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## Twenty-third meeting of the Committee of Cosponsoring Organizations (CCO)

Livingstone, Zambia, 4 March 2004

### Provisional agenda item 5

### **Towards an AIDS-Free Generation: A Global Initiative to Expand Prevention Education against HIV/AIDS**

#### **Executive Summary**

In 2003 a vast, joint global initiative was launched by WHO and UNAIDS to increase access to antiretroviral treatment to three million people in developing countries by the end of 2005 – the so-called “3 X 5 initiative”. The UNAIDS secretariat and the Cosponsors are committed to act together to exercise leadership and help countries to develop integrated, comprehensive approaches to treatment.

At the same time as the “3 x 5” initiative was launched, UNAIDS published data that showed what could be called “5 in 3” – that there were 5 million *new* infections in 2003. Every day some 13.500 persons are infected by HIV – the young, and particularly girls are vulnerable.

There is no vaccine – and one is long in coming. There is no cure – and one is long in coming. Even with the full scaling up of treatments, they are no match for the spread of the epidemic.

Hence the only way to get ahead of the epidemic, is for the countries and Cosponsors to unite behind and launch a joint programme on prevention education to *complement* the new “3 X 5” initiative for treatment and to *link* treatment and prevention. Prevention and treatment are mutually reinforcing. Hence a comprehensive strategy that combines the most effective practices in prevention, education and treatment is imperative.

#### **The CCO is requested to:**

- Jointly launch a world-wide prevention education effort for an AIDS-free generation by 2015, thereby complementing current initiatives to accelerate access to treatment and bolstering efforts to achieve the targets contained within the Declaration of Commitment and the Millennium Development Goals;
- Note that prevention education forms part of a more comprehensive approach to reduce young people’s risk and vulnerability to HIV infection;
- To form a special Task Force that will: (1) chart a way forward for the initiative described in this document, based on the comparative advantage of each cosponsor; (2) establish a joint strategic framework to guide action for HIV/AIDS prevention among young people, (3) carry out the necessary consultations with existing inter-agency mechanisms, including the IATTs; and report to the next CCO on progress in each of these areas;
- Work together to help countries expand education, information and prevention services, committing resources and drawing on the comparative advantage of each cosponsor. The initiative described in this document should be scaled up in as many countries as possible, with an emphasis on Sub-Saharan Africa.

### **A global devastation**

More than 60 million people have been infected by HIV and a third of them have already died from AIDS. Hundreds of millions more are affected – as relatives, orphans or friends. Every day more than 13.500 new persons are infected. About 6000 of them are in the age-group 15-24 years – the young, especially girls are at risk.

There is no vaccine – and one is long in coming. There is no cure – and one is long in coming. Even with the full scaling up of treatments, they are no match for the spread of the epidemic yet.

Even a very ambitious program such as the “3 X 5” initiative – providing anti-retroviral treatments for 3 million people by the end of 2005 – does not match the “5 in 3” – the 5 million *new* infections in 2003.

### **The paradoxical pandemic**

It is a curious fact that the most devastating of epidemics is caused by a virus not particularly contagious – in contrast to such diseases as measles, mumps, influenza or SARS. Barring violence, blood transfusions and mother-to-child transmissions, you have to *do* something to get it. That means that the virus can be stopped by prevention measures with almost 100 per cent efficiency – theoretically.

A virus that *in principle* is simple to avoid and not particularly contagious, is *in fact* the most deadly because it embodies itself in the most vital of forces: the biological urge that keeps the human species going. Most transmissions occur sexually. Hence the epidemic inserts itself in the core of social life: rights of women, norms of abstinence and masculinity, relations in the work place, conventions of family life and privacy – *and* conceptions of sin, decency, lust, deviant sex, prostitution and drug use.

The virus infects more minds than bodies: We instinctively react with fear towards those we know are infected in spite of the fact that ordinary social interaction is without risk and results in no infection. The infected are often stigmatized and shunned – and they may be discriminated and ostracized.

Hence there is little incentive to test or to know your HIV status – if others come to know it, you stand to lose.

### **“3 X 5” – a new deal for prevention education**

The possibility of treatment changes this picture. When treatments become available people in affected communities derive a positive interest in being diagnosed: it is the bridge to help. When treated, the infected can continue to live productive lives as parents, breadwinners and citizens.

Hence the “3 X 5” initiative provides a new deal for prevention education. It would be an enormous opportunity lost if prevention and treatment is not now combined in a mutually supporting package.

### **Prevention education needed – and it works**

Ignorance is a major reason why the epidemic is out of control. Yet over the last decade millions and millions around the world have learned that what causes AIDS is a virus and also the rudiments about how to avoid it.

*Every day* some 300.000 become teen-agers. They are bubbly, curious, carefree and experimental – but regularly ignorant about the epidemic and with little awareness of connections and consequences, often sharing and propagating misconceptions. Even those that are street-smart are often gullible.

If the epidemic is to be stopped, all of them have to be reached. Most children and young people are HIV-free. To curb the epidemic, those not infected must know how it spreads and act on this knowledge. Young people and their families have to learn to protect their health, to provide and seek care. – and not to discriminate. Those infected must learn to become protective of others. Prevention campaigns can only be successful if both vulnerability and risky behavior are reduced. Both vulnerability and risky behavior can be changed through education, in the broad sense of the word. Education means providing knowledge and the attitudes that enable the knowledge to be used in a positive sense. Education is not only about avoiding infection, but about showing respect and sharing responsibility for all who are infected and affected.

Schools will be central to a broad initiative to accomplish this task – in most countries they branch further into communities and reach more of the young than any other institution. Hence they are critical for reducing risk and vulnerability.

Therefore the education sector must be fully mobilized to fulfill its potential to prevent HIV/AIDS among young people and to reduce stigma and discrimination of people living with HIV/AIDS in the community. The highest priority is the age group between 10 and 25, in which about half of new infections take place. In the highest affected countries, most of this age group is not in school, and in consequence, the formal education system will have to be the hub of a much broader effort.

### **Protecting the core functions of education**

The schools and education that could help prevent the spread, are themselves undermined by the epidemic.

A strategy for prevention education therefore cannot address the epidemic just as a health issue or as a medical emergency. It is imperative to expand schooling and non-formal learning opportunities that enable children to shape their own future by knowledge and skills. What is lost in education now will hurt the developing countries for the rest of this new century. Protecting the core functions of education is as important for development as it is for curbing the epidemic that undermines the education systems and all other social institutions.

### **All institutions are education institutions**

No institution reaches wider than schools. But many children are out of school – and more drop out with increasing age. In many developing countries more than half of the young are out of school by the time they reach puberty. The young also often received faulty or bogus information as gossip or word of mouth from peers.

Hence prevention education cannot be left to schools alone. They do not reach all, and they reach fewer in the age groups most at risk – including other highly exposed groups, such as migrant workers, soldiers, drug users or sex workers. This is why non-formal education – indeed all media – must disseminate targeted and effective messages and skills about communicative diseases. Indeed, all social institutions must become institutions for prevention education – firms, religious institutions, organizations.

### **Many programs – little effect**

All Cosponsors have projects that address different aspects of prevention education. Often they deal with the same issues, cater to the same donors and invest in the same countries – indeed, there are examples that agencies are doubling up their own projects or activities. There is lack of coherence and consistency – duplication may go along with lacunas.

There is duplication – but also dissipation: sometimes most resources spent before reaching those most in need. The closer to the ground, the less is left.

Moreover, the many agendas raise transaction costs and reduce the effectiveness of programs. Many disparate programs to build capacity also absorb capacity. Plans that have been written remain on the shelves – and are sometimes replaced by new ones before they are implemented.

Hence it is necessary to think not projects but programs – and joint programs rather than separate ones. They have to be integrated into national plans, and they have to put into effect. In short: Much work – also good work – is being done. But it is yet no match for the epidemic. With present efforts, there is no way the goals of the UNGASS 2001 Declaration of Commitment on HIV/AIDS can be reached. Indeed, we are already falling behind, e.g. “to reduce by 2005 HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25%”.

### **The need for a generic program**

All communities are different – yet most of the problems they face are similar: silence, shame and discrimination, poor curricula, teachers embarrassed to address the issues, children dropping out, orphans forced into adult responsibilities without resources or preparation, inadequate planning for hard hit education systems, etc.

Even though many initiatives address each of these problems, there is no overall program that can mobilize diverse actors and join them in a comprehensive program – and none that links to the new “3 X 5” initiative.

What is needed is a generic program in prevention education that is *simple and standardized*, yet *comprehensive and sensitive* to the particulars of each country and *applicable and adaptable* to each community. It has to be protective of individuals and supportive of institutions – *and* well integrated with the “3 X 5” treatment initiative. Such a program must provide a template for decision-making and well considered policy options on issues such as:

- *Curricula* for different age levels and for different levels of previous preparation. They have to deal not only with knowledge, skills and attitudes, but also ways of coping with grief, loss and death and include messages on compassion, care and support for people living with AIDS.
- *Teacher training modules* to enhance knowledge, motivation and the capacity of teachers to serve as role models in including children affected by AIDS. Training programs must bring in other professionals, such as young doctors or medical students when important topics are avoided or neglected because of embarrassment or apprehension.
- *HIV/AIDS workplace policies* for the Ministry of Education, schools as well as other institutions.

- *Education finance mechanisms* to guarantee the rights of education to orphans and vulnerable children as an integral part of Education for All. This may entail scholarship programs for teenage girls for secondary education, school food programs, abolishing school fees in primary education, etc.
- *Developing flexible alternatives* to formal education timetables, calendars and curricula so that affected children can benefit from education otherwise inaccessible, etc.
- *Schools* as sanctuaries for children – not places of risk, abuse and exploitation but of learning, growth and care. In particular they have to be welcoming and supportive of AIDS-affected children: places where they can get food, psychosocial support, life and livelihood skills, etc.
- *Schools as learning and resource centers for the community* in cooperation with other community organization, to build awareness, to provide prevention education, to promote attitudes of care and compassion, to initiate campaigns for reducing discrimination, information and skills for exposed groups, and to foster practical abilities to make a living.
- *Enhancing planning and management capacity* to deal with the impacts of the epidemic on the demand, supply and quality of education.

All such and similar requirements to address the epidemic must be condensed into a tool-kit that can be put to immediate use and adapted to any country or community.

### **Getting started – scaling up**

The immediate task is to develop the tool-kit. Most of the knowledge needed, is already in place. Important work has been done by *The Global HIV Prevention Working Group*<sup>1</sup> convened by the Gates and Kaiser Foundations and should be a key point of departure.

Hence a *task force* should be set up with short deadline to distill, systematize and condense materials and methods already available and map work already underway. It should function as project organization to mobilize and marshal input and support from many diverse sources and review materials already in place for targeted groups. It should be a collaborative effort of the Cosponsors and draw on the assistance and expertise of other partners based on their best available experience. It should have a short deadline for completing its first task: to develop the first version of the “Tool-kit” It would also have to identify partners well suited to engage and contribute to the various activities in different countries and identify how Cosponsors can commit resources and manpower to effectively cooperate in the joint effort.

The tasks identified in the tool-kit will then over the next two years be piloted in a minimum of 10 countries – preferably chosen for their diversity to reap a rich set of experiences of what works and what does not, i.e. so that rapid learning can be gained from doing.

Based on the experiences reached from that phase, the next task would be to scale up activities globally mobilizing affected countries and the full support of UN agencies.

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<sup>1</sup> *Access to HIV prevention. Closing the Gap.* Global HIV Prevention Working Group. May 2003. (Available on the Gates Foundation site.)

### **Division of labor – orchestrated action**

Each agency has specific know-how and capabilities to carry out part of the tasks set out above. But they can be accomplished neither wholly nor effectively if we pursue our goals more or less separately.

The comparative advantage of each agency is best mobilized in concerted action with the others. In the field of education, important initial work has been done under the auspices of *Interagency Task Team on HIV/AIDS and Education*.<sup>2</sup> This group can also be an important contributor for ensuring cooperation in carrying the initiative forward.

Interagency cooperation is not enough. There must obviously be close cooperation with national governments, civil society and its organizations as well as the private sector. Prevention education programs must be integrated into the work of Ministries and clearly linked to other ongoing initiatives, such as EFA, Fast Track Initiatives, PRSPs, etc.

The critical test of our actions will be the impact of our efforts in the most infected countries, in the most affected communities and for the most vulnerable groups. For our efforts to take hold, we must join forces, commit resources and combine operations effectively, at the country level. Hence the common program proposed here must also closely fit in with the “three ones” for sustained support at and from the country level:

- *One* AIDS strategy that drives all partners
- *One* national AIDS authority to coordinate it
- *One* national nationally-owned monitoring system to serve the needs of all.

UNESCO wishes to work closely with Cosponsors to build capacity and scale up responses in prevention education in ways that are *facilitated by* and *in turn reinforce* the effects of the initiatives already taken on treatment, food security, orphans and workplace issues.

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<sup>2</sup> *HIV/AIDS and Education. A Strategic Approach*. Interagency Task Team on HIV/AIDS and Education 2003.