of its broad access to young people. Moreover, the implementation of HIV prevention education efforts in some areas have been opposed by teachers, headmasters or local authorities. Key reasons for this are outlined below.

Resistance to Sexual Health Education

25. AIDS is perceived by some as a controversial subject. Since AIDS is primarily transmitted through sexual contact, it raises several taboos and sensitive issues that many governments, communities and families are unequipped to address. HIV prevention has thus been considered an unsuitable subject for young people, despite the threat to their health and security. In many countries, resistance to including AIDS in general education curricula continues to be strong, even among teachers and educational supervisors. Where inclusion of such curricula is decided upon at the national level, implementation can be blocked regionally or locally. A common misconception regarding the incorporation of reproductive and sexual health education into the classroom is the belief that information on sexual health will increase teenagers' curiosity and encourage sexual activity at a younger age. A global assessment of such school-based programmes, however, has demonstrated that sexual health education and AIDS prevention delays the start of sexual activity, reduces the number of partners and increases the use of contraceptives among those who become sexually active.

Debate regarding the age of introduction of reproductive and sexual health curricula

26. Considerable debate has occurred over the appropriate age at which to begin reproductive and sexual health education, including AIDS prevention. Age-appropriate programmes should begin at the primary school level. As of today, AIDS education is usually taught only to secondary school students, if at all. With drop-out rates as high as they are (especially among girls), the risk is that many children will have left school before secondary school age, and will not get AIDS education. The need for broader strategies, such as public media campaigns, is highlighted by the limited reach of school-based programmes. This poses a tremendous threat and risk to young people who have the right to know how to protect themselves from HIV infection. **AIDS prevention must start at the earliest possible age**, and most certainly before the onset of sexual activity.

27. The education sector's role and impact are being challenged in numerous ways by the AIDS epidemic. These challenges, however, present the education sector with the opportunity to adapt its current practices in order to achieve an effective and sustainable response to the epidemic, as well as increase its impact with regard to improving educational attainment levels in general. Education can be an effective vehicle for the creation of supportive environments that reduce social stigma and discrimination towards people living with AIDS or affected by it. Education can enable students, parents and communities to protect themselves and cope with the effects of the epidemic. The education sector can also be a strong and visible advocate for promoting collective action to address AIDS in the community and at the national level. The first step, however, is to make the education sector more AIDS-sensitive. Essential components of an AIDS-sensitive education sector include:

- the establishment of AIDS-sensitive policies for sector personnel and service recipients;
- the assurance of equitable access to educational services for all community members;
- effective governance of educational institutions and accountability for actions and inaction;
- the development and provision of quality educational programmes, and teacher/staff training to ensure that accurate information and essential life skills are acquired;
- the fostering of community linkages to generate support for AIDS-related educational activities and to establish community participation approaches for programme development and implementation.

V. Strategic Areas for Action

28. The following broad action areas have been developed as an action agenda package for: i) strengthening the education sector across-the-board to make it more AIDS-responsive, at all stages of the epidemic, and ii) specifying priority areas of intervention and actions, appropriate for countries with generalized epidemics.

29. The action agenda package consists of eight areas: a) policy development and advocacy; b) AIDS curriculum reform; c) skills-based teacher training on AIDS education; d) counselling and health services; e) educational system capacity-building; f) resource mobilisation for AIDS education; g) partnerships for AIDS and education; and h) research and evaluation.

A. Develop policies and programmes to ensure that HIV/AIDS prevention and life skills are fully integrated into national education strategies, both school-based (formal) programmes and for community-based (non-formal) programmes.

30. **Advocacy for AIDS Education.** High level advocacy to place AIDS at the centre of the national education agenda is necessary to create an enabling environment for programme initiatives. A primary advocacy goal is to generate the support of important stakeholders in the education community, particularly parents and socio-cultural institutions, such as

traditional community and religious leaders. Such advocacy must seek to reduce the climate of fear generally perceived in most countries regarding the introduction of sexual education among the younger age groups. The support of critical government ministries, including finance and education ministry officials responsible for national resource allocations, must be secured to ensure the availability of resources.

31. National Strategy Development. Governments are encouraged to ensure that HIV/AIDS prevention and life skills are fully integrated into national education strategies. Special emphasis should be placed on collective vision and coherent actions, with each key player optimizing its comparative advantage. National education strategies should specify areas needing policy support to improve interventions within the formal school system and in community settings. They should also identify means for securing, and appropriately directing, resources from national budgets and international development programmes.

32. Access to Educational Programmes for Vulnerable Populations. Policies need to be established to ensure increased access to formal education for the most vulnerable young people, including those affected and infected by HIV, those discriminated against (orphans, PLHA), and girls/women.

B. Develop AIDS curriculum content and processes for its integration into mainstream education curricula and vocational programmes for non-formal education.

33. AIDS curriculum content and process.Where young people have been able to access appropriate knowledge and lifeskills, they have shown a remarkable propensity to adopt safer behaviours. Reaching young people when they are still in school, not infected and/or in the process of behaviour formation, is one of the greatest strengths of the education sector in AIDS prevention. In order to maximize this strength, the education sector needs to develop AIDS curriculum content that emphasizes the provision of basic skills to enable responsible lifestyle decision-making, including positive social behaviour, coping and negotiating skills, and safer sexual behaviour.

34. Education for AIDS prevention and care, including non-discrimination, must aim at transforming social norms that place young people at risk. Countries need to develop school-based health education programmes that integrate sexual health and AIDS education into the curriculum for all levels.

35. Efforts must be made to ensure access to AIDS education for all children in schools and, where this is not possible, efforts need to be geared towards the development of programmes for out-of-school children. Peer education is one effective method utilized by many NGOs for providing information to young people and for life skills building. It is necessary to ensure access to education, especially for girls, by introducing specific measures such as subsidies, scholarships, and the provision of alternative venues for education.

C. Develop pre- and in-service teacher-training packages on HIV prevention education.

36. **Teacher training on AIDS education** is vital in realising the potential of the education sector in reducing the spread of the disease by assisting in the development of coping and life skills among children affected by the epidemic. Investments in developing education packages for teacher training on sensitive AIDS issues is useful to increase their understanding of linkages between knowledge and behaviour formation, and to strengthen teaching and communication skills on specific HIV prevention behaviours. For countries with a generalized epidemic, it is imperative that this action be undertaken immediately, and that funding be made available for the development of specialized teacher-training packages on AIDS education that can have extensive coverage within a short period of time.

37. A fundamental component in school-based AIDS education programmes will be improving the capacity of teachers to address both information needs related to AIDS education and to impart the basic skills necessary for young people to protect themselves. Issues surrounding various aspects of adolescent sexuality need to be integrated into teacher-training curricula through the inclusion of sexuality and AIDS education within pre- and in-service capacity-building and preparation programmes for teachers.

38. Direct support to teachers is equally important. Teacher-training packages should include information for teachers that will improve their capacity to protect themselves from HIV infection. In addition, they should help teachers acquire the requisite skills to most effectively respond to the epidemic's impact on their lives, such as coping with the deaths of relatives, caring for infected family members or orphans, and dealing with additional demands resulting from AIDS in their workplace. The impact of AIDS on the teaching workforce is a major challenge in countries with high HIV prevalence and seriously contributes to the further demoralization of teachers and education managers.

D. Establish a system to link school health services with community health services.

39. **Referral systems for counselling and health services on AIDS.** To maximize limited resources within community and school health services, the education, health, and local administration ministries must create strategic collaborations to complement school health services. The establishment of these linkages is most critical for communities where community health services are best positioned to provide non-discriminatory and safe opportunities for young people, who are unable or unwilling to seek services within their schools.

40. In such settings, the community health service may be conceived as the appropriate platform for providing AIDS education to hard-to-reach populations, such as AIDS orphans, out-of-school youth, and working youth. Building their human resource capacities to serve as AIDS education channels should form an essential component of such collaboration.

E. Develop specific programmes to build the capacity of education policy-makers and managers to adequately respond to and mitigate the impact of AIDS on the education sector, as well as implement appropriate interventions to realize the potential of the education sector in AIDS protection and care.

41. **Capacity-building for AIDS prevention and care programmes.** AIDS can seriously undermine investments in human resources, as AIDS-related deaths and sickness destroy the ability of the most productive and experienced age groups to provide services. In countries heavily affected by the epidemic, the education sector, as in other sectors from the national to local levels, is suffering from substantial loss of productive manpower time because of sickness or care-taking responsibilities. Innovative approaches for strengthening the capacity of education policy-makers and managers must be developed, including long-term planning programmes for protecting and improving the conditions and health coverage for teachers and staff lost to sickness and death.

42. Improving the management and organization of the education sector in crisis situations is a challenge that governments must effectively address, while offering continued support to teachers and managers personally affected by the epidemic. Within a national strategy for education and AIDS, specific actions should be identified to ensure the steady supply of qualified education managers and teachers where needed.

F. Mobilize resources for AIDS education, specifically to support the implementation of national strategies on education and AIDS.

43. For the education sector to be effective in the provision of an appropriate set of information and skills for the prevention of AIDS among young people and the community, considerable resources and funding are required. The education sector has traditionally been under-funded, and the status quo cannot mitigate the impact of AIDS, nor adequately address the needs of students, teachers and the community affected by the epidemic. Specific commitments by national governments and international partners must be made and financial resources allocated to meet the objectives set forth above. Without such commitment at the national and international levels, the devastating impact (already witnessed in the most affected regions of the world) that AIDS can have on teachers, students, communities and learners will remain unmitigated, wreaking further havoc on the education sector.

44. The cost of attending schools is the single most significant factor preventing marginalized populations, especially orphans and children affected by AIDS, from obtaining their rightful education. Governments need to seriously consider the implementation of mechanisms for phasing out the direct costs of education from households, by: increasing public investment in education; increasing allocations for high quality basic education; and, negotiating debt service payments in support of education sector programmes directly benefiting those affected by the disease.

45. The provision of financial support for long term human development projects, particularly education projects, must be secured. Efforts should be undertaken to guarantee that such development projects include AIDS-specific prevention interventions in their education programmes.

G. Build partnerships with parents, community and religious leaders, civil society and international groups in support of AIDS Prevention Education.

46. Active participation of the community in identifying and implementing actions to strengthen community-based education initiatives should be fostered. It is critical to enable families and communities to help fulfil the rights of children through greater participation in planning and managing educational programmes. Joint efforts should be implemented with communities to assess and develop methods of combating the impact of AIDS through their education systems, the provision of schooling, the quality of teaching, and assuring the ability of children to learn. Keeping families and communities at the frontline by empowering and supporting them is critical since they most aware of the impact the epidemic is having on their communities, and are in the best position to provide suggestions for alleviating its effects and preventing its further spread.

47. Regional networks to assist in the implementation of AIDS prevention, care and support interventions should be established. The development of resource networks to facilitate the sharing of human, technical and financial resources should be encouraged.

48. Young people must be involved as partners, with genuine participation, along with teachers, families, and community members and leaders. The support of local leaders and authorities should not only improve community mobilization, but also increase the likelihood that community interests and ideas are heard.

H. Conduct research studies at the national level for planning and programme development to ensure that country-specific needs are recognized and addressed.

49. National research agendas should be developed to ensure that country-specific needs are addressed and study results are relevant to the local context where interventions shall be implemented. Results of such research studies should be used in the development/refinement of national AIDS programmes. These may begin with the evaluation of existing policies and programmes at country level, followed by the reformulation, where necessary, of existing policies such that they can adequately address the current impact of AIDS on their educational sector.

50. An analysis of studies throughout the world related to AIDS and the education sector should be collated and disseminated, in order that best practices can be identified and brought to scale.

VI. Priorities for countries with highly generalized AIDS epidemics

51. In addition to the above standard action agenda package, the following priority areas of intervention are highlighted to address the special needs of the most affected countries:

- *Establish policies to ensure the provision of comprehensive educational programmes with AIDS education components for vulnerable and hard-to-reach populations.* These include AIDS orphans, children who head households,

children soon to lose a family member as a result of HIV infection, children displaced from their schools and/or communities because of AIDS in the family. Applying the provisions of Universal Primary Education (UPE) in favour of these highly disadvantaged and often marginalized populations may be an appropriate response.

- *Mainstream AIDS education into non-formal education programmes for vulnerable populations by mobilising community-based constituencies and structures, such as community health workers, non-governmental organizations, and traditional community leaders.* Vocational education or skills development programmes implemented under various ministries (Labour, Social Services, Community Development or Local Administration) should incorporate relevant life skills-based AIDS education activities with their normative technical content.
- *Develop and implement innovative educational programmes and structures for young girls whose HIV risk and vulnerability are rapidly increasing, and who carry a disproportionate responsibility for AIDS care.* Since these girls tend to be severely constrained by household obligations, alternative “school” structures and needed support mechanisms should be created, particularly for the most affected countries in Africa. In addition, specific measures, such as subsidies and scholarships, flexible “school” hours, should be implemented to increase girls’ participation and reduce practical obstacles to their education.

VII. Implementation Mechanisms

52. Implementation of these action areas will be contingent on the current enabling environment and capacity at the national level. A range of mechanisms and processes that should be explored to aid in this process, include:

- establishment of a national task force composed of the education and health sectors, key stakeholders in the education community (such as civil service organizations, universities), civil society groups (including parents), and other related sectors, such as social services, youth affairs and local government, for collective planning and coherent implementation of interventions;
- creation of technical resource networks representing wide-ranging technical expertise such as AIDS prevention and care, education, research and evaluation and community development, to act as facilitation and support groups to the national task force;
- engagement of international agencies, including the bilateral donor agencies, to act as brokers for the establishment of strategic cross/multisectoral alliances, particularly for resource mobilization;
- use of the UNAIDS country structure and mechanisms for a) advocacy b) programme development c) support of scale-up and integration of education and AIDS initiatives and best practices within mainstream education programmes;
- development of sub-regional and regional technical cooperation programmes to facilitate inter-country sharing of experiences and expert resources in AIDS and education;

- building AIDS education programmes into international education initiatives and agreements (for instance, Education for All, the Girls' Education Initiative, and the Beijing +5 Platform for Action).

VIII. UNAIDS Roles

53. In order to accelerate country level actions, the UNAIDS Secretariat and Cosponsors will:

- support measures to increase national technical capacity, particularly in terms of the provision of technical expertise, information building and sharing, and the establishment of networks;
- provide facilitation in the mobilization of multisectoral political will;
- undertake the development of an inventory of ongoing interventions and initiatives in education at the national level, to serve as entry points or platforms for integrating AIDS education programmes;
- facilitate the engagement of the international community towards resource mobilization and programmatic alliance building;
- assist in the development of capacity-building programmes, including the formation of technical resource networks.

IX. Next Steps

54. In order to set forth a process for the implementation of an education sector response to AIDS, the following steps will be taken:

- initiate a process to formulate a coordinated UNAIDS strategy aimed at supporting or strengthening national level actions;
- develop specific UNAIDS plans of action to support national responses to AIDS through the education sector within the next two years;
- provide technical support for the following areas:

a. Coordination and Advocacy

55. The following three concerted actions of the Cosponsors, and of the governments they serve, will be key mechanisms for a strong response:

- i) Education For All. The goal of universal education is supported by all agencies, which are mobilizing significant resources to achieve it. The goal of EFA continues despite the ravages of AIDS on the sector. There is a common agenda to tirelessly promote access to an education of good quality, including AIDS prevention components.
- ii) Child-Friendly schools. While the term itself may not be part of the language of all the agencies, the concept of the "whole" school most certainly is. There is a common vision that schools are more than buildings, that schools need to

be safe, healthy, protective and effective, and that schools need be stimulating and caring places for children and young people, and including those affected by AIDS. Clearly, part of this vision is to protect the sector, the teachers and the children from AIDS

- iii) Focused Resources for Effective School Health (FRESH) Start partnership for school health. All UN agencies - and other significant partners - share this specific vision of a rational and focused approach to support establishment and support for national school health programmes. And all agencies specifically agree that AIDS is a principal target of the FRESH Start.

56. Working groups will meet in the coming months to address (i) the strategy for mitigating the impact of AIDS on the education sector and (ii) life skills. The strategy is expected to provide a prioritization of areas of intervention and mechanisms to coordinate Cosponsor activities. The Secretariat will undertake extensive consultations to ensure consensus regarding the process of strategy implementation. A sub-group on life skills will be formed for the purpose of clarifying and advocating the life skills approach, including distribution of advocacy materials and foundation materials to support training.

b. Life Skills Training and Capacity-Building

57. A series of regional training workshops is planned for the purpose of consolidating the life skills approach and identifying key trainers for each region, as well as for individual countries. The regional workshops will be followed by local, country, or multi-country (sub-regional) training workshops, as appropriate. The training is intended to support countries in their efforts to 'go to scale' with life skills interventions.

c. Research and Evaluation

58. Key evidence supporting the life skills approach will be compiled for the development of user-friendly advocacy materials. Gender analysis of these advocacy materials shall be undertaken at the regional level. Models and key indicators for evaluating programmes at the various levels will be developed and disseminated.

X. Conclusions

59. Education in a world with AIDS cannot be the same as education in an AIDS-free world. The AIDS epidemic is erasing the many gains in development made in the last 50 years, such as improved literacy and increased life expectancy. The education sector has great potential to prevent the further spread of HIV and alleviate its negative impact. However, to realize its potential, the education sector must improve current performance in terms of access and real learning achievement; integrate sexual health and AIDS education into the curriculum at all levels; ensure that every pupil is adequately equipped with the necessary life skills; and improve its human rights profile with regard to curriculum and procedures. The education sector must also respond comprehensively to the needs of the education personnel and internal systems-related challenges, and foster the participation of parents, young people and the community.

60. The proposed co-ordinated education sector response to the AIDS epidemic, through its strategic action areas, aims to reduce the adverse effects that AIDS can have on an education system, and increase the involvement of education and the education sector in the fight against the disease.

61. The PCB is requested to endorse the process for developing a coordinated UNAIDS strategy in the education sector to support and strengthen national responses.