UNESCO'S STRATEGY FOR HIV/AIDS PREVENTION EDUCATION

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Preface

by the Dírector-General of UNESCO

In two decades HIV/AIDS has evolved from a medical curiosity to a worldwide human tragedy and an international emergency. It is a development disaster and a security crisis with social impacts more devastating than any war. It has reduced life expectancy by 15 years in sub-Saharan Africa and created more than 14 million orphans. Its impact is wide-reaching, and even in those parts of the world where the epidemic has been relatively slow to evolve, there are worrying signs of its gathering strength. It has spread nearly everywhere beyond the first so-called high-risk groups, today principally affecting vulnerable populations: the poor, the marginalized, young women and children. It both thrives on and fuels inequalities. Although there are signs of hope – some evidence that political commitment and energetic multisectoral programmes can slow the progression, some encouraging developments in the supply of treatment and care – measures to contain the epidemic or mitigate its effects take time. The effects of HIV/AIDS, even if the situation improves in the near future, will be with us until the end of this century.

HIV/AIDS affects the demand for education, the supply of education and the quality of education. Education, at the same time, is an essential element in prevention of HIV infection and impact. Properly and broadly carried out, prevention education works. This strategy defines and describes how UNESCO intends to continue its contribution to the global response to HIV/AIDS in its particular areas of competence. By HIV/AIDS prevention education, UNESCO means **offering learning opportunities for all to develop the knowledge, skills, competencies, values and attitudes that will limit the transmission and impact of the pandemic, including through access to care and counselling and education for treatment.** *UNESCO also seeks, through improved prevention and planning, to* **limit the impact of HIV/AIDS on the education sector, thereby preserving the core functions of the education systems.**

As the convening agency for education in the UNAIDS programme, UNESCO has a special role to play in this area. In consequence, the backbone of the strategy is the role of education in the broadest sense in reducing the spread of HIV/AIDS and its impact on education systems, focusing on five core tasks:

1. **advocacy, expansion of knowledge and enhancement of capacity;**
2. **customizing the message and finding the right messenger;**
3. **reducing risk and vulnerability;**
4. **ensuring rights and care for the infected and affected;**
5. **coping with the institutional impact.**

UNESCO works with and through its partners, which – beyond other development institutions – include ministries, UNESCO National Commissions, NGO networks

(including youth NGOs and civil society groups), professional associations, research institutions, teachers and teacher training institutions. UNESCO will continue to concentrate on actions that **build knowledge** *about needs and successes, that* **nurture and use local capacity***, and that* **produce demonstrable results***.*

The strategy rests on an analysis of the role of education in battling the epidemic. It recognizes that education alone cannot change the environment within which the epidemic targets its victims. Still, education is a key to the response. It supplies the knowledge and fosters the attitudes and behaviours needed to combat the epidemic. It is essential in improving the contextual factors that can arrest the epidemic, by broadening access to quality education in general, by changing the environment of gender inequality, by valuing diversity and context, and by fostering values of equality, democracy and respect for human rights.

A strategy published in April 2001 served as the foundation for UNESCO's programme for two years. The epidemic has evolved dramatically and rapidly since that time, leading the Organization to review its action in the light of experience and events. The current strategy is projected onto the period 2004-2008, but it will in turn be updated and revised as required.

Koïchiro Matsuura

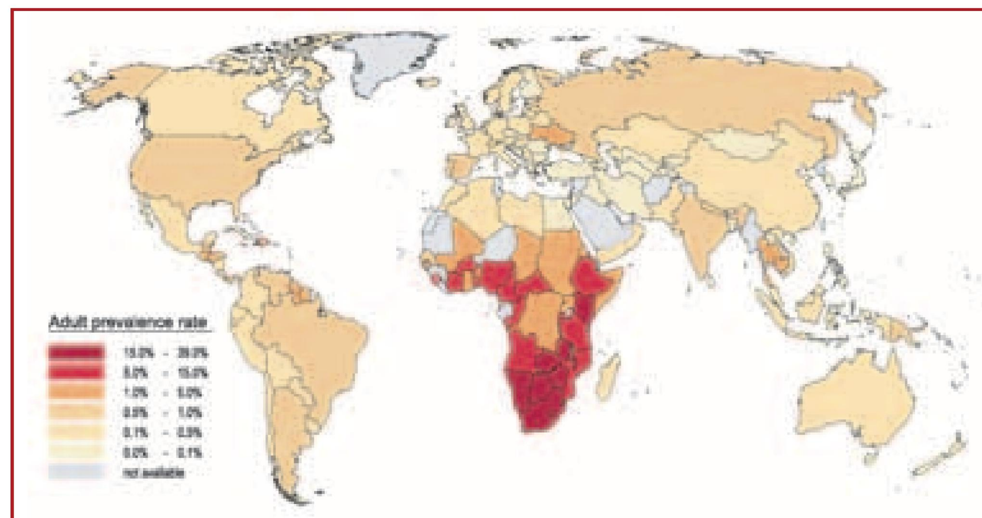
The situation

The global human tragedy

The HIV/AIDS epidemic is unprecedented in human history. It has been with us for 20 years — and the worst is yet to come: many millions more will be infected, many millions more will die, many millions more will be orphaned. Not only individuals are at risk — the social fabric of whole societies is threatened. The disease is likely to be a scourge throughout our lifetime. Its spread has not been curbed — on the contrary, the epidemic is expanding to new regions and spreading in some areas even more rapidly than it did in the earlier years. Unlike other epidemics, it primarily affects young adults, particularly women. It thrives on and amplifies poverty and exclusion. It strikes hardest where lack of education, illness, malnutrition, violence, armed conflicts and discrimination are already well entrenched. Yet, although it strikes the poor and disadvantaged, it also heavily affects the skilled, the trained and the educated — i.e. the groups most vital for development.

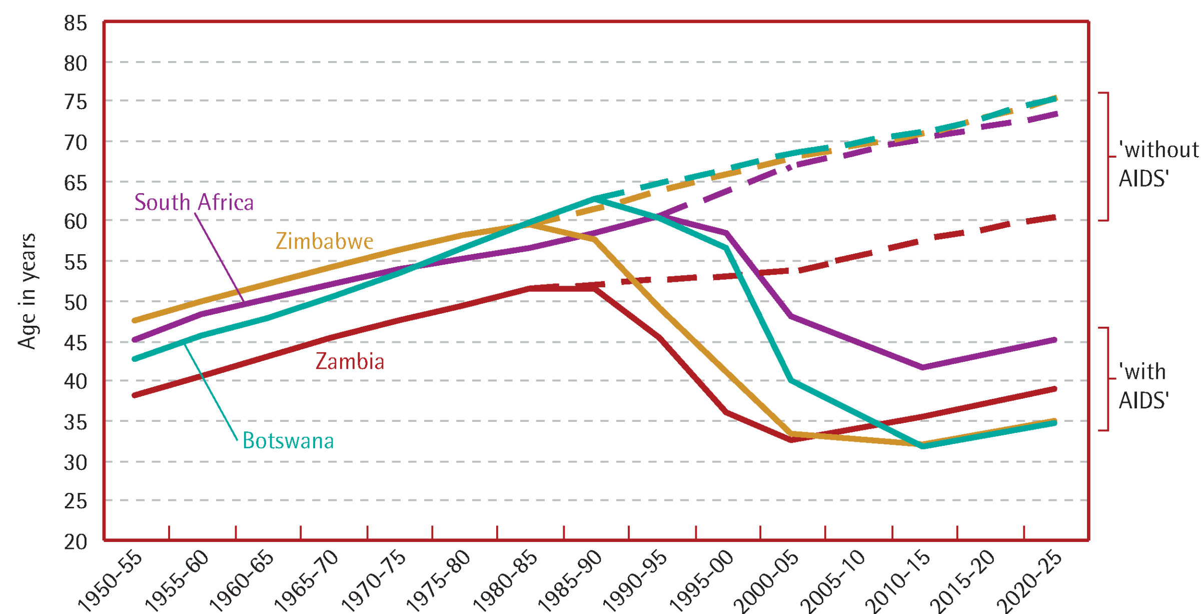
Children are at risk on an unparalleled scale. Millions are already infected — in some countries more than a third of 15-year-olds will die of AIDS-related illnesses in coming years. Millions more are becoming orphans of one or both parents — more than 30 million in less than 10 years. Many youth will grow up deprived, de-socialized and disconnected. Children are losing teachers at school and parents who can support them at home. In some areas classes and even whole schools are closing, resulting in a poorer education, while at the same time the economically developed world moves into the knowledge society.

HIV prevalence in adults, end 2001 **Map 1**



Source: UNAIDS, WHO

Figure 1 AIDS reduces life expectancy



Source: United Nations Population Division, 2000, 2002

The destruction of capacity

HIV/AIDS is a deadly nexus between all the items on the world development agenda. The epidemic not only hampers development, it reverses it by destroying productive capacity and widening the gap between rich and poor.

The epidemic has an exceptional impact on the economy in two ways. Firstly, by loss of productivity from loss of those in the most productive years of their lives. Secondly, by the burdens of caring for the sick and tending for orphans. AIDS is wiping out decades of investment in education and in human development. In sub-Saharan Africa, growth may be reduced by 25 per cent over the next 20 years.

The multiple consequences of a disease that knows no frontiers undermine all aspects of sustainable development – undermining, for example, efforts aimed at guaranteeing human rights, securing education for all, reducing poverty, advancing equity, improving health and accessing technology. It affects hundreds of millions more than those infected: it touches the lives and futures of families, friends, and communities. Conversely, the absence or inadequacy of human rights, education for all or poverty reduction increase vulnerability to HIV/AIDS and fuel the spread of the epidemic.

Institutional damage

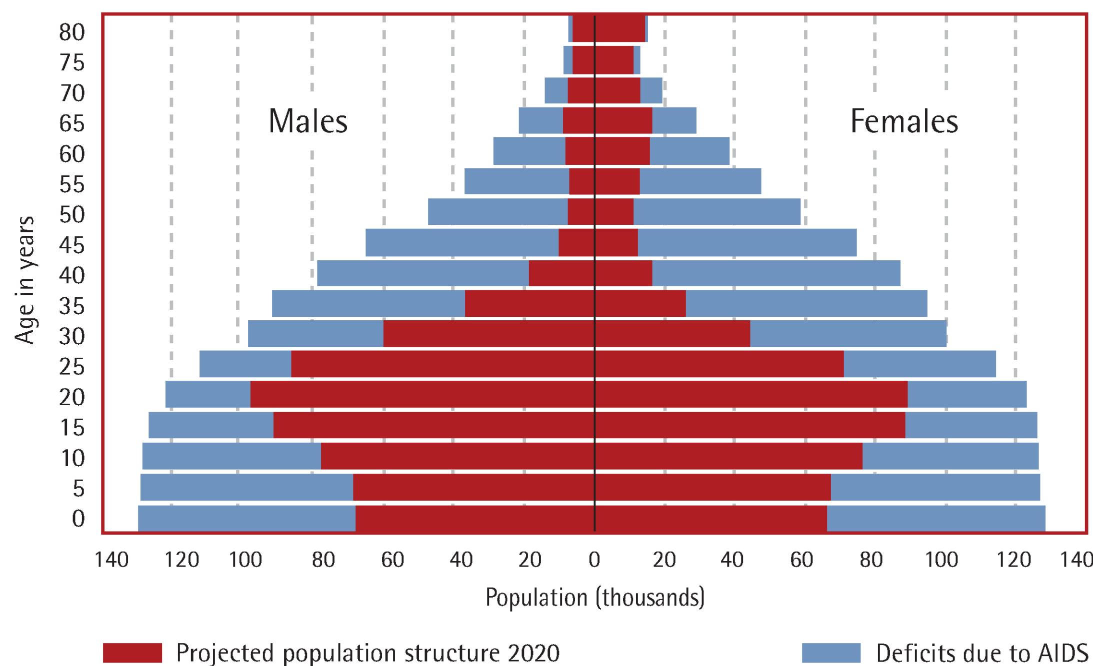
The effects of AIDS vary greatly. However, where convergence of disadvantage for individuals and institutional infrastructure is already great, the added burdens caused by HIV/AIDS can result in catastrophe. Recent emergencies of food shortage

or armed conflict in sub-Saharan Africa have been precipitated or aggravated by the epidemic. In many countries it already has an unprecedented institutional impact, not only on the organizations most needed for development but also on those most needed to prevent the spread of the epidemic itself. High rates of disease and death among teachers, health workers and other trained professionals make replacements increasingly hard to find. HIV/AIDS is eroding access to education, and interfering with the capacity of key institutions to function. Governance itself may be threatened by decimation.

Figure 2

The devastating impact

Projected population structure with and without the AIDS epidemic, Botswana, 2020



Source: US Census Bureau, World Population Profile, 2000

Learning and acting

Much is still not known about the epidemic — and much is yet to be learned. But enough is known to act — and we know we must act immediately: to undertake massive prevention efforts, to offer treatment, to provide care and maintain institutions in an environment that respects the human rights of all. No country is an island — the whole world is affected. Action is needed to stop the spread and make for longer, more productive and more dignified lives for the infected and affected. Action is needed to kindle hope and demonstrate compassion. In particular: prevention programmes that are country driven and rooted in communities do work and must be put to work. Prevention education and communication for change in behaviour must be intensified.

The urgency of renewed prevention education

Two sets of facts about the HIV/AIDS epidemic are troubling. The first set pertains to the nature of the disease, the other to the extent of ignorance.

The nature of the disease

HIV/AIDS thrives in a convergence of disadvantages

A series of societal and developmental factors fuel the epidemic, making HIV highly context related. Since HIV/AIDS emerges first in groups that are economically or socially marginal, attention to the epidemic is slow to come. People with poor general health or genital infections are more vulnerable to HIV. Widespread violence against women and girls increases vulnerability and obviates the possibility for many people to avoid risky behaviour. General poverty and hopelessness diminish the interest in avoiding risky behaviour. Ignorance about the disease increases stigma and discrimination, making prevention much more difficult.

There is no cure for HIV

Of the millions that have been infected with HIV, none have been able to get rid of it. There is at present no treatment that eradicates the virus from the body. The infection can be held at bay and the progression of AIDS slowed, but the virus cannot – and not in the foreseeable future – be eliminated. Indeed, the virus evolves and develops resistance, notably with erratic or interrupted treatment.

Vaccination is not yet in sight

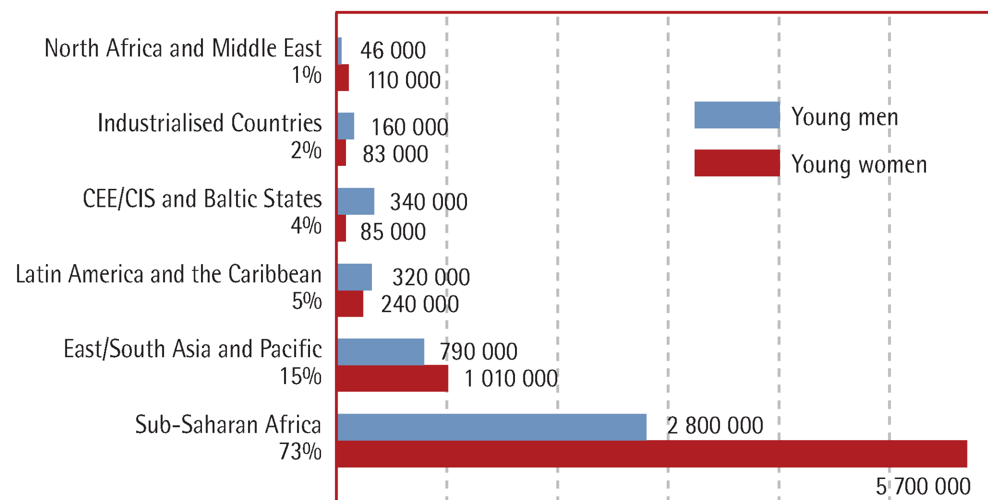
Vaccination has provided protection against many infectious diseases, from smallpox to polio. Due to intense research, effective vaccination is a hope, but is not likely to be available for the next few years. In the long run this will be the only permanent solution. In the meantime, millions more are infected each year.

Treatment is still not widespread

Over the past decade sizeable resources have been invested in finding and providing treatment for HIV/AIDS. Treatments have prolonged and improved lives of the infected, also by reducing the secondary infections that accompany the disease. They have made it possible to prevent mother-to-child transmission. Treatment can keep parents raising their children and can keep workers in the labour force.

Girls are more vulnerable *Figure 3*

Young people aged 15-24 living with HIV/AIDS by region and sex, end 2001



Source: UNICEF, UNAIDS, WHO, 2002

Treatment is least available where it is most desperately needed – in the poor countries with the largest number of infected – and the epidemic in turn increases poverty by destroying capacity.

A quarter of the world's population lives on less than one dollar a day – less than about $350 per year. Until now, treatments have been too expensive in the developing world. An estimated 6 million people need treatment they are currently not receiving. Treatments, once begun, must be continued over a lifetime, posing new types of problems for external funding of treatment campaigns. If treatments are stopped because funds or drugs run out, this threatens the life of the patient and increases the development of drug resistance.

A combination of recent developments gives hope, though. Negotiations with holders of drug patents and changes in legislation in powerful countries are bringing prices down and giving the promise of simpler treatments. Under pressure from advocacy groups and in the face of evidence that providing treatment is economically a better solution than disregard, a number of developing countries have recently announced free treatment programmes. The 3 x 5 initiative of UNAIDS, led by WHO, is a major programme designed to provide treatment to 3 million people before the end of 2005. Funding is, for now, on the increase, although many promises of funding have not yet materialized.

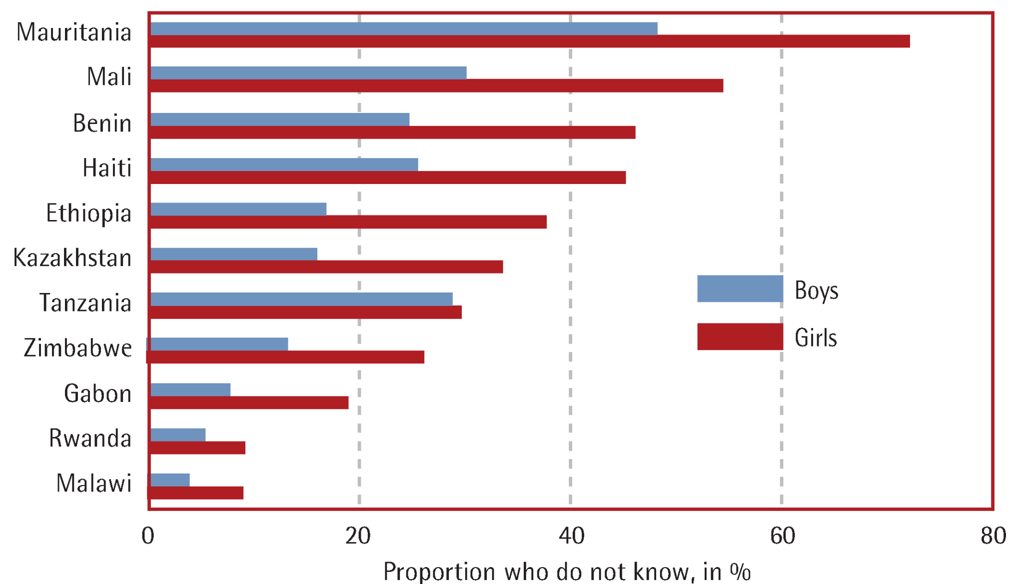
Yet treatments are vital, not just to raise hopes and lengthen lives. They are also important for another reason: they increase the interest in HIV testing because something can be done about the illness.

The extent of ignorance

Most of those infected do not know it

Some 40 million people are now estimated to be infected with HIV. Most of those infected have undergone no test — there is no medical service to do it, and often the incentives to take tests may be negative because of the social stigma associated with knowing that one is infected. The nature of the disease inhibits its discovery — the incubation period between the infection and its manifestations is long. This also accounts for its particular social and cultural dimensions: not only do the infected not know, but neither can those not infected, because for so many years there are no outward signs of disease.

Figure 4 **Large numbers of girls and boys do not know how to protect themselves**



Source: DHS, 1998-2002

Most do not understand the nature of HIV

Most of those affected do not adequately understand the disease. Even in the most advanced education systems children learn little about viruses and understand little about infections during their first five years of schooling. General knowledge is important at this stage, while the next five years are critical for more specific knowledge about HIV/AIDS. Yet most of those exposed to the virus do not have that much education — while the illiterate have less access to information. Nearly a billion people in the world are illiterate — and many more are scientifically illiterate in the sense that they know little about the basics of biology and physiology. This is also the case for many teachers.

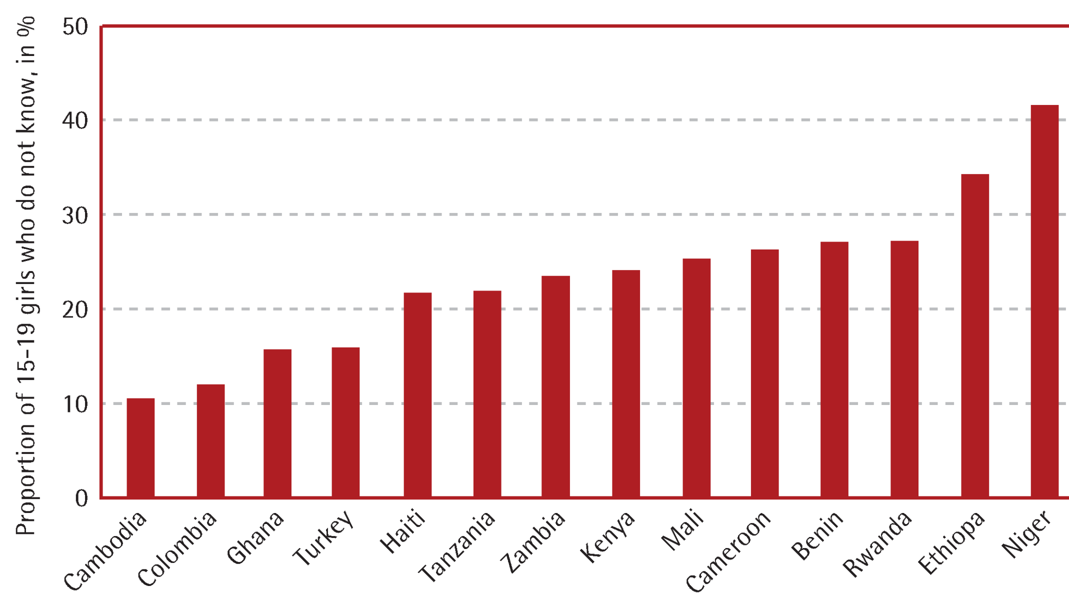
Erroneous beliefs are widespread

In many communities beliefs about what causes the disease are misconstrued and actions taken to escape it are misguided or counterproductive for the infected themselves, and destructive for others. Misconceptions, beliefs and customs range from the use of ineffective or damaging concoctions to resorting to sexual practices involving children. Diseases, their spread and their remedies, are shaped by cultural patterns of human behaviour. In prevention education, knowledge based on science is often countered by conventional tenets, creeds and traditional ways. The effect of education programmes may be annihilated by erroneous beliefs circulated by peers. For countermeasures to be successful, changes in mores are as important as changes in medication. For a virus like HIV it is important to know not just patterns of sexual behaviour, but also how they are affected by other social norms as well as by traditional medicine, which, if nothing else, can offer psychological relief.

Misconceptions lead to prejudice, discrimination and exclusion

Social silence results in soaring infection. Faulty knowledge results in careless behaviour. Lack of knowledge leads to lack of care for those that are infected – and to stigmatization that turns the infected into outcasts. Denial may hasten death. As long as HIV/AIDS-related stigma and discrimination exist, people are reluctant to go for testing and to find out their HIV/AIDS status. Thus HIV/AIDS-related discrimination also fuels the spread of the epidemic.

Figure 5 *Many girls do not know that an HIV-infected person may look healthy*



Source: DHS, 1998-2002

Education is the essential tool

Ignorance is a major reason why the epidemic is out of control. The need for prevention education flows from the types of ignorance closely associated with the epidemic, particularly in the most affected countries. Prevention education must make people aware that they are at risk, and why — and how prevalence can be reduced. However, knowledge is often not enough to change behaviour. Prevention education must address mentalities and the culture within which they are embedded in order to generate the attitudes, provide the skills and sustain the motivation necessary for changing behaviour to reduce risk and vulnerability. For now, prevention education is the best vaccination.

Where the epidemic has been slowed, education has been the foundation. Education, whether through schooling or non-formal means such as public information, mass media or community organizations, contributes to the prevention effort. Knowledge, while not sufficient, is indispensable. It provides protection against individual vulnerability and gives the tools for understanding and avoiding risk. It creates a context in which the epidemic can be discussed and understood, and in which those infected and affected are cared for and included in society.

UNAIDS – Priorities and division of labour

All major UN agencies have over the past few years initiated a broad range of measures to meet the challenge of HIV/AIDS. Since it was set up in 1996, UNAIDS has had the co-ordinating role for these efforts. UNAIDS has taken the lead in setting a common agenda as well as in recommending a division of labour to implement it.

UNAIDS is the joint United Nations programme on HIV/AIDS. It brings together the efforts and resources of nine UN system organizations: UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the World Bank. UNESCO's work is firmly embedded in this partnership, which uses a number of mechanisms to ensure co-operation on programming, fund-raising and evaluation. Each agency acts as convenor on a thematic area, with UNESCO convening around education. The Inter-Agency Task Team on HIV/AIDS and education, in particular, has developed an interagency strategic framework that ensures a common approach in the field of education for the UNAIDS partnership and a number of bilateral donors and NGOs. Other task teams (youth, gender) serve to orchestrate the UN system response.

As part of the UNAIDS programme, in particular the UNAIDS unified budget and work plan, all UNESCO's initiatives will be conceived and carried out in respect and support of existing international goals and agreements, on the one hand (see box below), and within the framework of national HIV/AIDS strategies, on the other. UNESCO's contribution, principally through prevention education, will help governments and relevant institutions to scale up efforts and will focus on reaching children and young people. Its principal partners are ministries, UNESCO National Commissions, the UNESCO NGO network (including leading youth NGOs, civil society groups and networks), professional associations in its fields of expertise, research institutions and teachers and teacher training institutions. HIV/AIDS prevention programmes cannot be conceived and carried out separately from efforts to meet EFA goals.

The commitment of the United Nations to fight HIV/AIDS

Fighting HIV/AIDS is one of the top priorities of the United Nations. The Secretary-General has declared the epidemic "The most formidable development challenge of our time".

The commitments

All major international declarations and debates on development, human rights and the status of women in recent years have underlined the seriousness of the HIV/AIDS epidemic and included commitments to respond to it. In particular, following on the Millennium Summit of September 2000, the United Nations General Assembly held a Special Session on HIV/AIDS (UNGASS) in June 2001 whose recommendations include:

- by 2005 reducing HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25 per cent and by 25 per cent globally by 2010,
- by 2005, ensuring that at least 90 per cent, and by 2010 at least 95 per cent of young men and women aged 15 to 24 have access to the information, education, including peer education and youth-specific HIV education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection;

Other development initiatives, notably coordinated financing and funding mechanisms within the UN system, such as debt relief under the Heavily Indebted Poor Countries (HIPC) Initiative, Poverty Reduction Strategy Papers (PRSP) and EFA national plans and the related Fast Track Initiative (FTI) are increasingly incorporating HIV projections and planning.

UNAIDS cosponsor initiatives

Recently, bilateral and multilateral initiatives have given new hope for expanded treatment. These, in turn make prevention efforts both more important and more feasible. All initiatives taken recently have not only recognized but integrated a focus on human rights, particularly gender-related rights, and an emphasis on country-level cooperation between all actors.

UNESCO is undertaking, with its UNAIDS partners, a push to make education more prominent in prevention efforts through a new programme "Towards an AIDS-Free Generation: A Global Initiative to Expand Prevention Education against HIV/AIDS". It will be designed by an inter-agency team, focusing on helping governments put into place broad and deep prevention efforts through education, and protecting the core functions of education systems (including continuing efforts to achieve Education for All). Templates will be developed for decision-making and well-considered policy options and subsequent programmes implemented with international cooperation, on issues such as:

- Curricula
- Teacher training modules.
- HIV/AIDS workplace policies for the Ministry of Education, schools as well as other institutions.
- Education finance mechanisms particularly to guarantee the rights of orphans and vulnerable children
- Developing flexible alternatives to formal education
- Safe schools
- Schools as learning and resource centers for the community
- Enhancing planning and management capacity

This initiative is conceived to complement and enhance work carried out by other UNAIDS partners, such as the World Bank's Multicountry HIV/AIDS program, WHO's "3 by 5 Initiative", WFP and the UNAIDS Secretariat's response on Food Insecurity, Governance and AIDS in Southern Africa, the ILO Code of Practice on HIV/AIDS and UNICEF's "Framework for the protection, care and support of orphans and other vulnerable children made vulnerable by HIV/AIDS".

UNESCO's strategy

One theme – multiplex agenda – holistic approach

With respect to HIV/AIDS, there are two striking differences between the industrialized countries and the developing world. One is in the access to treatment. Bluntly put, the disease is overwhelmingly located in poor countries and the treatment is overwhelmingly available in rich countries. The other fact, even more striking, is the difference in the rates of infection. In many countries in the North the proportion infected has remained nearly level for the past decade – in many countries in the South, and in some countries under great social and economic stress such as parts of the former Soviet Union, the epidemic is snowballing. The AIDS epidemic aggravates discrepancies between developing and wealthy countries and exacerbates inequalities within them.

Low infection rates owe much to successful prevention education. Hence, while every effort must be made to develop the medical means for prevention, treatment and care, the immediate and overriding priority must be given to prevention education for behaviour change to reduce infection rates. Where treatment is available, education must help ensure treatments are followed correctly.

A vaccine is desperately needed, and treatments that can make it possible for those infected to live longer and with fewer ailments must be made available. Whereas UNESCO's role is not to produce primary medical knowledge, it strongly supports the initiatives and efforts to provide them. The Organization's key task is to engage in advocacy, share information about the epidemic, build capacity to reduce risk, and improve care and lessen the institutional impact of the epidemic, through intensified prevention education. It will continue to invest most of its resources in prevention education broadly defined, where the Organization's mandate, experience and expertise can make the greatest difference.

As long as no vaccine exists and treatments are unaffordable, education is the most effective strategy. So far, prevention through education is not only the most economical response, it is the most patent and potent response. Education can change behaviour by providing knowledge, fostering attitudes and conferring skills through culturally sensitive and effective communication. An approach based on human rights and gender equality is fundamental for providing prevention education and treatment and for combating stigma and improving living conditions of the infected and affected.

Currently, prevention is the only way to limit the spread of HIV. Education is the foundation for developing the behaviours that can reduce risk and vulnerability, the two features that contribute to the spread of HIV. Education is the most important tool for reducing personal vulnerability to HIV/AIDS: it can empower individuals to make free and informed decisions, in particular about sexual negotiation and

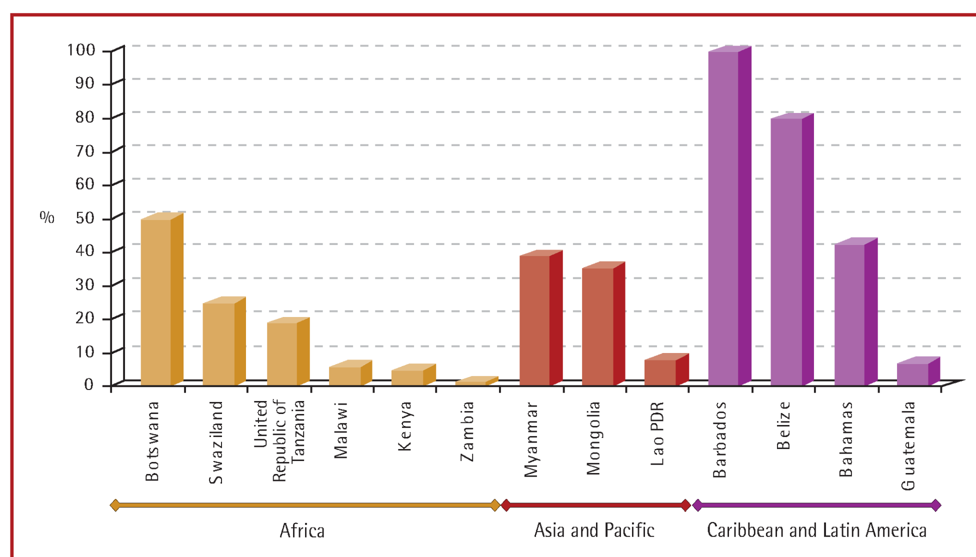
condom use. Skills-based education, intended to promote awareness and develop the attitudes and competence that reduce risky behaviour, are successful if implemented systematically. Prevention means reducing risk and vulnerability within a human rights framework, not only by protecting the uninfected, but by changing the context in which risk and vulnerability occur. That includes empathy, co-operation, respect, and making stigmatization and discrimination unacceptable. Crucially, education is in itself a strong measure of prevention, and the push towards Education for All (EFA) targets is a key to limiting infection among young people.

Where it becomes particularly severe, the epidemic damages education by affecting supply, demand and quality. It affects the supply of education through its impact on teaching and other education personnel, and by making competing demands on limited financial resources. It affects the demand for education through its impact on children and their families, reducing enrolments. With high death rates, fewer children are born. With high death rates, orphans and other affected children are either not sent to school or withdrawn because of economic or social pressures. It affects the quality of education by diverting resources and through absenteeism of staff and learners, as well as other disruptions.

But curbing the infection rate is not enough — prevention education must address caring for the infected and affected. Moreover, if the epidemic is not curtailed, the very institutions that are to foster development will wither — poverty as well as misery will increase. Likewise, a strategy of prevention education must also tackle how the key institutions for development can be protected to perform their core functions. Through a holistic approach based on its interdisciplinary experience, UNESCO can play a lead role in these areas.

Figure 6 **HIV/AIDS prevention at school**

Primary and secondary schools with trained teachers providing life-skills-based education



Source: UNAIDS, 2003

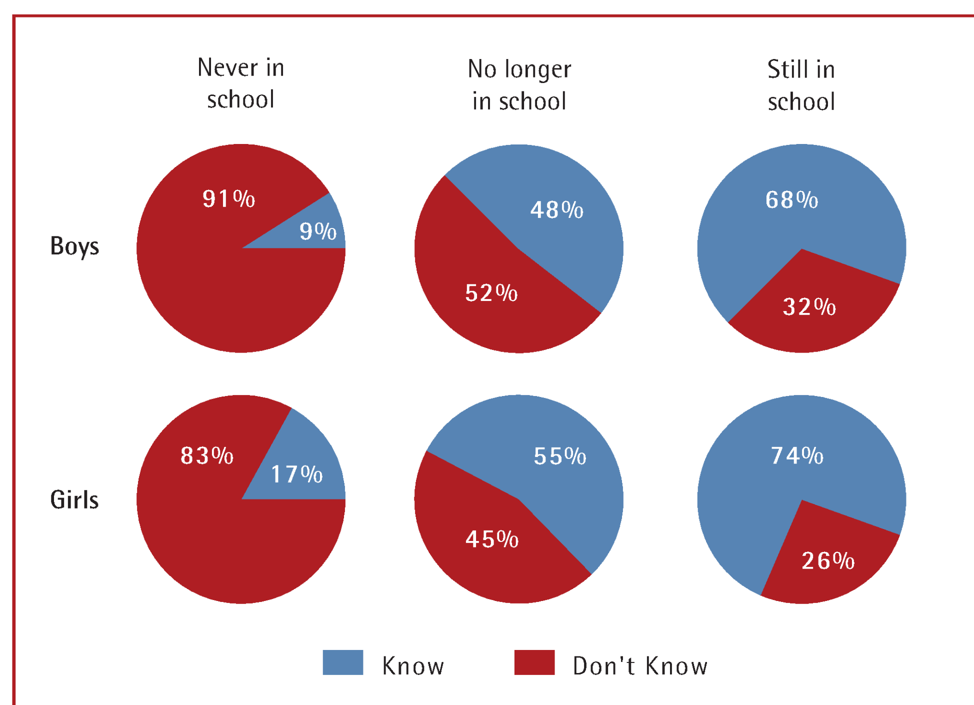
Care and support includes the development for educational settings of workplace policies, adapting school schedules and curricula to the needs of affected children, families and communities, and developing special measures to ensure orphans can stay in school and benefit from quality schooling. Education professionals are important actors in helping curb the epidemic and need help in coping with its effects in order to continue to carry out their tasks.

During the past few years much has been learned about what works in education, notably the importance of ensuring the collaboration in prevention education of the many actors in civil society. For example, evidence shows that when target groups (young people, for example) are involved in the design and implementation of prevention education, positive results are much more likely. It has also been demonstrated that learning about HIV/AIDS has more impact on behaviour when it is delivered in a context of life-skills learning and the development of a sense of responsibility and self-confidence. In many countries, prevention education and life-skills education have been developed and officially promoted as part of the curricula by ministries of education. Most countries in heavily affected areas have national AIDS policies and, increasingly, education and HIV/AIDS policies and plans. Still, implementation of AIDS policies for needs related to education has been far too slow, and much more remains to be done to ensure scaling up at national level.

Figure 7

Education makes a difference

Percentage of respondents aged 15-19 in Cameroon who know a healthy-looking person can have HIV, 1998



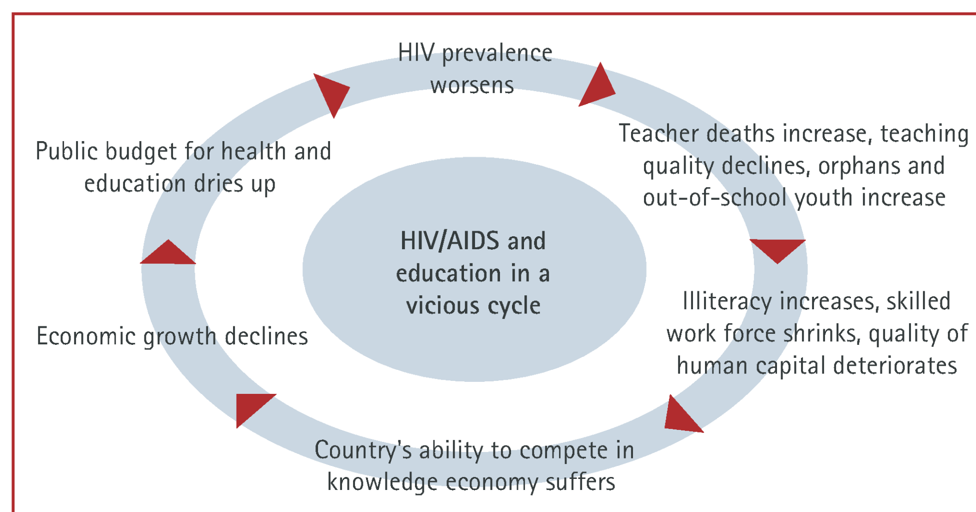
Source: DHS, 1998

Global strategy

Guiding principles

UNESCO's strategy is to place special emphasis on prevention with and for education. **By HIV/AIDS prevention education, UNESCO means offering learning opportunities for all to develop the knowledge, skills, competencies, values and attitudes that will limit the transmission and impact of the pandemic, including through access to care and counselling and education for treatment. UNESCO also means, through improved prevention and planning, to limit the impact of HIV/AIDS on the education sector, thereby preserving the core functions of the education systems.**

Figure 8 *HIV/AIDS and education: the consequences of inaction*



Source: World Bank, 2002

The guiding principles that underlie all UNESCO's activities in the area of HIV/AIDS are

- work towards expanding educational opportunities and the quality of education for all;
- a multi-pronged approach that addresses both risk (individual awareness and behaviour) and vulnerability (contextual factors);
- promotion and protection of human rights, and promotion of gender equality and elimination of violence (notably violence against women), stigma and discrimination;
- an approach to prevention based on information that is both scientifically sound, culturally appropriate, and effectively communicated.

This strategy presents the emphases and focuses of UNESCO's programme. It does not exclude response to specific needs at country level that fall within its competence and where UNESCO has a capacity to respond.

UNESCO: diversified competence and experience

Anticipating and responding to HIV/AIDS is an interdisciplinary, cross-sectoral, multi-faceted endeavour. UNESCO's distinctive mix of competencies in education, science, social science, culture and communications gives it an interdisciplinary organizational and technical capacity that is particularly suited to working on prevention education. Its normative experience, in areas such as human rights and the right to education, contributes to the enabling environment in which the epidemic can best be arrested. Its on-going work as a laboratory of ideas and a centre for dissemination serves to exchange good practice and advance knowledge. And its special relationship with ministries of education, culture and information and communication, and with youth and education organizations, enables it to work directly with governmental partners in the effort to scale up the response.

UNESCO will continue to mobilize its sectors, its specialized institutes, and its field offices. The Education Sector leads the education effort. The Science Sector helps develop access to scientific information on HIV/AIDS provided by basic research and develop capacity of scientific personnel to conceive and deliver HIV/AIDS prevention and treatment. The Social and Human Sciences Sector emphasizes the social context, principally human rights, that helps contain the epidemic. The Culture Sector works to ensure that cultural complexities are taken into account in the implementation of policies and programmes. The Communications and Information Sector works to enhance the capacity of governments and professionals to use information and communications tools for prevention and policy formulation. The institutes, notably the International Bureau for Education and the International Institute for Educational Planning, carry out research, deal with curriculum and planning issues and disseminate information through two clearinghouses in their areas. The field offices carry out specific programmes adapted to the national and regional situations.

Core tasks

The backbone of the strategy is the role of education in the broadest sense in reducing the spread of HIV/AIDS and its impact on education systems. It focuses on five core tasks:

1. **advocacy, expansion of knowledge and enhancement of capacity;**
2. **customizing the message and finding the right messenger;**

3. **reducing risk and vulnerability;**
4. **ensuring rights and care for the infected and affected;**
5. **coping with the institutional impact.**

1. Advocacy, expansion of knowledge and enhancement of capacity

The critical factor for a renewed and effective strategy for prevention education is the massive, consistent and unrelenting advocacy and support of political authorities at the highest national level. All people must be reached – first those most at risk. Indeed, the audience to be addressed is the widest in the history of communication. Yet it can be reached if the messages are cast in culturally appropriate ways and communicated by appropriate people: community and religious leaders, role models, peers and those infected and affected. Advocacy must, however, be based on knowledge and on the capacity to implement what is advocated. Hence, UNESCO will continue to

- engage in high-level advocacy for prevention education with governments, particularly ministries, and with agencies and non-governmental organizations;
- increase knowledge about the processes of prevention education and the impact of HIV/AIDS on education systems through research, collection and dissemination of information, and statistics, and its clearinghouses on HIV/AIDS and education;
- build capacity of ministries, education and training personnel, health personnel, communication and information specialists, cultural agents and civil society organizations to carry out advocacy and prevention education, as well as to monitor the effects of HIV/AIDS on education.

2. Customizing the message and finding the right messenger

Understanding what HIV infection is — and how the virus is spread — is the precondition for changing the behaviour that causes it. Making a relationship between HIV/AIDS and human rights, respect for equality and diversity, and the elimination of prejudice and discrimination are equally important preconditions for ensuring that all can live as well as possible in a world with AIDS.

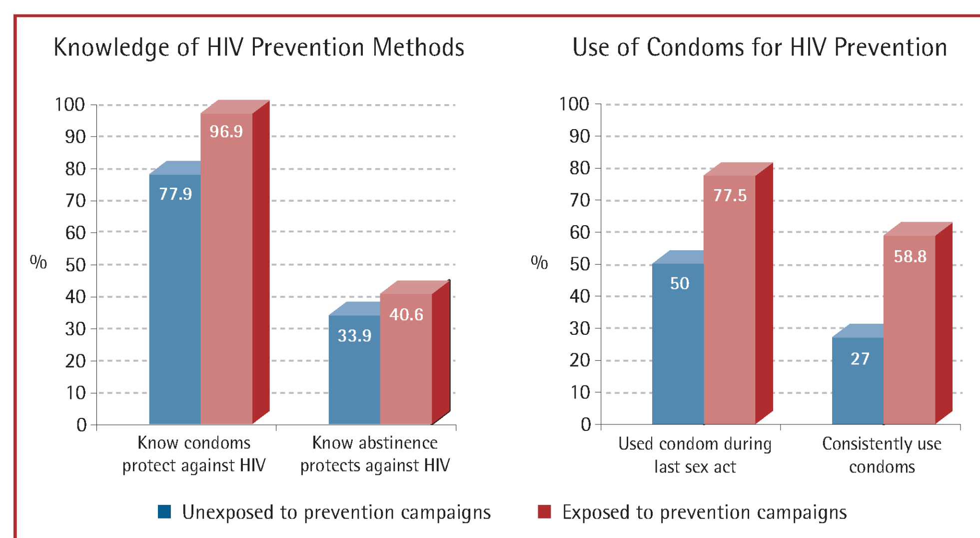
Where knowledge is brought to bear on practices, risk is reduced. While knowledge does not guarantee behaviour change, it is an essential base. Where knowledge reduces superstition and removes misconceptions, it can lessen vulnerability. Knowledge about what to avoid — unprotected sex, re-using or sharing needles — has contributed to reducing infection rates in developed countries.

If the knowledge, attitudes and skills transmitted are not culturally adapted, prevention education can be undercut and defied by traditional creeds and customary ways of life. Precepts and practices are embedded in local mores and reinforced by more comprehensive systems of behaviour and thinking. They are also buttressed by norms of propriety, customs of marriage or religious beliefs which may sustain the silence about the epidemic, its causes and consequences. Communities and cultures interact with the epidemic and undergo changes from this interaction.

Prevention education must likewise keep pace with the dynamics of the epidemic. However, prevention education is misguided if it is aimed solely at overcoming traditional barriers and conventional obstacles. For communities and cultures have dynamic elements that can be mobilized for changing behaviours and adapting customs, particularly when faced with a deadly challenge.

Years of observation have made it clear that the messenger is as important as the message. Powerful opinion-makers are essential in ensuring that appropriate attention is paid to prevention messages. The target groups themselves, including people living with HIV/AIDS, have to be involved in devising and delivering prevention education. Obtaining if not the co-operation, then at least the neutrality, of community and religious leaders is important. All institutions must be mobilized to become media for renewed efforts in prevention education: ministries, schools, businesses, trade unions, newspapers. Campaigns that are only negative can lead to stigmatization and discrimination — even to increased hazard. Hence, changing attitudes by prevention education is necessary not only for those directly affected, but for the whole surrounding community so that it can remain inclusive and supportive.

People exposed to prevention campaigns are more likely to protect themselves against HIV — *Figure 9*



Source: 2003 Burkina Faso knowledge, attitudes and practices study, PSI (Population Services International)

The credibility, trustworthiness and validity of the sources of information as well as of the messenger are very important. But what is understood and absorbed depends not only on the scientific soundness of the content, but also on the frame of reference within which it is interpreted. Comprehension and appreciation depends on many social factors, such as gender, educational opportunities, economic status or religious beliefs. The message must be developed with and for the recipients, and it must be culturally appropriate to the kind of understanding they already possess and the physical context and social environment in which they live. The credibility and trustworthiness of the person communicating prevention information is central to ensuring both understanding and acceptance.

UNESCO, working with its partners, will:

- foster the development of knowledge, attitudes and skills in health education and other school subjects, based on proven pedagogical methods;
- support and improve peer education through formal and non-formal education and by participatory and experiential learning;
- stress prevention education programmes for all types and all levels of education, including for teachers and in universities and adult education;
- assess, develop and communicate prevention messages and methods for target groups not reached by formal education, in particular adults;
- promote use of arts and creativity in the fight against HIV/AIDS, as part of non-formal and informal education;
- support communication and information networks, notably youth NGOs and those working on gender issues, for HIV/AIDS prevention education;
- continue to refine the ways in which prevention messages are developed and delivered to ensure they are appropriate for the given cultural context and for specific groups;
- foster involvement of people living with HIV/AIDS in prevention education;
- develop access to scientific information on HIV/AIDS provided by basic research;
- continue to operate and improve its clearinghouse on curriculum-oriented issues.

3. Reducing risk and vulnerability

Preventing HIV infection must be approached by action, on the one hand, to reduce individual risk, and, on the other, to tackle the broader contextual, environmental and social factors that make people vulnerable. The reduction of individual risk involves imparting knowledge and attitudes aimed at changing behaviour. Vulnerability reduction involves making changes in the broader social, cultural, economic and political environment in which individuals live their lives. Both measures are essential for success in prevention.

Violence against women and HIV/AIDS

"Violence against women is both a cause and a consequence of rising rates of HIV infection: a cause because rape and sexual assault pose a major risk factor for HIV transmission, and consequence because studies have shown that HIV-positive women are more likely to suffer attack. In Tanzania, one report found that HIV-positive women were two and a half times more likely than HIV-negative women to have experienced sexual violence by their partners." (Evidence collected by UNIFEM: http://www.unifem.org/campaigns/november25/facts_figures_6.php#)

Extract from Breaking the vicious cycle of violence and HIV/AIDS; Statement by Noeleen Heyzer, Executive Director of UNIFEM, to commemorate World AIDS Day, 2003.

Education is in itself a protective measure against HIV infection. Overall, young people in school are more likely to delay the age of becoming sexually active, to use protective measures and to have fewer partners. In consequence, it cannot be overemphasized that the Education for All (EFA) strategy is an important and powerful tool in battling the epidemic.

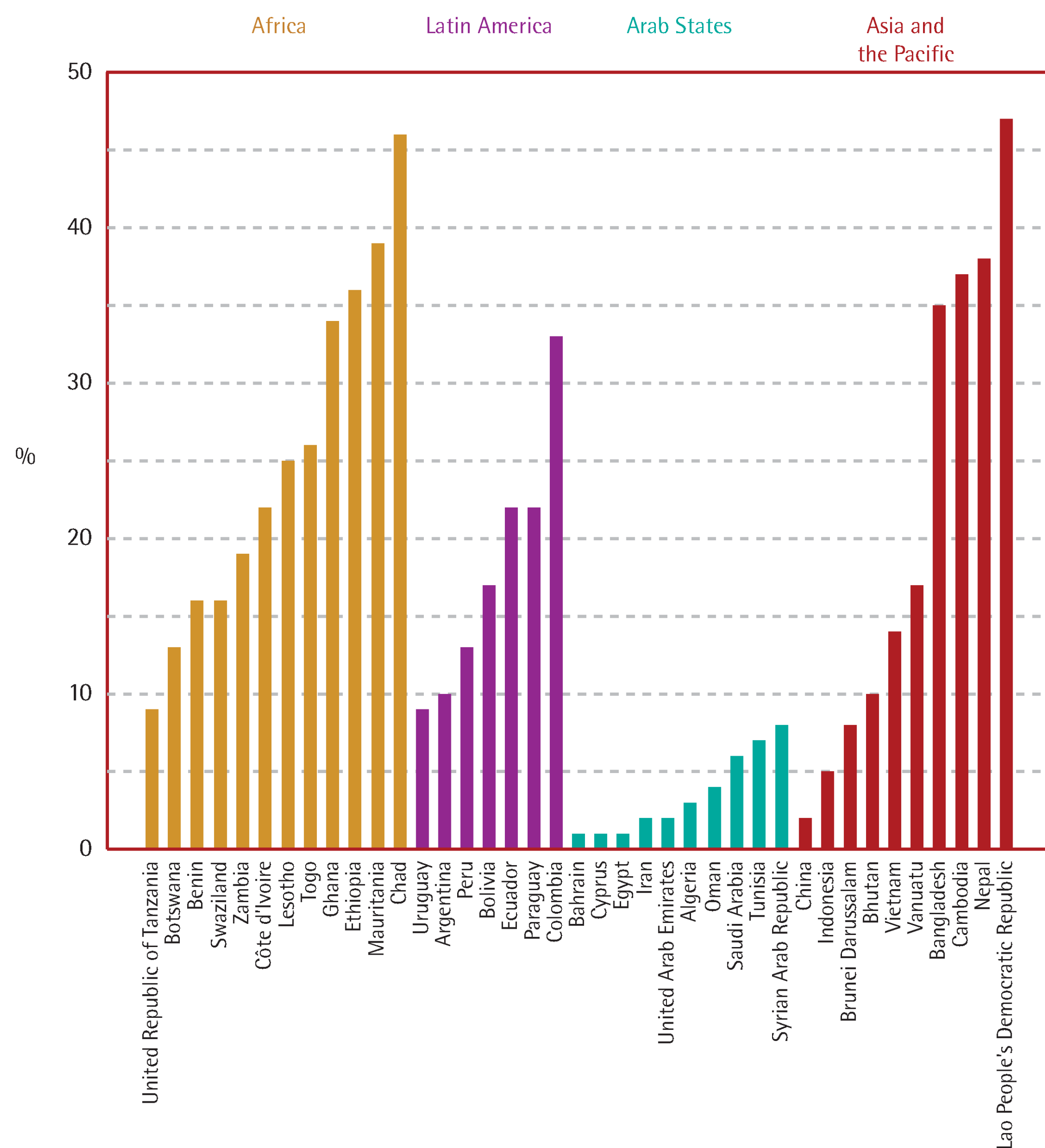
Most children and young people are HIV-free. But half of new infections take place in the age group between 10 and 25. Education systems can reach young people before most are sexually active. To the extent that they are accessible, schools reach further into communities than any other institution, hence they are critical instruments for reducing vulnerability and risk among young people.

However, in many places, schools themselves or the travel to and from school put children, especially girls, at risk. More generally, groups can be exposed and vulnerable when they have little control over the conditions of their life or can exercise no autonomy over critical choices affecting their welfare. In addition to higher biological vulnerability, the social and economic dependency of women increases their exposure to HIV/AIDS. Quality education for all is the prerequisite for effective prevention education for all – one that is cumulative and encompassing.

Although no institution reaches wider than schools, it is nevertheless a fact that many children are out of school, and more and more drop out with increasing age. Prevention education cannot be left to schools alone — schools do not reach all, and they reach fewer in the age groups most at risk. Moreover, schools do not reach other highly exposed groups such as migrant workers, soldiers, men having sex with men or sex workers.

This is the key reason why non-formal education — indeed all communication and information channels — must spread socially targeted and effective messages and skills about communicable diseases. And it is a key reason why all social institutions must become institutions for renewed prevention education — the economic sector as well as religious and civil society organizations. It is necessary to distil good practices from experience and use them in the design of concrete programmes for action.

Figure 10 ***Many children are out of school and are not reached by formal prevention education***
Percentage of pupils not reaching Grade 5



Source: UNESCO Institute for Statistics, 1999-2001

UNESCO will:

- promote prevention education as part of the provision of quality education for all;
- promote the development of environments, in and outside of school, that reduce vulnerability, and ensure that laws and regulations are developed to this end;
- support programmes for schools that are healthy, child- and adolescent-friendly and protective, particularly for girls, including the teaching of human rights, gender equality, democracy and citizenship;

- ensure that gender issues are explicitly addressed in education;
- assist authorities in developing workplace policies and codes of practice that reduce vulnerability and protect the rights of children on issues ranging from behaviour towards the infected, to the care for orphans, sexual harassment, or rights and responsibilities of all school personnel and rights of school children with HIV/AIDS;
- *w*ork with appropriate partners to develop non-formal and peer education programmes for adolescents and young adults out of school, in particular for girls and women.

4. Ensuring rights and care for the infected and affected

The Universal Declaration of Human Rights also encompasses health care: "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including medical care and the right to security in the event of sickness or disability." People can live productively with HIV for many years if they have appropriate treatment, care, social support and better nutrition.

The right to health care is far from fulfilled. In spite of promising recent developments, medical treatment is not yet available in a non-discriminatory manner to all.

A key task for prevention education is to battle complacency, promote commitment and improve care. Successful long-term care for the infected requires full co-operation and open communication, conscientiousness and compassion, on all sides — not just between patients and health personnel, but also among family and friends, colleagues and community.

The knowledge, attitudes and skills to provide care for the affected and infected are therefore a vital part of any programme of prevention education. The infected and affected must be actively engaged and supported in their efforts to address the epidemic in communities around the world. Preventing infection is inseparable from care for them.

At the heart of reflection, discussion and action must be values and human rights, defending the dignity of all and calling on the solidarity of everyone. For the task is no less than to promote prevention, to supply care and to secure support for individuals, communities and indeed whole nations at severe risk — all in one go.

UNESCO will:

- support education programmes that ensure that all know the facts about HIV/AIDS so that fear and discrimination do not reduce the availability of care;
- promote and build up counselling and care for those infected and affected;
- promote measures to ensure the right to education for orphans, affected children and young people so that they enter and stay in education;

- support education and training in counselling and care of education and health personnel;
- share information on good practices, notably those involving people living with HIV/AIDS;
- increase attention to linking prevention education to treatment and care.

5. Coping with the institutional impact

The HIV/AIDS epidemic will have a greater impact on the size of the population of several developing countries than the Second World War had on any society. The increased demand for care stretches already overburdened health and education systems. With infection rates reaching a third of the population — and as many as half of the young in some countries — no institution will remain untouched: health services, educational institutions, public administration — all will be undermined and may become demoralized. Governance itself may be threatened and could become destabilized by the enormous loss of personnel and capacity.

When the health of a society is at stake, it is no longer an issue just for ministers of health or the medical community. It is an emergency that in each country must be met by mobilization from the highest level of government and from all ministries — particularly ministries of finance, health and education. For any minister of finance, the infection rate is therefore more important than the interest rate. The epidemic will erode the basis for taxation and deplete funds for development. The more that has to be spent to cope with AIDS, the less is left for everything else.

A strategy for prevention must aim at protecting the core functions of the key social, economic and political institutions under the onslaught of HIV/AIDS — i.e. those that supply treatment, secure care, provide education, run the government — indeed also the institutions in the private sector that offer work, goods and services. For example, it is imperative to continue to provide schooling that will enable children to shape their own future by means of knowledge and skills. What is lost in education now will hurt the developing countries for the rest of this century.

The impact of HIV/AIDS on education systems can be dramatic in high prevalence countries. Lost teaching time due to increased absenteeism and loss of teachers to illness and death severely disrupts the educational process. Loss of key personnel hampers management at all levels. It is necessary to plan for teacher replacement and rotation, changes in training, development of new workplace policies, and policies for care and support for the infected and affected. New measures may need to be put in place to allow flexible schedules and to ensure that orphans, affected children and young people, continue their schooling. Alternative forms of delivering educational services must be considered.

UNESCO will:

- develop and disseminate tools to research, monitor and evaluate progress in coping with the impact of HIV/AIDS on education, and help countries to do the same;
- analyze the impacts and implications of HIV/AIDS on the organization of education, both formal and non-formal, and review different modes of financing;
- develop materials and courses and provide training for planners, administrators and managers of key institutions, such as schools, universities and ministries;
- continue to operate and improve its clearinghouse on the impact of HIV/AIDS on education;
- train planners and managers to assess and address the impact of HIV/AIDS on education systems and other vital social institutions;
- ensure integration of HIV/AIDS national planning into EFA planning and programming and other development mechanisms that affect education.

Means and results

- Collection advancement and dissemination of knowledge (research, clearinghouses).
- Capacity building (training of key persons including teachers, peer educators and communication and information practitioners; development of materials; establishing and maintaining networks).
- Policy development (advice to ministries to cope with the impact of HIV/AIDS on the education sector, help in developing curricula, developing advice and policy guidelines on gender- and culturally-appropriate responses, advice in designing appropriate communication and information approaches).
- Identifying and helping hard-to-reach groups through innovative means (reaching marginalized groups, people with disabilities or out-of-school youth; through locally-grounded cultural activities such as theatre, music, dance and other public entertainment; communication media or ICTs; peer education and specific gender-appropriate materials).
- Strengthening UNESCO's internal capacity (regular training, focal points, co-ordination, constant communication, appointment of new staff, search for new funding).
- Evaluation (current evaluation and support to country programmes).

Examples of UNESCO's achievements

Over the years UNESCO, its sectors, institutes and field offices have engaged in a wide range of activities to combat HIV/AIDS:

1990

The Section for Preventive Education developed a conceptual framework for identifying strategies and priority areas for prevention education programmes.

1993

UNESCO entered into a collaborative project with the World Foundation for AIDS Research and Prevention. Publication (jointly with WHO) of *School health education to prevent AIDS and sexually transmitted diseases* (1993), a resource package for curriculum planners, adapted to different socio-cultural contexts and translated into more than ten languages.

1994–98

Development of national prevention programmes, involving high-level officials from ministries of education in all regions.

1998

UNESCO launched, in cooperation with UNAIDS, a project untitled *A Cultural Approach to HIV/AIDS Prevention and Care*. Country-specific and thematic studies, training and sensitization workshops as well as pilot projects were successfully carried out since (document available online).

1999

UNESCO/UNAIDS launched a youth initiative on HIV/AIDS and human rights.

2000

Co-publication with UNAIDS of *Migrant populations and HIV/AIDS*. Publication of *Media and HIV/AIDS in East and Southern Africa: a resource book*.

IIEP launched a programme on the Impact of HIV/AIDS on education.

2001

Publication of *Elmina resource guide on HIV/AIDS and education*. Co-publication: *Reporting on AIDS in South East Asia*.

UNESCO/UNAIDS joint publication: *HIV/AIDS and Human Rights: Young people in Action Kit*.

Publication of four methodological handbooks on developing culturally appropriate responses to HIV/AIDS: strategy and policy building, project development, information, education and communication, and field work.

2002

Establishment of global UNESCO HIV/AIDS Clearing Houses on the Impact of HIV/AIDS on education (at UNESCO IIEP) and on Curriculum for HIV/AIDS preventive education (at UNESCO IBE).

2003

Education Sector's Response to HIV/AIDS on Nigeria. Report and Framework for Action.

Training for Teachers *Manual on Preventive Education against HIV/AIDS* and Advocacy Kit for Ministries of Education by UNESCO, Bangkok.

UNESCO/UNAIDS Small Grants Facility established to support the implementation of youth projects addressing HIV/AIDS related discrimination.

Round table on *Stigma and discrimination: an anthropological approach* and publication of proceedings in the framework of the World AIDS Campaign.

Publication of a manual on *AIDS and Theatre: How to use theatre in the fight against HIV/AIDS – Manual for youth theatre groups* followed by a series of training sessions for trainers in French speaking Western Africa.

2004

Living and learning in a world with HIV/AIDS – a kit for young people, their parents and teachers. Developed in close collaboration with ASPnet schools and with financial support from UNAIDS.

Situation analysis of HIV/AIDS among children in difficult circumstances in Lesotho, Namibia and Zambia undertaken.

UNESCO's field offices – e.g. in Almaty, Bangkok, Brasilia, Dakar, Harare, Kingston, New Delhi, Phnom Penh, Rabat, Santiago de Chile and Windhoek – have carried a wide range of activities at regional and country level in formal and non-formal education, communication, culture and the social and human sciences.

The global initiative on prevention education and HIV/AIDS, "Towards an AIDS-Free Generation: A Global Initiative to Expand Prevention Education against HIV/AIDS", is launched by UNESCO and UNAIDS.

Regional strategies

Sub-Saharan Africa

The HIV/AIDS epidemic has turned out to be much more extensive than predicted, with almost every passing year seeing a revision upwards of estimates and projections.

Currently sub-Saharan Africa (SSA) is the most severely affected region in the world, with the epicentre of the disease lying in the countries of Southern Africa. At the end of 2001, the infection rate for adults in their productive years, those aged between 15 and 49, was 8.9 per cent for the region as a whole, and 0.4 per cent for the rest of the world. This means that on average one in every 11 adults living in SSA is HIV-positive. Although they account for only 10.4 per cent of the world's population, African countries experienced almost three times as many AIDS deaths in 2001 as the rest of the world combined and are home to more than three-quarters of the children orphaned by the disease. By the end of 2003, UNAIDS estimated 26.6 million people were living in Africa with HIV and AIDS. Significant characteristics of HIV/AIDS are that it affects individuals in every economic class, strikes hardest at those in the productive 15 to 50 age group, and is very conspicuous among young adults in the 15 to 25 age group of whom 10 million were estimated to be living with HIV and a further 3 million below the age of 15 in 2002.

The steady progress of HIV/AIDS in severely affected countries has already led to significant economic, social and security setbacks. The disease is unraveling hard-won development gains and is exercising a crippling effect on future prospects. The worst of the impact has yet to be felt. Unless appropriate measures are adopted, particularly in massively expanded prevention efforts, the epidemic will continue to spread and threaten sustainable development in Africa. Providing access to treatment and care for those infected is another major challenge for African governments.

The most direct consequences of the epidemic are increases in morbidity and mortality. These, in turn, have wide-ranging knock-on effects in a variety of socio-cultural and socio-economic areas:

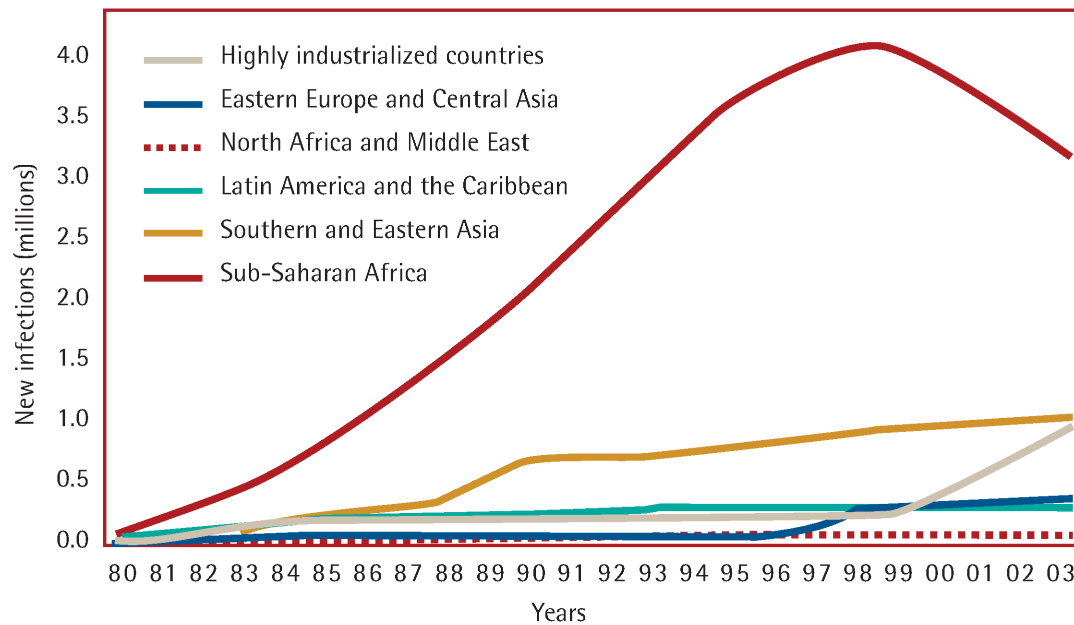
- increased levels of personal and household poverty;
- declining agricultural productivity;
- greatly increased burdens on already fragile health systems;
- non-participation of children in education programmes;
- declining ability of school systems to provide quality educational services;
- a decline in the number of adults in their most productive years;
- a burgeoning number of orphans;
- an enlarged role for the elderly in providing for child care and raising;

- reduced potential to care for the elderly;
- changes in traditional and customary practices;
- frequently occurring occasions for grief and mourning;
- remorseless experiences of physical and psychological pain;
- declining public capacity to provide basic social services and efficient economic management and regulation;
- reduced levels of public security and safety.

The World Education Forum had good reason for affirming that education can be a powerful force in combating the spread of HIV/AIDS. The disease has no cure. A vaccine is a distant possibility. Antiretroviral drugs are far from universally available. In these circumstances, the main mechanism for dealing with the epidemic has to be education. It is a necessary and potent mechanism:

- Education is necessary for galvanizing the political momentum and community mobilization that are central to success against HIV and AIDS.
- Education is necessary for reducing stigma and discrimination, two factors that support the continued spread of the disease and undercut care and support for the infected and affected.
- Education enters in a fundamental way into every aspect of prevention.
- Some form of education is intrinsic to every programme of treatment and care.

Figure 11 *Estimated annual number of new HIV infections by region, 1980-2003*



Source: UNAIDS, WHO, 2003

- Formal school education and non-formal programmes for young people reach into communities and families in ways that no other services do.
- Formal and non-formal education programmes are largely the province of the young, the category at greatest risk of becoming infected with HIV.

There is a growing body of evidence that education protects against HIV infection: the more education, the less HIV.

On this basis, UNESCO is working on three principles in Africa: the need for a long-term commitment; preparation for the unexpected, given the ever-changing nature of the epidemic; and confidence and commitment to change. The specific strategic thrusts in Africa include: advocacy, particularly related to EFA goals and UNGASS goals; educational approaches that take due account of out-of-school youth and those displaced by conflict and other factors; reduction of vulnerability and risk; development of institutional capacity; innovations in care and support for learners and teachers; promotion of strategic initiatives that increase the capacity of education systems and institutions to mitigate the impact of HIV/AIDS on their operations; development of the scientific knowledge base through African research; enhancement of UNESCO's own response capacity.

Asía and the Pacífíc

The region has 60 per cent of the world's population, but – so far – less than 20 per cent of the estimated global total of HIV infections. According to UNAIDS estimates, over 1 million people in Asia and the Pacific acquired HIV infection in 2003, bringing the total number of adults and children living with HIV and AIDS to 7.4 million. A further 500,000 people are estimated to have died of AIDS in 2003. India has the highest number of people in Asia and the Pacific living with HIV/AIDS, estimated at between 3.8 million and 4.6 million people. High HIV infection rates are also found in Cambodia, Nyanmar, Papua New Guinea, Thailand and parts of China and India. In Cambodia, there is 2.6% prevalence among general population, which indicates a generalized epidemic. However, throughout the region geographic pockets and vulnerable sub-populations of much higher HIV prevalence reveal the potential for extensive spread in the region. Although HIV and AIDS affect both men and women, women are more vulnerable due to biological, social, cultural and economic factors.

With the exceptions of Australia, New Zealand, Cambodia and Thailand, the region's HIV epidemics continue to grow, and some explosively. HIV prevalence reported among sex workers in Mumbai, India, rose from 1 per cent to over 50 per cent between 1987 and 1993, and is now estimated to be 70 per cent. A similar explosive spread among populations of injecting drug users (IDUs) has been documented in Malaysia, Nepal, Vietnam, some states in India, some provinces in China, and more recently in Indonesia. If these epidemics continue to grow and spread unchecked, the Asia-Pacific region will soon surpass the number of HIV infected people recorded in sub-Saharan Africa.

A large majority of people in the region (especially women and girls) do not have access to the information, skills, tools and supportive environments needed to prevent HIV and other sexually transmitted infections (STI); to voluntary HIV counseling and testing; to harm reduction; or to the medications needed to treat HIV, STI, and opportunistic infections associated with AIDS, such as tuberculosis. Currently, in most countries in the region, the HIV epidemics have not yet spread beyond specific vulnerable population groups. However, population mobility between and within countries occurs on a scale larger now than at any other time in human history. Such large-scale population movement can accelerate the spread of HIV from initially infected population groups to other sections of the community and around the region.

Key strategies are advocacy, strengthing the response and capacity of relevant ministries, developing and promoting methods and tools for prevention education, maintaining and disseminating information on good practice, strengthening the guidelines and tools for culturally appropriate responses, improving the scientific resource base for decision-making and programme design, helping alleviate the impact of AIDS on the education sector and evaluation of progress.

Latin America and the Caribbean

HIV epidemics in Latin America and the Caribbean are well established. There is a danger that they could spread both more quickly and more widely in the absence of strengthened responses (UNAIDS, 2002). Twelve countries in the region have an estimated HIV prevalence rate of more than 1 per cent based on surveys of women attending ante natal clinics. The Caribbean includes some prevalence rates that are surpassed only by countries in sub-Saharan Africa. HIV/AIDS is now becoming a leading cause of death. The worst affected is Haiti (over 6 per cent HIV prevalence) followed by the Bahamas (3.5 per cent prevalence). According to UNAIDS, in Latin America and the Caribbean over 2 million adults and children are estimated to be living with HIV, a figure that includes the estimated 210,000 people who acquired the virus in 2003. The implications of this for development in the region must be a concern.

What is driving the HIV epidemics? Changing cultural patterns related to sexual behaviour, particularly among the young, allow more open attitudes towards sexual relations. Another factor helping drive the spread of HIV in the region is a combination of unequal socio-economic development and high population mobility. Central America's worsening AIDS epidemic, for example, is concentrated mainly among socially marginalized sections of populations, many of whom have little alternative but to migrate in search of work and income. Injecting drug use accounts for an estimated 40 per cent of new infections in Argentina and 28 per cent in Uruguay with the number of women injecting drugs increasing in both countries. Finally, unsafe sex among men who have sex with men is to be found across the region.

The region has however demonstrated some impressive responses to HIV and AIDS. Brazil, for example, has developed prevention programmes involving a wide range of social sectors as well as remarkable efforts to provide access to antiretroviral treatment. Argentina, Costa Rica, Cuba and Uruguay provide free and universal access to such drugs, although unequal access to drugs remains an issue in the region.

Depending on the national epidemiological context, the education and training sector needs to develop what is in effect a three-pronged response to HIV/AIDS:

- acceleration of progress towards the achievement of the Dakar Education for All (EFA) goals;
- adaptation of curricula and programmes to promote HIV prevention;
- elaboration of mechanisms and strategies for mitigating the impacts of HIV/AIDS on learners, educators, and the education system as a whole.

Through advocacy, promoting partnerships with governments and other actors, UNESCO's efforts will go mainly towards strengthening the capacity of ministries of education, developing tools to educate teachers and help them respond to the epidemic, and working through peer education with adolescents at risk.

The Arab States regíon

Despite the relatively slow rate of spread of the epidemic, a steady yearly increase in the number of reported cases is observed. To date, there are an estimated 600,000 HIV and AIDS cases in the Middle East and North Africa region compared to around 400,000 in the year 2000. This number constitutes around 1.5 per cent of the total cases worldwide, with an estimated 55,000 new cases and 45,000 AIDS-related deaths reported in the region last year alone (UNAIDS/WHO, 2003). The overall adult prevalence rate is estimated at 0.3 per cent and the age groups most affected are young adults, with the majority of reported infections clustered among people aged 20 to 40 years; women constitute around 25 per cent of all reported HIV/AIDS cases. While these figures are relatively low, compared to Africa or Southeast Asia, low prevalence does not equate to low risk or low priority.

However, in the absence of reliable monitoring in most countries of the region, it is possible that hidden epidemics could be spreading.

In those countries most affected by HIV and AIDS, it is estimated that the per capita growth could fall by 0.5-1.2 per cent as a direct result of HIV and AIDS. By 2010, per capita gross domestic product (GDP) in some countries may drop by 8 per cent. Calculations show that heavily affected countries could lose more than 20 per cent of their GDP by 2020. The impact of the epidemic on the health sector could constitute an additional burden in terms of the cost of treatment, as well as the availability of well-trained human resources to combat the epidemic.

It seems that the Arab States region is at a critical point in the course of the HIV and AIDS epidemic. Now is the time for devising effective approaches to the

development of comprehensive, multi-sectoral strategies. In the absence of greater candour, political commitment and improved prevention programmes, wider HIV spread can be anticipated.

UNESCO's overall priority in the region will be to inform and guide educational planners, policy-makers and teachers, all working together to improve HIV prevention, care and support through the region's education systems. UNESCO's regional strategy also fosters a culturally appropriate and integrated approach for the creation of supportive environments that will facilitate not only access and dissemination of information but above all behavioural change. Traditional cultural and religious values are key determinants in the implementation and success of an effective response to HIV and AIDS in the Arab States region. Although each country needs a specifically tailored response, commonly needed measures include:

- raising the priority of HIV and AIDS through research, media, and advocacy at all levels;
- empowering affected communities by encouraging the development of local NGOs and community-based organizations;
- developing programmes based on sound knowledge of the context, with monitoring, evaluation plans and budgets;
- improving the provision of clear and scientific information on the means of protection;
- reducing the vulnerability of migrants, internally displaced persons and refugees, beginning with research to create a taxonomy of situations and a process involving all stakeholders to design appropriate and co-ordinated interventions;
- developing life skills education for youth that is culturally appropriate, effective and recognizes the structural factors associated with risky behaviours through the promotion of peer education for instance; and
- reducing vulnerability among youth through multi-sectoral planning to affect reproductive health, educational attainments, and information access.

Europe

In Western Europe HIV prevalence rates remain low, but there is no room for complacency. The most challenged area is Eastern Europe where the epidemic continues to spread rapidly. The worst affected countries are the Russian Federation, the Ukraine and the Baltic States of Estonia, Latvia and Lithuania. Meanwhile, HIV continues to spread in Moldova and Belarus. The epidemics are being driven by the widespread risky behaviour of injecting drug users (IDU) and unsafe sex among young people. Large numbers of young people regularly or intermittently engage in injecting drug use practices which facilitate the spread of HIV through contaminated equipment used when injecting drugs. Condom use is generally low among young people, including those with high risk behaviours.

Young people predominate in this region among reported cases of HIV. In Belarus, 60 per cent of HIV/AIDS positive people are aged 15-24. In the Russian Federation, 80 per cent of HIV cases among IDU are in young people under 30. A new pattern is becoming evident – young women are accounting for an increasing share of HIV infections with a sharp rise in mother-to-child transmission of the virus.

Thus, UNESCO will focus on the reduction of vulnerability of young people, enabling them to reduce drug injecting and risky sexual behavior. Harm reduction is a key approach in this response. UNESCO will work primarily with Armenia, Azerbaijan, Belarus, Georgia, Moldova and the Russian Federation. UNESCO's approach will be multi-sectoral. It recognizes the strong need for governments to act in the area of preventive education and to build their capacity to do so. UNESCO will help build this capacity and help governments design programmes and tools that take culture (norms, values, attitudes, language, knowledge) and structural aspects (gender, class, ethnicity) into account. It will work with UNAIDS partners to develop appropriate materials, and to collect and disseminate information on interventions and good practice. It will continue to assist and encourage the use of scientific data in the design, implementatiion, monitoring and evaluation of HIV and AIDS related interventions.

Annex

UNESCO Clearinghouses
http://www.unesco.org

IBE International Clearinghouse on Curriculum for HIV/AIDS Education
http://www.unesco.org/education/ibe/ichae

IIEP HIV/AIDS Impact on Education Clearinghouse
http://hivaidsclearinghouse.unesco.org

UNESCO BREDA Regional HIV/AIDS Clearinghouse on Preventive Education
http://www.dakar.unesco.org/clearing_house/sida.shtml

UNESCO Bangkok
http://hivaidsclearinghouse.unesco.org/bangkok

UNESCO Harare Regional HIV/AIDS and Education database
http://www.harare.unesco.org/hivaids/db.asp

Further reading

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-Retroviral Treatment
DHS	Demographic and Health Surveys
EFA	Education For All
FTI	Fast Track Initiative
GDP	Gross Domestic Product
HIPC	Heavily Indebted Poor Countries
HIV	Human Immunodeficiency Virus
ICT	Information and Communications Technology
IDU	Injecting drug users
ILO	International Labour Organization
NGO	Non-Governmental Organization
PRSP	Poverty Reduction Strategy Papers
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNODC	United Nations Office on Drugs and Crime
WFP	World Food Programme
WHO	World Health Organization