

# HIV and education

## A critical juncture for reaching the MDGs and universal access targets

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#### Introduction

In the past 30 years, there have been many positive achievements in the fight against the HIV/AIDS epidemic, but we still have a long way to go towards realising universal access to prevention, treatment, care and support. The new UNAIDS Strategy 2011–2015, *Getting to Zero*, and the outcomes of the High Level Meeting on AIDS in June 2011 both underscore the critical importance of highly focused and well-co-ordinated responses. In the context of an urgent need for sustained attention to the prevention, treatment and care needs of children and young people, in and out of the school setting, the education sector needs to maintain a comprehensive response, contributing to improved knowledge levels through, for example, sex education, and by working more closely with other sectors so that expertise and resources can be maximised.

#### Importance of education within the global HIV response

The goals of Education For All (EFA) cannot be achieved where there is a high prevalence of debilitating illness and related stigma and discrimination. In highly affected countries, the HIV epidemic is eroding the capacity of the education sector, causing shortages of teachers and education staff, increasing the vulnerability of children and learners, and adding new difficulties for planning. Over the past decades, much has been learned about HIV and AIDS, about the drivers of the epidemic, about the role and importance of education, and about the actions that need to be taken by the education sector. This has been summarised in a 2009 publication by the UNAIDS Inter-Agency Task Team (IATT) on Education, *A Strategic Approach: HIV & AIDS and Education*, which notes that:

- **Access to quality education protects against HIV.** There is ample evidence that education in itself – even in the absence of HIV-specific interventions – offers an important measure of protection against HIV, simply because good quality education can provide a safe and protective environment. Education also creates a circle of support within the community, which can have a sustained impact on reducing the vulnerabilities and behaviours that cause, increase or perpetuate risk. The Global Campaign for Education (GCE) has estimated that Universal Primary Education (UPE) would prevent 700,000 new HIV infections each year (GCE, 2004).
- **Education can reach large numbers of children and young people.** Young people are at high risk of becoming infected with HIV. In 2008, they accounted for 40 per cent of all new HIV infections in 15 to 49 year olds. Almost 3,000 young people are infected with HIV each day. More than half of all sexually

transmitted infections (STIs), other than HIV (more than 180 million out of a global annual total of 340 million), occur among young people aged 15 to 24. In the majority of countries, most children and a great number of young people will have at least some years of schooling. Schools offer the advantage of being able to reach children in their formative years, influencing their attitudes and future behaviours. In highly affected countries and settings, schools can also play an important role as centres of care and support for those infected with HIV and affected by HIV and AIDS. By partnering with local stakeholders and organisations – including young people's networks – to offer access to learning opportunities, education can also reach those who are not in school.

- **Education reduces the vulnerability of girls and young women in very important ways.** The ability of girls and young women to protect themselves from HIV is frequently compromised by a combination of biological factors, lack of access to HIV information, services and commodities, and disempowering, often exploitative, social, cultural and economic conditions. Education offers important protection from HIV infection to girls and young women by building young women's self-esteem and capacity to act on HIV-prevention messages, improving their economic prospects, influencing the power balance in relationships, and affecting their social and sexual networks.
- **HIV and AIDS education impacts on HIV-related knowledge, skills and behaviour.** Well-planned and implemented life skills or sex and HIV education interventions, even when provided for only short periods, have been found to: increase knowledge; develop skills (such as self-efficacy to refuse sex and obtain male and female condoms) and positive attitudes required to change risk behaviours (such as values about sex and pressuring someone to have sex); and reduce sexual risk behaviours among the sexually active. HIV and AIDS education can reduce the risk of HIV by delaying the age of the first sexual encounter, increasing male and female condom use, reducing the number of sexual partners among the already sexually active, promoting the early treatment of STIs, facilitating access to confidential and voluntary counselling and testing (VCT), and reducing other behaviours that increase risk, such as drug use and particularly injecting drugs.
- **Education can reduce stigma and discrimination.** A review of HIV and AIDS interventions in schools in Africa has confirmed the potential of education to bring about an improvement in attitudes towards people living with HIV. The review found attitudinal changes in all programmes where they were measured, with schoolchildren showing greater acceptance of people living with HIV or AIDS, regardless of the programme form, duration, content or target population.

- **Education provides a very cost-effective means of HIV prevention.** By ensuring equitable access to quality education for all, countries can avoid escalating health-care, social and economic costs associated with rising HIV prevalence and AIDS-related impact (World Bank, 2002). The findings of an international cost and cost-effectiveness study that was recently released by UNESCO highlighted the cost-effectiveness and potential cost savings in a context like Estonia, where a national sex education programme was rolled out alongside youth-friendly sexual and reproductive health services. In Estonia, between 2001 and 2009, an estimated 13,490 health events were averted, including 1,970 HIV infections, at a potential lifetime cost of US\$67,825 per patient.

## EDUCAIDS response framework

The full realisation of the important role of education in the AIDS response requires a multisectoral comprehensive approach that promotes and protects human rights, ensures access to and quality of education, and supports universal access to HIV prevention, treatment and care for all education personnel and learners across different educational settings.

Such an approach has been well illustrated and advocated by EDUCAIDS, the Global Initiative on Education and HIV & AIDS, launched by the UNAIDS Committee of Cosponsoring Organizations (CCO) in March 2004. This UNAIDS initiative, led by UNESCO with the collaboration of key stakeholders, has two primary aims: to prevent the spread of HIV through education, and to protect the core functions of the education system from the worst effects of the epidemic.

A comprehensive education sector response is at the heart of EDUCAIDS at the country level. This means a move away from programming on HIV and AIDS on a project-by-project basis, and towards a holistic, sector-wide view of the impacts and challenges

of HIV, and the deployment of all components, modalities and capacities of the education system to address and mitigate those impacts. Comprehensive education sector responses comprise five essential components (see Figure 1):

1. Quality education
2. Content, curriculum and learning materials
3. Educator training and support
4. Policy, management and systems
5. Approaches and illustrative entry points.

All of these five components need to be in place and working effectively to ensure optimal success in the response to the epidemic.

In 2010, the UNAIDS IATT on Education<sup>2</sup> launched a global monitoring survey on education sector engagement in national responses to HIV and AIDS, to provide in-depth assessment of the appropriateness and adequacy of, as well as implementation bottlenecks and impediments affecting, country-level education sector responses to HIV and AIDS. While Phase 2 of the study is in process to survey at least 40 countries, initial findings from Phase 1 comprising four country case studies have revealed an overall improvement in education sector response to HIV and AIDS. However, bottlenecks and constraints remain in the implementation of education sector policies and programmes.

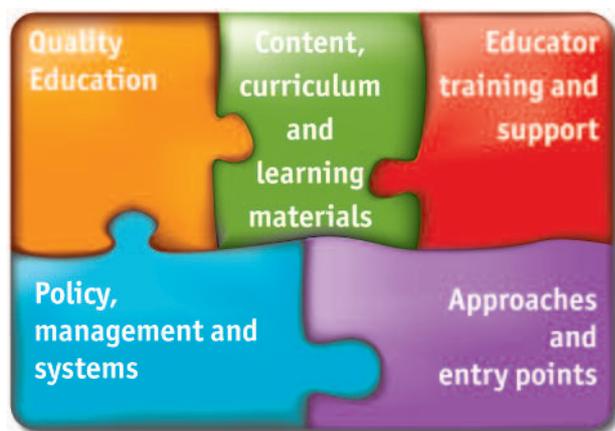
## Sex education

There is increasing support globally for sex education as a new platform for HIV prevention among children and young people. Since 2009, UNESCO has led the response in the education sector in partnership with UNAIDS, UNFPA, UNICEF and the WHO. The *International Technical Guidance on Sexuality Education: An evidence-informed approach for schools, teachers and health educators* (UNESCO, 2009) provides international standards for education and health authorities, backed by a state-of-the-art review of the scientific evidence on the impacts of sex education. Schools and other education institutions have a key role in delivering good quality sex education that has both health and non-health outcomes. These include impacts on gender equality, gender norms, skills in communication and critical thinking. Furthermore, as noted earlier, for the first time, good quality data are now available on the cost and cost-effectiveness of sex education in relation to other health interventions. Decision-makers and programme developers in government and civil society now have an evidence base that includes standards, examples of good practice and costing data to help inform investment and management decisions.

In Latin America, a number of large-scale national sex education programmes in the public sector have set a precedent internationally. In Asia, civil society organisations like PATH<sup>3</sup> are working with government authorities in Thailand on the implementation of culturally appropriate and strongly supported programmes (for example, TeenPATH). In Africa, UN partners are supporting a number of governments to develop the necessary capacity, to deliver effective sex education programmes.

**Figure 1**

*Towards a comprehensive education sector response: EDUCAIDS components*



Source: UNESCO 2008b

## Partnerships

Strategic and effective partnerships play an important role in efforts to address HIV and AIDS in the education sector. The UNESCO publication *Good Policy and Practice in HIV & AIDS and Education*, (Series Booklet 4, Partnerships in Practice) documented a variety of partnerships existing at global, regional, national and local levels and their impact on the education sectors' response to HIV and AIDS. At policy level, the vital role of the partnerships to mobilise political commitment and resources more effectively for HIV and AIDS and education is clearly demonstrated by the process that took place prior to the International AIDS Conference in 2008 – health and education ministers throughout Latin America and the Caribbean gathered at the unprecedented meeting, convened by the Mexican Government in advance of the 2008 International AIDS Conference. Ultimately, governments committed themselves to fundamentally changing the delivery of sex education in their countries, resulting in the Mexico City Declaration on Sex Education in Latin America and the Caribbean.

Unparalleled in its commitment to address the important role that comprehensive sex education can play in improving the health and well-being of young people, governments agreed to key actions to promote the health and rights of young people. The Mexico City Declaration's ambitious targets include achieving a 75 per cent reduction, in each country, of schools that do not provide comprehensive sex education by 2015. Countries acknowledged the role that comprehensive sex education plays in introducing young people to the reproductive and sexual health services they need, and vowed to ensure that health services – including testing for HIV and STIs, and counselling on condom use – are youth-friendly. Governments also agreed to reduce by half the current number of adolescents not covered by adequate reproductive and sexual health services. Comprehensive sex education curricula that provide information about HIV/AIDS, sexuality and pregnancy, and that also promote self-esteem, respect for human rights and gender equality in relationships are needed to prepare new generations for a future based on gender equality and human rights.

The partnership between the education and health sectors in Estonia over the past two decades has ensured the introduction and expansion of youth-friendly sexual health service delivery in association with the development of sex education. Access to sex education and youth-friendly services has contributed significantly to the improvement in youth sexual health indicators since 2000. They include not only steep reductions in STI and HIV infection rates, but also sizeable downward trends in abortion and teenage birth rates, due to sharp increases in condom and contraceptive use among young people.

In many countries, most HIV infections can be attributed to three risk behaviours that put adolescents most at risk of HIV: unprotected sex in the context of sex work; unsafe injecting drug

use; and unprotected (mainly anal) sex between men with multiple partners. However, current school-based interventions generally do not focus explicitly on the three risk behaviours that put adolescents most at risk of HIV. UNESCO believes that if schools were able to meet the educational needs of adolescents before they start engaging in risky sexual behaviours, the impact of school-based HIV-prevention programmes on the course of AIDS epidemics would be dramatically increased. However, it remains very challenging in many countries and communities for school curricula to explicitly address these sensitive issues. In such a context, extracurricular activities or links to services outside the school setting should be promoted, and the formation of partnerships between schools and civil society organisations working with people who engage in high-risk behaviours and helping to ensure access to youth-friendly services tailored to their specific needs, becomes particularly important. Examples could include inviting young gay and bisexual men or (former) drug users to schools for a group discussion, posting notices for students who are involved in risk behaviours about the availability of anonymous confidential counselling and testing services, or arranging referrals to harm reduction interventions.

### Reference

- Global Campaign for Education (GCE) (2004). *Learning to survive: How education for all would save millions of young people from HIV/AIDS*. Brussels: GCE.
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- World Bank (2002). *Education and HIV/AIDS: A Window of Hope*. Washington, DC: World Bank.

### Endnotes

- 1 UNESCO's Section of Education and HIV & AIDS (HIV) sits within the Division of Education for Peace and Sustainable Development (PSD), Education Sector.
- 2 Created in 2002, the UNAIDS Inter-Agency Task Team (IATT) on Education brought together some 40 international organisations and bilateral agencies in development and education, with the aim to accelerate and improve the education sector response to HIV and AIDS by: 1) promoting and supporting good practices in the education sector related to HIV and AIDS; and 2) encouraging alignment and harmonisation within and across agencies to support global and country-level actions.
- 3 PATH is an international non-profit organisation working for sustainable and culturally relevant community health solutions.