
2014-2015 UBRAF thematic report

Ensuring high quality education for a more
effective response

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ACHIEVEMENTS

Achievements by the UNAIDS Secretariat and cosponsors towards ensuring high quality education for a more effective HIV response in 2014-2015 have included:

- The capacities of over 97 countries were strengthened to scale-up the education sector's response to HIV and AIDS through evidence-based, age-appropriate comprehensive sexuality education (CSE) and support to address school-related gender-based violence (SRGBV). The Joint Programme also contributed to strengthening the capacity of 21 countries through the East and Southern Africa (ESA) Ministerial Commitment on CSE and SRH services for young people, led by UNESCO with support from UNFPA, the Secretariat, UNICEF and the WHO among other partners;
- A global review of comprehensive sexuality education (CSE) was produced by UNESCO and UNFPA examining the evidence-base for CSE and its positive impact on sexual reproductive health outcomes, including reduced rates of HIV, STIs and unintended pregnancy;
- 31 African countries were supported to integrate core HIV indicators in their "Education Management Information Systems" through three workshops led by UNESCO in 2015. Each country drew a roadmap for integration of the indicators in the Annual School Census and School-Based Survey;
- UNESCO, UNFPA and UNICEF supported a CSE assessment in Bhutan, China and Thailand and data collected from over 15 000 students, teachers and principals will be used for curriculum revision. UNESCO additionally supported the analysis and dissemination of an evaluation on implementation of the 2008 Mexico Declaration "Prevention through Health", and produced a Spanish-language publication on concepts, approaches and competencies in CSE. In Ukraine, over 2 million students (grades 1-7) benefitted from updated "Basics of Health" textbooks which were revised through UNESCO support to provide comprehensive information on SRH and life skills;
- The Joint Programme also sought to enhance the quality of CSE through teacher training. In the context of the ESA Commitment on CSE and SRH services for young people, over 80 000 in-service and 67 000 pre-service teachers have been trained. In Zambia alone, a new CSE program targeting 1 750 000 young people has benefitted over 12 000 teachers. An estimated 85 000 young people in Burundi, Cameroon, Chad, Congo, Gabon and DRC received improved CSE through UNESCO ICT-based teacher training and ICT-based teacher training reached over 26 000 educators in EECA;
- Efforts have focused on using media and ICTs for the provision of youth-friendly CSE and SRH information. More than 100 000 young people benefitted from the

first comprehensive website for adolescents on SRH in the EECA region (teenslive.info) through support from UNESCO. Available in Russian, Ukrainian and Romanian, it is visited daily by 150 people. Through the Shuga partnership, UNICEF, PEPFAR, MTV and UNAIDS cosponsors supported the provision of CSE information to over 4 million young people through TV and radio programs in Tanzania, Kenya, DRC, Lesotho, South Africa and Cameroon;

- The Joint Programme is also leading efforts to address homophobic and transphobic violence and bullying in schools and will convene an international Ministerial Meeting in May 2016 and launch a global report “Out in the open: Education sector responses to violence based on sexual orientation and gender identity/expression” building on research from the Latin America and Caribbean, Asia Pacific and East and Southern Africa regions. UNDP and UNESCO are partnering on the “Being LGBT in Asia” initiative to address SOGI-related SRGBV in Indonesia, the Philippines, Viet Nam, Cambodia, China, Thailand, Mongolia and Nepal. In Cambodia, the ILO and UNESCO partnered to roll out income generation tools with the Ministry of Education, Youth and Sports for programmes to reach young key populations in- and out-of-school. UNESCO and UNDP supported the first-ever Asia-Pacific regional review of SOGI-related school bullying and violence. In 2014, UNESCO organized a LAC regional consultation on homophobic and transphobic bullying in schools with participants from 11 countries, and has since developed a regional report “Towards Inclusion and Safety in Schools in Latin America”;
- In Nigeria, ILO and UNFPA worked to help the Chibok community recover from the Boko Haram atrocities through trainings in HIV and GBV prevention for parents and teachers union representatives. In Malawi, UN Women worked with traditional chiefs to address customary laws concerning HIV, gender, marriage and girl’s education. UNESCO, UNODC and WHO held an expert meeting on education sector responses to substance use, and will launch a global report at the UNGASS on Drugs in 2016;
- WFP’s school feeding platform was used to provide SRH education, since educated young people, especially girls, enjoy better health and can make more informed choices for themselves and their families. WFP-supported school feedings drove attendance in a number of countries, including Republic of Congo, Ghana, Ethiopia, Lesotho, Myanmar, Swaziland, and Zambia;
- The World Bank supported more than 70 programs across regions to increase retention in and quality of secondary education, such as the Quality Improvement Program targeting girls in Afghanistan. By keeping vulnerable children and adolescents in school, these programmes provided a platform for the delivery of CSE, SRH and other education to build life skills and support healthy lifestyles.

MAJOR CHALLENGES AND HOW THESE WERE ADDRESSED

The SDGs have brought an enhanced awareness of the importance of the education sector (SDG4), and its linkages to all the other SDGs, notably SDG3 on health. Yet scarce resources, both human and financial, mean that many school health needs will go unmet. Moreover, where resources do exist they tend to be focussed on meeting basic knowledge-level targets often leaving little to build the capacity of educators to foster the skills of learners on the range of issues concerning HIV, such as sexuality education. Some teachers may lack the skills for their own health in the first place. While many resources have been devoted to teacher training in the past 15 years, these have often been piecemeal and disconnected from a wider supportive policy and administrative environment. This means that efforts are not sustained. Further, the high degree of attrition in the profession means that teacher training initiatives cannot be stand-alone, they must be a recurring priority. There is still more work to be done to effect systemic change in the education sector. This includes elaborating the requirements for teacher education, putting the mechanisms in place to support teachers (personally and professionally), delivering a comprehensive skills-based sexuality and health education curriculum to all learners and monitoring and evaluating these efforts. These challenges refer in the most part to the formal schooling system however there are also approximately 60 million school-age youth who are not in school. While there are many excellent community initiatives to reach these adolescents and young people these have not been commensurate with the need. Our responsibility remains creating opportunities to get these youth in school and to provide relevant skills-based sexuality and health education as part of an overall good quality education.

These challenges come with lessons learnt that portend hope for the future. Educational innovations such as ICTs will help peer education among learners and teachers, while use of local fora will help to coordinate efforts among development partners. Another lesson is to adopt a more integrated approach, linking the response to HIV and AIDS with other issues that are important concerns for Ministries of Education and bilateral partners, such as teenage pregnancy and SRGBV. Finally, a key lesson has been the importance of engaging with policymakers, parents and communities in order to clarify persistent misconceptions around CSE and underscore its key role in promoting better health outcomes for young people, in addition to contributing to gender equality and broader life skills.

KEY FUTURE INTERVENTIONS

Key future interventions that will seek to address these challenges and others include:

- UNESCO will continue to lead efforts to scale-up CSE and linkages to SRH services, including through the update of the International Guidance on Sexuality Education in collaboration with UNFPA, UNICEF, WHO and the UNAIDS Secretariat, and through the support of Sida and other partners;
- UNESCO and other cosponsors will continue to support the ESA Commitment

process to ensure young people receive comprehensive sexuality education and sexual and youth-friendly health services. Specifically, cosponsors and partners will support the governments of ESA commitment countries to increase the number of schools that provide life skills-based HIV and sexuality education; increase the number of teachers who have received training and have taught lessons in HIV and sexuality education; and ensure each country has a national CSE strategy for out of school youth;

- UNESCO, UN Women, UNDP, UNICEF and other partners will continue to strengthen their efforts to reduce young women, adolescent girls and young key populations' vulnerability to school-related gender based violence (SRGBV). Global guidance on SRGBV will be launched in early 2016 and rolled out to the country-level through regional trainings.

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