

FOLLOW-UP TO THE THEMATIC SEGMENT FROM THE 50TH PCB MEETING

Positive learning: Harnessing the power of education to end HIV related stigma and discrimination, empower young people and provide a comprehensive HIV response

Additional documents for this item: N/A

Action required at this meeting: The Programme Coordinating Board is invited to:

30. *Take note* of the background note (UNAIDS/PCB (50)/22.25) and the summary report (UNAIDS/PCB (51)/XX.X) of the Programme Coordinating Board thematic segment on “Positive learning: Harnessing the power of education to end HIV related stigma and discrimination, empower young people and provide a comprehensive HIV response”;
31. *Request* Member States to:
 - a. Recognize and promote youth leadership and meaningful participation, particularly that of youth living with HIV, adolescent girls, and young key populations, in co-creating, implementing and monitoring high-impact HIV interventions in the education sector;
 - b. Further improve granular data collection disaggregated by sex and intersecting characteristics to better understand educational participation, progression and learning, and use gender-sensitive data for policymaking and planning, while recognizing national capacity;
 - c. Develop and scale up implementation of policies and programmes to end HIV-related stigma, discrimination, bullying including cyber-bullying, and violence in education settings and ensure that policies and practices do not preclude access to education based on HIV status, and instituting workplace protection and support for learners, teachers and other staff living with HIV;
 - d. Support and empower young people, especially girls and key populations, to remain in the education system to complete quality secondary education, and initiate and scale up social protection interventions to enroll and retain them in schools and to provide pathways for economic empowerment;
 - e. Ensure that teachers are trained in and out of school on comprehensive sexuality education, rights-based gender transformative pedagogies, empowering them to overcome HIV-related stigma and discrimination;
 - f. Link education sector HIV policies and programmes with adolescents’ and young people’s sexual and reproductive health and rights and scale up their access to such services as well as to combination HIV prevention services and delivery of high-quality comprehensive sexuality education, that includes scientifically accurate information on HIV prevention, treatment, care and support, as set out in the Global AIDS Strategy;
 - g. Promote an integrated, multisectoral and coordinated HIV response positioning schools as an entry point to address learners’ holistic education, health and protection needs and support cross-sectoral collaboration across education, health, nutrition, gender, protection, youth and justice ministries and between teachers, school administration, families and communities to safeguard rights, while ensuring that alternative mechanisms are in place to address the needs of young people who are out of school;
 - h. Increase domestic investments including innovative, sustainable and equitable financing for the education sector and for school and out-of-school programmes that address learners’ holistic education, health and protection needs, fight HIV-related stigma and discrimination and promote inclusion;
32. *Request* the Joint Programme to:
 - a. Support countries to incorporate granular data disaggregated by sex into their national HIV response plans as they relate to education, young people and adolescent targets and monitor progress against them;

- b. Support countries with policy guidance and technical assistance to scale up comprehensive sexually education as set out in the Global AIDS Strategy as well as in evidence-based programmes to end HIV-related stigma and discrimination;
- c. Strengthen support to countries and communities to provide adolescents and young people with a complete package of combination HIV prevention services, integrated with sexual and reproductive health and rights, HIV treatment and care as well as psychosocial and mental health support by connecting health, education, social service systems and other support mechanisms;
- d. Advocate for increased investments in education and school and out-of-school programmes that address learners' holistic education, health and protection needs, fight HIV-related stigma and discrimination and promote inclusion;
- e. Mobilize partners and key stakeholders including the private sector to support government efforts to provide fee-free education that addresses the additional costs of school supplies, uniform, transport costs to schools as a means to keep girls in school and prevent HIV infections.

Cost implications for implementation of decisions: none

Introduction

1. The thematic segment was moderated by Irene Ogeta, from the ATHENA Network. She said education in school and out of school was crucial for addressing many of the inequalities that drive HIV transmission and fuel stigma. Reducing HIV transmission and HIV-related stigma and discrimination can be achieved by giving young people opportunities for education and ensuring that the education they receive is empowering, and that it does not reinforce inequalities.
2. The thematic segment was an opportunity to discuss how to leverage the education sector as a strategic entry point for provision of comprehensive packages of health, support, social protection and referrals for young people, in and out-of-school, in all their diversity, she said.
3. A short video from Zimbabwe was screened, portraying young people living with HIV addressing their teachers and peers to explain how stigma affected them and calling for inclusiveness and support of young people living with HIV.
4. The first speaker, David Moinina Sengeh, Minister of Education, Sierra Leone, said his country had developed a free quality education policy in 2018 and was spending at least 20% of the national budget on education, even during the COVID-19 pandemic. A radical inclusion policy was enabling pregnant learners to return to school and complete their education. He said Sierra Leone had been the first country to sign on to the Education Plus initiative. It had achieved gender parity in schools by offering scholarships for girls and strategies for reaching out-of-school learners (including distance learning via community radio). With support from UNFPA, a national strategy for comprehensive sexuality education (CSE) had been launched and a new curriculum would be implemented soon. The Education and Health ministries had developed a school health policy, which included sexual and reproductive health services. Menstrual hygiene support was available for girls.
5. A campaign for preventing sexual and gender-based violence had been launched and the country's President had declared rape a public health emergency, he continued. Stricter sentencing for offenders was being introduced. A national strategy for engaging men and boys in the prevention of violence against women was also underway. Referring to the Freetown Manifesto, which committed African governments to advance gender equality through education, Mr Sengeh said Education Plus was more than a campaign: it was a vehicle for promoting lasting change.
6. Yana Panfilova, from Teenergizer in Ukraine, described her experience of growing up with HIV. She said she had thought HIV was the biggest challenge she would ever face, but that had changed in February when the war broke out in her country, forcing her and an entire generation of her friends to flee. Recalling her school years, she said teachers had not known how to talk about sexual and reproductive health and HIV. She had managed to complete her education, but stigma and administration had driven many other children living with HIV out of school. Society still feared people living with HIV and they were still dying because of that fear, she said. Teenergizer was the largest network of young people living with HIV in eastern Europe, but due to the war she did not know where many of the members were. Young people would not easily recover from the mental health crisis caused by COVID-19 and the war, she said. She reminded the meeting that young people would have to rebuild from these tragedies.
7. Winnie Byanyima, Executive Director of UNAIDS, quoted the UN Secretary General, Antonio Guterres: "We can end AIDS, but only if we act together with a laser focus to tackle inequalities." Adolescents and young people were being left behind, she said.

HIV disproportionately affected young people aged 15–24 years, who comprised 16% of the global population, but accounted for 27% of new HIV infections. Every week, 4,200 adolescent girls and young women were newly infected with HIV; they were more than twice as likely to acquire HIV as their male peers, she said. Six in 7 new infections in 15–19-year-old adolescents in sub-Saharan Africa were in girls.

8. Education had a powerful preventive effect, Ms Byanyima said. Evidence showed that completion of secondary schooling reduced the risk of HIV infection by almost 50% for girls in sub-Saharan Africa. CSE also protected, as did sexual and reproductive health and rights services, psychosocial and mental health support, and harm reduction. She said Education Plus would address girls' risk of HIV infection in sub-Saharan Africa and support governments to put in place the right policies, make the right investments and guarantee free secondary education for all. Those actions would operate alongside efforts of the Global Partnership to eliminate stigma and discrimination, which also tackles sexual and gender-based violence and stigma and discrimination in education settings. The Global Partnership Forum on CSE was supporting this broad push, she said. Together those initiatives showed how the Joint Programme was working to achieve change in the education sector as part of the drive to end AIDS.

Overview: What is the evidence showing that education can reduce stigma and discrimination and empower young people? What are the gaps?

9. Chris Castle, Global Coordinator, UNESCO, cited Nelson Mandela's statement that education was "the most powerful weapon you can use to change the world", but reminded the meeting that the world had not yet fully acted on that knowledge. Globally, more than 90% of children were in primary school and over 80% were in lower secondary school. They spent, on average, 7600 hours in classrooms over a period of 8–10 years, making schools a unique setting for reaching young people. Education was about transmitting knowledge and developing skills, values and attitudes so people can lead healthy, fulfilling lives and make informed decisions, Mr Castle said. Education and health went hand-in-hand, and this was reflected in the interconnectedness of Sustainable Development Goals 3 and 4.
10. However, young people continued to be left behind in the HIV response, he said. They accounted for a disproportionate share of new HIV infections and those living with HIV faced unacceptable stigma and discrimination in schools. Education was one of the best HIV prevention tools available, he stressed. Countries with higher secondary school completion had higher relative reduction in the risk of HIV infection, benefits that could be boosted with measures that promote school enrolment and attendance (e.g. with cash transfers and school feeding schemes).
11. CSE equipped children and young people with knowledge, skills and attitudes that empowered them to safeguard their health, well-being and dignity and maintain respectful social and sexual relationships, Mr Castle said. It also enabled them to understand and protect their rights, and to consider how their choices affect their own well-being and that of others. Gender equality was intrinsic to CSE, he stressed. Countries around the world were using technical guidance from United Nations agencies for their CSE policies and programmes. He said CSE's many benefits included delayed initiation of sexual intercourse; decreased frequency of sex and risk-taking; increased use of condoms and contraception; improved gender-equitable attitudes; reduced gender-based violence; greater confidence; and reduced stigma and discrimination. In contrast, abstinence-only programmes were found to be ineffective in delaying sexual initiation and reducing the frequency of sex and the number sex partners.

12. Schools were important for promoting health and linking students sexual and reproductive health services, school meals and feeding programmes, social protection and mental health services, and physical exercise activities. It was vital that schools provide safe, inclusive, and enabling learning environments. An estimated 246 million children experience some form of violence in and around schools each year, he said. Girls, as well as students who identify as or are perceived as LGBTI+, are especially vulnerable. Surveys showed that almost 1 in 3 students had been bullied in the past month, and cyber-bullying affected 1 in 10.
13. Many barriers stood in the way of realizing the benefits of education, including discriminatory laws and policies, age-of-consent laws for HIV or pregnancy tests, myths and misinformation about CSE, and over-stretched capacity in schools. Quality CSE was also difficult to achieve in practice. Many countries claimed to be implementing CSE, but often focused on limited aspects of CSE curricula, with less attention paid to contraception and sexual and reproductive health and rights. Young people had to be at the center of CSE.
14. Speaking from the floor, participants thanked the panelists for their inspiring contributions and thanked UNAIDS for preparing the thematic segment. Noting that education helped reduce inequalities and was vital for HIV prevention, they stressed the need for both in- and out-of-school CSE. However, some countries were retreating on CSE due to resistance from small but influential groups, a reminder that advocacy was critical to maintain support for CSE, they said. Misinformation about sex and sexuality badly undermined the health and well-being of young people. The people who paid the biggest price for absent or poor-quality CSE tended to be populations who were systematically marginalized and discriminated against, such as sexual and racial minorities, speakers said. They emphasized the importance of including and working with young people to make full use of the power of education.

Panel 1. Young people's experiences

15. A short video featuring a DREAMS ambassador in Malawi, Catherine Walusa, was screened, in which she described her efforts to complete her school education and the support provided by DREAMS. Then, the moderator introduced the speakers.
16. Vimbainashe Jazi, from Zvandiri in Zimbabwe, described her experience of growing up with HIV. At school she had been called "kugula"—someone who will die soon—even though she had had an undetectable viral load. The stigma and discrimination had led to low self-esteem, loss of confidence and depression, eventually forcing her out of school. She joined Zvandiri as a community peer counsellor, drawing on her experiences to provide support in homes and schools and help teachers understand the needs of young people living with HIV. She and her peers developed materials to support this work and advocated for stigma-free homes, communities, schools, and clinics, using social media and community radio to change community attitudes. Ms Jazi said she had recently met two former schoolmates who had called her "Kugula", only to discover that they had also been HIV-positive at the time but had been too afraid to admit it.
17. Erika Dupuis, from PACT in Canada, said it often was difficult for youth-led organizations to be partners in CSE programmes. Surveys of youth around the world on CSE during the COVID-19 pandemic showed that current CSE was less than satisfactory in many places, and that young people wanted CSE to reflect their experiences, she said. CSE should omit abstinence-based messages, be grounded in reproductive justice and recognize that colonialism and racism were structural barriers,

Ms Dupuis said. CSE must also recognize the lived realities of young migrants and the intersectional identities of people.

18. Ralph Ivan Samson, a community worker with Y-Peer in the Philippines, told the meeting that cultural and religious practices prevented many adolescents and young people from freely discussing sex and sexuality, prompting them to use social media to seek the information. He described Y-Peer's activities and successes, including the development of the first transgender health and learners project in his country. Policies had to be implemented, a life-cycle approach was needed, and governments should revise policies to ensure they meet the needs and realities of young people, he said.
19. Speaking from the floor, participants stressed that CSE was one of best HIV prevention tools, especially when integrated with sexual and reproductive health and rights and psychosocial support. They noted that youth-led organizations faced a constant challenge of renewing themselves as young people grew older and moved into "adult" organizations. Peer education was therefore important, along with capacity building, so organizations can reproduce themselves. Speakers also advised caution in the images that are used to portray black people, especially when highlighting issues of poverty and injustice.

Panel 2. Harnessing the power of education to reduce stigma and discrimination, empower young people and provide a comprehensive HIV response

20. A short video on Education Plus was screened.
21. Julissa Hernandez, Deputy Minister of Education in the Dominican Republic, said education systems had been forced to change during the COVID-19 pandemic. However, CSE programmes had not been regarded as a priority for online schooling. A holistic view was needed so children could lead healthy sexual lives and positive civic values could be promoted, she said. Those tasks should not simply be left to teachers; they need support and training. The Dominican Republic was retraining teachers and equipping them and students with electronic tools (1.8 million students had these tools) to cope with the realities of pandemics. It was important to decide who takes responsibility for subjects like CSE at school, she added: CSE and related issues need a champion in every school who can explain to parents the value and importance of CSE.
22. Joyce Ouma, from Y+ Global and Education Plus Nerve Centre in Kenya, described her experience as a young woman living with HIV and working with a UNESCO mentor to develop a "positive learning" publication. Their consultations with young people living with HIV had shown that most schools were not safe spaces and that the young lived in fear of being stigmatized, harassed, or attacked. She described the Education Plus initiative's goals and priorities, emphasizing its focus on young women's leadership, and urged all governments in Africa to support the initiative.
23. Agnes Makonda Nyalonje, Minister of Education in Malawi, described the steps taken to keep girls in school during the COVID-19 pandemic and amid the worsening impact of climate change. Malawi was achieving gender parity in education and was using approaches similar to those highlighted in the Education Plus initiative. It provided universal free primary education and fee-based secondary education, along with health, social protection, and other support for youth. COVID-19 had highlighted the need to retain girls in education, said Ms Nyalonje. After the first lockdown, 400 000

learners had dropped out of school, among them 40 000 school-age girls who had fallen pregnant. Malawi had never before seen so many girls leave school in such a short period.

24. Operating in a resource-challenged environment, Malawi devoted 20% of its small national budget to education., Ms Nyalonje said. Gender parity had been reached in school enrolment but drop-out rates were high for both girls and boys, due mainly to poverty and inadequate infrastructure (a lack of classrooms, desks and teachers). Primary school enrolment was 92%, but only about 50% of pupils completed primary school and only 15% enrolled in secondary school. The country needed 90 000 primary school classrooms, but only had 47 000. Keeping girls in school required having actual schools for them and making those schools safe, she said. The national education strategy aimed to provide at least 12 years of quality education to everybody, make school environments safe and build resilient communities around schools. The legal age for marriage had been raised to 18 years and a reintegration policy had been introduced for pregnant girls, along with psychosocial support and support for substance abuse. Ms Nyalonje said the best HIV prevention strategy was to build schools, including secondary schools, closer to where girls lived, especially in areas where HIV, pregnancy and early marriage rates were high.
25. Elina Turalyeva, from the Teens.kg, a media project in Kyrgyzstan, discussed how digital media, radio and TV could be used for CSE. She said most young people did not receive CSE at school. Her project was using digital tools such as Tik Tok and YouTube to distribute CSE-related content and was generating large followings online. It was challenging to package information attractively to engage viewers, but it could be done: a video series about young women living with HIV in school had had 3 million views. Language accessibility was important; her project was using separate Instagram pages in different languages, for example. It was also important to engage parents, use positive messaging and provide information on where and how people can seek support.
26. Bridget Namondo Ngomba, Technical Officer in Cameroon's Ministry of Secondary Education, discussed the experiences of pregnant learners in her country, the majority of whom dropped out of school. This had led to a new policy allowing pregnant learners to attend school for 22 weeks and receive psychosocial support. Although the policy was not universally supported, it was being used to protect girls in schools and realize their right to education, she said. Henry Semakula, Senior Education Officer in Uganda's Ministry of Education and Sport said his government was working with the Ministry of Health on the YAPS (young, adolescent and peer support groups) model. The model, which was being piloted in 15 districts, helped reduce stigma and linked adolescents with medical and nutritional assistance, including HIV treatment. Uganda was also introducing CSE and life skills education in schools, and it had joined Education Plus, he said.
27. Speaking from the floor, participants said programmes should reflect the sexual and reproductive health needs of young people of different ages, and they should be implemented well. Speakers described some of the approaches used in their respective countries and emphasized the need for coordination between different sectors and ministries. Schools should be safe spaces, they stressed and noted that both formal and informal education were vital for addressing inequalities and achieving inclusive education. Matthew Kavanagh, UNAIDS Deputy Executive Director a.i., reiterated the timeliness of the discussion and said education had to be at the centre of efforts to end AIDS. The inspiring examples shared during the thematic segment showed that the world could use the power of education to change the trajectory of the HIV response, he said.

28. Keeping girls in secondary school and providing them with life skills, training and employment opportunities is key to ending the AIDS pandemic in Africa. Research shows that ensuring that girls complete secondary education reduces their risk of acquiring HIV by up to half, and that combining this with a package of services and rights for girls' empowerment reduces their risk further still.
29. Education Plus calls for free and quality secondary education for all girls and boys in sub-Saharan Africa by 2025; universal access to comprehensive sexuality education; fulfilment of sexual and reproductive health and rights; freedom from gender-based and sexual violence; school-to-work transitions, and economic security and empowerment.

Draft decision points: The Programme Coordinating Board is invited to:

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- g. Promote an integrated, multisectoral and coordinated HIV response positioning schools as an entry point to address learners' holistic education, health and protection needs and support cross-sectoral collaboration across education, health, nutrition, gender, protection, youth and justice ministries and between teachers, school administration, families and communities to safeguard rights, while ensuring that alternative mechanisms are in place to address the needs of young people who are out of school;
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