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UNAIDS Inter-Agency Task Team (IATT) on Education
Symposium on HIV/AIDS
Opening Remarks
Wednesday, November 30, 2011

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

I want to acknowledge the significance of the UNAIDS IATT on education and its accomplishments over the years. The IATT has provided an important forum (not always harmonious or without contention, but that would not be human) and has brought together UN agencies, bi-laterals, foundations, teachers' unions, universities, NGOs, and a variety of other stakeholders to continuously and steadfastly plan how to increase awareness in the education sector of the critical role it has to play in addressing HIV and AIDS and health and well-being in general, and to provide tools, training, and technical assistance to advance policy and capacity-building of ministries of education and their partners.

From creating assessment tools to changing policies, to piloting specific interventions, to fostering cross-sector collaboration, to using what evidence base has been available, to crafting innovative solutions, etc., there have been so many accomplishments.

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

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

These feelings compel us to look back and look ahead at the same time and ask the following questions: Where should the IATT focus in the years ahead? What can we learn from the past? How do we continue capacity-building to address HIV and AIDS in the education sector in a time of constrained resources?

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

The overarching question as we look back and forward is:

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

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

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

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

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

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

School health has a documented history of at least 130 years. All of the references in this presentation are drawn from 'The Thematic Study on School Health and Nutrition'[1], which we produced for UNESCO or Case Studies in Global School Health Promotion.[2]

[1] Thematic Study on School Health and Nutrition, World Education Forum, Education for All Assessment, 2000, Dakar, Senegal, 26-28 April 2000. Prepared by Cheryl Vince Whitman, Carmen Aldinger, Beryl Levinger and Isolde Birdthistle for UNESCO with the World Health Organization.
2. Vince Whitman, Cheryl; Aldinger, Carmen, Case Studies in Global School Health Promotion, Springer, 2009.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

First, that health does not belong to the health sector, but is to be created in settings where people live, love, learn, work, and play.

Second, that health is more than the absence of disease; it is a state of complete physical, mental, and social well-being.

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

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

The World Bank's Cost Effective Package emphasized that a package of five services: immunization, deworming, family planning, substance abuse prevention, and AIDS prevention could reduce 8 % of the burden of disease for $4 per capita.

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

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

These concepts and data happening simultaneously with the emergence of HIV as a serious public health threat resulted in major funding that led to the development of school health and HIV prevention education programs for schools. For the field of school health that was emphasizing overall well-being and comprehensive health, the focus and justification for addressing a single issue and disease was that HIV and AIDS was an entry point that should lead to or be in the context of a comprehensive school health program. But, even for those true advocates of a comprehensive approach, there was no way to turn away from the bountiful resources coming from appropriations for HIV to be delivered to young people through school health programs.

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

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

The meeting stated, "The link between learning and health clearly shows that it is unlikely that Education for All can achieve its goals without significant improvements in the health of students and teachers."

With Jomtien, there is such an important emphasis on the interdependency of the two and the capacities of learners and teachers themselves.

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

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

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

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

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

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

Four core components:

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

Three supporting strategies:

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

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

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

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

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

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

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

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

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

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

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

In a time of continuing this important work, even though resources are ever more scarce, I leave you with this thought from Buckminster Fuller, "All of humanity now has the option to "make it" successfully and sustainably, by virtue of our having minds, discovering principles and being able to employ these principles to do more with less". To sustain the work in HIV in the education sector, we must devote our thinking, our principles and concepts to bridging even more with the field of school health in order to do more with less.