
UBRAF thematic report: ensuring high quality education for a more effective HIV response

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Results

1) Inter-Agency Task Team (IATT) on education

Joint programme initiatives have strengthened country capacities to support high quality comprehensive sexuality education and the education sector's response to HIV. Research indicates that this has contributed to an estimated 30% increase in countries with a specific education sector HIV policy, and that an estimated 74% of countries have mainstreamed HIV responses (Global Progress Survey, 2013). Over the course of eight years, the number of education ministries with workplace policies has more than doubled, suggesting significant global progress.

The Inter-Agency Task Team (IATT) on education, led by UNESCO with support from the ILO, UNAIDS, UNFPA, UNICEF, WHO and bilateral partners and civil society organizations, is the primary forum for coordinating Joint Programme action on education. Annual meetings and symposiums were held in London in 2012 and Accra in 2013, and IATT developed communication tools to advocate for HIV education. The *Global Progress Survey* was published in 2013 to measure trends in responses to HIV through a focused sampling strategy of 39 countries, and is used to advocate for support for HIV education and enhanced sector responses. Work is also reinforced by the IATT on young people, convened by UNFPA and UNICEF, which commissioned non-profit human development organization FHI 360 to document selected best practices in HIV programming for young people.

Another key Joint Programme 2012–2013 initiative was to mobilize education and health leaders from 21 Eastern and Southern Africa (ESA) countries to support comprehensive sexuality education and sexual and reproductive health services for adolescents and young people in the region. The process was spearheaded by UNESCO, with UNAIDS, UNFPA, UNICEF, WHO and other partners. Similarly to the process in the Latin America and Caribbean (LAC) region that preceded it, the ESA commitment focuses on improving access for more than 15 million young people to comprehensive sexuality education and youth-friendly sexual and reproductive health services to prevent HIV and unintended pregnancy. In December 2013, health and education ministers affirmed the commitment, which aims to halve the number of young people who do not have access to affordable, equitable and appropriate health services by 2015.

2) Revising curricula

UNESCO and UNFPA provided technical support to education ministries for the peer review and evidence-informed revision of curricula in Zambia, Lesotho, Uganda, South Sudan and the United Republic of Tanzania. UNESCO, UNFPA and UNICEF scanned HIV prevention curricula in 10 countries (Malawi, Zimbabwe, Mozambique, Uganda, Namibia, South Africa, Kenya, Swaziland, Lesotho and Botswana). In Peru and Guatemala, UNESCO and UNFPA supported education ministries' efforts to strengthen competence-based curricular approaches to personal autonomy, well-being, comprehensive sexuality education and HIV prevention in basic education reforms. Similarly in the Caribbean, UNESCO and UNFPA worked together to engage senior technical education ministry officers on evidence-based approaches to incorporating HIV prevention and young key populations in life-skills education. UNESCO supported south-south cooperation among LAC countries through the Regional Community on Sexuality Education Practices, and the first comprehensive assessment of policies and practices for school-based health and comprehensive sexuality education in 10 Eastern Europe and Central Asia (EECA) countries, leading to national HIV policies being adopted for the education sector in Belarus, Kyrgyzstan, Russia, Tajikistan and

Ukraine.

UNESCO, UNFPA and UNICEF are jointly reviewing the implementation of school-based comprehensive sexuality education in several Asia and Pacific (AP) countries. The review of sexuality education will be administered at school level and involve students, principals and teachers. UNESCO also developed a sexuality education review and assessment tool (SERAT), with analysis undertaken at schools in Cameroon, Cape Verde, Central African Republic, Chad, Congo, Dominican Republic, Equatorial Guinea, Gabon, Ghana, Liberia, Mali and Nigeria.

UNAIDS, UNICEF, UNFPA, and UNESCO performed field tests in Jamaica, Namibia, South Africa, the United Republic of Tanzania and Zambia on new and revised indicators to measure HIV responses in the sector, publishing guidelines for constructing core indicators in 2013. All indicators were endorsed by the UNAIDS IATT on education, validated by the Southern African Development Community (SADC) countries and integrated through the European (men who have sex with men) MSM Internet Survey (EMIS) or school-based surveys.

Following a meeting of experts in November 2013, the ILO supported policy guidelines on early childhood education, addressing issues relating to work with children who live with HIV, non-discrimination, and care and support for staff living with HIV. UNHCR developed a Global Education Strategy 2012–2016, and established a partnership with Harvard University to undertake a country-level analysis of the Strategy's implementation in more than 12 priority countries.

3) Training initiatives

Significant efforts have been made to train education personnel, teachers and peer leaders to build country capacities for providing good quality comprehensive sexuality education. UNFPA trained almost 3.3 million young people in HIV prevention in 13 ESA countries, and provided technical support to strengthen delivery of sexual and reproductive health curricula. More than 15 000 primary and secondary teachers were trained in West and Central Africa (WCA) through UNESCO information and communications technology initiatives, and more than 14 000 students in Central Asia will benefit from improved prevention education through UNESCO training.

- In Zambia, 92% (60) of curriculum developers and 100% (14) of government teacher training colleges have received training support from UNESCO and UNFPA to deliver comprehensive sexuality education curricula. UNESCO, UNICEF and UNAIDS also strengthened the education sector response to HIV measurement, with 180 EMIS personnel at national, provincial and district level trained in data collection, data entry and interpretation.
- In Swaziland, 7 918 young people were reached via UNFPA-supported radio and community dialogues. With UNESCO support, a secondary school teacher's handbook on comprehensive sexuality education curriculum has been developed, and 26 master trainers, 218 teachers and 80 principals and guidance counsellors have been trained to use the handbook in 25 Swazi secondary schools.
- In South Africa, UNICEF, UNFPA and UNESCO, among others, helped national partners develop the Integrated School Health Programme (ISHP) that aims to reach 12 million pupils with comprehensive health services, including comprehensive sexuality education. The ISHP will serve as a critical platform for improved delivery of services, including HIV testing and counselling for adolescents.

Constraints, challenges and lessons learned

Lack of capacity and resources continue to present challenges, reflected in the low levels of knowledge in some regions reported in Global AIDS response progress reporting (GARPR), which makes it difficult to track trends and impact. Teachers' ability to teach topics such as HIV and sexuality, crowded curricula that do not allow space for non-traditional subjects, and structural issues, such as oversight and learning assessments that do not prioritize learning on HIV and sexuality, have been noted. Together these make for a difficult working environment but while these challenges are persistent, they are not enduring. There are signs of change. For example, the ESA commitment process demonstrates political commitment to change at the grass-roots level. The extent to which momentum is sustained and organic responses increase in coverage is an open question.

UNAIDS Cosponsors are in their second decade of driving change in the education sector, building capacity, providing technical assistance and fostering leadership. However, there are competing priorities and engaging with HIV is decreasing in relative importance. The number of dedicated HIV management units in education ministries within the hyper-endemic region of ESA has fallen sharply. To keep HIV high on the agenda it must be taken out of isolation and integrated into a broader school health approach, and reflected in education sector plans and budgets to ensure sustainability.

To address limitations we must exploit opportunities in the education sector that are driving change, such as the Global Education First Initiative by the UN Secretary-General, which introduces global citizenship and is gaining traction in several countries. Large-scale initiatives such as this add to the burden of ministries but they can also create opportunities by bringing a new focus to issues. Global citizenship is about making education relevant to learners, a process that is challenging traditional teaching methods, content selection and learning assessment. Nothing is more relevant to a learner than their health. Creating conditions for effective HIV and sexuality education will be a challenge, but there is an unprecedented opportunity in the transition to the post-2015 agenda.

Key future interventions

Continued support will be offered in all regions for curriculum review, teacher training, policy development and comprehensive sexuality education monitoring, with enhanced focus on prevention and responses to unintended pregnancy, emphasizing a girl's right to return and remain in school. Follow-up and monitoring of the ESA commitment is crucial via the technical and high-level groups and support to countries. With support from the Swedish International Development Cooperation Agency (Sida), operations research will be undertaken in Zambia to train teachers in sexuality education, methods and learning outcomes. In WCA, results of the diagnostic report on the state of sexuality education, undertaken with UNFPA, the International Planned Parenthood Federation and UNAIDS, are expected by the end of 2014; in Asia and Pacific the report will be reviewed.

UNESCO will continue to support the integration of core comprehensive sexuality education and HIV-related indicators into EMIS, including through regional trainings for education ministry staff. School-based surveys in selected countries collect data that cannot be gathered through EMIS, including baseline data for future evaluations. Qualitative progress analysis towards scaling up comprehensive sexuality education in selected countries will be carried out as well as scaling up processes based on SERAT. Building on past experience with life skills education, UNICEF will collaborate with partners and experts to create a programmatic framework for Skills Building 4 Learning (S4L) that includes a metric to build evidence of impact, particularly on learning.

With combined resources and support from UNAIDS IATT on education, guidelines and management models within education ministries will be produced to help UNESCO staff find entry points for HIV education and create synergies among topics, such as through curriculum planning and teacher training. This will build skills within school health to reduce the risk of HIV infection.

Supporting documents

- [*Young people today. Time to act now. Why adolescents and young people need comprehensive sexuality education and sexual and reproductive health services in Eastern and Southern Africa*](#)
- [*2011-2012 Education sector HIV and AIDS global progress survey. Progression, regression or stagnation?*](#)
- [*Measuring the education sector response to HIV and AIDS. Guidelines for the construction and use of core indicators.*](#)
- [*Prevention education in Eastern Europe and Central Asia: a review of policies and practices.*](#)

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