Can We Be More Effective?

Strengthening Linkages Between HIV & AIDS and Education and School Health and Nutrition

UNAIDS Inter-Agency Task Team on Education
International Symposium

November 30, 2011

On November 30, 2011, the American Institutes for Research, FHI360, the Global Partnership for Education, Save the Children, and the World Bank co-hosted the UNAIDS Inter-Agency Task Team (IATT) on Education Symposium on HIV & AIDS and education and school health and nutrition (SHN) in Washington, D.C.

The symposium, **"Can We Be More Effective? Strengthening Linkages Between HIV & AIDS and Education and School Health and Nutrition,"** convened members of the IATT to review, identify and discuss existing practices, opportunities and challenges for improving the efficiency and effectiveness of education sector responses to HIV and AIDS by strengthening linkages with school health and nutrition. Symposium participants:

- Discovered and explored the conceptual and practical synergies between HIV and AIDS programming and SHN programming;
- Learned about and shared experiences of integrating HIV and AIDS-related activities and SHN into education systems;
- Discussed how to measure impacts and outcomes of SHN and HIV and AIDS programming;
- Discussed how existing policy priorities and frameworks support the integration of HIV and AIDS activities and SHN into education systems.

The host organizations are members of the **UNAIDS IATT on Education**. Established in 2002 and convened by UNESCO, the UNAIDS IATT on Education aims at improved and accelerated education responses to HIV and AIDS, through promoting and supporting good practices and encouraging alignment and harmonization within and across agencies to support global and country-level actions.

MALAWI. School children raise their clean hands. Photo by Natalie Roschnik for Save the Children.

Cover Photo: MALI. Primary students in their classroom at Blakala community school. Photo by Michael Bisceglie for Save the Children.

The Symposium began with opening remarks by Cheryl Vince Whitman, Senior Vice President of the American Institutes for Research and Director of the Human and Social Development Program. Ms. Whitman is responsible for the development of an extensive body of work in the US and abroad in the prevention of HIV and sexually transmitted diseases. She also worked extensively with WHO, UNESCO, and UNICEF to develop school health programs. She has participated as a member of the IATT since its earliest years.

Cheryl Vince Whitman's opening remarks

Thank you again to the UNAIDS Inter-Agency Task Team on Education for organizing this meeting and to our colleagues at Save the Children, the World Bank, and Family Health International 360 for hosting this meeting. We have not met in Washington, DC for some years now and so it is wonderful to have old faces and new convene here.

I want to acknowledge the significance of the UNAIDS IATT on education and its accomplishments over the years. The IATT has provided an important forum (not always harmonious or without contention, but that would not be human) and has brought together UN agencies, bi-laterals, foundations, teachers' unions, universities, NGOs, and a variety of other stakeholders to continuously and steadfastly plan how to increase **awareness in the education sector of the critical role it has to play in addressing HIV and AIDS and health** and well-being in general, and to provide tools, training, and technical assistance to advance policy and capacity building of ministries of education and their partners. From creating assessment tools to changing policies, to piloting specific interventions, to fostering cross-sector collaboration, to using what evidence base has been available, to crafting innovative solutions, there have been so many accomplishments.

So, for the many faces of people who were involved over the years and those of you who have continued to carry the torch and are here today, I salute you all.

As we enter 2012, and at this meeting in particular, I think I tap a pulse by saying that many of us feel that **these fields of school health and HIV and AIDS education are entering a different time globally,** one of uncertainty of where things are heading and how they will be supported.

These feelings compel us to look back and look ahead at the same time and ask the following questions:

Where should the IATT focus in the years ahead?

What can we learn from the past?

How do we continue capacity-building to address HIV and AIDS in the education sector in a time of constrained resources?

Having been involved in the education sector response since HIV and AIDS first emerged in the eighties, IATT asked me to review some highlights of the history in these areas of work – school health and HIV and AIDS education – to set the stage for considering some key issues together.

HAITI. First grade students in Leogane, Haiti recite a song in their class as part of Save the Children's education program. Photo by Susan Warner for Save the Children.

The overarching question as we look back and forward is:

Where in the world really are the respective bodies of work in school health and HIV and AIDS today and where should we head and how?

What issues will drive the agenda and resources for health and human development in the next decade? Will HIV and AIDS stay high on the global agenda or be replaced in importance by other issues, such as mental health conditions (predicted to be among the major causes of morbidity or mortality)? Or will it be the need to respond to disasters and displacement from climate change, or survival related to water and energy supply? How can those driving the school health and HIV and AIDS agenda think and work together more strategically to draw on all that has been learned to continue to safeguard the health of students and staff?

The way we articulate our message to various donors has to change… so that they are committed to investing in school health.

Neeraj Mistry
Global Network for NTDs

Where are the crucibles of leadership in 2012 and who are the champions for school health and for HIV and AIDS, to address these challenges, especially in the major agencies that lead education, public health, mental health, teachers, and principals, and what are their messages?

In times of scarce resources, what really are the costs to advance and support HIV and school health? Where strategically is the best place to dedicate resources at international, national, and local levels for the greatest impact on health, well-being, and academic outcomes?

School health interventions are cost-effective and result in both increased health and increased education outcomes.

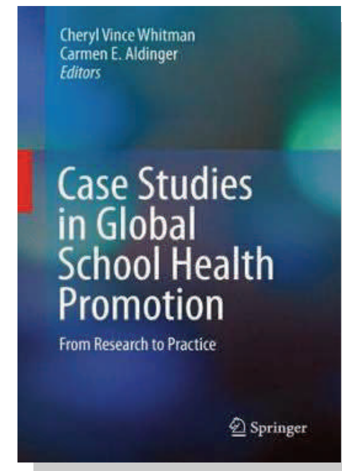
Tara O'Connell
Global Partnership for Education

With these questions in mind, what can we learn from the history of the fields of school health and HIV and AIDS prevention, with an emphasis on what happened over three decades—the '80s, '90s, and the first decade of the new century, 2000-2010? It's important to consider the evolving definitions or conceptual frameworks of the work and also benchmark events that have influenced its course.

First, let's put the last three decades in the larger historical context of 100 years or more.

School health has a documented history of at least 130 years. All of the references in this presentation are drawn from *The Thematic Study on School Health and Nutrition*, which we produced for UNESCO or *Case Studies in Global School Health Promotion*.

If we look back to the 1800s, we see that when Europe first enforced compulsory education laws, the plenary session in the third International Congress on Education at that time addressed school hygiene as one of its important topics.



Thereafter, through each decade of the 1900s, agendas of international school health conferences included such topics as:

- school construction and furniture,
- medical inspection in schools,
- adequacy of student health records,
- the need for more physical education,
- prevention of infectious disease, and more.

Following a UNESCO survey of ministries of education **in 1946, recommendations were made to improve the teaching of health in primary education, making it a genuine part of education.**

Twenty years later, all of the 94 countries replying to a second survey indicated that some form of health education was available in schools.

Peace Corps is working hard to integrate HIV/AIDS in all aspects of its work, especially education.

Beverly Nyberg
Peace Corps

For 100+ years, dating back to 1880, school health addressed a wide range of topics with most of the emphasis on education and instruction.

Many of the writings describe a rather dormant time in the field of school health from the 1960s to the 1980s. Several authors attribute this drop-off to a lack of leadership and advocacy, especially at international levels.

However, at the same time, during the '60s through the '80s, the world experienced a tenfold increase in the number of children from birth to age five from poor countries who survived to go to school.

From UNICEF and other agencies, data indicated that 80 percent of primary-school age children were in school and 70 percent of them completed at least four years, so more interest was directed to schools as a great place to address health.

And, as we entered the '80s, HIV and AIDS emerged as a new infectious disease, affecting young people especially.

SHN is an important entry point, especially in contexts where HIV is not a primary concern, SHN can open up work on sexuality, relationships, and HIV/STIs through existing pathways.

In low prevalence settings, SHN can enable education for other STIs, unintended pregnancy, gender-based violence and other issues.

Chris Castle
UNESCO

And I do believe that these major events or trends have had a major influence on the trajectories of school health and HIV and AIDS in the education sector:

- The **Ottawa Charter** in 1984,
- Major World Bank Analysis on the **Burden/Costs of Disease** in 1993,
- **Jomtien, Education for All** Conference in 1990,
- The **World Education Forum on Education for All in Dakar** Senegal in 2000,
- A worldwide trend on the need for more evidence-based interventions and to design interventions based on data.

Of course, it was not just the events themselves, but the planning and positioning that led up to them and the galvanizing of interests around concepts and declarations for action that followed them.

What happened with these major events and what can we learn from them?

In the 1980s, the World Health Organization meeting in Canada produced The Ottawa Charter (1984), which stated two very important concepts:

> **First, that health does not belong to the health sector, but is to be created in settings where people live, love, learn, work, and play.**
>
> **Second, that health is more than the absence of disease; it is a state of complete physical, mental, and social well-being.**

These statements represented a clarion call to move from an emphasis on treatment to prevention and health promotion and to carry out promotion and prevention in settings – underscore settings. With the child survival movement and greater numbers of young people worldwide attending at least four years of school, the articulation of these concepts, the data on the numbers of young people in schools, and **the emergence of HIV as a threat breathed new life back into the field of school health** with energy and financial investments in many parts of the world.

The Health Promoting School Concept was launched initially in Europe, along with the **Comprehensive School Health Program** in the United States. These emphasized that schools will use every means at their disposal to address the health needs of students, staff, and families and include instruction, services, and a healthy environment. Schools will also involve teachers, parents, and communities in defining the issues to be addressed and developing a targeted response. Essentially, it was the application of a public health approach, using the school as a delivery system.

MALAWI. Parents, students, and community members display locally-created reading materials. Photo by Save the Children.

The **World Bank's Cost Effective Package** emphasized that a package of five services: immunization, deworming, family planning, substance abuse prevention, and AIDS prevention could reduce eight percent of the burden of disease for $4 per capita.

UNICEF's Child Friendly Schools was inspired by the Convention on the Rights of the Child in 1989 and acknowledged that the rights of children deserve protection, especially in school environments.

> *Prevention education is critical to school health and HIV and AIDS, but how do we know it's effective?*
>
> Seung Lee
> Save the Children

We can see how the declarations of the Ottawa Charter and the **Convention on the Rights of the Child** contributed to major advancements to promote well-being through schools.

These concepts and data happening simultaneously with the emergence of HIV as a serious public health threat resulted in major funding that led to the development of school health and HIV

prevention education programs for schools. For the field of school health that was emphasizing overall well-being and comprehensive health, the focus and justification for addressing a single issue and disease was that HIV and AIDS was an entry point that should lead to or be in the context of a comprehensive school health program. But, even for those true advocates of a comprehensive approach, there was no way to turn away from the bountiful resources coming from appropriations for HIV to be delivered to young people through school health programs.

There is a need to build impact evaluation into program design to capture the evidence of program effectiveness.

Nina Hasen
PEPFAR

Technical decisions about evaluation design and data collection methods are driven by purpose and weighed against the feasibility of different approaches. There is not just one 'right' approach to measure effectiveness.

John Grove
The Bill & Melinda Gates Foundation

As we entered the decade of the 1990s, UNESCO convened the **Education for All Meeting in Jomtien, Thailand**. That meeting, driven by the education sector, called for …

… a renewed global effort to meet basic learning needs of all youth. Instead of focusing on curriculum and textbooks, attention turned to the process of learning and the needs and capacities of learners. It also began to make the link between a child's health and nutrition status and academic performance.

NEPAL. Community education activities encourage learning about health outside of the classroom. Photo by Susan Warner for Save the Children.

Experience from Zambia

Audrey Mwansa has extensive experience managing HIV and AIDS policy and programs in the Zambian education sector and spoke about the experience from Zambia. She has worked at all levels of Zambian education, from the central Ministry of Education (MOE) to provincial, district, zonal and school levels. She has hands-on knowledge and experience in MOE policy and systems, including the HIV and AIDS workplace policy, the School Health and Nutrition policy, systems for teacher professional development, education strategic planning and finance. She developed and helped deliver teacher training for psychosocial support of orphans and vulnerable children, and helped design training for high school students to serve as HIV and AIDS peer educators in their schools.

In Zambia, School Health and Nutrition programming was introduced in 1998 at the same time that HIV and AIDS prevention interventions were launched. SHN was introduced in Zambia following the realization that children's performance in school was low and that most of the children came to school malnourished.

Successes of SHN and HIV/AIDS and Education:

- Multi-sectoral approaches and development of policies.
- Alignment of the Ministry's policies to the national focus areas in National AIDS Strategic Framework and the National AIDS Commission strategic plan.
- Provision of safe water and handwashing facilities in schools and mass delivery of deworming medication and micronutrients to students.
- Training of teachers in illness recognition skills and use of school health cards.
- Award system used to incentivize schools and communities.

Challenges encountered:

- Delays in the procurement of drugs for deworming.
- Work overload on teachers and lack of capacity to integrate HIV and AIDS into the lessons by some teachers.
- Weak system for sharing information, particularly learning best practices, from Civil Society Organizations.
- SHN indicators not captured by Education Management Information System.

Lessons learned:

- Successful integration of school health and HIV and AIDS in education is a continuous effort that requires buy-in from leadership and other stakeholders.
- Strengthening linkages between different sectors is critical for success.
- HIV and SHN integration as opposed to having separate programs is better for stronger implementation.

The meeting stated, **"The link between learning and health clearly shows that it is unlikely that Education for All can achieve its goals without significant improvements in the health of students and teachers."** With Jomtien, there is such an important emphasis on the interdependency of the two and the capacities of learners and teachers themselves.

The World Bank System Assessment and Benchmark of Education Results (SABER) is a global exercise by the World Bank and partners to benchmark all of the Education sub-systems including school health.

Benchmarking with SABER will help determine what matters for school health and the findings from these assessments will help countries improve policy.

Kristie Neeser
Partnership for Child Development

Through the 1990s and early 2000s we saw an explosion of advancements in school health and HIV and AIDS. HIV and AIDS money fueled the agenda.

I can think back to a momentous, astute, and highly political decision when the U.S. Centers for Disease Control and Prevention—this country's major public health agency—**for the first time gave funding to advance school health and HIV and AIDS education directly to states' departments of education and not health**—a very big change.

New and important partnerships were formed among UN agencies and with the Global Teacher's Union to address the rights of teachers and their role in the HIV epidemic.

Ministries of education everywhere became engaged. They grappled with their role in understanding this public health epidemic and approach; they were bombarded with many different donors and UN agencies and their particular models or branded programs. The education sector struggled with how to map onto the many varied definitions of school health and how now to address both HIV and AIDS and the similarity or difference especially between HIV and sexuality education, the former concentrating largely and safely politically on the mechanics of transmission and safe sex and the latter more on human development and expressions of sexuality, relationships, and reproductive health. I don't know if you would agree, but it seems that seldom did these really come together in prevention education. I daresay one of the reasons we may not have seen the behavior changes we had often hoped for in HIV prevention education is that it so often left out the deep-seated cultural and human aspects of relationships, power and issues of sexual orientation, driving those behaviors.

Girls and women often are the most affected by poor health conditions; increasingly, education stakeholders and education ministries are really focusing on improving girls' education as the best route to create a healthier society and change a generation.

Kurt Moses
FHI 360

But, with so much that had gone on with school health and HIV, in 2000, UNESCO undertook a ten-year retrospective since the Jomtien Education for All meeting in Thailand and asked the question, **"What would strengthen the link between health and education and the effectiveness of school health interventions?"** Out of that study, UNESCO made eight specific recommendations for EFA 2015. I am going to highlight just three.

The first was that all the UN agencies come together around a common framework. Each should not give up its own brand but together they should speak to the elements common to all. They did adopt and promote a common framework: **FRESH, Focused Resources on Effective School Health,** that included the following:

Four core components:

- Health related school policies
- Safe water and sanitation
- Skills based health education
- Access to health and nutrition services

Three supporting strategies:

- Partnerships between education and health
- Community partnerships
- Pupil awareness and participation

The FRESH monitoring and evaluation guidelines were produced based on a need that was expressed by field practitioners for a single document that can provide guidance on monitoring and evaluating school health programs that follow the FRESH four pillars.

Orlando Hernandez Alcerro
Representing the FRESH Partners

The HIV and AIDS work has also used this framework and demonstrated and applied specifics for each of the four components and strategies. An important question for reflection is how has this framework served to advance HIV and AIDS and school health? How should it be used going forward?

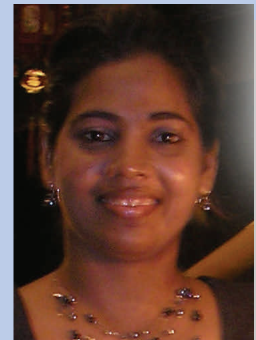
A second recommendation was the need for **indicators** that provide universal measures of progress to focus efforts and report changes that can be achieved by 2015. I participated in some meetings over this past year—separate meetings to develop indicators for HIV and AIDS in the education sector and other for school health in its breadth. I know that you will be hearing more about these in the next few days and determining how to use them will be a focus of your deliberations.

The IATT developed a set of indicators beyond the ones used by the United Nations General Assembly Special Session to measure the education response to HIV and AIDS. Some of these indicators are currently being field-tested in 4 countries in Southern Africa. Further field tests are planned for the Caribbean and Vietnam in 2012.

Scott Pulizzi
UNESCO

The third recommendation was that model programs should be developed for different levels of investment because countries vary in what they can afford. As we face a time of constrained resources, thinking through again what is essential and where to focus for the greatest impact is increasingly important.

Experience from Guyana



Janelle Sweatnam is the HIV and AIDS Focal Point and Coordinator for the Government of Guyana's Ministry of Education School Health and Nutrition program and she spoke about the experience from Guyana. She is responsible for coordinating the education sector response to HIV and AIDS in Guyana, including the monitoring and supervising implementation of public sector interventions in prevention, control, care and support for HIV and AIDS infected and affected civil servant staff within the education sector.

One of the education sector objectives in Guyana is to position HIV and AIDS Education within a holistic program of School Health, Nutrition and HIV and AIDS. Guyana is a model example of a country which has an integrated SHN and HIV and AIDS program.

Successes of SHN and HIV/AIDS and Education:

- At the secondary level, Health and Family Life Education (HFLE) is a timetabled subject in grade 7, and grade 8 in the new term.
- At the primary level, HFLE continues to be taught using the infusion method.
- The Ministry of Education/Government of Guyana has made provision for the employment of three positions for its School Health, Nutrition and HIV & AIDS Unit:
    - HFLE Coordinator,
    - HIV Focal Point/Coordinator,
    - Health Promotion Coordinator.
- Guyana participated in UNESCO's HIV Best Teaching Practices Documentary.

Challenges encountered:

- The completion of the Government of Guyana World Bank HIV Prevention Project resulted in a budget cut for School Health, Nutrition and HIV and AIDS Programs for the Ministry of Education. This affected Guyana's work program since some of their programs could not be completed.
- Reports of HIV education 'fatigue' in some communities among youth aged 14-18 and among adult population. This probably contributed to poor attendance and participation.

Looking forward:

- Guyana continues to respond to the HIV and AIDS epidemic with a vision for the 'trajectory of elimination.'
- Guyana continues to strengthen and expand workplace, in school and out of school education and common social marketing programs.
- Guyana continues to mainstream HIV and AIDS into all government programs to generate an effective response.
- The Ministry of Education continues its work on 'Safeguarding Our Workforce.'

The broader context for HIV and AIDS in education is school health in many countries, and broad vision allows us to see their important inter-relationships.

But broad vision does not mean blurry vision, and it seems to me that we must be vigilant to keep a clear focus on our HIV-related priorities – HIV and AIDS prevention and mitigation for learners, and mitigating the impact of HIV on the education work force.

Brad Strickland
American Institutes for Research

So, where does that leave us in terms of lessons learned from history and what we need to consider in terms of sustaining the HIV and AIDS and school health work in a time of really constrained resources? You will have a rich set of responses to this question from your own vantage points, but here are a few to jumpstart the discussion:

1. Problems made evident from morbidity, mortality, and economic data and human suffering drive the agenda.

2. HIV and AIDS data and deaths drove the agenda and provided the resources and fueled school health. The problems evolve and change over time and the money and constituencies follow the problems. Take bird flu… what data and issues are going to drive the future agenda and how do HIV and AIDS and school health players once again become more integrated partners to be positioned to respond to changes?

3. The institutions that must deal with these problems—schools and universities, clinics and hospitals—change very little and they can reach millions and millions of people. Yet over time we have seen a change. It began with public health looking at schools as the setting or system through which it could deliver its programs. That has changed in many places to having schools lead and ask the question, "What is best going to advance the academic agenda?" With more data that health and mental health make a positive difference, education more and more is seeing health and well-being as core to its mission. How can HIV and AIDS and school health work together in support of education driving that agenda rather than looking at schools as a delivery system for health programs? How, then, in a time of constrained resources, does attention to health become more naturally built into what educators do and less an added-on program from the outside? This is another valuable way in a time of constrained resources.

There is a need for a mind shift to consider school health and HIV/AIDS an integral part of the school working environment, embedded in the system and in the way people work.

Margherita Licata
International Labor Organization

4. Technology: Perhaps one of the most significant changes in our lifetimes has been and will continue to be the use of information and communications technologies for information dissemination and education, even in the poorest settings. How can this work make greater use of technology in a time of constrained resources?

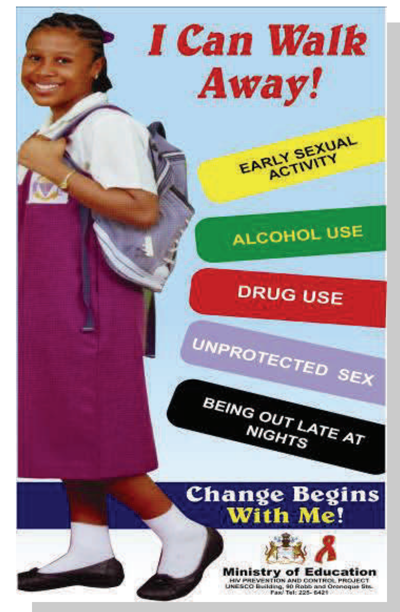
Use technology as a viral mechanism – in order to try and reach as many people as possible – especially in a time of constrained resources.

Neeraj Mistry
Global Network for NTDs

5. How do we reduce the layers and more directly support schools that need the support and are the place where so much positive action has happened? DO we spend too much time and money at the international and national levels? Is that necessary or are there more effective ways of developing the know-how at the local level?

6. And finally, from history, there is no substitute for having the right people with the power of their intellect and leadership in formal positions and at grassroots level to drive an agenda for change. When you find those good ones, give them your support for that time won't come again.

In a time of continuing this important work, even though resources are ever more scarce, I leave you with this thought from Buckminster Fuller, "All of humanity now has the option to 'make it' successfully and sustainably, by virtue of our having minds, discovering principles and being able to employ these principles to do more with less."



GUYANA "Change begins with me."
Courtesy of Guyana Ministry of Education.

To sustain the work in HIV in the education sector, we must devote our thinking, our principles, and concepts to bridging even more with the field of school health in order to do more with less.

BOLIVIA. Teachers use puppets to teach children health and nutrition education. Photo by Save the Children.

Conclusion

The day was fruitful and contained many insightful discussions. The IATT hosts of this symposium hope that this document provides an opportunity for you to explore the different linkages between HIV & AIDS and education and SHN and how to strengthen them to be more effective.

Annex 1: Registered participants

Organization	Representatives
American Institutes for Research	Kathryn Fleming, Adria Molotsky, Adam Stellato, Brad Strickland, Holly Turner, Cheryl Vince Whitman
Catholic Relief Services	Anne Sellers
Children Without Worms	Kerry Gallo, Kim Koporc
Commonwealth Secretariat	Florence Malinga
Creative Associates	Deepika Chawla, Joy du Plessis
Education Development Center, Inc.	Nathan Castillo, Jeanne Moulton
Family Health International (FHI) 360	Gilles Bergeron, Renuka Bery, Kurt Moses, Julia Rosenbaum, Greg Simon
Bill & Melinda Gates Foundation	John Grove
Die Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)	Dorothea Coppard
Global Partnership for Education	Tara O'Connell
Global Network for Neglected Tropical Diseases	Laura Gonzalez, Amanda Miller, Neeraj Mistry, Marcia de Souza Lima
International Labour Organization	Margherita Licata
Interchurch Medical Assistance (IMA) World Health	April McCoy
Independent Consultants	Orlando Hernandez Alcerro, Muriel Visser-Valfrey
Kosovo Addis / Millennium Water Alliance	Angelita Fasnacht
Morgan Borszcz Consulting (MBC)	Tochi Lazarevic
Ministry of Education Guyana	Janelle Sweatnam
Pan American Health Organization / World Health Organization	Alfonso Contreras

Organization	Representatives
The Partnership for Child Development	Kristie Neeser
Peace Corps	Beverly Nyberg
President's Emergency Plan for AIDS Relief (PEPFAR)	Nina Hasen
Plan International USA	Patricia Murray
RESULTS Educational Fund (REF)	Myra Khan
Research Triangle International	Michelle Ward-Brent
Save the Children	Dan Abbott, Sarah Bramley, Katherine Brown, Noriko Kitamura, Seung Lee, Jennifer Litvak, Helen Park, Natalie Roschnik, Sheena Shah, Heather Simpson, Mohini Venkatesh
Schubert Enterprise LLC	Jane Schubert
The Aga Khan Foundation USA	Natalie Ross, Linda Ulqini
The ELMA Philanthropies Services	Helen Cho
The Task Force For Global Health	Kerry Gallo, Kim Koporc
University of California, Los Angeles	Edith Mukudi Omwami
United Nations Educational, Scientific and Cultural Organization	Chris Castle, Scott Pulizzi, Yongfeng Liu
United States Agency for International Development	Elizabeth Berard, Maury Mendenhall, Janet Shriberg, Linda Sussman
Water For People	John Sauer
World Bank	Roshini Ebeneezer, Harriet Nannyonjo
World Learning	Blanka Homolova, Gillian McClelland
World Vision	Alisa Phillips
Zambia Educator	Audrey Mwansa

Annex 2: Agenda November 30, 2011

Time	Session	Presenters
9:00 - 9:45	**Welcome** **Opening remarks:** Defining HIV and Education and SHN; Constrained resources and its impact on HIV programming; Practical Synergies.	Welcome from co-sponsors: Margherita Licata (ILO) and co-sponsors Introduction: Chris Castle (UNESCO) Opening remarks: Cheryl Vince Whitman (AIR) Overview of agenda: Margherita Licata (ILO)
9:45 - 10:15	**Audience Discussion:** What are the practical implications of SHN and Education and HIV & AIDS?	Facilitator: Gilles Bergeron (FHI 360), Kurt Moses (FHI 360) and Scott Pulizzi (UNESCO)
10:15 - 10:30	Coffee/Tea Break	
10:30 - 12:30	**Session A:** Country Case Studies SHN and HIV & AIDS and Education in Zambia SHN and HIV & AIDS and Education in Guyana Q&A after each country case study	Moderator: Tara O'Connell (Global Partnership for Education) Speakers: For Zambia – Audrey Mwansa (Zambia Educator) For Guyana – Janelle Sweatnam (MOE)
12:30 - 1:30	Lunch	
1:30 - 3:00	**Session B:** How do we define effectiveness? Q&A	Moderator: Seung Lee (Save the Children) Speakers: Nina Hasen (PEPFAR) John Grove (Gates Foundation) Chris Castle (UNESCO)
3:00 - 3:15	Coffee/Tea Break	

Time	Session	Presenters
3:15 - 4:45	**Session C:** How do we measure effectiveness? Q&A	Moderator: Margherita Licata (ILO) Speakers: Scott Pulizzi (UNESCO) - UNESCO IATT indicators Orlando Hernandez Alcerro (Independent Consultant) - FRESH framework & indicators Kristie Neeser (PCD) - World Bank SABER indicators Reactions from Country Reps
4:45 - 5:45	**Session D:** Resource Landscape	Moderator: Brad Strickland (AIR) Speakers: Neeraj Mistry (GNNTD) Beverly Nyberg (Peace Corps) Tara O'Connell (Global Partnership for Education)
5:45 - 6:00	Wrap-Up	Margherita Licata (ILO) and Scott Pulizzi (UNESCO)

For more information about the meeting please visit:

www.unesco.org/aids and

www.unesco.org/new/en/hiv-and-aids/about-us/unaids-iatt-on-education/.

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