

# IATT on Education: Communication and Advocacy Tools User's Guide

The collage features several key documents and graphics:

- UNAIDS Inter-Agency Task Team (IATT) on Education**: A report titled "Getting to zero Education: High Impact, High Value" with a sub-heading "A Global HIV and AIDS Overview". It includes a photo of two young girls and a "Date, Location" field.
- AIDS Epidemic: Women**: A report stating "Globally, proportion of women living with HIV has remained stable at 50% over the last five years; however... Women are more affected: Sub-Saharan Africa 59%, Caribbean 53%". It includes a photo of a group of people.
- Comprehensive sexuality and HIV education is a critical tool for prevention**: A report with a "Date" field (January 2012) and "Issue # of 1". It lists "The Challenges" and "The Evidence" regarding HIV education.
- The State of the AIDS Epidemic**: Two reports. One titled "More people are living with HIV, largely due to access to treatment and improved education interventions" with a line graph showing HIV prevalence from 2000 to 2010. The other titled "2009 HIV Prevalence, UNAIDS" with a world map showing prevalence by region.
- 2009 Public Spending on Education, UNESCO**: A world map showing public spending on education by country.
- Education is one piece of the larger puzzle in the global response to HIV and AIDS**: A conceptual diagram showing the "Education Sector" and "Health Sector" as interconnected parts of a larger puzzle, with "Infrastructure, Finance, Commerce" and "Agriculture, Youth & Community" as supporting elements. It concludes with "Invest smartly through coordination to achieve success in the HIV and AIDS response".

*Disclosure: All photos and images in the User's Guide, PowerPoint presentations, and the five Issue Briefs are courtesy of the American Institutes for Research, Washington, DC.*

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## Acronym List

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Treatment
CDC	Centers for Disease Control and Prevention
EFA	Education For All
HIV	Human Immunodeficiency Virus
IATT	Inter-Agency Task Team
INA	Influencer Network Analysis
MDG	Millennium Development Goals
OVC	Orphans and Vulnerable Children
PSA	Public Service Announcement
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
VCT	Voluntary Counseling and Testing

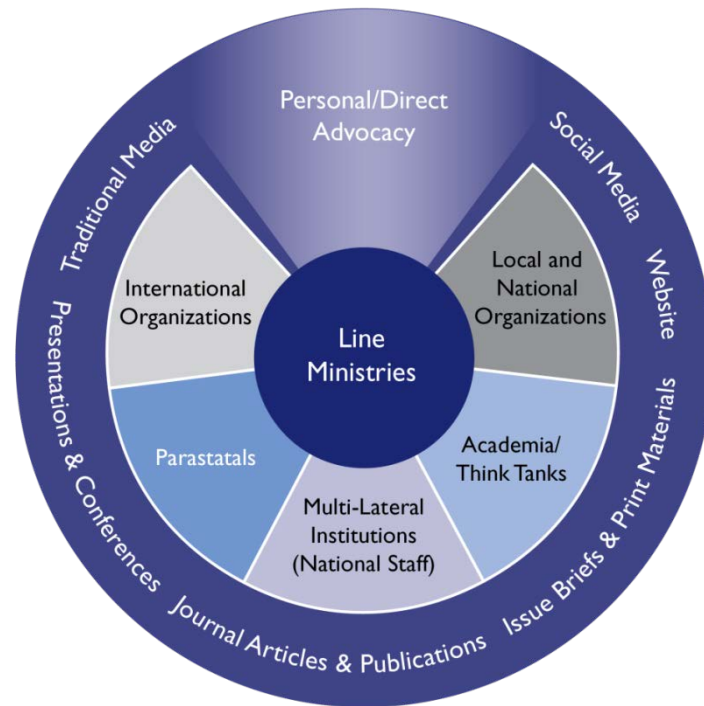
## Overview

Advocacy tools, such as issue briefs, message maps, and slide decks, help organizations like the UNAIDS Inter-Agency Task Team (IATT) on Education communicate messages about the challenges of HIV and education and the IATT's responses to those challenges. But not every message can or should be communicated to every audience or in every setting. The key to maximizing the effectiveness of these advocacy tools is to identify the right tool, with the right message, tailored to the right audience, for use at the right time.

The IATT's ultimate goal is to promote education as part of a comprehensive prevention strategy responding to HIV and AIDS and to promote HIV education around the world to decrease the incidence and prevalence of HIV and AIDS. In order to achieve this ultimate goal, the IATT communicates with many, many target audiences, asking each for support in different way. Some audiences are asked for funding, or to direct existing funds in a different way. Other audiences are asked to support new policies, or to implement existing policies more effectively. Other audiences are asked to make strategic choices about education programs based on best practices and evidence.

*How to Use these Advocacy Tools* – These tools are designed as a point of departure for advocates to make the case for effective HIV education efforts to educators, administrators and donors, among others. They present structured advocacy points, supported by research findings, which are designed to be customized to meet context specific needs. Therefore, users are encouraged to insert information that will ground and strengthen their argument, for example data on the local epidemiological context or educational attainment of girls in the country. These tools reflect the state of the research findings at the time that they were written. It is advised then, that the users update and replace these when appropriate. Users may also find it helpful to include the logos and contact information of their organization and those of their partners as well, on the briefing sheets and presentations to increase visibility and promote follow up. All of these changes are encouraged. This is an open source set of tools that should be adapted and improved with the objective of increasing support for effective HIV education.

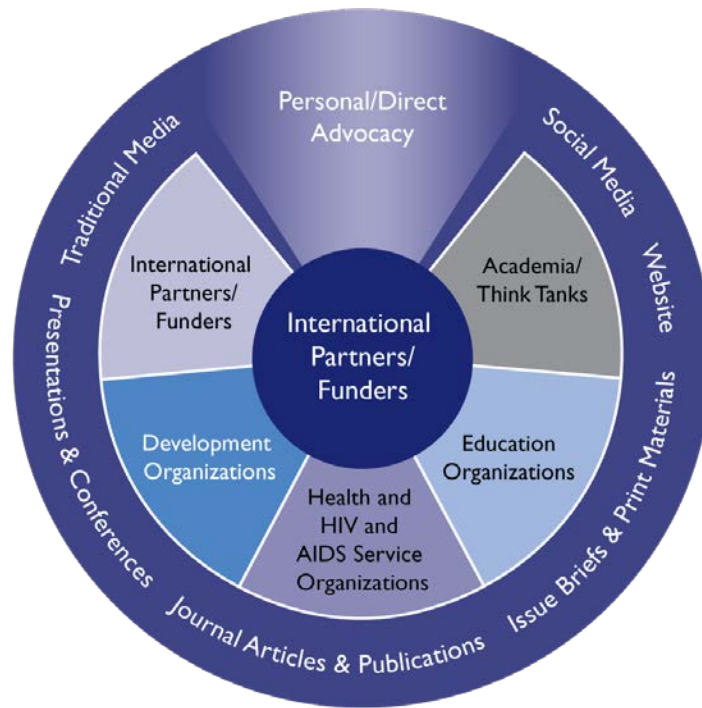
The following diagrams illustrate the categories of organizations that influence the IATT's target audiences, as well as a wide variety of strategies to consider in reaching those organizations with IATT messages. Target audiences (line ministries and international funders/partners) are shown at the center of each circle. The inner ring represents the categories of influential organizations (HIV service organizations, health organizations, think tanks, etc.). The outer ring includes strategies that the IATT might use to reach those organizations (issue briefs, presentations, social media, publications, etc.) Note that personal/direct advocacy is a powerful tool in both rings, as it can be used to advocate both to influential organizations and directly to the target audience. Note also that in the case of the international funders/partners, that those organizations are both target audience and influencers.

**Figure 1: Communication and Advocacy Plan for Country Level Engagement****Table 1: Examples of Organizations and Institutions Within Each Target Population**

(this list is neither exclusive nor exhaustive and some institutions are cross-cutting and multi-sectoral)

Line Ministries	Parastatals	Multi-lateral Institutions (National Staff)	Local & National Organizations	International Organizations	Think Tanks/ Academia
			This can include non-governmental and faith-based organizations		
Ministry of Education	Community and Alternative School Organizations	UNESCO	PTAs	Commonwealth Secretariat	Guttmacher Institute
Ministry of Finance	Curriculum Development and Textbook entities	UNAIDS	National or Local Association's of Persons Living with HIV & AIDS	Care International	Family Education Trust
Ministry of Health	National AIDS Commission	Global Fund to Fight AIDS, TB and Malaria	HIV and AIDS service organizations	Bill and Melinda Gates Foundation	International AIDS Society
Ministry of Labor	Teacher Training Institutes	ILO UNICEF	Teachers' Unions	Partnership for Child Development	Johns Hopkins University
Ministry of Youth and Sport		WHO		Save the Children	Makerere University
Parliament		World Bank		World Vision	

**Figure 2: Communication and Advocacy Plan for International Engagement**



**Table 2: Examples of Organizations and Institutions Within Each Target Population**  
*(this list is neither exclusive nor exhaustive and some institutions are cross-cutting and multi-sectoral)*

International Partners and Funders		Health and HIV and AIDS Service Organizations	Development Organizations	Education Organizations	Think Tanks/ Academia
Bilateral	Multi-lateral	Including but not limited to non-governmental and faith-based organizations			
CIDA	Global Fund to Fight AIDS, TB and Malaria	Global Network of People Living with HIV/AIDS (GNP+)	Bill and Melinda Gates Foundation	American Institutes for Research	Family Education Trust
DfID	UNAIDS	International Association's of Persons Living with HIV and AIDS	Care International	Education Development Center	Guttmacher Institute
GIZ	UNESCO	International Conference on AIDS and STIs in Africa	FHI 360	Education International	International AIDS Society
JICA	UNICEF	John Snow Inc	Plan International	Institute for International Education (IIE)	Johns Hopkins University
SIDA	WHO	Management Sciences for Health	Save the Children	NAFSA: Association of International Educators	Makerere University
USAID/PEPFAR	World Bank	Partnership for Child Development	World Vision	World Learning	

## Guiding Questions to Consider When Implementing the Illustrated Communication Strategy

1. What do you need your target audience to know? What do you need your target audience to do?

Why this is important: So that your “*advocacy points*” are specific and actionable.

2. Who has influence with your target audience? With whom is your target audience in contact?

Why this is important: So that you can target your advocacy communication through the right allies, surrogates, and partners.

3. What topics do you want to discuss with or present to your target audience?

Why this is important: So that you can choose and tailor the proper communication tools.

4. How do these topics relate to the target audiences' priorities?

Why this is important: So that you can tailor your messages and tools to be most relevant and motivating to your target audiences.

More information on many of these strategies can be found in the User's Guide, including:

- Additional tips for defining objectives and target audiences (pp. 4-5)
- Choosing the right communication tools (pp. 6-9)
- Traditional media (pp. 9-12)
- Writing for the Web (p. 12)
- Social Media (pp. 13-15)

Additional tactical details can be found in the Message Map on pp. 17-19.

The illustrated communication strategy shows the categories of organizations best positioned to influence and motivate IATT target audiences. The Influencer Network Analysis (INA) identified the most influential and relevant individual organizations to prioritize in advocacy communication efforts. In an environment of limited resources, the individual organizations identified by the INA are a cost-effective roadmap to effective advocacy. More information on the INA can be found on pp. 5-6.

A comprehensive list of influential target audiences identified by the INA, along with recommended actions and tools for each audience, can be found on pp. 20-21.

## Additional Tips for Defining Objectives and Target Audiences

**\* TIP: It is vitally important to understand *who* you are communicating with, and *why*, before choosing which tools to use.**

Remember, it is not enough to know which messages *you* find most compelling; it is far more important to understand which messages resonate with your audience. At the end of



the day, you do not need audiences to agree with you on every point; you simply need them to take the action that you need them to take. Determine which message is most likely to motivate that action, and choose your messages and tools accordingly.

***Highlight messages and tools most likely to resonate with your audience.***

Customize messages to:

- Specific nations or regions
- Show how the IATT's work aligns with the target audience's goals
- The sector the audience works in (such as health, education, finance ministry, etc.)

**\* TIP: Consider the physical setting of your advocacy communication activity.**

For large presentations and conferences, consider using slides, images, and stories that resonate broadly. For more individualized meetings, use the message map and issue briefs to craft a more tailored approach, and consider using data points and illustrations targeted to audience interests.

**\* TIP: Use the IATT and UNESCO HIV and AIDS Education Clearinghouse websites to maximize the impact of key messages and tools beyond opportunities for personal advocacy.**

Create a site that speaks effectively to external audiences and emphasizes the same challenges, responses, and "advocacy points" that are highlighted in the issue briefs. Tips on how to create effective web content are included below. Search engine optimization techniques, applied strategically, can make it more likely that target audiences will find your site and your message.

**\* TIP: Use social media tools (Twitter, Facebook) to spark conversations and drive traffic to the website.**

See tips and best practices in Web and Social Media sections.

***Use the IATT website to support traditional and social media efforts.***

Social networks, such as Twitter and Facebook, are limited in the volume of information that can be shared. Link audiences from social media to the IATT website where more detailed information may be found. The same goes for printed materials—there is a limited amount of space in a brochure or pamphlet. Be sure to include the IATT web address on printed materials so people can learn more information about the working group.

## Influencer Network Analysis

The Influencer Network Analysis examines the landscape in which the discussion of HIV and AIDS and education is happening. It helps to pull out key influencers, audiences and important topics.

### The Top 5 Ways to Extract Information From the INA

1. The larger the influencer circle, the more important the influencer is. Use this information to select specific targets to approach.
2. The thicker the line between an influencer and a topic, the more closely tied the influencer is to that topic. Use this information to determine the influencer's motivations and what messages to lead with.

3. Arrows show the flow of information. The thicker the arrow, the more that source is pushing information on a given topic in the direction of the arrow. Use this information to determine the source that will most widely disseminate your messages.
4. Explanation slides follow each of the maps and provide highlights for the information the map depicts. Use these slides to pull key findings from that particular search.
5. The index scores show the number of connections for the top 5 nodes of each of the measures in a given map. A score of 100 means that the given node is connected to everything else on the map. Use these numbers to determine how powerful the connections are and which nodes should be targeted.

The INA suggested a number of key influencers and audiences. Those have been compiled into the “Target Action Recommendations from the INA Stakeholder Mapping Briefers” table. Please refer to this table for key influencers grouped by audience, examples of channels and materials to use to reach them, and which Issue Briefs apply.

## Choosing the Right Communication Tools: Using the Materials

It is important to choose the right message and channel to reach your intended audience effectively. Things to consider when selecting your audience are:

- To whom are you speaking?
- How large is the group?
- What do they care about? What message(s) will likely best motivate them to take the actions you seek?

Answers to these questions will help you tailor your advocacy communication efforts and pull the correct messaging from the message map, helpful briefers, and illustrative presentation slides from the slide decks.

Below are examples of how to use the materials for two specific potential audiences.

### Example Audience 1: Education Minister, One-on-One Meeting

#### Message Map

- Message 2 “Staying in school is a protective factor” highlights the education sector and the importance of education playing a leading role in HIV and AIDS prevention. It will also help align your goals with the goals of the education minister since it focuses on EFA. This should be the main theme of your discussion.
- Message 5 should be included to support your key message.
  - Message 5 “Improved teacher training and support is critical for effective knowledge transfer” is the primary support for your key message because it requires the minister of education to take action. It is important that you use this messaging to make *the advocacy point* for continuous professional development on all topics and current pedagogy and that teacher training programs for HIV and AIDS are in place and monitoring at the student level occurs.

- Messages 3 and 4 can also be used to support your key message if time permits in the discussion.
  - These messages are targeted to the health sector and the education sector. These messages can be used to foster partnership opportunities between the education minister and the health sector, and can also be tailored to show the benefit on children's education overall in that treatment and reduced risky behaviors lead to healthier students who spend more time learning.
- Message 1 is primarily targeted to the health sector; however it can fit in as a supporting argument in discussions with the education minister. It can be used to explain partnership opportunities between the education and health ministries.

### **Issue Briefs**

The issue briefs should include your organization's logo and contact information if you plan to leave them with the education Minister or staff to whom you are speaking. You can also pull the information from the different issue briefs to create talking points you wish to highlight during the meeting.

- Issue Brief 2
  - Pull talking points from the response section for your meeting, using the cited studies to back up your claims and messages. Focus on *the advocacy points*.
- Issue Brief 5
  - Choose challenges from this brief that are specific to the circumstances this particular ministry is facing.
  - Address these challenges using the response section of the brief and pull specific data from the studies to cite.
  - Focus on *the advocacy points* teacher training programs in general and programs that "ensure teacher training programs in HIV and AIDS are in place in teacher education programs" and "ensure monitoring of program input at the student level."
  - Use the response section to pull data to answer questions the minister may have.
- Issue Brief 3
  - Focus on *the advocacy point* "Incorporation of treatment education in curricula and schools." This should be your primary *advocacy point* from issue brief 3.
  - Also include *the advocacy point* for "support for voluntary counseling and testing and ART for teachers and students."
- Issue Brief 4
  - Focus on the first challenge "Education is an important way to change community norms related to gender based violence and other behaviors that put students, teachers and community members at risk for HIV transmission" to keep the discussion under the education minister's purview.
  - Include *the advocacy point* for "support for behavior change programs."

### **PowerPoint Presentations**

This scenario assumes a one-on-one meeting with an education minister so you will likely not be making a formal PowerPoint presentation. It would be helpful to pull information from the PowerPoints and the Issue Briefs to create your talking points.

- Developing Talking Points
  - Begin with the background information on HIV and AIDS and supplement it with data specific to the education minister's country or area or purview.
  - Follow with information from the Education slide deck related to EFA. Include talking points from all slides but focus on slides 7-12.
  - Support these points with messages and data from the issue briefs (see above)

## Example Audience 2: Health Sector Donors, Presentation at a Conference

### Message Map

- Message 1 "Comprehensive sexuality and HIV education is a critical tool for prevention" highlights the health sector as the key audience and should be the focus of your presentation.
- Messages 3 and 4 are secondary messages, and should be included to support the first message.
  - Message 3 "Treatment education – why it matters for schools" speaks directly to the audience concern about testing and treatment and is a good way to highlight connections between the health and education sectors and facilitate cooperation.
  - Message 4 "Education plays a major role in reducing risky behaviors" helps make the case for health sector donors to allocate funding toward HIV and AIDS education programs. Focus on *this advocacy point* when presenting to health sector donors.
- Message 5 can be included in the presentation if time allows, but it is more important to focus on messages 1, 3 and 4.

### Issue Briefs

The issue briefs should include your organization's logo and contact information.

- Issue Brief 1
  - Highlight *the advocacy point* that focus on the health sector and remove the others.
- Issue Brief 3
  - Highlight *the advocacy point* that focus on the health sector and remove the others.
- Issue Brief 4
  - Highlight the health sector support needed and remove the other *asks*. "Health sector support, including funding, for behavior change programs" should be the only *advocacy point* included for this audience.
- Issue Briefs 5
  - Focus on *the advocacy points* specific to the health sector audience in support of teachers and remove the others.

## **PowerPoint Presentations**

This scenario assumes a conference presentation so you will need to adapt the PowerPoint slides to suit health sector donors.

- Include epidemiological background slides so that the entire audience is starting with the same data.
- Follow with the Education PowerPoint.
  - Remove slides 1 and 2 since you have already introduced the presentation
  - Slide 3: Remove the Education for All goals. This slide should focus on the Millennium Development Goals since they are more applicable to the health sector and will help make your case for health sector funding of education programs.
  - Remove slides 4 and 5.
  - Change slides 6, 11, 13 and 14 to reflect MDGs rather than EFA goals.
  - Include slides 16 and 19 if time allows.
  - Use slide 9 to drive home your key point, the need for HIV and AIDS education as a prevention tool.
- Use the issue briefs to pull supporting data and citations that you can reference in your comments during the presentation.

\* For more detailed information or additional sources please consult the articles available in the literature review—*IATT on Education: HIV and AIDS COMMUNICATION TOOLS: Advocating for Increased Support and Investment in HIV and AIDS and Education.*

## **Traditional Media**

### **Media Kits**

A media kit is used to generate news stories about a newsworthy initiative, campaign, special event, news conference, product, or conference. It provides the media with the research, facts, perspectives, and historical context then need to write about an event or announcement. A media kit provides an opportunity to relay an extensive amount of information to the news media at one time. It should also answer potential questions journalists may have regarding the IATT and provide new perspectives about the organization.

Media kits can be in print or electronic format. Print copies typically consist of a two-pocket folder containing hard copy news releases, media advisories, feature stories, photographs, backgrounders, biographical sketches, fast sheets, and position papers. Many media kits now appear online, allowing the materials to link to relevant Web resources. Online media kits are also beneficial because they save time and money; they have fewer production costs, can be disseminated instantaneously, and can be updated on a 24-hour basis.

A media kit will typically consist of the following materials:

- **Cover letter**—This letter must clearly identify the contents of the media kit, state why the event deserves coverage, provide contact information, and explain why this information is being sent. The letter should entice the reader to review the contents of the kit.

- **New release**—Depending on the purpose of the media kit, this primary news release provides pertinent information about the organization, event, initiative, or product. It should focus on the principal news related to the media kit and should also provide any necessary logistical information.
- **Fact sheets**—These sheets are usually broken into bulleted or numbered items to present the most relevant information in an easy-to-read format.
- **Visual materials**—These materials amplify the news element of the media kit—such as individual headshots, product stills, graphics, or photos—and should include captions.
- **Biographical information**—“Bios” should be developed for officers, founders, celebrities, experts, or any other key players within the IATT. They should include background information and headshots.
- **Backgrounder**—This is an expanded version of the history, mission, goals, and purpose of the IATT and provides mostly fact-driven information.
- **Position papers**—These describe the IATT’s stand on certain issues, focused mainly on opinions, supported by facts.
- **Feature story**—This highlights a lesser-known, human-interest story related to the news surrounding the media kit.
- **IATT publications**—These include magazines, brochures, or newsletters the IATT distributes to the public and gives the media insight into the IATT.
- **Cooperating organizations lists**—This compilation acknowledges outside organizations that contributed to and cooperated with the program initiative or special event.
- **Invitation**—This should be included when the media kit is publicizing a special event.
- **News briefs**—These provide up-to-date information during a crisis.
- **Spokesperson statement**—This should be included during a crisis situation, along with contact information for further details.

**\* TIP: Prepare the media kit with the news media in mind.**

The contents will vary according to the use and purpose of each media kit.

**\* TIP: Prepare the kit with a unified theme, style, or message throughout to convey a cohesive message to the media.**

Materials in the media kit should support the message being conveyed.

**\* TIP: Ensure all materials in the kit are relevant and useful to journalists.**

**\* This section was excerpted from *The PR Style Guide, Chapter 6.***

Barbara Diggs-Brown and Jodi L.G. Glou, *The PR Style Guide: Formats for Public Relations Practice* (California: Wadsworth, 2004), 58-70.

## Public Service Announcements

Public service announcements and ads (PSAs) persuade, inform, or advocate for the public good. They can boost an organization’s visibility and create awareness about issues, events,

and programs. PSAs can take many forms, including testimonials, interviews, jingles, and mini-dramas. The three main types of PSAs are print, radio, and television.

- **Print PSAs** rely solely on visuals and written copy to attract the reader's attention. The copy should convey to the audience why the issue, message, or public service is both desirable and necessary for the reader. The most important element of print PSA copy is the *headline* to grab the reader's attention and make a lasting impact. The remaining copy and any visuals should expand on the headline and heighten interest. *Credible statistics* and specific examples are often used to supplement information provided in the headline. The copy should close with a *call to action* for the reader.
- **Radio PSAs** are typically produced in 10-, 15-, 30-, or 60- second segments. Radio PSAs should *focus on one or two important points*. *Shorter PSAs should be simpler* so as not to confuse listeners with too much information during a short time frame. In contrast, *longer messages need to repeat key information* for reinforcement.
- **Television PSAs** should have clear objectives and focus on the most important points of the intended message. If the IATT has the appropriate resources, it should *consider making two or three different versions* of the PSA to avoid overly-repetitive play. Television PSAs should *remain simple in content*.

Regardless of its type, PSA copy should:

- Include a strong theme and message, logical reasoning, and emotional appeal.
- Be simply stated with short sentences that are no longer than 12-15 words.
- Avoid clichés, slang words, and jargon.
- Use the active voice to offer a sense of immediacy.
- Be presented in a conversational tone with a strong opening and closing to make a lasting impression on the audience.
- Include the most important information in the first paragraph.
- Avoid exaggerated claims.
- Repeat the most pertinent facts.
- Explicitly state how the information and requested action helps the audience.
- Motivate the target audience to act by telling them where they can go, what they can do, or who they can call.

**\* TIP: Consider your target audience and budget when deciding what type of PSA to produce.**

Proper research will help you identify and understand your target audience and the best way to reach them.

**\* TIP: Any PSA you develop must include copy and visuals that are interesting, attention-getting, and suited to the medium.**

Since the media run them free of charge for nonprofit organizations, there is extreme competition for these slots.

**\* TIP: PSA messaging must include information that is beneficial to the community without being self-serving, slanted, or controversial.**

**\* TIP: Effective PSAs persuade by emphasizing a particular interpretation of information and arranging the message so it has maximum impact on the audience.**

A PSA can position ideas in a unique way so that its message impacts what people understand, reject, or feel about the subject matter.

**\* This section was excerpted from *The PR Style Guide, Chapter 12.***

Barbara Diggs-Brown and Jodi L.G. Glou, *The PR Style Guide: Formats for Public Relations Practice* (California: Wadsworth, 2004), 142-156.

## Writing for the Web

Website usability research has discovered that people read websites differently than printed material. Based on this research, it is recommended to follow these guidelines when creating content for the web:

- **Clear headers are important**—[Nielsen Media](#), industry leaders in website usability, found people scan website headers for clues about content. If the header language is not clear, people will rapidly move on to the next one. If the person does not find the information they are looking for within in the first 10 seconds, they will move on to another website.
- **Use bulleted lists to get readers' attention**—Put important information in bulleted lists. Eyetracking studies of websites done by Nielsen found that bulleted lists, like headers, make the reader think this information is more important than other content on the page. For this reason, readers are more likely to read a bulleted list than paragraphs.
- **Keep It Simple**—Write concise, simple sentences and paragraphs. Use plain language. One sentence paragraphs on the web are okay. Long blocks of text are often ignored.
- **Important information should come first**—Place the most important content at the top of the page.
- **Optimize content for search engines**—Make the site search engine friendly by using commonly searched words in page titles, headings, subheadings, and links. Optimizing content for search engines means more people will find the site.
- **Optimize content for mobile devices**—[Pew Reports](#) that 44% of adults access the Internet from their phones. It is important that content is viewable on these devices.

Using these guidelines, many clients have created or adapted content for the web. Search engine optimization has been particularly successful, helping double traffic to client websites.



## Social Media

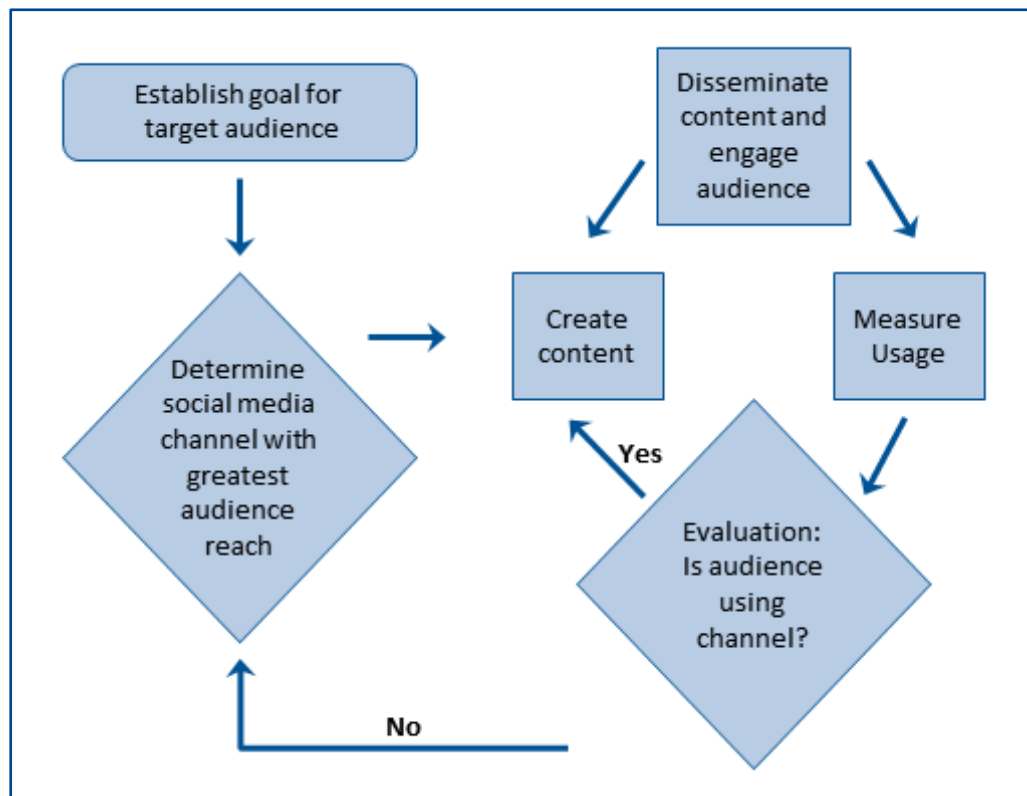
### Determining Appropriate Social Media Channels

Before starting social media outreach, it is important to set goals and determine how the target audience uses social media. The steps for creating, launching, and operating a social media outreach effort are as follows:

1. Determine goals for the target audience.
2. Select the social media channel most used by the audience and set up necessary accounts.
3. Create content for these channels that helps reach goals.
4. Post messages to social media channels and encourage followers to leave comments or otherwise participate.
5. Measure quantifiable outcomes, evaluate metrics with a qualitative analysis, and determine successes and failures to improve audience messaging.
6. Determine if the channel is still being used by the target audience or if they have shifted to a different site or platform.

Steps 3-6 will be repeated for the entire campaign or until the goal is reached. This cycle creates new content, disseminates the messages through social media, evaluates and improves the effectiveness of the messaging, and determines if the target audience is still using the channel or has moved to another one (see Figure 3). Staff time will need to be dedicated to operating these channels for the duration of the campaign.

**Figure 3. Social Media Implementation Flow Chart**



## Social Media Best Practices

Through social media, the IATT and its members can provide followers with helpful, relevant, and timely information. This guide suggests best practices for IATT's social media outreach.

### General Recommendations for Social Media

- **Post once a day**—Posting once every business day allows people to see the account is active. Additionally, recent posts come up first in social media website searches.
- **Give your audience a reason to follow**—Good posts with insightful, valuable information give people a reason to follow your account. Posts that are uninspired and regurgitated will encourage people to leave. Share information they can't find anywhere else.
- **A few, relevant posts**—To avoid overwhelming followers, it is best to limit the number of posts each day. If more than one message is to be posted during a day, it is best to spread them out.
- **Respond in a timely manner**—Respond to any inquires within 4 hours, if possible.
- **Use clear language**—Avoid using uncommon abbreviations, acronyms, or hashtags in the body of the message. The post should also provide a description of what the user will get if they click on the link.
- **Photos**—IATT should have permission, copyright or otherwise, to post images or videos on social networking sites.

### Recommendations for Twitter

- **Words to know**
  - *Tweet*—a post on Twitter
  - *Twitter handle*—A username. On Twitter, all usernames start with the “@” symbol.
  - *Follower*—a person following a Twitter account. The follower must also have their own Twitter account.
  - *Retweet*—a Twitter post that is reshared by another user. The retweeted message is then displayed to all of that user's followers.
  - *Hashtag*—The subject of a tweet, usually denoted by a “#” followed by a word. If “#diabetes” were used in a tweet, diabetes would be the subject of the tweet. The hashtag also links users to other tweets with the same hashtag.
- **140 character limit**—All tweets must be 140 characters or less, including spaces. If a link is to be included the tweet, the body of the message will need to be even shorter. Most links can be shortened, with a URL shortening service, to be 20 characters in length.
- **Retweet relevant messages**—By retweeting other messages, followers can see that the IATT is interested in more than just pushing out its content. This helps the IATT become the “go to” source for information on topics it feels are important.
- **Use Twitter handles when tweeting**—If possible, use a person's or organization's Twitter handle when referencing them. When that organization looks to see who tweeted at them, your message will appear, increasing the chance of the message being retweeted by that organization. For example, alerting Amnesty International

to the fact the IATT is highlighting one of their materials means they might retweet the IATT's message to their followers.

- **Use appropriate hashtags**—Use clear, easily identifiable hashtags within a sentence. Hashtags for events should be included after the link to avoid confusing the reader.
- **Find your audience**—It is important to find, follow, and engage with organizations and individuals that are passionate about the IATT's goals.
- **Difficult comments**—When dealing with difficult commenters on Twitter, use the [Air Force Blog Assessment chart](#) to help determine the appropriate course of action. Some of these commenters may be out to harass the IATT and should be ignored. Establish a workflow for comment response/moderation in advance. Create a series of pre-approved responses for common posts; this list will continue to grow as interactions increase. Each comment that does not fall into the category of common posts will need to be evaluated following the assessment chart to determine the appropriate course of action.

\* For additional information, see [Mashable's Guide to Twitter](#).

### International Social Media

While user statistics helps us to determine which sites are popular in Russia and China, it does not give insight to cultural sensitivities. Differences in language and government restrictions likely affect how social sites are used in these countries. Additionally, the number of people using these sites is far less than in the US, lessening their overall cultural impact. Because of this, social media strategies that work in the U.S. may not in these countries. Additional research and experience is needed to create effective outreach strategies tailored to these audiences.

## References and Key Websites

### **Air Force Blog Assessment Chart**

<http://www.globalnerdy.com/2008/12/30/the-air-forces-rules-of-engagement-for-blogging/>

### **CDC**

<http://www.cdc.gov/>

### **Global Fund to Fight AIDS, Tuberculosis and Malaria**

<http://www.theglobalfund.org/en/>

### **HIV and AIDS Clearinghouse**

<http://hivaidsclearinghouse.unesco.org/>

### **UNAIDS Inter-Agency Task Team (IATT) on Education**

<http://www.unesco.org/new/en/hiv-and-aids/about-us/unaid-iatt-on-education/>

### **Mashable's Guide to Twitter**

<http://mashable.com/guidebook/twitter/>

### **Nielsen Media**

<http://www.useit.com/alertbox/whyscanning.html>

### **Pew Reports**

<http://www.pewinternet.org/Reports/2011/Cell-Phones/Section-1/How-Americans-Use-Their-Cell-Phones.aspx>

### **UNAIDS**

<http://www.unaids.org/en/>

### **UNESCO**

<http://www.unesco.org/new/en/>

### **UNICEF**

<http://www.unicef.org/>

## **Annexes**

## Annex 1: Message Map for HIV and AIDS Education Communication Tools

Key Message	What Are the Key Challenges?	What Is the Response?	What Are We Asking for?	Who Are the Key Audiences?
<p><b>1. Comprehensive sexuality and HIV education is a critical tool for prevention</b></p>	<ul style="list-style-type: none"> <li>On average, less than 50 % of young women and men in countries with a generalized epidemic have comprehensive and correct knowledge of HIV.</li> <li>In Southern and Eastern Africa, the SACMEQ HIV and AIDS knowledge test among grade 6 pupils showed that only 36% reached a minimal level of required knowledge and only 7% reached a desirable level of knowledge.</li> <li>While life skills coverage and provision is increasing, sensitive subjects such as HIV and sexuality are squeezed out in favour of less delicate issues such as relationships.</li> <li>Teachers and students need information about HIV transmission, prevention, and progression to AIDS and the skills required to act on this knowledge, in order to prevent infection and mitigate the impact of the epidemic.</li> <li>Teachers may be knowledgeable about HIV and AIDS, SACMEQ reports 99% have a minimal level of knowledge and 82% have the desired level, but due to the sensitivity of the subject and/or because they are not always adequately trained and resourced, students do not receive the appropriate or adequate information and skills development.</li> </ul>	<p>Multiple quantitative and qualitative studies demonstrated that HIV and AIDS education programs, especially life skills-based initiatives, significantly increased participants' knowledge and understanding of the methods of transmission, prevention and treatment for HIV and AIDS, and also positively impacted their attitudes and behaviors as they relate to safe sexual practices and HIV and AIDS, in general. It is important to note that the most effective programs were incorporated into the school curriculum and utilized life skills pedagogical methods. (Liao 2010; Mmari 2009; Pick 2007; Ruto 2009; Yankah 2008)</p>	<ul style="list-style-type: none"> <li>High level political will for a comprehensive HIV response in education, including school based activities and teacher education</li> <li>Education sector support for teacher training on HIV and sexuality education, pre- and in-service teacher training mainstreamed into existing teacher training curricula and inclusive of pedagogic approaches (please see the Teacher Training Issue Brief for further details)</li> <li>Appropriate comprehensive curricula and materials developed and available in every school and online (if appropriate)</li> <li>Roles and responsibilities clearly delineated: teachers mandated and tasked with teaching comprehensive sexuality and HIV education; recognition of teachers' role by school administrators and the community; oversight role of principal including identifying obstacles, challenges and shortfalls</li> <li>Health sector support to education sector efforts for school-based life skills and HIV prevention education, and establishment of referrals system to youth-friendly sexual and reproductive health services</li> </ul>	<ul style="list-style-type: none"> <li>Health Sector</li> <li>Education Sector</li> <li>Finance Sector</li> <li>Ministry staff</li> <li>Development organizations</li> <li>Donors</li> <li>Parliamentarians (when laws need to be enacted)</li> </ul>

Key Message	What Are the Key Challenges?	What Is the Response?	What Are We Asking for?	Who Are the Key Audiences?
	<ul style="list-style-type: none"> <li>Education sector resources are overburdened with crowded curricula, lack of teacher training resources, and administrators who do not prioritize health in the education sector.</li> </ul>			
<b>2. Staying in school is a protective factor</b>	<ul style="list-style-type: none"> <li>Out-of-school young people are most at risk of HIV infection</li> <li>Out-of-school young people are the hardest to reach with education about HIV and AIDS and other sexual and reproductive health issues</li> <li>Out-of-school young people are the hardest to reach with mitigation strategies</li> <li>Cost is a major factor in retention, and while 95% of countries surveyed reported having a policy of “free education” in place (UNAIDS IATT on Education 2013), it is rare if there are no hidden costs to the family.</li> </ul>	<p>Studies have shown that increased educational attainment leads to higher levels of self-efficacy, delayed sexual debut, lower fertility rates, and later marriage all resulting in a lower risk of HIV infection. Additionally, impact evaluations found that safer sex behaviors were more commonly reported by individuals with higher levels of education. Reducing barriers to school attendance, especially for girls and OVC, allows students to stay in school longer enabling them to reap the benefits of the protective factor of education. (Glynn 2004; Hallfors 2011; Jukes 2008; Mmari 2009; Pettifor 2008).</p>	<ul style="list-style-type: none"> <li>➤ <b>Ministry of education:</b> <ul style="list-style-type: none"> <li>Maintain education sector commitment to EFA goals for primary education, including adequate numbers of teachers, curriculum and school environments</li> <li>Develop and implement school retention programs for girls and other at risk populations</li> <li>Ensure schools provide a safe and supportive environment for learning by developing and implementing policy on discrimination and violence</li> <li>Direct resources to address school safety, particularly in regards to gender issues like addressing adequate and safe latrines and issues related to the harassment of girls</li> <li>Ensure oversight and improved teacher conduct to ensure that schools are a safer environment for girls which contributes to improved retention</li> <li>Ensure education is available to all regardless of sex or perceived HIV status</li> </ul> </li> <li>➤ <b>Other HIV and AIDS stakeholders</b> <ul style="list-style-type: none"> <li>Engage the education sector in the HIV and AIDS response to ensure development synergies.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Education Sector</li> <li>Finance Sector</li> <li>Ministry staff</li> <li>Development agencies</li> <li>Donors</li> <li>Community organizations</li> </ul>
<b>3. Treatment</b>	<ul style="list-style-type: none"> <li>High levels of reported access to</li> </ul>	Treatment education has been shown to	<ul style="list-style-type: none"> <li>Incorporate age-appropriate treatment</li> </ul>	<ul style="list-style-type: none"> <li>Health Sector</li> </ul>

Key Message	What Are the Key Challenges?	What Is the Response?	What Are We Asking for?	Who Are the Key Audiences?
<p><b>education – why it matters for schools</b></p>	<p>voluntary counseling and testing (VCT) (UNAIDS Inter-Agency Task Team on Education 2013) but low uptake of VCT and anti-retroviral treatment (ART) by teachers and learners resulting from lack of knowledge of options and/or how to access treatment.</p> <ul style="list-style-type: none"> <li>• Referral systems are not in place in most countries, with only 50% in one survey (UNAIDS Inter-Agency Task Team on Education 2013) reporting they exist.</li> <li>• Emerging prominence of ART as a prevention strategy requires higher uptake of services and education.</li> <li>• In remote and rural locations, teachers, students and community members often have limited or no access to treatment education and/or treatment services.</li> <li>• Learners with HIV are often denied their right to good quality education because of fear, stigma, discrimination and a lack of understanding and support from schools and the community.</li> <li>• Ill health linked to HIV and AIDS increases teacher absenteeism and attrition.</li> <li>• Information on how to lead an HIV positive sexual life is often unavailable</li> </ul>	<p>positively affect one's adherence to their ART regimen even when they start appearing healthier which ultimately leads to lower incidence of drug-resistant strains which can be detrimental to the epidemic. Furthermore, treatment education provides relevant knowledge for stigma reduction, specifically as it relates to modern medicine and ARVs. Finally, and most importantly, accurate treatment education informs people about the reality that there is no cure for HIV and AIDS. (Kalichman 2000; Sarna 2007; Sass 2006; Schenker 2006).</p>	<p>education in schools' HIV, health and life skills-based curricula, or other appropriate topics. Curricula should cover, <i>inter alia</i>, access, referral systems, treatment options, what ART is, adherence, side-effects, existing support structures, myths etc.</p> <ul style="list-style-type: none"> <li>• Develop and implement treatment education materials and programs for formal and non-formal education programs</li> <li>• Identify one focal point per school who can provide HIV-specific support, including adherence support</li> <li>• Ensure that teachers and other education sector staff receive pre- and/or in-service training on treatment education, for personal use and/or to increase their awareness and ability to support the health and medical needs of HIV positive learners, including those on treatment</li> <li>• MoE workplace policy to include treatment education and support for voluntary counseling and testing</li> <li>• MoE, in coordination with the ministry of health, to set up referral system for health services for learners and staff</li> <li>• Support peer education networks including but not limited to anti-AIDS type clubs, student groups, teachers' unions, groups of PLWHA</li> <li>• Promote the creation of safe and supportive school environments for learners and staff by institutionalizing anti-discrimination and anti-bullying policies</li> </ul>	<ul style="list-style-type: none"> <li>• Education Sector</li> <li>• Finance Sector</li> <li>• Ministry staff</li> <li>• Development agencies</li> <li>• Donors</li> <li>• Media outlets</li> <li>• National AIDS Commissions</li> </ul>
<p><b>4. Education plays a major role in reducing risky behaviors</b></p>	<ul style="list-style-type: none"> <li>• Education is an important way to change community norms related to gender-based violence and other behaviors that put</li> </ul>	<p>Education has been found to reduce risky behaviors by providing a greater sense of agency and confidence within individuals, especially girls, which</p>	<ul style="list-style-type: none"> <li>• With limited enrollment and completion of secondary school increased support and resources for quality education at the primary level is paramount</li> </ul>	<ul style="list-style-type: none"> <li>• Education Sector</li> <li>• Health Sector</li> <li>• Finance Sector</li> <li>• Ministry staff</li> </ul>



Key Message	What Are the Key Challenges?	What Is the Response?	What Are We Asking for?	Who Are the Key Audiences?
	<p>students, teachers and community members at risk for HIV transmission</p> <ul style="list-style-type: none"> <li>• Programs to change community systems, perceptions and risky cultural norms and behaviors often lack support</li> <li>• School-based programs for reduction of stigma and provision of support services for OVC that lack resources or health sector support</li> </ul>	<p>enables them to feel empowered to make their own decisions about their actions in sexual relationships. Additionally, education promotes communication and a dialogue on harmful social and cultural norms which may be increasing the spread of HIV in a community. By providing individuals with accurate information on the realities and consequences of these practices decreases their practice in the community. Finally, education enables people to be more informed and, thus, reduces stigma. (Burroway 2010; Coombe 2001; Fiscian 2009; Pettifor 2008; Rijdsdijk 2011).</p>	<ul style="list-style-type: none"> <li>• Increased support to teacher training in content and pedagogy</li> <li>• Increased resources for scholarship/bursary</li> <li>• Increased resources for instructional materials, gender sensitive and age-appropriate curricula and training</li> <li>• Incorporation of education activities to reduce risky behaviors among students, teachers, and the community</li> </ul>	<ul style="list-style-type: none"> <li>• Development organizations</li> <li>• Education Parastatals</li> <li>• Community and faith-based organizations including churches, mosques, temples</li> <li>• Community leaders</li> </ul>
<p><b>5. Improved teacher training and support is critical for effective knowledge transfer</b></p>	<ul style="list-style-type: none"> <li>• Many teachers lack the training for effective knowledge transfer and need support</li> <li>• While pre- and in-service training in life skills and HIV and AIDS has increased in the last 8 years, it does not cover 100% of teachers nor is it systematically included in pre-service training (UNAIDS IATT on Education 2013)</li> <li>• Teachers may be knowledgeable about HIV and AIDS (SACMEQ reports 99% have a minimal level of knowledge and 82% have the desired level), but due to the sensitivity of the subject and/or because they are not always adequately trained and resourced, students do not receive the appropriate or adequate information and skills development.</li> <li>• Teachers may have the knowledge for gender sensitive,</li> </ul>	<p>Program evaluation studies found that those programs which were most effective at transferring knowledge and producing desired behavior change were those which invested significant resources in adequately training teachers prior to program rollout. Teachers, while they may have the knowledge, must be taught appropriate techniques and methods for disseminating information to their students. Additionally, some teachers, like their students, are ignorant of the health facts they are to teach, or have high levels of stigma regarding the topic of HIV and AIDS, and thorough training has been shown to reduce such insecurities. (Coombe 2002; Pick 2007; Risely 2007; Robson 2007; Ruto 2009; Ginsburg 2010).</p>	<ul style="list-style-type: none"> <li>• Teachers, administrators and local education and health managers are adequately trained, and training is institutionalized into pre-service provision. Improved planning and coordination of teacher training would reduce the impact of teacher attrition or re-assignment.</li> <li>• The content of the teacher training should include health issues of urgent relevance to young people, such as adolescent and reproductive health, sexuality education, gender equality and empowerment, sexually transmitted infections, HIV and AIDS, and family life and interpersonal relationships. Training should focus on orientation for teachers themselves, and then on training to effectively deliver a curriculum.</li> <li>• Teaching methods should be interactive and learner-centred, so that learners can acquire knowledge and develop attitudes and skills to enable them to adopt healthy behaviours.</li> </ul>	<ul style="list-style-type: none"> <li>• Education Sector</li> <li>• Health Sector</li> <li>• Finance Sector</li> <li>• Ministry staff</li> <li>• Development organizations</li> <li>• Education Parastatals</li> <li>• Parliamentarians (when laws need to be enacted)</li> </ul>

Key Message	What Are the Key Challenges?	What Is the Response?	What Are We Asking for?	Who Are the Key Audiences?
	<p>age-appropriate, content specific pedagogy but students are not learning – basic education topics or HIV and life skills</p> <ul style="list-style-type: none"> <li>Teachers are often uncomfortable or feel unmandated to present or share what is considered “sensitive” subject material.</li> </ul>		<ul style="list-style-type: none"> <li>Clearly delineating roles and responsibilities: teachers mandated and tasked with teaching comprehensive sexuality and HIV education; recognition of teachers’ role by school administrators and the community; oversight role of principal including identifying obstacles, challenges and shortfalls</li> <li>National governments to provide sufficient resources, including time, money and personnel to cover training needs of education staff.</li> <li>Strengthen innovative mentoring and support programs for teachers in rural/remote settings</li> </ul>	

## Annex 2: Target Action Recommendations from the INA Stakeholder Mapping

### IATT on Education—Issue Briefs

1. Comprehensive sexuality and HIV education is a critical tool for prevention
2. Staying in school is a protective factor
3. Treatment education – why it matters for schools
4. Education plays a major role in reducing risky behaviors
5. Improved teacher training and support is critical for effective knowledge transfer

Select Target Influencers or Audiences/Organizations*	Recommended Briefers for Target Audience**	Examples of Type of Actions to Reach Audience***
<b>Organizations and Institutions</b>		
American Public Health Association	ALL	Technical Presentations; op-ed; conferences; journal articles; social media
Beijing Sex Health Education Research Association	ALL	Technical Presentations; op-ed; conferences; journal articles; social media
Capital Normal University	ALL	Technical Presentations; op-ed; conferences; journal articles; social media
Family Education Trust (UK)	ALL	Conferences; journal articles; social media
Family Planning Association (NZ)	ALL	Conferences; journal articles; social media
Global Fund to Fight AIDS, TB and Malaria	2, 4, 5	Technical Presentations; op-ed; conferences; journal articles; social media
Guttmacher Institute	2, 3, 4, 5	Technical Presentations; op-ed; conferences; journal articles; social media
International AIDS Society	2, 4, 5	Conferences; journal articles; social media
La Trobe University (Australia)	ALL	Conferences; journal articles; social media
National Campaign to Prevent Teen and Unplanned Pregnancy	ALL	Conferences; journal articles; social media
National Population and Family Planning Commission of China	ALL	Conferences; journal articles; social media
Planned Parenthood International and Affiliates	ALL	Technical Presentations; op-ed; conferences; journal articles; social media
Robert Crown Center for Health Education	2, 5	Conferences; journal articles; social media
UN Population Fund (UNFPA)	ALL	Technical Presentations; op-ed; conferences; journal articles; social media
UNAIDS	ALL	Technical Presentations; op-ed; conferences; journal articles; social media
UNESCO	1, 3, 4, 5	Technical Presentations; op-ed; conferences; journal articles; social media
UNICEF	1, 3, 5	Technical Presentations; op-ed; conferences; journal articles; social media

Select Target Influencers or Audiences/Organizations*	Recommended Briefers for Target Audience**	Examples of Type of Actions to Reach Audience***
University of Shanghai for Science and Technology	ALL	Technical Presentations; op-ed; conferences; journal articles; social media
World Bank	ALL	Technical Presentations; op-ed; conferences; journal articles; social media
World Health Organization	1, 2, 4	Technical Presentations; op-ed; conferences; journal articles; social media
<b>Media Outlets</b>		
Asian News International	ALL	Op-ed
Associated Press	ALL	Op-ed
Bangkok Post	ALL	Op-ed
China Daily	ALL	Op-ed
Daily Mail (UK)	ALL	Op-ed
Daily Telegraph (UK)	ALL	Op-ed
India Blooms News Service	ALL	Op-ed
New York Times	ALL	Op-ed
New Zealand Herald	ALL	Op-ed
Reuters	ALL	Op-ed
The Guardian (UK)	ALL	Op-ed
Washington Post	ALL	Op-ed
Xinhua's China Economic Information Service	ALL	Op-ed
<b>Government Bodies and Parastatals</b>		
Bi-Lateral Donors (DfID, GiZ, CIDA, SIDA, USAID/PEPFAR, JICA, etc.)	ALL	Technical Presentations; op-ed; conferences; journal articles; social media
Ministries of Education	3, 4, 5	Technical Presentations; op-ed; conferences; journal articles
Ministries of Finance	ALL	Technical Presentations; op-ed; conferences; journal articles
Ministries of Health	2, 3, 4	Technical Presentations; op-ed; conferences; journal articles
Ministries of Social Development or Youth and Sport	ALL	Technical Presentations; op-ed; conferences; journal articles
National AIDS Commissions	ALL	Technical Presentations; op-ed; conferences; journal articles; social media
Teacher Training Colleges	ALL	Technical Presentations; journal articles

\* This list is not exhaustive, but illustrative based on the INA and other key stakeholders in HIV and Education.

\*\* All Briefers can and may be used for any target audience. The recommended Briefers indicate the topics that might be new or necessary for the target audience. In some cases, all Briefers are indicated as a holistic approach may be warranted.

\*\*\* Types of actions should be evaluated on a case-by-case basis based on the specific needs of the target audience and level of understanding of the issues presented.

## **Annex 3: Communication and Advocacy Tools**



## Comprehensive sexuality and HIV education is a critical tool for prevention

### The Challenges:

- On average, less than 50 % of young women and men in countries with a generalized epidemic have comprehensive and correct knowledge of HIV (UNAIDS 2012).
- In Southern and Eastern Africa, the SACMEQ HIV and AIDS knowledge test among grade 6 pupils showed that only 36% reached a minimal level of required knowledge and only 7% reached a desirable level of knowledge.
- While life skills coverage and provision is increasing (UNICEF 2012, UNAIDS IATT on Education 2013), sensitive subjects such as HIV and sexuality are squeezed out in favour of less delicate issues such as relationships.
- Teachers and students need information about HIV transmission, prevention, and progression to AIDS and the skills required to act on this knowledge, in order to prevent infection and mitigate the impact of the epidemic.
- Teachers may be knowledgeable about HIV and AIDS, SACMEQ reports 99% have a minimal level of knowledge and 82% have the desired level, but due to the sensitivity of the subject and/or because they are not always adequately trained and resourced, students do not receive the appropriate or adequate information and skills development.
- Education sector resources are overburdened with crowded curricula, lack of teacher training resources, and administrators who do not prioritize health in the education sector.

### The Evidence:

Without proper knowledge of the specifics about HIV and AIDS, including transmission, prevention and treatment methods, students, teachers and the community at large are unable to protect themselves. Knowledge and skills are necessary conditions to adopt safe behaviors. Effective teaching and pedagogic approaches play a role in knowledge acquisition and behavior change and should include a greater focus on participatory and learner-centered teaching and skills-based learning.

The past decade has witnessed the implementation of various types of sexuality and HIV and AIDS education programs in schools throughout the world, particularly life skills-based initiatives that include focusing on changing attitudes, beliefs, and behaviors, and the development of skills for behavior change. Both quantitative and qualitative studies were conducted to assess the impact and outcomes of these programs.

Evaluations of programs have shown some positive results, with nearly all studies reviewed by UNESCO demonstrating increased knowledge, and two-thirds demonstrating positive results on behavior among the entire sample or an important sub-sample. In addition, more than one third of programs delayed initiation of intercourse, a third decreased the frequency of sexual intercourse, a third decreased the number of sexual partners, and 40% were found to increase condom use.

Though programs vary widely in terms of design and scale, it is clear that integrated mandatory programs are more efficient, as are those adapted from existing models. The costs per learner receiving the curriculum in scaled-up, well established programs range from US\$ 6.90 in Nigeria to US\$ 32.80 in the Netherlands.

Additional key findings from studies include:

- In Estonia, a national sexuality education program was rolled out alongside youth-friendly sexual and reproductive health services. The cost-effectiveness, and potential cost savings of the program were calculated. 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.
- A qualitative study in Tanzania determined, through in-depth interviews and focus groups, that most adolescents who admitted to engaging in unsafe sex did so because they were not given enough information from their teachers and parents to be cognizant of the risks nor were they fully aware of what constituted 'safe sex practices' (Mmari et al 2009).
- An evaluation of the Kenyan Ministry of Education's program aimed at infusing HIV and AIDS education into the curriculum for all subjects found that this program produced notable impacts, specifically on reducing the incidence of schoolgirl pregnancy and enabling students to act as messengers of HIV and AIDS knowledge in their homes and greater communities. However, the teachers in public schools across the country were not appropriately trained to incorporate HIV and AIDS education into the lessons for all subject matter causing this program to be less effective than it could have been (Ruto et al 2009).
- DreamAide, a drama-in-education program introduced in South African high schools, was found to positively affect students' knowledge and attitudes as they related to HIV and AIDS while simultaneously increasing the acceptability of condoms for sexually active youth. This study reviewed multiple programs and found evidence of increased knowledge about HIV and AIDS and contraception, when applicable, in all programs. Additionally, all programs that noted attitude changes as intended outcomes found significant changes, particularly in relation to the acceptance of the use of condoms (Yankah et al 2008).
- A quantitative evaluation study of a life skills-based HIV and AIDS education program for fifth graders in the Hainan province of China showed that students' knowledge of HIV transmission greatly increased. Proportions of students correctly identifying the three routes of transmission jumped from 8.5% in the baseline survey to 43% in the short-term survey (Liao et al 2010). However, while knowledge is a pre-condition for behavior change, it is not enough. Behavior change also requires a change in attitudes and beliefs, and the development of skills to adopt safe behaviors.
- An evaluation of an HIV and AIDS life skills education program in Mexico found that the program was highly effective in increasing the HIV and AIDS knowledge of the fourth-grade program participants. The review determined that the high rate of program success was most attributable to the thorough training the teachers received before fully implementing the life skills curriculum in their classrooms (Pick et al 2007).

### Advocacy Points:

- High level political will for a comprehensive HIV response in education, including school based activities and teacher education
- Education sector support for teacher training on HIV and sexuality education, pre- and in-service teacher training mainstreamed into existing teacher training curricula and inclusive of pedagogic approaches (please see the Teacher Training Issue Brief for further details). Pre-service training should be prioritized as it is logistically easier to manage and deliver, has a significantly wider reach and is thus more cost effective (UNAIDS IATT on Education 2013).
- Appropriate comprehensive curricula and materials developed and available in every school and online (if appropriate)
- Roles and responsibilities clearly delineated: teachers mandated and tasked with teaching comprehensive sexuality and HIV education; recognition of teachers' role by school administrators and the community; oversight role of principal including identifying obstacles, challenges and shortfalls
- Health sector support to education sector efforts for school-based life skills and HIV prevention education,

## and establishment of referrals system to youth-friendly sexual and reproductive health services

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## Staying in school is a protective factor

### The Challenges:

- Out-of-school young people are at higher risk of HIV infection
- Out-of-school young people are the hardest to reach with education about HIV and AIDS and other sexual and reproductive health issues
- Out-of-school young people are the hardest to reach with mitigation strategies
- Cost is a major factor in retention, and while 95% of countries surveyed reported having a policy of “free education” in place (UNAIDS IATT on Education 2013), it is rare if there are no hidden costs to the family.

### The Evidence:

“Education attainment is a synergy, as it results in many positive outcomes, including an important protective factor in HIV prevention, particularly for girls. In addition, through HIV and comprehensive sexuality education, learners acquire knowledge and develop skills for healthy decision-making and healthy sexuality. These skills are also integral to overcoming social stigma and promoting human rights and positive gender norms. The role of HIV and comprehensive sexuality education as a critical enabler for basic programme activities is a more limited one of ensuring that the necessary factual knowledge and attitudinal preconditions are met in populations to enable biomedical, behavioural and structural interventions to be effective and sustainable.” (UNDP/UNAIDS 2012).

General education acts as a protective factor against illness and infection for the general population. General education also increases knowledge, literacy and numeracy skills, and builds a foundation for critical thinking, decision making, improves the ability to negotiate relationships, and improves health seeking behaviors. Thus, increasing access to and retention in primary and secondary education helps prevent HIV infection. This is especially true for girls and orphan and vulnerable children (OVC) who are disproportionately at higher risk than the rest of the population. Because of this, investments in Universal Primary Education (UPE) initiatives being undertaken by governments across the globe can provide a positive spillover effects for the health sector in the form of lower HIV infection rates and morbidity rates, in addition to simply producing a more educated and skilled population with the necessary literacy and numeracy and critical thinking skills that are acquired through primary education. A multitude of studies have been conducted to evaluate the impact of educational attainment and retention on health outcomes. Some of the key findings are highlighted below:

- A South African impact evaluation was conducted to identify the risk factors for women reporting one lifetime partner. The results of the study showed that young women with no education were at 3.75 greater odds of being infected with HIV than those that had completed secondary school. The deeper analysis found that better educated women were more likely to delay marriage and child bearing, had fewer children, earned higher incomes, possessed greater decision-making power within their relationships, and were

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more likely to use a condom; all factors which have been shown to reduce the risk of HIV infection (Pettifor et al 2008).

- A review of previous literature reviews and randomized control trial results identified the three ways in which increased educational attainment affects a person's sexual behaviour. These include: changing the socio-cognitive determinants of behaviours (such as knowledge, attitudes and perceived control), influencing social networks, and leading to a change in one's socio-economic status. Throughout the studies reviewed, it was determined that schooling increased a person's self-efficacy which allowed them to have more control over decision-making in relationships, and introduced them to a new social network – usually including equally educated individuals. Women involved in such social networks were found to be 1.5 times less likely to be infected with HIV, and women with primary education were more likely to have reported using a condom at last sexual encounter. Furthermore, the review of a South African study showed significantly lower numbers of lifetime partners for both sexes in school compared with their out-of-school counterparts (Jukes et al 2008).
- A study conducted in four African cities – Yaounde, Kisumu, Contonou, and Ndola – found that the schooling of women provided a protective effect for HIV infection in both Yaounde and Contonou. There was no association found between schooling and HIV infection in Kisumu or Ndola. Additionally, this study concluded that condom use with non-spousal partners was noted more often by those individuals with more education than those with lower levels of educational attainment (Glynn et al 2004).
- A randomized control trial in Zimbabwe tested the effects of school retention on the HIV infection rates of orphan girls. The trial found that those in school were less likely to get married at a young age, to drop out of school, and more likely to delay their sexual debut for fear of the consequences. By the end of the first year, the intervention had reduced dropout rates by 82 per cent and marriage rates by 63 per cent (Hallfors et al 2011).

UNAIDS, in its Investment Framework, has identified education as a development synergy, and as such have recognised that investments in other sectors such as education can have a positive effect on HIV outcomes. In addition comprehensive sexuality education is referred to as a critical enabler, and thus an important component of getting to zero. (UNDP/UNAIDS 2012).

### Advocacy Points:

#### ➤ Ministry of education:

- Maintain education sector commitment to EFA goals for primary education, including adequate numbers of teachers, curriculum and school environments
- Develop and implement school retention programs for girls and other at risk populations
- Ensure schools provide a safe and supportive environment for learning by developing and implementing policy on discrimination and violence
- Direct resources to address school safety, particularly in regards to gender issues like addressing adequate and safe latrines and issues related to the harassment of girls
- Ensure oversight and improved teacher conduct to ensure that schools are a safer environment for girls which contributes to improved retention
- Ensure education is available to all regardless of sex or perceived HIV status

#### ➤ Other HIV and AIDS stakeholders

- Engage the education sector in the HIV and AIDS response to ensure development synergies.

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## Treatment education – why it matters for schools

### The Challenges:

- High levels of reported access to voluntary counselling and testing (VCT) (UNAIDS Inter-Agency Task Team on Education 2013) but low uptake of VCT and anti-retroviral treatment (ART) by teachers and learners resulting from lack of knowledge of options and/or how to access treatment.
- Referral systems are not in place in most countries, with only 50% in one survey (UNAIDS Inter-Agency Task Team on Education 2013) reporting they exist.
- Emerging prominence of ART as a prevention strategy requires higher uptake of services and education.
- In remote and rural locations, teachers, students and community members often have limited or no access to treatment education and/or treatment services.
- Learners with HIV are often denied their right to good quality education because of fear, stigma, discrimination and a lack of understanding and support from schools and the community.
- Ill health linked to HIV and AIDS increases teacher absenteeism and attrition.
- Information on how to lead an HIV positive sexual life is often unavailable.

### The Evidence:

While HIV prevention education is critical to decrease the incidence of future infections, in most cases it fails to provide the necessary information needed by individuals already living positively. Treatment education is essential for these individuals as well as for those living with or caring for HIV-positive family members. Treatment education engages individuals and communities on treatment issues and prepares them to understand the options benefits and side effects of treatment; the criteria for enrolment in an ART program; issues of equality of access; and it also helps to improve adherence and reduce drug-resistance. Treatment education enables myths and misinformation (such as the belief that ART is a cure) to be dispelled, and it can also contribute to reducing stigma and discrimination and increasing uptake of testing and counselling. It is therefore critical to unlocking the full potential of an ART program. Treatment education is therefore essential to promote health seeking behaviours, knowledge of one's status and treatment initiation. Medical treatment of HIV has been shown to be an effective way to lower the risk of HIV transmission and prolong the life of people living with HIV (PLHIV). It has been shown to be cost-effective as early detection and management including treatment reduces long-term health costs as well as other opportunity costs. Many studies have examined the impact and importance of treatment education. Some of the key evidence from these studies is included below:

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- The EFA Global Monitoring Report focusing on HIV and AIDS Literacy found a key determinant of ability and desire to adhere to treatment regimens is knowledge of HIV and AIDS. If people do not have the appropriate knowledge regarding treatment, they will not take advantage of the options available to them (Schenker et al 2006), thereby affecting the effectiveness of ART programs.
- The Lighthouse Project in Malawi provides group sessions to individuals on HIV and AIDS treatment education. An evaluation of this project found that the group sessions were well accepted in the community, and that the project had positive effects on the participants' adherence to their ART with over 92% of the participants reporting an adherence rate of over 95% (Sass 2006).
- Another study of various treatment education programs showed that increased knowledge about ART improves adherence to treatment. Specifically, a randomized control trial undertaken in Thailand compared patients receiving intensive treatment education to a control group of standard care patients, the latter having significantly lower self-efficacy scores. This study determined that a high level of self-efficacy was correlated with one's ability to manage their treatment and positively influenced their likelihood of adherence. The study developed a method for evaluating internalized stigma of patients and, at the end of the study, it was found that this stigma was significantly reduced. Stigma was commonly cited as a barrier to individuals accessing treatment, but this appeared to have declined as a result of wider availability of ART and the increased understanding and awareness of patients with regards to HIV and AIDS (Sarna et al 2007).

Most school curricula do not cover treatment education, however some countries such as Botswana have integrated good quality information in their curriculum (UNESCO 2012), and materials for children have been developed by different organisations.

### Advocacy Points:

- Incorporate age-appropriate treatment education in schools' HIV, health and life skills-based curricula. Curricula should cover, *inter alia*, access, referral systems, treatment options, what ART is, adherence, side-effects, existing support structures, myths etc.
- Develop and implement treatment education materials and programs for formal and non-formal education programs
- Identify one focal point per school who can provide HIV-specific support, including adherence support
- Ensure that teachers and other education sector staff receive pre- and/or in-service training on treatment education
- MoE workplace policy to include treatment education and support for voluntary counseling and testing
- MoE, in coordination with the ministry of health, to set up referral system for health services for learners and staff
- Support peer education networks including but not limited to anti-AIDS type clubs, student groups, teachers' unions, groups of PLWHA
- Promote the creation of safe and supportive school environments for learners and staff by institutionalizing anti-discrimination and anti-bullying policies

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## Education plays a major role in increasing protective factors

### The Challenges:

- Community norms related to gender-based violence and other behaviors can put students, teachers and community members at risk of HIV infection
- Programs to change community systems, perceptions and cultural norms and behaviors related to gender-based violence and other risky behaviors for HIV transmission often lack government and financial support
- School-based programs for reduction of stigma and strengthening of support services around health, nutrition, and shelter for OVC often lack resources and/or health sector support

### The Evidence:

Education has been shown to have significant impacts on the reduction of HIV infections. In doing so, it plays a large role in reducing the likelihood that individuals will exhibit certain risky behaviors. In some countries with a high prevalence of HIV, there are many common cultural and societal norms that directly impact a person's risk for HIV infection; behaviors that typically put individuals, particularly women and girls, at high risk of gender-based violence and transactional sex, among others. Furthermore, high levels of stigma in these communities must be overcome before people will fully begin to change their behaviors. Many studies validate these claims. The following is a list of such justification:

- One study found that the impact of education in general is the most significant factor on whether or not students exhibit risky behaviors in and of itself. This conclusion was supported by the positive correlation between HIV infection and level of educational attainment. This correlation included individuals who did not receive health-specific education in their formal schooling, due to the actuality that education enables individuals to discern information, plan for the future and accelerate socio-cultural changes. Additionally, the study determined that attending school and going through the daily routine and discipline encountered in quality schooling, encourages students to become disciplined and motivates them to protect themselves (Coombe et al 2001).
- One study discovered that increased education enhances the status of women while simultaneously reducing and improving gender inequalities. These inequalities are what traditionally make women more vulnerable to HIV because they increase the likelihood that women will engage in sex for money, will remain in risky relationships, and are unable to negotiate safe sex, particularly condom use, with their partners. Therefore, since education reduces the inequalities that lead to these behaviors, increased education provides women with the autonomy and agency they need to reduce their risky behaviors (Burroway 2010).

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- Another study found that the majority of youth noted school as being the main source of their information, especially related to HIV and AIDS and other sexual health knowledge. Additionally, they noted that only a quarter had ever spoken to their parents or caregivers about sugar daddies and other risky sexual behavior and transactional sex. A third of the respondents noting knowing a girl that admitted to having a sugar daddy while only a small percentage openly admitted to having one themselves. Thus, attending school and increasing their education, particularly that education that examines sexual and reproductive health and cultural norms, could have a large positive impact on not only reducing the incidence of sugar daddy relationships, but also of risky behaviors in general (Fiscian et al 2009).
- A South African impact evaluation was conducted to identify the risk factors for women reporting the existence of one lifetime partner. The results of the study showed that young women with no education were at 3.75 greater odds of being infected with HIV than those that had completed high school. The deeper analysis found that better educated women were more likely to delay marriage and child bearing, had fewer children, earned higher incomes, possessed greater decision-making power within their relationships, and were more likely to use a condom; all factors which have been shown to reduce the risk of HIV infection (Pettifor et al 2008).
- An evaluation of a comprehensive sex education program in Uganda found that both the intervention group and comparison group were more confident they could effectively deal with situations where sexual pressure and/or force were used. Since this significant increase was noted for both groups, the increased level of confidence cannot be explained by the intervention; rather it must be explained by the increased level of educational attainment (Rijsdijk et al 2011).

### Advocacy Points:

- With limited enrollment and completion of secondary schooling, especially for girls, increased support and resources for quality education at the primary level is paramount
- Increased support to teacher training in content and pedagogy to improve time-on-task and knowledge transfer for improved learning outcomes and cognitive reasoning skills
- Increased resources for scholarship/bursary to support girls' completion of primary and secondary school
- Increased resources for instructional materials, gender sensitive and age-appropriate curricula and training
- Incorporation of education activities to reduce risky behaviors among students, teachers, and community members
- Education sector support with health sector collaboration and funding for behavior change programs

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## Improved teacher training and support is critical for effective knowledge transfer

### The Challenges:

- Many teachers lack the training for effective knowledge transfer and need support
- While pre- and in-service training in life skills and HIV and AIDS has increased in the last 8 years, it does not cover 100% of teachers nor is it systematically included in pre-service training (UNAIDS IATT on Education 2013)
- Teachers may be knowledgeable about HIV and AIDS (SACMEQ reports 99% have a minimal level of knowledge and 82% have the desired level), but due to the sensitivity of the subject and/or because they are not always adequately trained, supported and resourced, students do not receive the appropriate or adequate information and skills development.
- Teachers may have the knowledge for gender sensitive, age-appropriate, content specific pedagogy but students are not learning – basic education topics or HIV and life skills
- Teachers are often uncomfortable or feel un-mandated to present or share what is considered “sensitive” subject material.
- Life skills education is often squeezed out in the context of teacher shortages, overcrowded curricula, limited teaching material, and the focus on traditional examinations, of which life skills education is rarely a part (UNICEF 2012).

### The Evidence:

Teachers need pre- and in-service continuing professional development (CPD) in gender sensitive, age-appropriate content and skills-based and learner centred pedagogy supported by the availability of high quality instructional materials and supplies in order to be effective in ensuring knowledge transfer. In all countries, even more so in high HIV prevalence countries, effective knowledge transfer of life skills and HIV prevention messaging is critical. HIV and AIDS education helps prevent the spread of new infections, but this prevention and treatment education is only as effective as the teachers who transmit the knowledge. Even though teachers may have all the necessary information, the ability to transfer that knowledge efficaciously requires a specific skill set that can be obtained through appropriate training and on-going CPD. Therefore, simply implementing a sexual and reproductive health curriculum or life skills-based program in schools is not enough to ensure knowledge, attitude or, most importantly, behaviour change.

Training teachers, both pre- and in-service, on current pedagogy and up to date and relevant content are critical and necessary components of quality education. This training is even more crucial for controversial and sensitive material such as HIV and AIDS. Various studies conducted on HIV and AIDS education programs found that they were either successful because of thorough training or failed due to the lack of sufficient training. The effectiveness of teacher in the classroom is dependent on appropriate training and support in and out of the classroom. Key evidence supporting these claims is provided below:

- A 2010 evaluation of primary teacher capacity in Equatorial Guinea found that teachers who received comprehensive pre-service training in pedagogy, communication, mathematics, and social and natural sciences employed more often effective teaching methods, had stronger

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relationships with students, parents and the community, and improved learning outcomes for their students (Ginsburg et al 2010).

- An evaluation of an HIV and AIDS life skills education program in Mexico found that the program was highly effective in increasing the HIV and AIDS knowledge of the fourth-grade participants. The in-depth review determined that the success of the program may be attributable to the thorough training the teachers received before fully implementing the life skills curriculum in their classrooms (Pick et al 2007).
- An evaluation of the Kenyan Ministry of Education's program aimed at infusing HIV and AIDS education into the curriculum for all subjects found that this program produced notable impacts, specifically on reducing the incidence of schoolgirl pregnancy and enabling students to act as messengers of HIV and AIDS knowledge in their homes and communities. However, the teachers in public schools were not appropriately trained to incorporate HIV and AIDS education into the lessons for *all* subject matter causing the program to be less effective than it could have been (Ruto et al 2009).
- A study conducted in South Africa determined that the country would need to re-train approximately 64,000 school educators (from 21,300 schools) to successfully implement a life skills-based curriculum at the primary level alone. Such programs, when implemented correctly, take a multitude of resources – time, money, and personnel (Coombe 2002).

### Advocacy Points:

- Teachers, administrators and local education and health managers are adequately trained, and training is institutionalized into pre-service provision. Improved planning and coordination of teacher training would reduce the impact of teacher attrition or re-assignment.
- The content of the teacher training should include health issues of urgent relevance to young people, such as adolescent and reproductive health, sexuality education, gender equality and empowerment, sexually transmitted infections, HIV and AIDS, and family life and interpersonal relationships. Training should focus on orientation for teachers themselves, and then on training to effectively deliver a curriculum.
- Teaching methods should be interactive and learner-centred, so that learners can acquire knowledge and develop attitudes and skills to enable them to adopt healthy behaviours.
- Clearly delineating roles and responsibilities: teachers mandated and tasked with teaching comprehensive sexuality and HIV education; recognition of teachers' role by school administrators and the community; oversight role of principal including identifying obstacles, challenges and shortfalls
- National governments to provide sufficient resources, including time, money and personnel to cover training needs of education staff.
- Strengthen innovative mentoring and support programs for teachers in rural/remote settings

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