



EDUCATION SECTOR ENGAGEMENT WITH THE AIDS AND AID FUNDING ARCHITECTURE AT COUNTRY LEVEL

Symposium

**UNAIDS Inter-agency Task Team on Education
17 November 2008
Geneva, Switzerland**

Symposium Report

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Abbreviations

CCM	Country Coordinating Mechanism
CF	Catalytic Fund
CIDA	Canadian International Development Agency
CIS	Commonwealth of Independent States
EFA-FTI	Education for All Fast Track Initiative
HDI	Human Development Index
IATT	Inter-Agency Task Team
IBRD	International Bank for Reconstruction and Development
IDA	International Development Association
NSA	National strategy application
NGO	Non-governmental organization
OVC	Orphans and vulnerable children
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
TSF	Technical Support Facility
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization

Education Sector Engagement With The AIDS And Aid Funding Architecture At Country Level

**UNAIDS Inter-Agency Task Team (IATT) on Education Symposium
17 November 2008
Geneva, Switzerland**

Symposium Report

Background

While the benefits of formal education on HIV are well understood, funding of education sector activities for HIV is frequently fraught with challenges. These challenges are likely to increase due to the current global financial crisis. It is therefore essential that program managers understand the evolving funding architecture, and how the education sector can position itself during these turbulent times. The present symposium was organized to provide a forum to discuss the financing of HIV in the education sector, with a specific focus on the Global Fund for AIDS, TB and Malaria. It was attended by around 45 participants comprising of members of the UNAIDS Inter-agency Task Team on Education, UNAIDS Secretariat and co-sponsor staff, as well as other member of civil society.

Morning Session

The symposium was called to order by Michael Bartos, Team Leader, Prevention, Care and Support team. The morning session¹ was chaired by Karusa Kiragu, Senior Prevention Adviser at UNAIDS. Ms. Kiragu welcomed the participants and introduced the symposium, stating that the purpose of the symposium was to identify resources needed, consider the aid architecture for the education sector from various sources including the Global Fund, and to discuss how best to engage with this architecture. After giving a short description of the UNAIDS Inter-Agency Task Team (IATT) on Education, she introduced Helen Evans, the Global Fund's Deputy Executive Director, who made the symposium's opening remarks.

¹ The Symposium agenda can be found in Appendix 1. The participants list can be found in Appendix 2. The concept note for the Symposium is in Appendix 3.

Opening Remarks

Ms Evans described the Global Fund as a funding organization devoted to achieving the Sixth Millennium Development Goal i.e. to combating HIV, malaria, and tuberculosis. She noted that, despite medical progress, the spread of HIV is continuing and that this indicates a need to re-intensify prevention, particularly insofar as prevention efforts depend on formal schooling and education. The Global Fund is committed, therefore, to supporting the education sector in its effort to address HIV.

She informed the group that Round Eight of Global Fund funding was approved at the Fund's board meeting in New Delhi the previous week, doubling the amount of money approved for any previous round. The Fund was concerned, she said, to translate needs into quality demands that translate into good proposals for funding. This was beginning to happen.

She noted that the financial crisis was a concern, especially finding funds to live up to current commitments, but that the Global Fund was committed to forging ahead. She noted, though, that this meant every dollar must be used efficiently and that a performance-based programming was essential. Specifically, the Fund was moving to funding national strategic plans of action. There is also interest in funding proposals that promote gender equality and gender transformation in education on HIV.

Ms Evans concluded her remarks by saying that we cannot allow the financial crisis to resign us to poverty and disease.

Keynote speech: The role of the education sector in the HIV response ***Michel Sidibé, Deputy Executive Director, UNAIDS***

Michel Sidibé graciously replaced Mexico's Minister of Education and gave the keynote address. The Minister Josefina Vazquez Mota was unable to attend due to recent security events in Mexico, but sent a written copy of her speech (see informal translation in Appendix 4). Mr Sidibé began by describing the breakthrough joint effort spearheaded by Mexico, bringing the ministers of health and the ministers of education from Latin America and the Caribbean to make a commitment towards adolescent sexuality education. He noted that this bold step was a defining moment in the fight against HIV, and it signalled an effort to bring prevention to the centre of the fight.

Mr. Sidibé noted that heretofore the HIV battle had concentrated on "quick wins" based on technology and parallel strategies that may work faster. However, over time programmers have realized that only a more comprehensive strategy involving structural changes, engaging communities and based on human rights, was going to lead to sustainable change. He said that the next stage will be for

HIV to enter the “AIDS transition”, where new infections begin to decline compared to individuals who enter treatment. For the AIDS transition to happen, there is need for effective prevention, which in turn depends on better and more widespread education. He quoted statistics showing that higher levels of formal education were negatively associated with lower HIV rates, and thus formal education was an important strategy to reduce HIV risk.

Mr. Sidibé noted that contrary to popular opinion, sexuality education does not lead to more sexual experimentation among young people. In fact, it leads to more responsible behaviour, and makes adolescents less passive in the battle against HIV. It is associated with delayed sexual debut, fewer sexual partners and more widespread and consistent use of condoms. It enhances public accountability, promotes inter-generational dialogue and leads to better use of available health services.

Mr Sidibé emphasized that it is no longer possible to deal with HIV in isolation, as if it were simply a medical problem. Bridges must be made to other sectors, particularly the education sector, to leverage a wider variety of resources to produce better health outcomes. He challenged the meeting participants to employ the “ABCs of HIV”:

A: Be *Advocates* and put education in the centre of the effort

B: Be *Brokers* and bring together different groups around education

C: Be *Catalysts* for action

Plenary Discussion

Following Mr Sidibé’s talk, the floor was opened for a plenary discussion. The tone of the conversation was set by the statement that we owe it to the children who have never lived in a world without AIDS to do whatever we can to offer them this chance. Participants supported this overall commitment by calling for a performance-and evidence-based approach, emphasizing the need for sustainable, and serious investment in education as an integral part of any health effort. Participants said they appreciated the comment that sexuality education was not a threat, and there was need for consistent messaging on this and other issues, as well as an encouragement for inter-generational dialogue. Questions directed at the Global Fund included whether it supported community systems strengthening (it did), and whether it supported regional proposals (if they are greater than the sum of the individual).

Interest was expressed in whether it was possible for the Global Fund to solicit proposals targeting the education sector directly (it was feasible), and about what the funding architecture of the Global Fund is like specifically at this time. Participants also raised linkages between Global Fund and the Education for All (EFA) Fast Track Initiative; the discussion concluded with the recognition that there needs to be an HIV strategy with an education sector element, and an

education sector strategy an HIV element. The Global Fund noted it was open to supporting the education sector and welcomed further engagement.

After the discussion, the participants broke for coffee.

Mid-morning Session

Karusa Kiragu of the UNAIDS Secretariat continued to chair the session.

Panel presentation:

Country Case Studies: Examples of approaches to the funding landscape for scaling up education sector response to HIV

After a coffee break there was a panel presentation of examples from three countries having Global Fund support within the education sector: Namibia, Haiti and Belarus. All PowerPoint presentations are found in Appendix 5 of the report.

Namibia:

Claudia Uazembua Tjikuua, Director of Education for the Khomas Region

Ms Tjikuua began by pointing out that the response to HIV in the education sector in Namibia involved three ministries: The Ministry of Education, the Ministry of Health and the Ministry of Gender and Child Welfare. She explained that Namibia received N\$19m in Round 2 from the Global Fund through the MoH, and the funds were about to finish in 2009. With these funds, Namibia had been able to feed 20% of school children in need; established school-based counselling and support groups; mainstreamed HIV into other subjects; made progress in establishing workplace programs; established a network of positive teachers; and mainstreamed HIV into adult education programs.

She informed the group that Namibia was unsuccessful with its recent education sector proposal to the Global Fund, and was therefore going to have budgetary shortfalls for 2008 and 2009-10. She proposed that, in future, the Ministry of Education become the Primary Recipient for the next funding instead of being subordinated as a secondary recipient to the Ministry of Health. She noted that making the Ministry of Education the Primary Recipient would also avoid the duplication of structures that is now in place. She felt that Namibia's success with securing Global Fund support was largely due to the establishment of a special committee within the Ministry of Education; Ms. Tjikuua chaired this committee, which brokered financial support from the Global Fund, and drove the response once the funds arrived.

Haiti:

Fritz Moise, Executive Director of The Foundation for Reproductive Health and Family Education (FOSREF)

Mr. Moise is also the President of the Forum of Sub-recipients of the Global Fund in Haiti, and a member of the Country Coordination Mechanism (CCM). He began by noting that Haiti was unique in that 75% of schools in the country were private, but all the same they had a strong and well-organized association that collaborated closely with the Ministry of Education. However, there were numerous unregistered schools. He noted that the over-medicalization of HIV in Haiti was such that the Ministry of Education had not been an active player in HIV (indeed Ministry of Education had stopped implementing programmes on arrival of the Global Fund, with the understanding that Global Fund support through the Ministry of Health would “take over”). But efforts to de-medicalize HIV were under way and the education sector was now expected to play a greater role.

He noted that a major challenge for the education sector was also private-for-profit schools, which are big business in Haiti, and that a significant proportion of them are focused on economic gains. Quality control in these schools is difficult, making a coordinated HIV education effort challenging. Moreover, there is no separate budget line for HIV in the government budget, hampering the sustainability of any programme put in place. Rural schools were especially under-served. In conclusion, he outlined lessons learned from Haiti’s experience and indicated plans for the future as well as next steps.

Belarus:

Anna Chernyshova, Programme Officer for UNDP, Minsk

Ms. Chernyshova began by noting that Belarus has the highest Human Development Index (HDI) of any Commonwealth of Independent States (CIS) country and is in 64th place overall, which makes it somewhat difficult to get development funding. Nonetheless, Belarus has received money for the education sector from the Global Fund since 2004 (Round 3 and Round 8), through the intermediary of UNDP, which in turn contracts implementers. Additional funds awarded to National Academy for Post-graduate Education are expected in 2010. The Ministry of Education is also a member of the CCM.

After describing the educational framework in Belarus, Ms. Chernyshova noted the strong hierarchical structure of the government. She explained that the fact that all formal education is managed by the government makes it easier to get things done once decisions are made. As a consequence, HIV prevalence among 15-24 year olds has dropped from 28/100,000 in 2002 to 15/100,000 in 2007 (audited results by Global Fund). Condom use with casual partners rose from 17% in 1999 to 75% in 2007, and the proportion of people expressing acceptance of persons living with HIV rose from 56% in 2005 to 65% in 2007. These results are thought to be the outcomes of government efforts, supported in part by the Global Fund grant. Ms. Chernyshova noted that the school-based HIV

programmes in Belarus are quite active and involve parents, not only students. She also noted, though, that the curriculum-based programmes remain conservative, and are in the context of a busy and over-loaded school curriculum.

After the presentation, Chris Castle of UNESCO served as the Discussant and raised issues for each of the panellists. He asked Ms. Tjikuua of Namibia about whether having a dedicated unit for HIV in the Ministry of Education helps and whether working through another ministry, i.e., the Ministry of Health, slows things down. He asked Mr. Moise to comment further about how the leading role of the MoH functions in practice in Haiti, and asked Ms. Chernyshova about advantages and drawbacks of a strict hierarchy within the government.

Plenary Discussion

These questions were followed by a plenary discussion that was oriented around additional questions and remarks. Participants were interested in knowing more about how the programmes were costed, whether the plans would be incorporated into the National Plans of Action, what the regulatory and monitoring frameworks were, and what the various countries were doing for teachers as employees who also needed HIV services. Participants commented that the underlying reality was the fact that poverty is a root deterrent of formal education, and were interested in how the three countries were dealing with this. They also asked about the behavioural results in Haiti and Namibia.

It was noted that it is desirable to have an HIV Unit in the Ministry of Education established and funded as a separate unit, in order to properly institutionalize HIV within. Otherwise, it was felt that HIV-related work was too often simply added on to people's regular workloads, with deleterious results. This is similarly a problem when HIV education is funded under the MoH because of there being too many sub-recipients for focus to be maintained on prevention. Thus, an institutionalized dedicated HIV unit would allow more focus on HIV in the education sector.

Another issue addressed was that of multi-sectoralism. The need for a multi-sectoral approach to HIV was not adequately understood in the beginning of the HIV epidemic, and a certain 'medicalization' of the response developed as was the case in Haiti. Now it is recognized that prevention is as important as treatment and that the two must be integrated.

Concern was expressed about the implementation of programmes. Specifically, questions were asked about implementation methodologies and results as well as about the sustainability of what has been achieved. The problem of the predominance of private schools in Haiti was also discussed. The panellists responded variously, indicating that the sustainability of NGO efforts was generally a problem but that in some cases the government had already institutionalized HIV programmes in the education system, with provision for

including HIV in teacher training as well. There was, however, a perceived need for translating didactic materials into Russian for Belarus and for distributing these materials more widely.

The session broke for lunch at this point.

Afternoon Session

Nora Fyles from the Canadian International Development Agency (CIDA) chaired the afternoon session. Two speakers made presentations during this session, Rifat Atun of the Global Fund and Michele Moloney-Kitts, of the Office of the U.S. Global AIDS Coordinator.

Panel presentation:

Global Fund transition to funding of national HIV strategies—implications for the education sector. *Rifat Atun, Director of the Strategy and Performance Cluster at the Global Fund*

Mr Atun began by saying that the Global Fund was guided by the following principles:

- The Fund is a financing entity designed to leverage additional financing according to an independent review process.
- It emphasizes country ownership and inclusion, and
- It emphasizes performance-based financing.

He noted that Round Eight of the Global Fund's grant awards was the largest ever (\$2.8b for Round 8, Phase 1 and \$3.1b for Round 8, Phase 2), as discussed earlier by Helen Evans. He noted that there was a lot of support for HIV education and awareness in these grants, as evidenced by the fact that 95% of them had provisions for training and educational activities. However, education sector per se was not a major recipient and most funds were still through the ministries of health. He counted 10 countries with current or past education sector support from the Global Fund, but noted though that there is scope for ministries of education to be Principal Recipients. There was, he emphasized, nothing preventing the education sector from applying for grants.

Mr Atun raised some of the challenges now facing the Global Fund, and one of them was the number of indicators: there were nearly 250 indicators for education. He noted that the Global Fund is currently in the process of developing core indicators so that they can have a smaller but more robust set of measures. He proposed this as a possible area that the Education IATT could collaborate with the Global Fund.

There is a move at the Fund to strengthen community systems, which includes community-based educational outreach. There is also a strong interest in funding national strategy applications (NSAs) that would allow multi-sectoral responses to HIV, and he noted this as an important opportunity for ministries of education. The roll-out of the NSA will start in 2009. He also noted that they are particularly keen to support gender strategies aimed at women, girls and sexual minorities. He proceeded to describe the operant funding architecture and mentioned the problem of overlapping multiple projects and therefore the challenge of careful monitoring of the 600 and more grants at any one time.

Plenary discussion

On the question of how existing strategies relate to national health strategies already funded by the Global Fund it was emphasized that there needs to be a single strategy devoted to HIV, rather than treating HIV as an afterthought. As for whether education sector applications to the Fund had to go through the MoH, it was noted that the CCM is multi-sectoral in its approach and that education sector proposals can therefore be made directly to the Fund through the CCM.

The question of monitoring results was taken up, and it was noted that while there exist a number of specific indicators, there is a need to see the big picture more clearly, particularly with regard to a country's absorptive capacities.

Panel presentation:

Funding linkages to the education sector in the next phase of PEPFAR. *Michele Moloney-Kitts, Assistant Coordinator of the Office of the US Global AIDS Coordinator*

Ms Moloney-Kitts began with an overview of PEPFAR, noting that the 15 PEPFAR countries account for half the HIV infections in the world. The initial commitment of USD 15 billion was exceeded and now accounted for USD 19 billion. Much of this investment was devoted to local capacity building so that affected countries would be able to absorb donor funding more effectively. The recent re-authorization of PEPFAR on July 30, 2008, maintains the commitment and has expanded it to USD 48 billion, USD 39 billion of which is earmarked for HIV and the rest split between malaria (USD 5 billion) and tuberculosis (USD 4 billion). With this new support, PEPFAR aims to provide HIV treatment for 3 million additional individuals, prevent 12 million new infections, and care for 12 million people including 5 million orphans and vulnerable children. To meet this goal, it would need to recruit and train 140,000 new health workers and also strengthen the health services delivery system.

She noted that as a result of PEPFAR, communities had become stronger, as evidenced by the fact that PEPFAR has been partnering with 2,217 local organizations and had umbrella institutional-building grants to strengthen the weaker ones. She continued, remarking that building up the education sector is

useful for more than combating HIV and that it contributes to improving overall health outcomes as well as improving the use of existing health services. Education thus figures in PEPFAR's continuation and expansion in that it is an integral part of the effort to strengthen health systems.

PEPFAR wants to work more closely with countries, encouraging them to develop multi-sectoral HIV strategies through bilateral "partnership compacts" i.e. funding agreements. She also discussed PEPFAR's efforts in the education sector and noted that there have been 235 activities in 2008. Key areas include: abstinence and be faithful approaches, condoms and other prevention methods, palliative care, and programmes for orphans and vulnerable children (OVC). Much of the efforts revolve around life skills education, ensuring school attendance for OVC (paying school fees, feeding, block grants to schools etc.), vocational training, as well as programmes to protect teachers through prevention, care and treatment. PEPFAR was promoting a stronger interface between the health and education sectors in the affected countries. She emphasized that this was a data-driven response.

Ms Moloney-Kitts concluded by asking whether too much was being demanded of the education sector and wondered whether there was a missing cadre, social workers, that needed to be included as a practical conduit into the home for what was offered by education, especially recognizing that HIV is not just a health problem alone.

Plenary discussion

In the discussion that followed, the importance of teaching about life skills, relationships and HIV was noted, as well as the need to get the timing right on it. It was asserted that such teaching should begin at birth and that the question that needs to be asked of every intervention in that domain is whether the child was better off because of what was being done, with good measurements provided to support the answer.

Other issues that were discussed included the need to know what to ask for in a proposal as well as the need for a good case to be made for the request. It was also mentioned that there is a need for proposals to include a gender strategy.

The question was raised about the future of PEPFAR under the new US President and the impact of the financial crisis on both PEPFAR and the Global Fund. While no definitive answers could be given on this, it was stated that since U.S. President Elect Obama had voiced his strong support for PEPFAR, no huge changes were expected.

The discussion moved on to a consideration of the problem of harmonizing indicators, where it was noted that there is an apparent contradiction between

wanting indicators that are in harmony with each other while at the same time wanting those indicators to be customized to specific country circumstances. The solution proposed was to develop a core set of indicators that are relevant everywhere, to be supplemented by indicators specific to individual cases and countries.

The conversation wound up with the recognition that both PEPFAR and the Global Fund need to move toward more programmatic and sectoral funding rather than mainly funding specific projects. The group then broke out for coffee.

Mid-afternoon Session

Nora Fyles from CIDA continued to chaired the mid-afternoon session. There were two sessions, from the World Bank and the UNAIDS Secretariat.

Panel presentation:

Funding and budgeting a comprehensive education sector response to HIV in national AIDS plans. *Donald Bundy, Acting Education Sector Manager, World Bank*

Mr. Bundy began by noting that the global crises in food, fuel and finance would have an impact on education sector funding, as well as on costing. Global growth predictions for emerging economies have been lowered from 6.5% a year to 4.5%. In Africa, where ten countries have had more than 5% growth for five years, all have slipped back because of the lack of demand and investment from high-income countries. The drop in commodity prices has been a particular concern for Africa. As an indication of all this, IBRD loans jumped from USD 13.5 billion for 2008 to USD 35 billion for 2009, while IDA credit to low-income countries counted for USD 45 billion.

The policy of the World Bank has been to front-load these loans and grants, looking for more money later on. The idea is to get the money to those in need as quickly as possible. The totals for all this funding is USD 142 billion over the next three years, which is not all that much when compared with the trillions in bailouts provided to financial institutions.

The case needs to be made more strongly, he insisted, that investing in health and education leads to economic growth and not the other way around.

It should be noted, he said, that funding for HIV has largely been taken over from the World Bank by the Global Fund and PEPFAR. Thus unlike before, the World Bank is no longer the main donor for HIV. However, it provides funding through the Fast Track Initiative (FTI) and the Catalytic Fund (CF), which can include HIV funding, but this support depends on a country having a single, unified sector plan that includes all partners.

Panel presentation:**How to support more effective education sector engagement at the country level. Pradeep Kakkattil, Chief of Technical Support, UNAIDS Secretariat**

Mr Kakkattil began by stating that what is needed are timely, high-quality proposals at the country level, especially in light of the funding crisis that will trigger a closer look at what is being supported. Thus there will be a move from quantity to quality. It is necessary to know how to present the education sector and analyze educational needs regarding HIV, which in turn means “Knowing Your Epidemic”. On the basis of this it is possible to influence the people developing strategic plans. He suggested that the education sector better utilize the Technical Support Facilities (TSFs), which UNAIDS-supported facilities available at regional and country level for any sector to use. He also suggested that countries could use the dual track financing mechanism now under way by the Global Fund, a particularly useful approach for education sector NGOs. He recommended the education sector also use the Joint UN Teams and encouraged IATT members to consider how can the education sector influence the Joint UN Teams and be part of discourse as funding priorities are being explored? And how can the education sector build the capacity of the Joint Teams so that they are informed about the education sector? Finally, he noted that we have to determine more clearly how the education can learn from other sectors such as tuberculosis and gender. This will involve establishing greater engagement among the various ministries. He said that these were challenges that the IATT could explore as it forges a closer partnership with the Global Fund architecture.

Plenary discussion

The floor was opened for discussion around the theme of what IATT members can do to assist in:

- developing educational HIV plans;
- supporting the engagement of the education sector in national HIV structures;
- incorporating education sector plans in national HIV plans; and
- understanding what the presented countries could have used to help in these areas, along with what IATT can do to help.

Messy competition for funding at the country level was described as contributing to limited funding through the Global Fund for the education sector, as was the fact that education is perceived to be a “soft option” and a black hole for funding. Plans need to be put in place with a policy environment to support them, which will make it much easier to obtain funding. This requires political coherence and leadership.

The issue of social protection came up in reference to the World Bank. It was stated that these programmes, such as school feeding, were easier to fund than others because they have almost universal political support.

The group heard the view that the negotiating process for funding is arbitrary, generally opportunistic, and does not include enough needs-based analysis. Country needs must be expressed strongly in order to counter-balance international organizations and to focus on systemic capacity-building. It was added that this systemic approach was needed in part because there is already too much technical assistance being offered for countries to be able to absorb effectively. Coordinating everything is the issue here, and a suggestion was made by one participant that HIV be housed in the Prime Minister's Office so that it is easier to harmonize the various sectors.

It was asserted that the knowledge gap regarding HIV, where only 38-40% of all young people have comprehensive current knowledge about HIV, is a scandal and must be addressed aggressively. The education sector must be more assertive about becoming part of the solution to this problem. This would also require that technical assistance no longer be considered the be-all and end-all of the HIV response and that prevention take on a much more central role.

The group then turned again to the issue of indicators. It was mentioned that there is a need for a generic framework for indicators and that one question that needs to be answered is how to link the quality of outcomes to the quantity of money provided. While indicators can show what the education sector is doing, it is difficult to apply this to costing. Better communication would help.

The discussion ended with an expression of the need to convince the Global Fund to finance more teachers and to help get more people into school. Even though the goals of this kind of scaling-up tend to be nebulous at times, there needs to be a conversation with the Fund about the importance of keeping children in school to HIV prevention.

Reflections on the day

Following this discussion, participants were invited to reflect on what had happened during the day. Even though there were no obvious answers to the questions addressed, they were asked to comment on how the day may have helped them and on the ways the discussions might have made them think differently.

It was noted that funding for education is confusing and needs more clarity, particularly concerning the role of IATT with funding agencies, but also in developing good proposals. It would be good to know what is required for making a successful Global Fund proposal. It was also recognized that there need to be better indicators and a limited set of them so that they can be used in wider

contexts. These indicators can be helpful in developing national strategic plans, an important element in making progress in HIV education. Teachers were seen as playing an essential role in all of this and need to be trained accordingly.

The discussion ended with the determination to work to gather existing information and to use it to continue the dialogue with the Global Fund and the EFA-FTI.

Closing remarks and wrap-up

At this point the floor was given to Denis Broun, the Chief of Partnerships for the UNAIDS Secretariat, who made the symposium's closing remarks.

Mr Broun started out by noting several difficulties associated with HIV education. For one thing, while there are lots of manuals, there are also lots of knowledge gaps. Secondly, the involvement of the private sector in HIV education is very tricky because it is difficult to get them on board. In fact, sexuality education is, or should be, fully anchored in public education systems and should therefore be fully funded by governments above and beyond the issue of HIV.

He continued by saying that there needs to be strong advocacy of education, including partnerships with the political leadership. Advocacy efforts should be targeted, therefore, on civil society and parliaments, generating essential parental demand to support this advocacy effort. The role of the media is also important here, especially in disseminating information about HIV.

Health is greater than medicine, he insisted, just as education is more than teachers in a classroom. Thus multi-sectoral national HIV plans are necessary, and the Global Fund should not act as an arbiter between health and education. In conclusion, Mr Broun stated his belief that education ministries should not be Principal Recipients for Global Fund Grants.

Reception

The participants proceeded to a reception at the Red Ribbon Café, which was co-hosted with the Global Fund.

Appendix 1 : Symposium Agenda



UNAIDS Inter Agency Task Team on Education Symposium

Kofi A. Annan Conference Room
UNAIDS Secretariat, Geneva

Monday 17 November

EDUCATION SECTOR ENGAGEMENT WITH THE AIDS AND AID FUNDING ARCHITECTURE AT COUNTRY LEVEL

UNAIDS Inter-Agency Task Team on Education Symposium

PROGRAMME

Morning Session:

Chair: *Karusa Kiragu, UNAIDS Secretariat*

- 08:30-09:00 Registration
- 09:00-09:10 Opening remarks
- *Helen Evans, Deputy Executive Director, Global Fund*
- 09:10-09:30 Keynote speech: The role of the education sector in the HIV response
- *Michel Sidibé, Deputy Executive Director, UNAIDS*
- 09:30-10:00 Plenary discussion
- 10:00-10:30 Coffee/tea break
- 10:30-11:30 Panel presentation: Country Case Studies -- Examples of approaches to the funding landscape for scaling up the education sector response to HIV
- *Claudia Uazembua Tjikuua, Director of Education for the Khomas Region, Namibia*
 - *Fritz Moïse, Directeur Exécutif, The Foundation for Reproductive Health and Family Education (FOSREF), Haiti*

- *Anna Chernyshova, Programme Officer, UNDP, Belarus*

Discussant: *Chris Castle, UNESCO*

11:30-12:00 Plenary discussion

12:00-13:00 Lunch (*At the Red Ribbon Cafeteria, 1st Floor, UNAIDS Building*)

Afternoon Session:

Chair: *Nora Fyles, CIDA*

13:00-13:30 Panel presentation:

- Global Fund transition to funding of national HIV strategies – Implications for the Education Sector
Rafut Atun, Director, Strategy Policy and Performance Cluster, Global Fund
- Funding linkages to the education sector in the next phase of PEPFAR
Michele Moloney-Kitts, Assistant Coordinator, Office of the U.S. Global AIDS Coordinator

13:30-14:00 Plenary discussion

14:00-14:30 Panel presentation

- Funding and budgeting a comprehensive education sector response to HIV in national AIDS plans.
Don Bundy, Acting Education Sector Manager, The World Bank
- How to support more effective education sector engagement at the country level
Pradeep Kakkattil, Chief, Technical Support, UNAIDS Secretariat

14:30-15:30 Group discussion

15:30-16:00 Coffee/tea break

16:00-16:45 Reflections on the day

16:45-17:00 Closing remarks

- *Denis Broun, Chief of Partnerships, UNAIDS Secretariat*

17:00-18:00 Reception co-hosted with Global Fund

- *Red Ribbon Cafeteria*

Appendix 2 : Participants List



UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

UNHCR
UNICEF
WFP
UNDP
UNFPA

UNODC
ILO
UNESCO
WHO
WORLD BANK

20

Mis en forme :
Position : Horizontal : Droite,
Par rapport à : Marge, Vertical :
0 cm, Par rapport à :
Paragraphe, Renvoi ligne
automatique

UNAIDS Inter Agency Task Team on Education Symposium Monday 17 November 2008

Participants

Association of African Universities

Justin Wane

Ghana

Tel: + 233 21 774495, 761588

jwane@aau.org

Tara Painter

Canada

Tel: +1 819-953-8385

tara.painter@acdi-cida.gc.ca

Academy for Educational Development (AED)

Mary Joy Pigozzi

United States

Tel: +1 202 884 8881

mjpigozzi@smtp.aed.org

Care International

Pamela Young

United States

Tel: +1 404 979 9399

pyoung@care.org

Action AID/GCE

Dhianaraj Chetty

South Africa

Tel: + 27 11 731 4522

dhianaraj.chetty@actionaid.org

Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ)

Dagmar Fuchs

Germany

Tel: +49-6196/79-1533

Dagmar.fuchs-schmitz@gtz.de

American Institutes for Research (AIR)

Jennifer Anderson

United States

jandersen@AFR-SD.org

Education Development Center

Connie Constantine

United States

Tel: +1 617 618 2459

cconstantine@edc.org

Australian Agency for International Development (AusAID)

Paula Henriksen

Australia

Tel: + 61 2 6206 4849

Paula.henriksen@ausaid.gov.au

Education International

Delphine Sanglan

Belgium

Tel: +32 (0)2 22 40 611

delphine.sanglan@ei-ie.org

Canadian International Development Agency (CIDA)

Nora Fyles

Canada

Tel: +1 819-994-3774

nora_fyles@acdi-cida.gc.ca

Foundation for Reproductive Health and Family Education (FOSREF)

Fritz Moise

Haiti

Tel: +509 245 0524

fritzmoise@yahoo.com



UNAIDS
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automatique

Global Fund

Helen Evans

Switzerland

Tel: +41 22 791 5954

helen.evans@theglobalfund.org

Rifat Atun

Switzerland

rafat.atun@TheGlobalFund.Org

Jessie Schutt-Aine

Switzerland

Tel +41 (0)22 791 8233

Jessie.Schutt-Aine@theglobalfund.org

International Labour Organization

Margherita Licata

Switzerland

Tel: +41 22 799 7764

licata@ilo.org

Bill Ratteree

Switzerland

Tel: +41 22 799 7143

ratteree@ilo.org

International Save the Children Alliance

Natalie Roschnik

United States

Tel: + 33 450 44 80 02

nroschnik@savechildren.org

Irish Aid

Maire Matthews

Republic of Ireland

Tel: + 353 1 408 2923

maire.matthews@dfa.ie

Ministry of Education, Namibia

Claudia Uazembua Tjikuua

Namibia

Tel: +264 61 293 5356/29

ctjikuua@mec.gov.na

Ministry of Foreign Affairs, Netherlands

Sonia Kuip

Netherlands

Tel: +31 (0) 70 348 4377

sim.kuip@minbuza.nl

Office of the U.S. Global AIDS Coordinator (OGAC)

Michele Moloney-Kitts

United States

Tel: +1 202 6632764

moloney-kittsma@state.gov

Partnership for Child Development

Michael Beasley

United Kingdom

Tel: +44 207 594 3262

m.beasley@imperial.ac.uk

Swedish International Cooperation and Development Agency (SIDA)

Hans Persson

Sweden

Tel: + 46 8 698 5000

hans.persson@sida.se

UNAIDS Secretariat

Michael Bartos

Tel: +41 22 791 1409

bartosm@unaids.org

Denis Broun

Tel: +41 22 791 1463

bround@unaids.org

Praveena Gunaratnam

Tel: +41 22 791 5089

gunaratnamp@unaids.org

Karusa Kiragu

Tel: 41 22 791 2167

kiraguk@unaids.org



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Pradeep Kakkattil
Tel : +41 791 3033
kakkattilp@unaids.org

Kristan Schoultz
Tel: +41 22 791 2699
schoultzk@unaids.org

Michel Sidibé
Tel: +41 22 791 3392
sidibem@unaids.org

UNDP
Anna Chernyshova
Belarus
Tel: +375 172 27 81 49
anna.chernyshova@undp.org

UNESCO
Chris Castle
France
Tel: + 331 45 68 14 38
c.castle@unesco.org

Jud Cornell
France
Tel: +331 45 68 14 38
je.cornell@unesco.org

Mark Richmond
France
m.richmond@unesco.org

Justine Sass
France
Tel: +331 45 68 14 38
j.sass@unesco.org

UNHCR
Gebrewold Petros
Switzerland
Tel : 00 4122 739 8924
petros@unhcr.ch

Marian Schilperoord
Switzerland
Tel: +41.22.739.8315
Schilperoord@unhcr.org

USAID
Joe Kitts
United States
Tel: + 202-712-0485
jkitts@usaid.gov

World Bank
Donald Bundy
United States
Tel: +1 202-473-3636
Dbundy@worldbank.org

WFP
AnnMarie Isler
Rome
Tel: +260-20-2230833
annmarie.isler@wfp.org

WHO
Jane Ferguson
Switzerland
Tel: +41 22 79 13369
fergusonj@who.int

Gauden Galea
Switzerland
Tel: (41 22) 791 2608
Email: galeag@who.int

World Vision
Stefan Germann
Switzerland
Stefan_germann@wvi.org



23

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Position : Horizontal : Droite,
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automatique

Other

Michael Gordy
Meeting Rapporteur
France
Michael.gordy@wanadoo.fr

Sarah Thomsen
Consultant
Sweden
Tel: +46 (0)8 588 318 13
sarah.thomsen@indevelop-ipm.se

Muriel Visser
Consultant
France
Tel: + 33 4 32 61 06 44
mvisser@learndev.org

Appendix 3 : Concept note

**UNAIDS IATT on Education
Concept Paper for the symposium
Nov 17, 2008
UNAIDS, Geneva**

Background: The secretariat of the UNAIDS IATT on Education is based at UNESCO. The IATT holds a 2-day meeting of its full membership twice a year. The meeting is hosted by members of the IATT on a rotational basis. It is preceded by a 1-day symposium on a topic selected by the host, in consultation with the IATT membership. Past symposia have examined the prevention needs of young people in Asia (Chiang Mai), main-streaming HIV and AIDS and SRHR in education (Amsterdam), and tailoring the education message to different contexts, including emergency settings (Washington DC). The next meeting will be hosted by UNAIDS in Geneva. The symposium will be held on Nov 17, and the internal IATT meeting on November 18 and 19. This concept paper concentrates on the symposium¹.

Theme: The symposium theme is *Education Sector Engagement With The HIV Funding Architecture At The Country Level*.

Rationale: According to UNAIDS, only 40% boys and 38% of girls aged 15-24 have comprehensive HIV information, nearly 30 years into the epidemic. The education sector has a key role to play in effective prevention, care and support, but can only do so with adequate funding.

Donors such as the Global Fund are moving to financing national plans of action rather than thematic rounds. For HIV activities in the education sector to be properly positioned their program managers must:

- understand and engage with this changing funding architecture; and
- know how to collect and use strategic information such as accurate costing in the development, implementation and evaluation of programs.

Symposium content:

The symposium will provide participants an opportunity to examine several aspects of the funding of the education sector response to HIV, focusing on collaboration with the Global Fund given (a) its presence in Geneva and (b) the significant levels of funding it provides. Key issues for discussion include:

1. How the Global Fund is currently supporting the education sector response.
2. Strengthening education sector engagement with the Global Fund and other donors, and engagement with appropriate national structures.
3. Use of cost information in developing and implementing the education sector response i.e.
 - tracking funds available and spent on HIV at all levels; and

¹ The internal meeting of the IATT follows its established procedures and is therefore not discussed here.

- estimating the cost of HIV services.²
4. Alternate funding mechanisms for the education sector.

Discussion will be informed by analysis of current Global Fund expenditure in the education sector and resource needs estimation work of the UNAIDS AIDS Financing and Economics Division.³

The Symposium will examine a cross-section of experiences. Speakers will be invited from several countries, selected on the basis of experience of education sector funding from the Global Fund. Given recent commitment by the Latin America and Caribbean ministers of education and health to comprehensive sexuality education throughout the region, the Symposium organizers propose to invite a speaker from the Mexican Ministry of Education to speak about negotiation of the commitment and next steps in terms of financing sexuality education.

It is intended that there should be representation of different regions and contexts.

Possible speakers

1. Minister of Education of Mexico (or designated representative) to speak on the Mexico agreement (UNESCO to invite)
(If the Ministry of Education cannot attend, an alternative e.g. from the NAC would be approached)
2. Global Fund representative – on the new funding approach
3. UNAIDS AIDS Financing and Economics Division (TBC)
4. Speakers from 3 countries

Structure of the Symposium

Morning: Content and funding of sexuality education (Mexico agreement)
Country case studies: successful GF applications for education
Costing of HIV education within the education sector – information and methodology available
(sessions anticipated as panel presentations; if Mexico Minister of Education accepts, will be the keynote)

Afternoon: Plenary:
Global Fund transition from sector based funding to funding of National AIDS Plans – implications for the education sector

Parallel Sessions:

- (a) How to cost a comprehensive education sector response to HIV in National AIDS plans
- (b) How to support more effective education sector engagement in National HIV strategies and related aid/financing architecture

² See Beck E, Santas X and DeLay P (2008) “Why and how to monitor the cost and evaluate the cost effectiveness of HIV services in countries” *AIDS* 22(suppl 1): S75-S85

³ See UNAIDS (2007) *Financial Resources Required to Achieve Universal Access to HIV Prevention, Treatment, Care and Support* http://data.unaids.org/pub/Report/2007/20070925_advocacy_grne2_en.pdf

Anticipated participants: up to 50 (40 from the IATT, 10 speakers and contributors from other organizations).

Outputs: Meeting report outlining:

- Key lessons learned in successful funding of education sector HIV programs;
- How education programs can be informed by strategic information such as costing (in line with the recommendations of the RST Global Prevention Day); and
- How the IATT and UN agencies (e.g. UNESCO and UNAIDS) can support better engagement between the education sector and national AIDS and aid architecture at country level.

Venue: Kofi Annan Room (Video Conference room and 4th floor for parallel sessions as needed)

Budget

Background research mapping on Global Funding for education	IATT
Meeting folders, stationery etc.	UNAIDS
Coffee/refreshments during meeting	UNAIDS
Reception (to invite Global Fund to co-host)	UNAIDS
3-4 airfares, hotels and DSA for country speakers	UNAIDS
Rapporteur	UNAIDS

Appendix 4

Message from the Minister of Education, Mexico, Josefina Vazquez Mota, to the symposium of the UNAIDS InterAgency Task Team on Education (IATT)

----- INFORMAL TRANSLATION -----

**Geneva, Switzerland
17 November 2008**

I consider this opportunity a privilege, as it allows me to share with you our experience with the First Meeting of Ministers of Health and Education to Stop HIV and Sexually Transmitted Infections in Latin America and the Caribbean, which took place in Mexico City on the 1st of August, 2008. Ministries of Education from 25 countries participated, including nine Ministers, six Vice Ministers and ten heads of sexuality education programmes.

The very title of the meeting: 'Prevention through Education' clearly reflects a perception shared among many countries in the region, and which is, for now, the best strategy to stop the epidemic. Public policies in the region that address the epidemic, and the guidelines emanating from these policies, reflect our shared commitment to this goal.

These joint efforts of the Health and Education sectors, in a regional context, are by all accounts, groundbreaking. This unprecedented initiative is set to establish the basis of a strategy that uses this perspective and reaches beyond borders. I would like to take advantage of the occasion to recognize the leadership and capacity of Dr Jose Angel Cordova Villalobos, Mexico's Minister of Health, for the impetus he has provided to the initiatives and joint activities, as was the case for this meeting.

Education and health converge in a number of social processes, to the point in which much of what we do in one sector has an echo in the other. In the case of our country, as has undoubtedly happened in other countries, education has been the basis of notable advances in the area of health, nutrition and disease prevention, which has contributed considerably to improvements in the quality of life of the Mexican people.

However, we are faced with new challenges and in order to respond with the speed that HIV and AIDS demand from us, it is essential to push for actions that are coordinated, expeditious and that respond to an inescapable reality.

This condition is even more pressing in the case of countries like ours in Latin America and the Caribbean, where unfortunately there are large sectors of the population that do not have access to basic education and health services and, as a result, are highly vulnerable.

According to UNAIDS statistics, only 40% of youth between 15 and 24 years have adequate information about HIV. In Latin America and the Caribbean, the principal mode of transmission is unprotected sexual intercourse. In 2007, UNAIDS reported that 1.8 million people were living with HIV and AIDS, of which 1.6 million are Latin Americans, with the remaining 200,000 in the Caribbean.

In Mexico, the cumulative number of HIV and AIDS cases officially reported from the beginning of the epidemic to the end of March 2008 is 118,624. Of these, 83% have occurred among men and 17% among women. 2.4% of cases have been found among children under the age of 15. More than half (58%) have died.

This is without doubt one of the principal challenges to all of the governments of our region and one of the main reasons why we need to work together.

Health education is much more than rhetoric when clear political will exists to adopt a common strategy. We have taken firm steps towards consolidating a comprehensive and inclusive model of education, which, in addition to supporting the development of competencies and acquisition of knowledge, strengthens democratic and inter-cultural co-existence, and promotes our values with special emphasis on respect for human rights, tolerance, and a sense of social responsibility.

As a result, the Ministerial Declaration on Education to Stop HIV and Sexually Transmitted Infections in Latin America and the Caribbean, established important commitments, which were unanimously approved. These include:

- A broad definition of comprehensive sexuality education, which considers ethical, biological, emotional, social, cultural and gender issues, as well as topics related to the diversity of sexual orientations and identities, in accordance with the legal framework of each country, to promote respect for differences, reject any form of discrimination, and foster responsible and informed decision-making among youth regarding their sexual debut.
- Comprehensive evaluation of our current educational programmes during 2009 and 2010 that aims to identify to what extent comprehensive sexuality education is incorporated into the curriculum at all educational levels and modalities, and to what degree it is implemented in schools under the jurisdiction of the Ministries of Education.
- Before the end of 2010, the Ministries of Education will update the contents and didactic methods of their curricula to include comprehensive sexuality education, in collaboration with Ministries of Health.
- Our goal, by the year 2015, is to reduce by 75% the number of schools administered by Ministries of Education that do not provide comprehensive sexuality education.
- Likewise for the year 2015, we will reduce by 50% the number of adolescents and young people who are not covered by health services that appropriately attend to their sexual and reproductive health needs.

These commitments are built upon the expert consensus that has been developed and published by the United Nations system, which includes the publications and studies produced by the UNAIDS IATT on Education. They reflect, to a large degree, the available scientific evidence on the issue. Among this evidence is the fact that comprehensive sexuality education, which incorporates HIV and STI prevention, does

not accelerate the beginning of sexual relations or increase the frequency of sexual relations.

In Mexico, sexual education has been included in programmes and research activities in basic education for more than four decades. If in earlier years, the content of these programmes was more oriented towards the biological aspects of sexuality and human reproduction appropriate for the objectives at each educational level, various other issues related to the contraceptive methods and prevention of sexually transmitted infections have been incorporated.

Since 1999, a more comprehensive approach has been adopted that incorporates, in addition to issues related to sexual and reproductive health, components related to the emotional, social and ethical aspects of sexuality, and promotes attitudes and values such as respect, love, tolerance and gender equity. The imminent publication of the reforms of the General Law on Education will establish, for example, sexual education for all levels within basic education in both public and private schools.

Our educational system is the fruit of decades of experience in sexuality education. Tendencies related to the HIV and AIDS epidemics clearly show that it is imperative to strengthen efforts for the development and improvement of prevention activities and programmes.

In this context, the Ministry of Education of Mexico has joined forces with the United Nations Fund for Population through programs that can strengthen health and development, sexual and reproductive health and gender equality – issues all related directly to vulnerable groups in Mexico.

To this end, I have signed an agreement with UNFPA with the objective of establishing the basis for joint programmes, projects and cooperation activities related to themes that help people to reach their full potential, and to enjoy a healthy life and equal opportunity, principally in the following areas: comprehensive sexuality education, population education, education for indigenous populations, gender equality, education planning, demographic transition and changes in population structure, and other areas of cooperation.

Within the framework of this Agreement with UNFPA we have a work plan covering the remainder of 2008, and another for the 2009-2012 period, with the participation of other UN agencies in the issues I just mentioned.

In this dynamic, globalized world which is in a permanent state of transformation, the need to generate strategic alliances and opportunities for collaboration must be a priority, for it is these alliances that permit us to enrich and strengthen our public policies, and to come together with joint actions with a regional scope.

We have recommended and supported the inclusion of the Ministerial Declaration approved in Mexico on the agenda of various regional fora, including the Ibero-American Summit of Heads of State and Government, the Summit of the Americas and the Latin American and Caribbean Forum on HIV/AIDS.

One indispensable condition for strengthened educational systems in our region is the responsible and collegial commitment of the Ministries of Health. Likewise, the participation of experts, teachers, heads of families, communication and media, civil society, and the executive and legislative branches is essential.

I am certain that the interchange and cooperation with groups such as the IATT will play a key role in achieving our objectives, both individually and collectively.

Thank you very much.

Namibian Case Study Scaling Up the Education Sector Response

Presented by
Claudia Tjikua
UNAIDS Inter-Agency Task Team on Education meeting
Geneva
17 November 2008

Namibian Education Sector

- Ministry of Education responsible for education and training (primary through to tertiary including vocational training)
- Ministry of Youth, Culture and Sport responsible for out of school youth & cultural/arts & sporting activities
- Ministry of Gender and Child Welfare responsible for OVCs and early childhood and pre-primary education
- At central level in MoE:
 - Minister and deputy
 - Permanent secretary and deputy
 - Nine directorates and units including HAMU (AIDS and HIV management unit headed by a deputy director)

Namibia Education Sector (cont..)

- At Regional level
 - 13 regions each headed by a Director
 - Divisions similar to those at head office, including a very small units of HIV and AIDS called RACE (Regional AIDS Committee for Education) and Counseling and Diagnostic services (supporting children with special needs and OVC)

Namibia education sector (cont)

- Some statistics for the formal education sector for 2006:
 - 557,873 learners (total population - 2 million)
 - 19,480 teachers
 - 1,641 schools
 - 4 colleges of education
 - 4 vocational training centres
 - 1 national university and 1 private university
 - 1 national polytechnic
 - Numerous small privately owned educational centres
- Non-formal education includes early childhood and pre-primary learners, adult learners, out of school youth and all those involved in culture, arts & sports

Education sector as a partner in HIV and AIDS

- National Medium Term Plans (MTP)
 - MTP I: 1994-1999 only awareness and prevention campaigns run by Ministry of Health
 - MTP II: 1999-2004 expanded multi-sectoral national response - every sector had to show result of inclusion of HIV programmes in their strategic plan and budgets
 - MTP III: 2004-2009 more focus on mitigation and strengthening of prevention activities (also multi-sectoral)

Education sector as a partner in HIV and AIDS (cont)

- Every sector has a chapter in MTP II and III
- Education identified as the most strategically placed sector to address behavioral change as it can involve children from a young age
- Education thus had to develop programmes as expected in MTPs
- MoE HIV and AIDS Committee established in 2001
- HIV strategic plan for education sector drawn up in 2001 (all stakeholders involved)
- Strategic Plan was costed, assisted by a consultant
- An impact study was commissioned in 2002

Education sector as a partner in HIV and AIDS (cont)

- Legal framework reviewed:
 - 2003 - HIV policy for education sector developed
 - 2007 - Workplace HIV and AIDS Policy developed
 - 2007 - OVC policy developed
- MoE structure reviewed: unit established.
 - HAMU reports to the Deputy PS
 - RACE coordinators report to regional directors
- Education Sector HIV/AIDS Steering Committee established

Approaches used to fund HIV in education sector

- Strategic plan presented to donors as early as 2001
- They chose their areas of interest e.g. Adult education, secondary schools or primary schools (curriculum or extra mural)
- Some examples of programmes/activities
 - My Future is My Choice (15-18 yrs)
 - Window of Hope (6-14 yrs)
 - Annual National HIV and AIDS Awareness Week (3rd week of June)
 - Inclusion of sexuality education in the curriculum

Major donors

- Multilateral support from UNESCO, UNICEF, UNFPA
- Bilateral support from USAID, SIDA, the Netherlands
- EU
- Global Fund
- Significant funding gaps for 2008/9 as reported at the October 2008 review

Process used in securing Global Fund support

- Education sector represented on various decision making bodies:
 - National AIDS Committee (NAC) – Ministers
 - National Multi-sectoral AIDS Co-ordination Committee (NAMCOC) - Permanent secretaries
 - National AIDS Executive Committee (NAEC) - implementers (technocrats from various ministries, chaired by MoH)
- MoE proactively sought GF support for areas not addressed by other donors e.g. psychosocial support and school feeding for OVC

Process used in securing Global Fund support (cont)

- MoE used structures mentioned above to include the education sector in Round 2.
- Hired a consultant to assist the Ministerial HIV and AIDS Committee to select areas for possible funding from the costed national HIV and AIDS strategic plan for education.
- In consultation with directorates whose programmes were identified, he further consolidated the needs and finalized the costing.

Process used in securing Global Fund support (cont...)

- Education sector proposal had to fit with the aims of the overall country proposal.
- Thus the focus for education was on **counseling and school feeding for OVC and some prevention activities.**
- Some management expenses were included in the budget.
- The MoE received N\$19,178,592 as a sub-recipient from MoH in Round 2.
- Implementation will be completed at end 2009

Progress to date and future plans

- Most policy framework in place
- Extensive training completed especially in counseling services. Counseling Support Groups established and trained in many schools.
- HIV included in comprehensive sexuality education, as part of the curriculum across all phases of education.
- HIV education also mainstreamed into other subjects e.g. mathematics (as statistics), development studies etc
- Some progress in setting up a workplace programme
- Network of positive teachers established
- All schools involved in HIV awareness week
- HIV mainstreamed in adult education programmes

Progress to date and future plans (Cont..)

- Currently looking at teacher demand and supply and teacher relief strategies to mitigate effects of teacher absenteeism on the quality of education
- The Education and Training Sector Improvement Programme (ETSIP), a 15 year strategic plan for overhauling the education sector is under way.

Progress to date and future plans (cont..)

- HIV and AIDS is one of nine identified and costed programmes in ETSIP. Has 5 main components:
 - Awareness raising and empowerment
 - Mainstreaming HIV and AIDS
 - Strengthening Regulatory Frameworks
 - Meeting the needs of OVC
 - Managing the HIV and AIDS response

Financial Implication

Budget Plan
Money allocated to the HIV and AIDS Sub-Programme for the year 2008/09
= N\$ 4,827,000

Components	Needed	Available	Percentage funds available
Awareness Raising and Empowerment	1,500,000	578,000	38.53%
Mainstreaming HIV and AIDS	1,065,000	593,000	55.68%
Strengthening the Regulatory Framework	478,000	256,000	53.56%
Meeting feeding and counselling needs for 10% of OVC	1,294,000	1,055,000	81.53%
Managing the HIV and AIDS Response	490,000	260,000	53.06%
TOTAL	4,827,000	2,742,000	56.8%

PRESSING NEEDS

- MoE is the largest ministry but under-funded
- MoE had favourable report for current GF round
- MoE still has funding shortfalls, especially for school feeding
- MoE needs to apply for next round to roll out and scale up programmes funded in Round 2
- MoE should be allowed to bid as Principal Recipient

Lessons learned

- Top leadership support ensured success by establishing effective framework for the education sector response to HIV
- Vital to have a Unit in the MoE responsible for driving the response
- Involvement (training and overall preparation) of critical mass of stakeholders in a sector is a must for success of HIV programme. Funding implications!
- Too much GF funding going into logistics and administration - high time to reach those directly affected. Do away with separate structures.
- Sectors (e.g.health and education) should be allowed to put in their bids to GF separately.

Thank you

For your attention

HIV/AIDS PROGRAMS IN THE EDUCATION SECTOR IN HAITI

Fritz Moise MD/ MPH
Executive Director FOSREF –Haiti
November 17, 2008

Background of the Education Sector in Haiti: Key Facts

- **Central Level:**
 - the Ministry of Education
 - the General Director of the Ministry
 - the Specialized Central Directions
 - the Coordinator of Youth Sexual Education/Family Life Education (specialized section of the Ministry)
- **Departmental Level:**
 - the Departmental Directors/ Departmental Antenna of the Ministry
- More than 75% of schools are private schools
- Existence of a well-organized and strong association of the private schools

Background of the Education Sector in Haiti: Key Facts (Contd)

- Excellent collaboration between the Ministry of Education (ME) and the Association of Private Schools
- Numerous schools are not registered officially, and not recognized by the ME
- Very few Professional schools and Universities
- No access to Professional Schools and Universities for most youth finishing secondary school
- Expensive costs / fees for private schools
- Low socioeconomic class (80% of youth)

Funding Architecture of HIV/AIDS programs in the Education Sector

Funding support of HIV/AIDS programs in the Education sector:

- National funds from the National Budget (for Public Schools) supporting personnel, logistics, basic education materials, etc.... NB: Not a formal budget item in the Ministry of Education budget.
- Funds from schools (private schools) for classes/ courses of Sexual Education at school level
- Funds from International Donors in support of the ME (a few years ago), and in support of specialized NGOs (in youth HIV Education)

Sources of Funding of HIV/AIDS in the Education Sector

- The majority of funding for HIV/AIDS programs in the Education sector is from the International Cooperation.
- The main donors-partners for HIV/AIDS programs in the education sector are: the Global Fund, PEPFAR, the UN Agencies.
- Support of the Public Sector: National Budget for logistics, personnel, etc...
- Religious schools: Support from the churches

Strategies of HIV/AIDS programs in the Education sector

- Key Strategy: strong partnership between the Private Sector and the Public Sector
- A few years ago, all steps in the development of the Sexual Education Curriculum accomplished in complete partnership between the ME and private partners (NGO, Private Schools association etc...) with the support of specialists from the donors (UNFPA, UNICEF etc...)
- Partnership and collaboration between the ME and the Specialized private institutions in the development and production of other educational materials for HIV/AIDS education at school level.

Strategies of HIV/AIDS programs in the Education sector (Contd)

- Use of materials already developed by specialized partners-NGOs by the ME (Youth Peer Training Guide, Youth Peer Manual, "Boite à Images" for youth peers)
- Joint interventions in schools of the public and private sectors actors were very active a few years ago, with training of teachers in HIV/AIDS, Sexual Education at school level (secondary schools) by specialists of the ME and specialists from the NGO partners.

The fight against HIV/AIDS In The Education Sector

- The ME is a member of the CCM
- Key actors in the HIV/AIDS Education sector/ NGOs are CCM members
- Complete collaboration of the Departmental antenna of the ME in the interventions and programs of the partner NGOs
- HIV/AIDS prevention and education programs in secondary schools in main cities in Haiti (Global Fund , PEPFAR funding/ Strong partnership, and complementarity) conducted by specialized NGOs
- Sporadic HIV/AIDS interventions in the private Universities by NGOs (funded by the Global Fund and others)

The fight against HIV/AIDS In The Education Sector (Contd)

Key Support: The Global Fund.-

- Support for the NGOs, the Ministry of Health, and churches for HIV/AIDS prevention programs at school-level
- Support for the NGOs for HIV/AIDS prevention programs at Professional school and University levels
- To date: No existing formal programs of the ME funded by the Global Fund (for HIV/AIDS programs)

The fight against HIV/AIDS In The Education Sector (Contd)

Key Support: The Global Fund.-

- Building Partnerships in the Education Sector (ME and other partners)
- Building and reinforcement of inter-sectoral collaboration
- Support to the ME and partners in the development of a proposal addressing formal Sexual Education in the school system (CCM debates)
- Support for the elaboration of the HIV/AIDS Operational Plan of the ME (support through Partners funded by the Global fund who participate in the process)

The fight against HIV/AIDS In The Education Sector (Contd)

Other types of direct interventions for NGOs funded and supported by the Global Fund in HIV Programs in the Education Sector:

- Training of youth as peers
- Elaboration and production of BCC/ IEC materials for HIV prevention
- Youth clubs at schools
- Sensitization and information about HIV prevention at school level
- Group education/ HIV prevention
- Referrals of youth to " Youth Centers" for clinical services, HIV testing, specialized counseling etc...

Key Challenges to address in the Education Sector

- The high number of youth who are not in the school system
- The high vulnerability of the youth in the school system related to very low socioeconomic conditions
- The increasing phenomenon of informal prostitution particularly in non-recognized private schools, located in the marginalized areas of large cities
- The increasing phenomenon of « School children during the day, and informal sex workers during the night » observed in main cities particularly in the Capital.

Gaps, Deficiencies, Key mandates, Missed Opportunities to address

- The premature stop of the Sexual Education program of the ME (funding constraints).
- The absence of formal sexual education programs managed by the ME in most of the public schools, in all primary schools, and in most private schools, universities and professional schools.
- The weak implication, for the last years, of the ME in the Active Multisectoriality, developed among the partners of Global Fund in the fight against HIV
- The review and up-dating of the Sexual Education Curriculum (particularly HIV/AIDS chapters)

Gaps, Deficiencies, Key mandates, Missed Opportunities (Contd)

- The formalization of Sexual Education/ HIV/AIDS programs in all schools in the country
- The absence of formal HIV/ AIDS awareness programs in schools in the rural areas of Haiti
- Few teachers and education personnel trained/ informed about SRH/ HIV/ AIDS

Gaps, Deficiencies, Key mandates, Missed Opportunities (Contd)

- Very few parents (of schoolchildren in public schools) informed about SRH/ HIV/ AIDS
- The existing programs funded by the Global Fund (through NGOs and other partners) for HIV/AIDS in the Education sector do not cover the whole country, and do not fund the ME

Lessons learned

- Key importance of the complete partnership and strong collaboration of the Private and Public sectors in HIV/AIDS programs in the Education sector.
- The Sexual Education Program has to be addressed in an holistic manner within a complete plan addressing other needs of the youth (Socioeconomic).
- The complete integration of the Sexual Education/ HIV prevention programs (at school level) with the community.

Lessons learned (contd)

- The sexual education program has to be addressed at all levels in the school system, and at University level, with the active participation of teachers, parents, and other professionals.
- The implication of all possible donors is essential (international, national etc...)

Next Steps/Future Plans in the Education Sector


- Finalization of the HIV/AIDS Education Operational Plan (in relation to the HIV/AIDS National Strategic Plan)
- Strengthen partnership of the Education Sector with the Ministry of Health, specialized NGOs, and donors (UNAIDS, UNICEF...)
- Elaboration of a national proposal of Sexual Education/ HIV/AIDS prevention for all schools in the country (Ministry of Education and key partners) / Complementarity and synergy of this proposal with existing programs.
- The budget of the proposal will be based on the already-existing unit cost analyses for HIV/AIDS interventions at school level (from the NGOs) and will be built mainly on the decentralized education departmental system.

Next Steps/Future Plans in the Education Sector (Contd)

- Submission of this national proposal of Sexual Education in the School System to the Global Fund (For Round 9)
- Implication of other donors in the process of preparation of the proposal (in all steps and in all aspects: budget, programmatic) for possible co-funding
- Technical Assistance from specialized organizations (UN Agencies and others)

THANK YOU

United Nations Development Programme




Integration of HIV into Educational Sector Belarus Experience

UNAIDS Inter-Agency Task Team on Education Symposium
17 November 2008, Geneva

Anna Chernyshova
Programme Officer
Global Fund Portfolio in Belarus


Belarus - quick facts



- ❑ Population – 9,7 m
- ❑ HDI – 64th place (better than any other CIS country)
- ❑ HIV prevalence – 97,2 per 100,000
- ❑ 2008 - 74,1 % new cases through sexual transmission
- ❑ New cases in the age group 15-29 as a proportion of all new cases declined from 54% in 2006 to 48% in 2007
- ❑ Educational system – primarily government, inherited from Soviet Union times, only a few private educational institutions

2


HIV Education Framework



- ❑ Three target groups: teachers, schoolchildren/students, parents
- ❑ Training programme developed by National AIDS Centre + Ministry of Education
- ❑ Pre-school (3-6) – no HIV education
- ❑ Secondary school (6-17) – HIV education starts at age 12, 10 academic hours a year, in three disciplines. Optional extra-curricular course also available.
- ❑ Colleges and vocational training (15-17) – 10 academic hours a year, similar to secondary school
- ❑ University (18+) – 10 hours a year, obligatory for trainee teachers, optional for others. Formalistic approach, using old training programme developed by AIDS Centre and Ministry of Education

3


Educational system - benefits



- ❑ Hierarchical structure (easy to enforce decisions)
- ❑ 1 December is enforced by the Ministry of Education – marked in all schools nation wide
- ❑ HIV prevention is part of three subjects
- ❑ HIV prevention is based on teachers enthusiasm and commitment with often limited funding and literature
- ❑ Existing structure for working with parents: monthly parent-teacher meetings
- ❑ Ministry of Education is part of the CCM and inter- agency council on HIV

4


Educational system - challenges



- ❑ Very conservative system (implementing changes is very slow)
- ❑ School overloaded with colliding prevention priorities (drugs, HIV, ecology, smoking, alcohol), ideological priorities
- ❑ Old HIV prevention programmes used – theoretical focus and lacking new teaching models
- ❑ Lack of didactic material of good quality
- ❑ Peer education is introduced on voluntary basis – not integrated into education system

5

Funding of the HIV Educational system



- ❑ Main funding comes from the government but no AIDS spending system is used, difficult to plan and to track actual spending. Now first steps made by UNAIDS, through National AIDS Spending Assessment (NASA).
- ❑ National HIV prevention programme 2006-2010, allocated funding for 5 years is \$2 m.
- ❑ Limited UN funding for HIV education – est. \$50-100,000 per year
- ❑ Major funding from the grant of Global Fund – since 2004, annually \$250,000 is spent for support to educational activities

6

How funds were secured from GFATM



- In Round 3 – the proposal was drafted by the AIDS centre with two UNAIDS consultants, included all target groups
- In Round 8 – work group appointed by the CCM identified national priorities including HIV education and opened call for proposals.
- AIDS centre and national Academy for Post-graduate Education applied and were selected as sub-recipients for educational work, starting 2010

7

Educational sector involvement in GF application



- High rate of sexual transmission:
 - 47% in 2003, now over 70% of all new cases.
 - Young epidemic: >50% of all new cases in 15-24 age group
 - Clear need for prevention campaigns.
- Educational sector is almost fully controlled by the government – easy to use it to reach out to young people and their parents.
- Strongly consultative process, mainly led by the National AIDS Centre. Educational activities are part of the State AIDS Programme, therefore the request to the Global Fund was obvious.
- The Ministry of Education is part of the CCM and participates in the Work Group. However, funds are not directly transferred to them and they are quite resistant to receiving funds. In Round 8 UNDP will contract the National Institute of Education for the revision of HIV educational programmes.

8

Educational sector involvement in GF application



- The State programme shows funds allocation for certain activities, seldom transferred from the central level except for procurement of drugs and maintenance of hospitals and equipment.
- Prevention money comes from local budgets or the AIDS centre budget. Resource centres created by the GF grant were a completely new idea. Costing for peer education was known from earlier UNICEF and UNFPA programmes. Activities are largely based on experience – what works and what does not work globally and locally. No explicit strategy.
- The most affected regions are covered through resource centres which belong to the government. UNDP makes direct payments to those centres and they act as sub-recipients within the grant
- In Round 8 it is envisaged that the government may take over the PR role for some parts of the grant, subject to positive evaluation by the Global Fund

9

Major activities within GFATM grant



- Over 2,000 peer educators trained
- 13 resource centres opened based on AIDS centre branches across the country (they also provide support to educational sector)
- Web-site www.aids.by for young people with interactive elements - 40,000 visitors per month
- 950,000 schoolchildren and students (90%) reached with prevention programmes through peer educators or distribution of materials
- Packages of materials published and distributed to all schools - 10,000 copies
- Large scale mass media campaign with special focus on young people

10

Impact related to GF grant



- HIV prevalence rate among young people of 15-24 dropped from 28,10 per 100,000 in 2002 to 14,6 in 2007
- Percentage of young people aged 15-24 reporting who used condoms during sexual contact with non-regular partner raised from 17% in 1999 to 75,3% in 2007
- Percentage of people expressing accepting attitude to people living with HIV increased from 55,7% in 2005 to 65% in 2007

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Lessons learned




- Start with revision of training programmes at all levels (constraints – grant time-scales and deliverables, and huge effort)
- Focus more on training of teachers
- Invest in sustainable structures – using existing resource centres based on government institutions – good practice in Belarus
- Investment in educational sector has impact (example GF grant for Belarus)

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Thank you for attention



*Myr Castle
Belarus*




President's Emergency Plan for AIDS Relief

PEPFAR and EDUCATION

Funding Linkages to the Education Sector in the Next Phase of PEPFAR

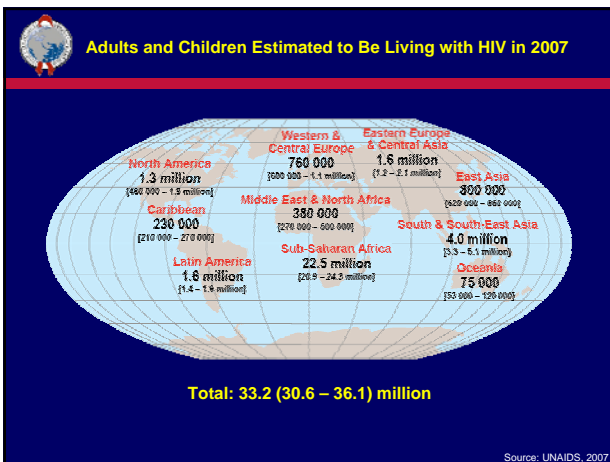

UNAIDS INTER-AGENCY TASK TEAM ON EDUCATION SYMPOSIUM
November 17th, 2008

Michele Moloney-Kitts, Assistant Coordinator,
Office of the U.S. Global AIDS Coordinator




PEPFAR and Education

- PEPFAR
 - Overview
- Reauthorization
 - Overview
 - Partnership Compacts
- Education and Funding Linkages
- Moving Forward

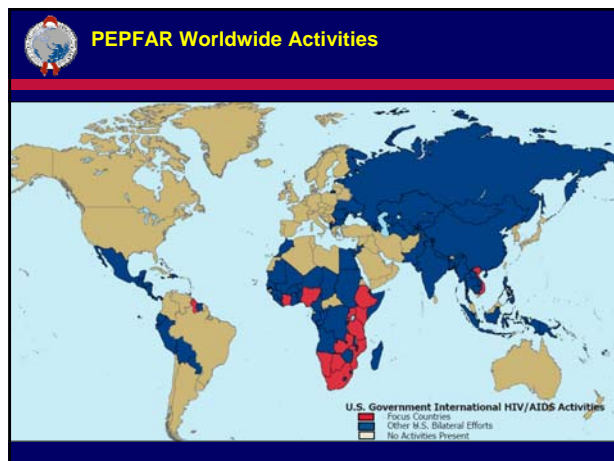
The U.S. President's Emergency Plan - A new way of doing business

- Announced in the 2003 State of the Union Address
- Five-year, \$15 billion comprehensive approach to fighting HIV/AIDS around the world
- Global AIDS Coordinator leads a "one USG" approach for all USG international HIV/AIDS efforts
- Work with international, national and local leaders worldwide to support integrated prevention, treatment and care programs
- High accountability for results and performance



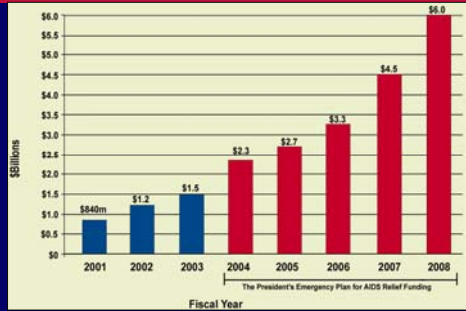
The Focus Countries

- Special emphasis on 15 focus countries.
 - These countries are home to approximately half of all the world's HIV infections.
 - With U.S. support, they should be able to achieve national scale-up of HIV/AIDS prevention, treatment and care by 2009.
- PEPFAR Goals::
 - Prevention of 7 million new HIV infections
 - Treatment of 2 million HIV-infected people
 - Care for 10 million infected with and affected by HIV/AIDS, including orphans/vulnerable children





Recent USG Spending on Global HIV/AIDS



Under PEPFAR, the U.S. Government has committed **\$18.8 billion** to the fight against global HIV/AIDS, exceeding its original commitment of \$15 billion over five years.



The Power of Partnerships: Building Capacity: 2007 results

- Investments in network development, human resources and local organizational capacity development and training at **\$640 million**.
- PEPFAR partnered with 2,217 local organizations in FY 2007— up from 1,588 in 2004 — **87 percent of partners were local**.
- From FY2004 through FY2007, PEPFAR supported **nearly 2.6 million training and retraining encounters** for health care workers.
- Resources for HIV/AIDS and other development efforts must be focused on transformational initiatives that are owned by host nations.



Beyond 2008: The Next Phase of PEPFAR

PEPFAR Reauthorization - Public Law 110-293



July 30, 2008: Bipartisan Congressional leaders look on as President Bush signs the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008



Beyond 2008: The Next Phase of PEPFAR

- The American people will continue to stand with our global sisters and brothers as they take control of the pandemic and their lives and restore hope to individuals, families, communities and nations.
- This legislation will increase the U.S. financial commitment to the fight against global HIV/AIDS, tuberculosis, and malaria, authorizing up to **\$48 billion** to combat the three diseases, including:
 - \$39 billion for:**
 - PEPFAR bilateral HIV/AIDS programs
 - U.S. contributions to the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria
 - \$5 billion to:**
 - The President's Malaria Initiative to fight malaria through bilateral programs around the world
 - \$4 billion for:**
 - Bilateral programs to fight tuberculosis, which is the leading killer of Africans living with HIV



Beyond 2008: Emphasizing Continuation and Expansion

- Continuation:**
 - HIV/AIDS treatment, prevention and care are life-long needs, and the American people will continue to support those served during PEPFAR's first five years.
 - Bilateral response
 - Multilateral response – ongoing support to UNAIDS and the Global Fund; The U.S. is the largest donor, having contributed more than \$2.5 billion to the Global Fund
- Expansion:** PEPFAR will further expand efforts to strengthen health systems and to collaborate with programs that address malaria, tuberculosis, child and maternal health, clean water, food and nutrition, education, and other needs.



Beyond 2008: 10-Year Program Goals

Working in partnership with host nations, PEPFAR will support:

- Treatment for at least **3 million** people
- Prevention of **12 million** new infections
- Care for **12 million people**, including **5 million** orphans and vulnerable children
- To meet these goals, PEPFAR will support training of at least 140,000 new health care workers in HIV/AIDS prevention, treatment and care.



Beyond 2008: Partnership Compacts

- PEPFAR resources and other commitments will increase in partnership with countries dedicated to fighting their HIV epidemics.
- Through these compacts, host nations will strengthen their collaboration with the U.S. Government by:
 - Increasing their own resources, according to economic ability, for HIV/AIDS and health systems so that the combined resources can achieve clear goals.
 - Implementing policies and practices to optimize effectiveness of resources in key areas



Partnership Compacts: The Key elements

- The compact should address the following:
 - Country leadership
 - Sustainability
 - Financial commitment
 - Improved Policy Environment
 - Focus on Results: the 12, 12, 3 Goals
- The compact will should build on a multi-sectoral approach to combating HIV/AIDS
 - For example, this may mean engaging Ministries of Finance, Education, Social Service, civil society, private sector, The Global Fund, etc.



PEPFAR and EDUCATION



Challenges of multi-sectoral collaboration

- HIV spreading most rapidly among youth (15-24)
 - 11.8 million youth are currently infected
 - Half of all new infections (5,000+/day) are youth
- Poor understanding of HIV/AIDS by teachers
- Poor educational systems
- Reduction in adult mentors and teachers.
- Out of school youth
- Interface between Ministries
- Measuring effectiveness



PEPFAR and Education: Key Operating Principles

- Co-locate geographically
- Establish communication structures for implementing partners
- Engage support structures (teachers, parents, community members)
- Consider full variety of educational institutions (primary, secondary, and tertiary institutions, community schools, alternative basic education centers; both urban and rural)
- Utilize technical expertise in both sectors
- Incorporate Gender
- Build on existing programs in one sector



PEPFAR and Education

- 17 countries
- 235 Total Activities
- Over \$200 mil

Key Program Areas:

- Abstinence and Be Faithful (HVAB) - 45
- Condoms and Other Prevention (HVOP) – 26
- Palliative Care: Basic Care and Support (HBHC) - 21
- Orphans and Vulnerable Children (HKID) – 90

PEPFAR and Education

COUNTRIES	TOTAL ACTIVITIES	Key Program Areas			
		HVAB	HVOP	HIBC	HKID
Botswana	3			1	2
Cambodia	3			2	1
Cote d'Ivoire	11			1	8
Ethiopia	16	5	4	1	4
Guyana	21	5	1		
India	8	1	1	2	4
Kenya	59	11	8	4	25
Malawi	6			1	3
Mozambique	3			2	
Namibia	13	3	1		6
Nigeria	5	1			3
Rwanda	4	1			3
South Africa	32	11	5	1	7
Tanzania	18	2		2	10
Uganda	29	4	4	5	13
Vietnam	1				
Zambia	3	1			1
Grand Total	235	45	26	21	90

How does PEPFAR partner with Education?

Students

- Support for over 200 educational activities in 2008
- Life skills training & Student clubs – Prevention
- Ensure school attendance and learning – OVC/Care
 - Paying school fees, tutoring, girls scholarships for 2ndary, school feeding programs,
 - Block grants to schools
 - Prep for being in school – non-formal ed.
- Vocational training
 - Often carpentry, hair dressing, sewing, some mechanics and tourism trades

How does PEPFAR partner with Education?

Ministries of Education

- Support for teacher training in HIV/AIDS
- Life Skill Curricula
- Work place programs for teachers and staff
- OVC policy; scholarship programs

Teachers

- Protect trained teachers – Prevention
- Know your status – HIV/AIDS counseling & testing
- Keep trained teachers alive – Treatment
- Train teachers in Life Skills education (& improve teaching skills)
- Train teachers in counseling skills to work with orphans and vulnerable children

The Way Forward: Challenges

- **Stronger interface between health and education**
 - National Strategies
 - Data driven response; Know your epidemic:
 - Missing cadre - Social Work?
- **Ensure that teachers are knowledgeable; cared for and prepared**
- **Strengthen the role of civil society: link between teachers, parents, caretakers and children around AIDS**

The Way Forward:

Children:

- Appropriate long-term solutions
 - Age
 - Gender
 - Situation; in-school, out-of-school;

Measuring success:

- Prevention
- OVC

Goal: Healthy; Informed next generation

THANK YOU!



For further information, please visit:
www.PEPFAR.gov

World Bank Human Development

Strategy for a New Aid Landscape



The Resources

IBRD		IDA
\$13.5bn in 2008	+	\$42bn over three years: front loaded
\$35bn in 2009	=	
\$ 142bn over next 3 years		

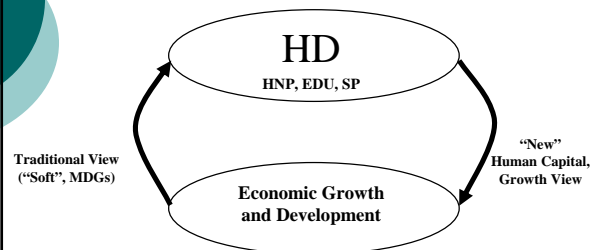


The Vision

Healthy, Educated People	+	Productive, Secure Livelihoods
=		
Improved Quality of Life		



Transformation #1: Promoting and Benefiting from Growth



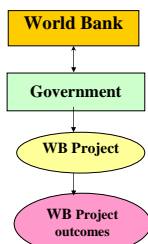
Today's HD:

Traditional + "New" View = Virtuous Cycle

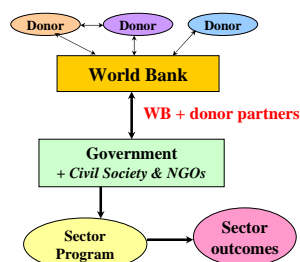
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Transformation #2: Repositioning for Greater Impact

Traditional
(WB mainly as a lender)



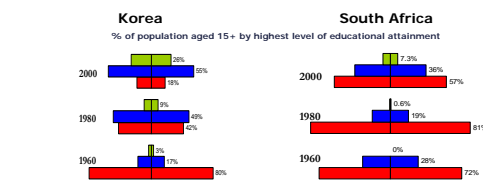
New
(WB as a solutions platform)



5

High Hopes, Huge Challenges

- **Primary education:** completion rates reached 56% in 2005 after a decade of stagnation around 43% in 1990s. But 35 million still not going to school and learning levels are low.
- **Post-basic education:** Slow progress & rising pressure



Source: Expanding Opportunities and Building Competencies for Young People - A New Agenda for Secondary Education, World Bank 2005.

Advancing the Education MDGs (Access, Quality, Equity)

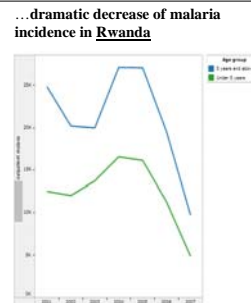
- **Leverage resources for sound programs**
 - Madagascar: No IDA; received 2 FTI/CF grants totaling \$145m
 - Ethiopia: \$50m IDA leveraging \$70m in FTI/CF and \$105m in other donor funds, matched by \$32m in govt. spending
 - FTI/CF now twice IDA amount: \$937m for 17 SSA countries versus \$464m IDA for 24 SSA countries for primary education

7

Health Agenda: Achieving the MDGs

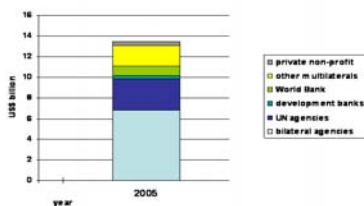
Huge challenges... ...amidst encouraging progress

- About **57 million** African children are **chronically malnourished**
- About **5 million** African children **under-five** die each year (about 1/2 world total)
- Slow reduction in **maternal mortality**
- Africa still region most affected by **HIV/AIDS** despite slow down of disease; situation in Southern Africa remains unstable
- **Malaria** still the top killer of African children
- Half of health spending is **out of pocket** owing to lack of health insurance



8

Bank – Now a Minor Financier of Health

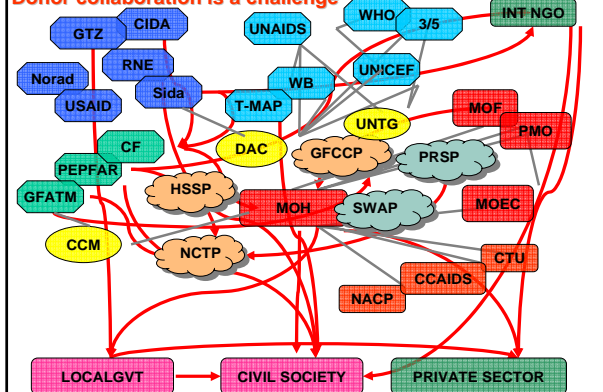


•Yet unique capacity to support country dialogue on health systems and financing

•Importance of partnerships even as a minor financier: leveraging vertical funds and improving efficiency of all health expenditures (from country and partner resources)

9

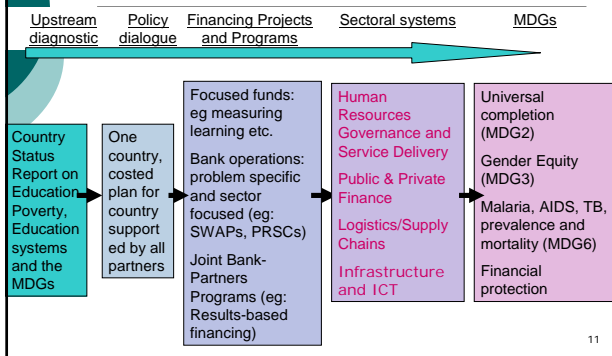
Donor collaboration is a challenge



Sources: Mbewe, WHO

10

Achieving the MDGs through Strengthened Sectoral Systems



11

Agenda for Social Protection (SP): Improving the lot of the Poor, Vulnerable, & Unemployed

- 50% of Africans live below the poverty line and are vulnerable to shocks
- Approximately 1/3 of youth in Sub-Saharan Africa are illiterate; youth account for almost 60% of the unemployed; job creation is lagging; formal sector too small to absorb all new entrants
- HIV/AIDS has left families shattered; 12 million orphans
- Frequent shocks (droughts, food prices, illnesses, and conflicts, etc.); downward poverty spirals
- Conflicts greatly increase vulnerability

12



Global Crisis Response Facility:

- \$1.2bn over three years: \$1bn IDA, \$0.2bn IBRD grant
- Developing innovative safety nets to enable poor to participate in economic growth
- Special focus now on school feeding as a safety net and for keeping children in school

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