“Towards an AIDS-Free Generation: 
The Global Initiative to Expand Prevention Education against HIV/AIDS”

In 2001, at the special session of the United Nations General Assembly (UNGASS) a Declaration of Commitment on HIV/AIDS was adopted. Among the goals, the following on prevention were to be reached by 2005:

- To reduce HIV prevalence rates among young men and women aged 15 to 24 in the most affected countries by 25 per cent;
- To ensure a wide range of prevention programmes which take into account local circumstances, ethics and cultural values is available in all countries, particularly the most affected countries;
- To ensure that at least 90 per cent of young men and women have access to the information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection.

In the report on the UNGASS follow-up that was presented to the UNAIDS Programme Coordinating Board (PCB) in 2003, it was concluded that with current efforts, there is no way in which these targets on prevention can be reached – indeed, we are falling further behind. With 5 million new infections – all of which in the future will require life-long anti-retroviral therapy – in each of the last three years, we can talk of a massive failure of prevention.

There is no vaccine – and one is long in coming. There is no cure – and one is long in coming. Even with the full scaling up of treatments, they are no match for the spread of the epidemic.

At the initiative of UNESCO, the heads of agencies of the UNAIDS Committee of Cosponsoring Organizations at its meeting in Livingstone on March 4, 2004, decided to unite behind and launch a joint program on prevention education to complement the new UNAIDS-WHO “3 by 5” initiative for treatment (providing antiretroviral therapy for 5 million people by the end of 2005) and to link treatment and prevention. Prevention and treatment are mutually reinforcing. A comprehensive strategy that combines the most effective practices in prevention, education and treatment is therefore imperative.

Hence the partners in the initiative are united by a commitment to implement a jointly developed prevention education framework.

**Prevention education**

HIV/AIDS prevention education consists in developing the awareness, knowledge, skills, attitudes and values that will reduce infections and impacts of HIV, including the impacts on the education sector itself. It encompasses access to care, counseling and treatment education as well as preserving and enhancing the core functions of the education system by better planning and management. It aims to empower decision-makers spanning from authorities deciding on national strategies to individuals deciding on their life-styles.
Prevention education works – if agencies join countries in working together

The epidemic is producing a set of interrelated catastrophes in slow motion – leaving millions of orphans, undermining schools, decimating the ranks of professionals and adults in the most productive years of their lives. Sub-Saharan Africa is hardest hit. Asia is at a tipping point in the epidemic – it is still possible to contain it but it will require a fully focused effort on prevention. The same holds for several of the CIS countries

Preventing a burst in the spread beyond the most exposed groups is easier and cheaper than trying to cope with a generalized epidemic. Experience shows that prevention education works. For example, a recent study from Uganda shows that it can have the same effect as a vaccine 80% effective (Science, April 30, 2004). Just being in school, independent of any curriculum, reduces infections.

Yet at present what we do in prevention is no match for the spread of the epidemic. Though there are many UN system activities, they take place more in parallel than as joint endeavors – indeed many of them are at best loosely coupled. Each UNAIDS cosponsor is dedicated, yet we are not doing a good enough job as a system. And though there are many broad strategies, declarations and reports1, there is as yet no common action framework for concrete, comprehensive, complementary and collaborative prevention activities which can serve as a model of “jointness”.

There are, however, promising signs that a change is beginning to come about. In September 2000 the World Bank launched the Multi-country HIV/AIDS Program (MAP) for Africa.2 In June 2001 the Governing body of ILO adopted its Code of Practice on HIV/AIDS which since then has received the support

1 Among them are the UNGASS Declaration of Commitment, Interagency Task Team’s "HIV/AIDS and Education: A Strategic Approach" (IIEP 2002), The Global HIV Prevention Group’s reports from 2003 and 2004.

2 The MAP is designed to 1) empower stakeholders with funding and decision –making authority, 2) involve actors at all levels, from individuals and villages to region and central authorities, 3) provide support to the public and private sectors and in civil society, and 4) encompass all sectors and the full range of HIV/AIDS prevention, care and support, and mitigation activities.

“Fragmentation has real costs, in money and in lives. With new funding and actors coming in now we urgently must turn the “Three Ones” principles from a concept into reality.
...the reality in many countries...today: scores of AIDS donor missions, numerous evaluation frameworks, rival coordination mechanisms, an epidemic of workshops and meetings, and piles of paperwork.

Some of the greatest challenges we face today are of our own making: the obstructions of bureaucracy, the injustice of stigma, the rivalry, lack of coherence, and the failure of political leadership.

There is no time to be divided by institutional agendas. We all have the same goals, and we must work together - each playing to our individual strengths.

Today I reiterate my own commitment - and that of the whole of UNAIDS - to doing so.

Friends, let us not forget that all the tools to change the course of this epidemic are in our hands. But are we really willing to change our institutional behaviours?

Are we ready to radically take on these challenges?

To leave our flags behind? Every person in this room will provide part of the answer. But if we are not willing, we will massively fail.

-Peter Piot, Plenary Address at the Closing Ceremony of The XV International AIDS Conference, Bangkok, July 16, 2004
of the UN Secretary General and UN system, as well as of national leaders, corporations, labor organizations and NGOs. In 2003 the UN's High-Level Committee on Programmes discussed a document prepared by The World Food Programme on *Organizing the UN Response to the Triple Threat of Food Insecurity, Weakened Capacity for Governance and AIDS*. In October 2003 UNICEF organized a *Global Partners Forum for Children Orphaned and Made Vulnerable by HIV/AIDS* where donors, UN aid agencies and advocacy groups agreed to boost their efforts in this area.

The common feature of these programs is that though *initiated by one* organization the overall purpose is to *mobilize all* members of the UN family to support each of them. The same holds for the “3 by 5” initiative.

At the country level the general goals for HIV-AIDS coordination have been spelled out under the so-called “Three ones”: to have

1) one agreed national HIV/AIDS framework for action,
2) one national HIV-AIDS coordinating authority and
3) one agreed country level monitoring and evaluation system.

The realization of the “Three ones” would be facilitated if there was a *joint set of policy options or modules for integrated prevention education, agreed and endorsed globally by the cosponsors which then could be drawn on, adapted to the needs and requests as well as coordinated at the country level*.

The modules of the global initiative (see below) would so to speak provide the keys in a “keyboard” of mutually integrated activities, from which “chords” could be selected at the country level and well-matched to local conditions and needs. At the country level activities or modules can be selected appropriate to their circumstances as well as to their capacity to undertake the activities.

What is needed, therefore, is a generic program in prevention education that is

1) *simple and standardized*, yet
2) *comprehensive and sensitive* to the particulars of each country and
3) *applicable and adaptable* to each community.

It has to be protective of individuals and supportive of institutions – *and* well integrated with the “3 by 5” treatment initiative as well as other initiatives from the cosponsors mentioned above. Such a program must provide a template for decision-making and well considered policy options on a broad range of issues. All such and similar requirements...
to address the epidemic must be condensed into a tool-kit that can be put to immediate use and adapted to any country or community. (See below).

The guiding principles for such a program would be

- **Urgency** – the epidemic does not wait and important element of the program should be ready for implementation as soon as funds are available
- **Country ownership** – national coordination and community involvement
- **Integration** – consistency across policy areas
- **Economy** – building on material and practices already developed
- **Linking** – combining treatment and care interventions and UN initiatives already under way to provide a comprehensive multi-sectoral response
- **Concreteness** – identifying a set of specific activities that can constitute a mutually supportive package set out in steps with a timeframe and milestones so that the whole becomes easy to realize
- **Ease of implementation** – activities tailored to the administrative capacity of country and community
- **Partnership** – the program should guide collaboration between national governments, cosponsors and other partners by providing programmatic content for the “3 ones” with roles and responsibilities clearly articulated
- **Equity and normative coherence** in setting priorities and in interacting with stakeholders, such as engaging people living with AIDS.
- **Learning** – openness for experimentation and innovation resulting in evidence based recommendations, periodic reviews and easy updating and sharing
- **Accountability** – systematic monitoring and evaluation, and the country level within the “Three ones” framework.

It is also imperative that the program is designed in such a way that the whole is easy to overview and yet can function at different levels – global, regional, national and local – and for different audiences, e.g. national leaders, technical experts and local authorities.

**What is to be done?**

During the coming months four different tasks need to be done:

1. To develop a compact version of the “tool-kit” presenting components of the tool-kit in the format of Information Sheets. There would a common format for each policy area addressing questions like the following:
   i. What is the issue? Background (e.g. orphans or school health)
   ii. Why is it important in the context of HIV/AIDS? Rationale
   iii. What should be done and what works? Policy issues and implementation approaches.
   iv. What are obstacles and opportunities for action?
   v. How can activities be costed and financed?
   vi. Who are key partners in finance and implementation?
   vii. Which are key sources, documents and existing tools on the issue?
   viii. Example of large scale successful implementation

The key audience for such documents would be ministers and ministries, particularly of education. The Information Sheets should provide a quick, yet valid overview of effective actions and their rationale, and also make it possible to
overview several related policy interventions simultaneously, e.g. for curriculum reform, teacher training, school feeding programs, etc.

2. For each of the Information Sheets there would correspond a “manual” for how go about the task at the technical level.

   The key audience here would be professionals at the technical level, e.g. in ministries or in community or school administration who will be charged with implementing a policy. It should be underlined that many such manuals already exist, so that the key task is to present and edit them in a common format and so that the link between different policy areas becomes evident.

   The Tool Kit – both the information sheets and the manuals – should be presented within a common format as a consistent and integrated set of policy options, organized so that they can be easily revised and updated, made available by different media (e.g. as a folder, CD, Online version, etc.).

   It would have to be accompanied by special training and capacity building on how to use and apply them.

   In other words, an aim would be to provide a common framework for collective action with a high degree of accessibility, ensuring understanding of the basics as well as overview of the different components, and organized so coordination can be facilitated and training done simply and cheaply.

3. Identifying the criteria for selecting a set of first wave countries for joint action. Among the criteria could be:

   a. That a country is among those selected for the Fast Track Initiative spearheaded by the World Bank (but not exclusively FTI countries)
   b. Global regional balance (e.g. 4 from Africa, 2 from each of the other regions). (Being selected for the Accelerated Education Sector Response to HIV/AIDS in Africa can be an additional criterion)
   c. Functioning Theme Group and Country Team
   d. Having started on one or more of activities in the Tool Kit
   e. If a “large population country” is selected, focus on a manageable province
   f. Opportunity for combing with the Women’s and Girls' Education Initiative in Western and Central Africa.

4. Starting joint activities in the selected countries.

   A key task of the country level authorities and HIV/AIDS Theme Groups would be to draw on the tool-kit, translate the modules into a set of integrated activities, which are costed and prioritized at the country level, with allocation of tasks to relevant stakeholders and present and organize it as a framework for collective action.

   Key audience: Country level authorities and actors, Theme Group,
Sharing responsibilities between Cosponsors

Since its adoption by the UNAIDS cosponsors in Livingstone in March, the Global Initiative on prevention Education has been presented at a meeting of the Interagency Task Team on HIV/AIDS and Education in Ottawa in May, and at an informal meeting during the 15th International AIDS Conference in Bangkok in July.

At a consultation meeting in Geneva June 25, the following division of labor for developing the first version of the components of the Tool Kit described:

<table>
<thead>
<tr>
<th>Component</th>
<th>Agency(ies) Responsible</th>
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<tbody>
<tr>
<td>1 Planning</td>
<td></td>
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<tr>
<td>a. Situation analysis</td>
<td>UNAIDS Secretariat</td>
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<tr>
<td>b. Monitoring and Evaluation</td>
<td>World Bank</td>
</tr>
<tr>
<td>c. Projection models</td>
<td>UNESCO</td>
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<tr>
<td>d. Human capacity, national planning</td>
<td>UNDP</td>
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<tr>
<td>2 Policy (including advocacy)</td>
<td>UNESCO</td>
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<tr>
<td>3 Coordination (process and mechanism)</td>
<td>UNAIDS Secretariat</td>
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<td>4 Workplace policies</td>
<td>ILO</td>
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<tr>
<td>5 Prevention</td>
<td></td>
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<tr>
<td>a. in school (formal)</td>
<td>UNESCO</td>
</tr>
<tr>
<td>b. out-of-school (incl. emergency settings)</td>
<td>UNFPA</td>
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<tr>
<td>c. school health (incl. access to services)</td>
<td>WHO</td>
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<tr>
<td>6 Orphans and vulnerable children</td>
<td>UNICEF</td>
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<td>7 Vulnerable groups</td>
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<td>- Refugees</td>
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<td>- Migrant populations</td>
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<td>8 School feeding</td>
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<td>Women</td>
<td>UNICEF</td>
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<td>UNAIDS</td>
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The organization charged with the task is to consult other stakeholders – e.g. UNESCO consult with the World Bank on projection models. Each agency would also assign to a specific subunit the responsibility for preparing the task (e.g. UNESCO can assign IBE the task on prevention in school such as curricula, teacher training). Other items can be added to this list, such as “The Cultural Approach” (UNESCO) or Human Rights and HIV-AIDS (UNHCR).

Time frame

It has been agreed that

- The deadline for first drafts of the Information Sheets is the first week of September 2004. They will then be circulated for comments, reworked. A selection will then be presented at the CCO meeting in New York on October 29th 2004 for review and comment6s by the Heads of Agencies.
• The deadline for first drafts of the *Manuals* – a work which should start in parallel with the work on the Information Sheets – is October 15\textsuperscript{th}. The manuscripts will be circulated for comments and edited. A selection will be presented at the meeting of the UNAIDS *Programme Coordinating Board* in Jamaica in December.

• Criteria for the selection of *first wave countries* will be continued during September and October, with a possible selection of First Wave countries at the CCO meeting in October.

• Joint activities at the country level in the selected countries can then start during the first months of 2005.

• Based on the experiences reached from that phase, the next task would be to *scale up* activities globally mobilizing affected countries and the full support of UN agencies.

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