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**UNESCO'S CONTRIBUTION TO THE UNITED NATIONS SYSTEM
STRATEGIC PLAN FOR HIV/AIDS FOR 2001-2005**

SUMMARY

Further to 159 EX/Decision 7.1.2 of the Executive Board, the Director-General presents in this document a draft strategic plan of action regarding UNESCO's contribution to the United Nations system strategy against AIDS. This draft strategic plan of action takes account of the Organization's past and current activities and fits within the proposed Medium-Term Strategy 2002-2007 (Draft 31 C/4).

Decision required: paragraph 20.

Introduction: Efforts of the United Nations system against HIV/AIDS

1. At its 159th session, the Executive Board of UNESCO requested the Director-General to draw up a strategic plan of action concerning UNESCO's contribution to the United Nations system strategy against HIV/AIDS for the five-year period 2001-2005.
2. Fighting HIV/AIDS is one of the top priorities of the United Nations. At its fifty-fifth session, the General Assembly, in its resolution 55/13 of 3 November 2000, decided to convene, as a matter of urgency, on 25 to 27 June 2001, a special session of the General Assembly to review and address the problem of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) in all its aspects. The aim of the special session is to secure a global commitment to enhancing coordination and the intensification of national, regional and international efforts to combat the epidemic in a comprehensive manner. All entities of the United Nations system, including programmes, funds, specialized agencies and regional commissions, is to be actively involved in the preparatory activities and are encouraged to participate at the highest level in the special session.
3. Based on its *Framework for Global Leadership on HIV/AIDS*, the United Nations system agencies are engaged in the development of the first United Nations System Strategic Plan for HIV/AIDS to be completed as preparation for the special session of the General Assembly in June 2001. The Plan defines the overall objectives and key actions of the United Nations system in support of global targets to reduce the epidemic. It offers a framework for the formulation and harmonization of strategies at global, national and community levels in pursuit of established global targets for the reduction of HIV/AIDS. All UNAIDS co-sponsors and other relevant United Nations agencies, programmes and bodies are contributing towards the plan through the development of individual institutional plans, which will articulate specific objectives and outline the targets and plans they will set to achieve those objectives.
4. The UNAIDS secretariat will, together with designated agencies (see box below), take this forward in cross-cutting reviews of the Strategic Plan and relate it to its Unified Budget and Workplan:

Specific responsibility	Designed agencies
Condoms	UNFPA
Blood safety	WHO
Mother to Child Transmission (MTCT)	
Voluntary Counselling and Testing (VCT)	
Young people	
Education	UNESCO
Monitoring and evaluation	World Bank/UNAIDS Secretariat
Social and economic development	UNDP
Orphans	UNICEF
Access to care	WHO
Access to commodities	
Intravenous Drug User (IDU)	UNDPC
Surveillance	WHO
Country-level	UNDP
Capacity development within co-sponsors (training, information systems)	UNAIDS secretariat
Inter-agency collaboration	UNAIDS secretariat

5. At a time when the number of actors as well as available resources are increasing, coordination becomes even more imperative to focus efforts and avoid duplication. Under the leadership of UNAIDS, the Strategic Plan will be developed with the above-mentioned allocation of responsibilities. UNESCO will fully take part in this Plan and find its role within this agreed division of labour.

UNESCO's mandate and contribution to the United Nations system strategy against HIV/AIDS

6. The resolution adopted at its 159th session of the Executive Board of UNESCO (May 2000), called for the drafting of a “strategic plan of action oriented towards objectives and results as part of the United Nations system strategic plan for HIV/AIDS for 2001-2005”. In its 159 EX/Decision 7.1.2 the Executive Board invites the Director General “to continue in all the Organization’s fields of competence, particularly education and science research, to give very high priority to activities designed to meet countries’ specific AIDS-prevention needs, with special emphasis on the countries hardest hit by the epidemic, particularly in Africa under the International Partnership against AIDS in Africa”. In compliance with this resolution the Director-General followed up this resolution by giving high priority to the fight against HIV/AIDS, and particularly through preventive education. *UNESCO's strategy for HIV/AIDS preventive education* has been produced (for distribution as a general information document during the 161st session) as an integral part of the United Nations’ actions against HIV/AIDS, i.e. the *United Nations System Strategic Plan for HIV/AIDS and the UNAIDS Unified Budget and Workplan*. Hence UNESCO’s commitment as expressed in its new *Strategy for HIV/AIDS preventive education* should take as its point of departure the collaboration and division of labour among United Nations agencies and the specific contributions that UNESCO could make.

Proposal for a UNESCO's five-year strategic plan of action: promoting preventive education

7. Within the global framework of the United Nations system, UNESCO has been assigned a special responsibility in education. Preventive education is also an integral part of Education for all. Content is a vital ingredient of any educational programme. In preventive education UNESCO can build on its unique interdisciplinary orientation. It can combine its experience in curriculum development, capacity-building in planning and monitoring of education systems with knowledge from science, sensitivity to diverse cultural and social contexts and communication to different target audiences. UNESCO’s strategy will focus on addressing the needs of those who are most vulnerable to HIV/AIDS, including the poor, young girls and women, and out-of-school children and youth. Preventive education is also imperative for protecting the core functions of the education system itself so that it can serve learners in and out of school even under the onslaught of the epidemic. Preventive education is essential to ensure that those affected and infected live with dignity and continue to learn and work as well-integrated members of their communities.

8. Fighting HIV/AIDS through preventive education is no single-point programme. Hence UNESCO’s efforts will be directed towards the following five core tasks:

- (a) advocacy at all levels;
- (b) customizing the message;
- (c) changing risk behaviour;

- (d) caring for the infected and affected;
- (e) coping with the institutional impact of HIV/AIDS.

Different settings require a different balance and weighting of these five elements.

9. **Advocacy:** The critical factor for a renewed and effective strategy for preventive education is the massive, unfailing and unrelenting advocacy and support of political authorities at the highest level. UNESCO will engage in high-level advocacy for effective leadership, mobilization and coordination of all sectors and levels of governments in the fight against HIV/AIDS. UNESCO will also engage in advocacy directed towards NGOs, civil society and the private sector for mustering support and focus energy and resources on preventive education. In particular UNESCO will also engage ministries, agencies and non-governmental organizations under its mandate, such as those for education, sciences, culture, communication and sports. UNESCO will promote cooperation and strengthen capacities in order to produce and disseminate research and information related to HIV/AIDS.

10. **Customizing the message:** The uneven infection rates worldwide are in no small part due to uneven distribution of knowledge. Knowledge about what to avoid has contributed to reducing infection rates in developed countries. In preventive education the scientific validity of the message is essential. But what is understood depends not only on its scientific soundness, but also on the frame of reference within which it is interpreted. For this reason, UNESCO will actively take part in the development and dissemination of culturally sensitive curricula tailored to recipients at different levels of understanding of HIV/AIDS and particularly for vulnerable groups.

11. **Changing risk behavior:** Changing conceptions and attitudes require effective communication – knowing the audience, designing the right message and getting it across. Effective communication is needed to translate knowledge into change of behavior. UNESCO will support development of curricula sensitive to gender and culture and promote preventive education in all education. UNESCO will promote formal and non-formal educational programmes so that all the young know the facts about HIV/AIDS and how to prevent its spread and protect themselves.

12. **Caring for the infected and affected:** Curbing the infection rate is not enough – preventive education must address caring for the infected and affected. Key tasks for preventive education are to raise awareness, to battle complacency, advance commitment and improve care. Successful long-term care for the infected requires full cooperation, open communication, conscientiousness and compassion, on all sides – not just between patients and health personnel, but also among family and friends, colleagues and communities. Preventing education is inseparable from care for the infected and affected.

13. **Coping with the institutional impact of HIV/AIDS:** The increased demand for care stretches already overburdened health and education systems. With infection rates reaching a third of the population, no institution will remain untouched. Governance itself may be threatened and could become destabilized by the enormous loss of personnel and capacity. 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 new century. Hence UNESCO will develop and disseminate tools for monitoring and assessing the impact of the epidemic on students, schools, teachers, educational and other institutions, ministers and communities, amongst others through its Institute of Statistics (UIS) and the International Institute for Educational Planning (IIEP). UNESCO will share best practices and disseminate them widely, through a

clearing house on curriculum-oriented issues by the International Bureau of Education (IBE) and through a clearing house on impacts of and responses to the epidemic by IIEP. Moreover, the impacts and implications of HIV/AIDS on the organizations of education, both formal and non-formal, will be analysed and UNESCO's other sectors mobilized to contribute to the overall strategy.

Modes of operation: mobilizing UNESCO's concerned sectors and working in partnership

14. UNESCO, whose efforts against HIV/AIDS go back more than a decade, will therefore find its new role within the new United Nations Framework for Global Leadership on HIV/AIDS and will map its strategy in close coordination and cooperation with the other United Nations agencies. It will draw on its specific strength and mobilize its sectors for the common goal. UNESCO's programme in preventive education will be:

- (a) coordinated by the Education Sector, by monitoring the impact, sharing information with partners about the epidemic, building capacity to reduce risk, and improving care and lessening the institutional impact of the epidemic;
- (b) advised by the Natural Sciences Sector about the latest messages to be delivered and about the broader scientific literacy context within which they have to be placed;
- (c) informed by the Social and Human Sciences Sector about the social context within which actions are to be taken and the ethical considerations that must be made;
- (d) sensitized by the Culture Sector about the cultural complexities that must be taken into account in the implementation of policies;
- (e) supported by the Communications and Information Sector to provide effective advocacy, clear awareness and helpful instruction.

15. UNESCO will work to ensure that preventive education is included as a key focus with the international agenda on HIV/AIDS issues. UNESCO will collaborate closely with UNAIDS and its cosponsors in the United Nations system. In addition, it will:

- (a) engage in advocacy towards non-governmental organizations, civil society and the private sector to muster support and focus energy and resources on preventive education;
- (b) address the needs of the regions hardest hit, such as southern Africa and South-East Asia;
- (c) reinforce its partnership with G-8 countries to mobilize financial resources;
- (d) work in close cooperation with national authorities in Member States as well as with other organizations, both national and international;
- (e) enhance cooperation with and support for regional initiatives such as the Southern African Development Community (SADEC) HIV/AIDS Strategic Framework and Programme for Action, the Association for the Development of Education in Africa (ADEA), and the Economic Community of West Africa States (ECOWAS);

- (f) as the lead agency in the follow-up to the Dakar Framework for Action on Education for All, prioritize HIV/AIDS particularly within the UNAIDS/UNICEF-led Working Group on AIDS, School and Education;
- (g) work closely with NGOs, such as the World Confederation of Teachers and the World Foundation for AIDS Research and Prevention, in strengthening the responses of communities to the challenge;
- (h) give high priority to gender issues and women's empowerment and work closely with UNIFEM on this issue;
- (i) closely involve UNESCO's Institutes, Regional Education Offices, Cluster Offices and National Offices in the implementation of preventive education and by sharing information and monitoring impact.

16. The key outcome hoped for is reduction of the number of HIV/AIDS-infected young people by 25% by 2010 – but in different ways all groups must be reached. The expected results of preventive education are to be found in effective advocacy, customized educational material, changed risk behaviour, enhanced care and better coping with the impact of the epidemic.

Concrete expected results

17. The following results can be expected:

- (a) Commitment at the highest level of government and strong political support for prevention programmes;
- (b) Policies, legislation, programmes and funds to enable the young, as well as teachers and managers, both in education and in the community at large, to protect themselves against the epidemic and play an active role in prevention, care and amelioration;
- (c) New policy guidelines for preventive education to be disseminated and implemented in Member States and other organizations;
- (d) Incorporation of effective measures for preventive education in the plans to be developed in connection with Education for All;
- (e) Integration of results from the natural and social sciences in the messages to be formulated and transmission of these messages in ways that combine cultural sensitivity with effective communication.
- (f) Interdisciplinary guidelines on methods and means for designing and delivering effective preventive education for behaviour change through appropriate knowledge, skills, and attitudes disseminated to Member States;
- (g) Schools with effective preventive programmes in place;
- (h) Empowerment of vulnerable groups, particularly the young, women, minorities and migrants;
- (i) Effective programmes for reaching the young and adults out of school, by means of public information;

- (j) Stronger links between educational institutions and community programmes to promote prevention among families and children;
- (k) Procedures for evaluating programme impacts and learning from such evaluations;
- (l) Trained national and local decision-makers, managers and planners, particularly personnel in education, health care and communication. These can play a key role in prevention not just to provide effective programmes, but also to cope with the institutional impacts of the epidemic;
- (m) Capacity at the national level to research, monitor and evaluate interventions and progress in preventive education;
- (n) Establishment of two clearing houses, one for curriculum and one for the impact of HIV/AIDS on education and responses to these impacts;
- (o) Networks for information exchange and policy assessment;
- (p) Cooperative projects across the boundaries of Member States and regions.

Proposal for a UNESCO five-year strategy (2002-2007): a summary

18. Based on the table entitled “Reconciling Global Framework Desired Outcomes” (see Annex) and “Global Leadership Commitments with UNESCO’s mandate, comparative advantages and programmes”, it is possible to draw a set of statements to representing UNESCO’s global objectives for the five-year period 2002-2007:

- (a) **preventive education:** improve the quality and availability of preventive education in both formal and non-formal settings;
- (b) **policy development:** increase adoption of AIDS-sensitive educational and social policy (with corresponding investment of resources) at national and international level;
- (c) **societal change:** increase adoption of AIDS-sensitive attitudes (including respect for human rights) within the various sectors of civil society;
- (d) **information:** increase access to AIDS-related information, particularly for young people and especially to information encouraging their active participation in the response to AIDS;
- (e) **vulnerable groups:** increase the quality and availability of AIDS programmes for vulnerable groups including out-of-school youth, orphans, injecting drug users, and other populations whose vulnerability is increased by discrimination or exclusion;
- (f) **scientific cooperation:** increase access of all countries to scientific knowledge related to AIDS, and increase opportunities for them to participate in both creating and benefiting from this knowledge, encourage research on new therapies accessible to all and on finding an AIDS vaccine;
- (g) **coordinated partnerships,** through cooperation with UNAIDS co-sponsors and other specialized agencies and by increasingly integrating the AIDS-related work

undertaken with diverse partners (Ministries of Education, teachers federations, young people's NGOs, World Foundation for AIDS Research and Prevention, etc.

19. These objectives fit with many of the objectives and cross-cutting themes set out in the UNESCO Medium-Term Strategy 2002-2007. In addition, detailed planning of UNESCO's activities in the Draft Programme and Budget for 2002-2003 (31 C/5) has taken into account the United Nations system explicit goal of the reduction of HIV infection rates in persons 15 to 24 years of age by 25% within the most affected countries before the year 2005 and by 25% globally before 2010.

20. In the light of the above, the Executive Board may wish to consider adopting the following draft decision:

The Executive Board,

1. Recalling 159 EX/Decision 7.1.2,
2. Having examined document 161 EX/18,
3. Reaffirms its commitment to the importance of UNESCO's contribution to the United Nations System Strategic Plan for HIV/AIDS for 2001-2005;
4. Endorses UNESCO's five-year strategic plan of action to develop HIV/AIDS preventive education, as presented in document 161 EX/18 and invites the Director-General to ensure adequate financial and human resources for its implementation;
5. Also invites the Director-General to work in very close cooperation with UNAIDS, relevant regional and subregional intergovernmental organizations, as well as competent NGOs such as Education International and the World Foundation for AIDS Research and Prevention.

ANNEX

Reconciling Global Framework “Desired Outcomes” and Global Leadership Commitments with UNESCO’s mandate, comparative advantages and programmes

Category	Desired Outcomes	Global Leadership Commitment	Required activities	UNESCO programme
Reducing risk of HIV infection	Among young people: postponement of first sexual intercourse; safer sexual practices; reduction of the number of sexual partners	4. Children and young people 5. Girls and women 10. Research	Preventive education; cultural research; training of personnel	Education; Social and Human Sciences; Culture; Communication and Information; Natural Sciences
	Avoidance of traumatic sexual intercourse (i.e. involving coercion, violence, etc.)			
	Reduction in the harm associated with drug use, especially among young people	4. Children and young people 6. Populations most vulnerable/at greatest risk 10. Research		
Reducing vulnerability to HIV infection	Among young people: positive relations with trusted adults; peer relations that model safer behaviour; participation in family, religious and community activities; positive orientation to education and health	4. Children and young people 5. Girls and women 10. Research	Curriculum development; cultural research; advocacy	Education; Culture; Communication and Information
	Development of schools as more inclusive, protective and gender-sensitive community-based organizations	4. Children and young people 5. Girls and women 12. Policies, legislation and programmes	Curriculum development; advocacy	Education
	Improved access to essential services including sexual health information, education and services; schools and other organized education programmes through secondary level; life-skills based HIV/AIDS education to develop the knowledge, attitudes and values needed to respond to the epidemic	3. Community-focused action 7. Care and support 11. Strengthening of human resource and institutional capacities 12. Policies, legislation and programmes	Advocacy; policy and curriculum development; technical resource network development	Education; Communication and Information; Field Offices; Natural Sciences
	Supportive legal and social norms, including: reduction of gender and economic disparities that fuel the epidemic; greater equity in educational, vocational training and employment opportunities; attention to policies or programmes which perpetuate HIV within particular communities; promotion and protection of human rights	1. Ensure an extraordinary response 8. Full participation of people living with and affected by HIV/AIDS 10. Research 12. Policies, legislation and programmes	Advocacy; policy development; technical resource network development	Education; Social & Human Sciences; Culture; Field Offices; Natural Sciences

Category	Desired Outcomes	Global Leadership Commitments	Required activities	UNESCO programmes
Impact mitigation at individual level	Early and increased support to children, especially those orphaned by AIDS, focusing on their education	4. Children and young people 12. Policies, legislation and programmes	Curriculum and social policy development	Education
	Increased vocational training opportunities for young people	4. Children and young people 11. Strengthen human resource and institutional capacities 12. Policies, legislation and programmes	Curriculum development	Education
	Improved access to quality care for people living with HIV	8. Full participation of people living with and affected by HIV/AIDS	Advocacy	Education; Social and Human Sciences; Natural Sciences
	Improved access to legal services, and human rights protection	8. Full participation of people living with and affected by HIV/AIDS 11. Strengthen human resource and institutional capacities	Advocacy; social policy development	Social and Human Sciences
Impact mitigation at community level	Empowerment of communities to respond to issues at local level; building capacity of community organizations; ensuring that community consultation occurs in HIV/AIDS policy and programme design and implementation	3. Community-focused action 9. Partnerships among public sector and civil society	Social policy development; NGO and community capacity-building; cultural research; advocacy	Education; Social and Human Sciences; Culture; Field Offices
	Enhanced role of schools as centres for family and community service	9. Partnerships among public sector and civil society	Educational policy; advocacy	Education
	Increased community and external investments in essential infrastructure in key sectors including education and social services	9. Partnerships among public sector and civil society 11. Strengthening of human resources and institutional capacities	Advocacy	Education; Field Offices
Impact mitigation at national level	Strengthened national AIDS programmes and improved coordination of HIV/AIDS policy and programme responsibilities across all sectors of government	1. Ensure an extraordinary response 9. Partnerships among public sector and civil society	Advocacy	Field Offices
	Appropriate allocation of national resources to cover prevention, care and impact-reduction activities matched with increased international financial and technical support	1. Ensure an extraordinary response 11. Strengthening of human resources and institutional capacities 9. Partnerships among public sector and civil society	Advocacy; education and social policy development	Field Offices