

**EDUCATION** **AND**  
**HIV/AIDS**  
**A WINDOW OF HOPE**

**EXECUTIVE SUMMARY**



**THE WORLD BANK**

**A Note to the Reader**

This booklet contains the summary of *Education and HIV/AIDS: A Window of Hope*. It also includes the foreword to the report and the table of contents for the text of the book.

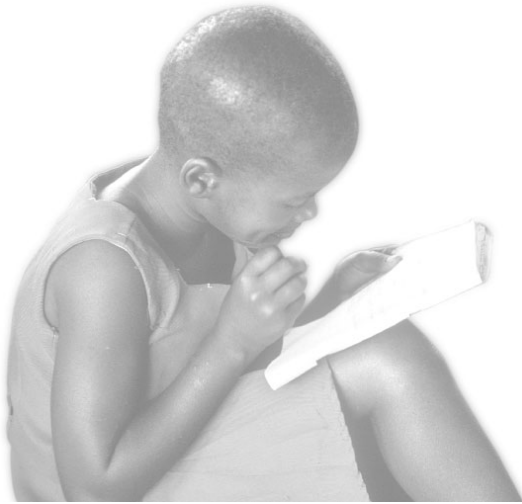
The full-length book has been published by The World Bank.

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***She*** *does not go to school any more.* For one thing, her small, rural school has been disintegrating under the impact of HIV/AIDS: teachers, already in short supply, have been dying, feeling too ill to teach, or moving to the city to seek medical care. For another, her grandparents—newly charged with the grandchildren after losing their own son and daughter-in-law to AIDS—have opted to spend their meager income on school fees for her two brothers, but not for her.

At age nine she does not have HIV/AIDS, but she is growing up without parents, without an education, and without the knowledge or resources to guide her choices in life. Her future partners or her future husband may well be HIV-positive. If so, she too, voiceless and powerless, will become infected. And if she lives long enough to have children, she will be unable to give them any better chance in life.

This paper is dedicated to her, and to giving all children like her a real chance for a better future.

# Foreword

HIV/AIDS continues its deadly course. The pandemic has already killed 25 million people, and 40 million more are currently infected. In the first year of the millennium, 5 million more people became infected. There is still no cure, and there is still no vaccine. Common thinking was that this disease was principally a public health challenge. That was wrong: HIV/AIDS is reversing decades of development gains, increasing poverty and undermining the very foundations of progress and security. The epidemic demands a response that confronts the disease in every sector, but education has a particularly important role to play.

The World Bank is a committed partner in the global effort to provide every child with access to a basic education. With more than 113 million children not in school in the poorest countries, this already presents a major challenge. However, HIV/AIDS makes this much greater in those countries where the education system was already struggling to grow, teachers are dying, or are too sick to teach. And every year more children are losing their parents and the support that allows them to go to school. Achieving Education for All in a world of AIDS presents an unprecedented challenge to the world education community.

Responding to this challenge is essential for global development and for our collective mission to reduce poverty. However, it also offers a unique opportunity to help the next generation to weaken the deadly grip of HIV/AIDS. Even in the worst-affected countries most schoolchildren are not infected, and given the right opportunities and choices, they need not ever become infected with HIV. The schoolchildren of the world offer “a window of hope” into a better future, and their schools and teachers can help them to grow up with the knowledge, values and skills to seize that opportunity.

This paper lays out a strategic direction for the World Bank in responding to the impact of HIV/AIDS on education systems, and in helping develop an effective preventative response.

James D. Wolfensohn  
*President*  
*The World Bank Group*

# EDUCATION AND HIV/AIDS: A Window of Hope

## Executive Summary

AIDS is turning back the clock on development. In too many countries the gains in life expectancy won are being wiped out. In too many countries more teachers are dying each week than can be trained. We will mainstream AIDS in all World Bank work...

*The President of the World Bank, James D. Wolfensohn,  
address to the U.N. Security Council, January, 2000*

The central message of this paper is that the education of children and youth merits highest priority in a world afflicted by HIV/AIDS. It merits priority because a good basic education itself ranks among the most effective—and cost-effective—means of HIV prevention. It also merits priority because the very education system that supplies a nation's future is being gravely threatened by the epidemic, particularly in areas of high or rising HIV prevalence. Countries thus need urgently to strengthen their education

**Box 1. Education for All (EFA) Goals**

EFA is an historic commitment to basic education taken on by the international community in Jomtien, Thailand, in 1990 and reaffirmed at the World Education Forum in Dakar, Senegal, in April 2000. The commitment reflects a vision that all children, young people, and adults have the human right to benefit from an education that would meet their basic learning needs in the best and fullest sense of the term. In September, the Millennium Development Goals adopted two of the most important of the EFA goals:

- to ensure that by 2015 all children—including girls, children in difficult circumstances, and those from ethnic minorities—have access to, and complete, free and compulsory education of good quality;
- to eliminate gender disparities in primary and secondary education by 2005.

systems, which offer a window of hope unlike any other for escaping the grip of HIV/AIDS. Vigorous pursuit of Education for All (EFA, Box 1) goals is imperative, along with education aimed at HIV prevention.

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## AIDS destroys

The scale of the AIDS epidemic is enormous. UNAIDS estimates that by the end of 2001, over 40 million people were living with HIV/AIDS, 17.6 million of them adult women, and 2.7 million children under 15 years. About 5 million people were newly infected in 2001 alone—roughly the same as in 1999. AIDS orphans and other vulnerable children now number some 15.6 million, following nearly 25 million AIDS deaths by the end of 2001.

The epidemic's grip on Africa has been by far the deadliest, but no part of the world is immune (Figure 1). Sub-Saharan Africa remains the epicenter: average life expectancy has now fallen to 47 years (compared with an estimated 62 without AIDS), and its prevalence rates are the world's highest—above 10% in 16 countries and as high as 44% in some groups (pregnant women in urban Botswana). Globally, the epidemic is on the upswing, spreading fastest in Eastern Europe: new infections in the Russian Federation appear to be almost doubling annually since 1998. Data from Asia too warn against complacency: national prevalence rates are low but mask localized epidemics, and infection rates in

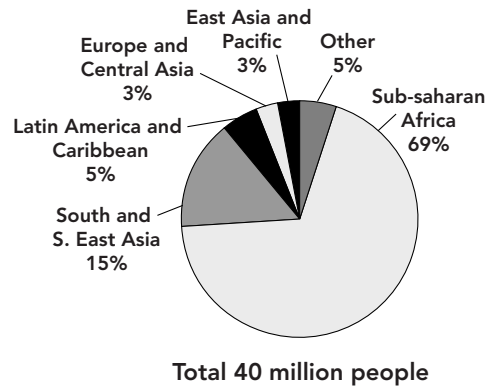
Myanmar, Cambodia, and Thailand are in the 2% -4% range and similar to many West African countries, while India is second only to South Africa in the number of persons currently infected (UNAIDS 2001).

AIDS affects entire nations. Young people—any country's future—are becoming infected and dying, in large numbers. Workers in their prime are leaving behind a generation of orphans, who in a cruel vicious cycle, become even more vulnerable. The epidemic has a profound impact on growth and poverty. UNAIDS estimates a loss of more than 20% of GDP by 2020 in the worst-affected countries and a rapid increase in the number of destitute families, faced with lower income, more dependents, and sharply higher health care expenditures. Already weak private sectors are crumbling further, as companies face higher costs from training, insurance, benefits, and absenteeism.

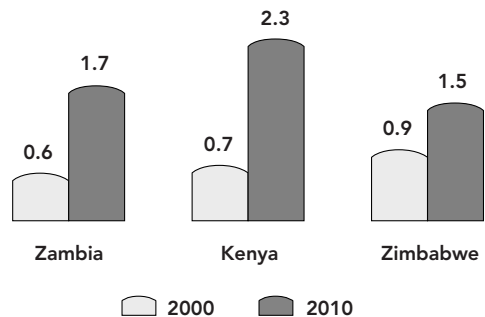
Most devastating and far-reaching, perhaps, is the epidemic's impact on education systems. HIV/AIDS is draining the supply of education, eroding its quality, weakening demand and access, drying up countries' pools of skilled workers, and increasing sector costs, already high in relation to available public resources. Half of the world's 15,000 new infections every day occur among 15- to 24-year-olds (1999). The epidemic's ravages are well under way in Africa's worst-affected countries, which face high teacher prevalence rates (30% in Malawi), a burgeoning of the orphan and out-of-school population (Figure 2), and a widening gender gap in education. Already more vulnerable than boys to HIV infection, girls are also more vulnerable to dropping out of school, being more often retained at home to care for sick relatives or assume other domestic duties.

The full scope of the epidemic's impact on education comes into view when seen in the context of the formidable challenges already confronting the sector. More than 113 million children,

**Figure 1.** Adults and children living with HIV/AIDS



**Figure 2.** Projection of AIDS orphans (millions)



aged 6 to 12, are out of school in developing countries, two-thirds of them girls. Of those who enter school, one out of four drops out before attaining literacy. Even without reflecting the epidemic's impact, at least 55 of the poorest countries seem unlikely to achieve universal primary enrollment by 2015; 28 of these countries are also among the 45 worst affected by HIV/AIDS. With AIDS, several of the worst-hit countries (such as South Africa and Botswana) are seeing a reversal of hard-won educational gains, while countries already struggling to achieve EFA goals are being further set back. Attaining the goals is an even dimmer prospect when EFA is defined to encompass *completion* of the primary cycle—essential for true learning. A total of 88 countries are estimated to be at risk of not attaining universal primary completion by 2015. The goal of eliminating gender disparities in primary and secondary education by 2005 poses an even greater challenge, given the proximity of the target date as well as the greater likelihood of girls dropping out of school in an HIV/AIDS context, as noted above.

The time for business as usual is past. No country can afford not to act. Worst-affected countries need to arrest the epidemic's ravages and protect future generations—Uganda and Thailand have shown this to be possible. Low-prevalence countries need to recognize the speed with which complacency can lead to crisis and, equally, the tremendous opportunity for saving of lives and financial resources through prevention. For all countries, two mutually reinforcing objectives are paramount: prevention of HIV and protection and sustenance of the education sector.

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## Education matters...

Countries need to accelerate efforts toward achieving EFA goals both because of the importance of education for a country's viability and because of the critical role it can play in preventing HIV/AIDS. Prioritizing education is crucial for several reasons.

### **...as a major engine of economic and social development...**

- *Education drives a country's future.* Economic prosperity and the reduction of global poverty cannot be accomplished unless all children in all countries have access to, and can complete, a primary education of adequate quality. Education is central to the building of prosperous nations and democratic societies. It enables societies to absorb knowledge and adapt to technological change. It exercises a direct influence on national productivity, which determines living standards and a country's ability to compete in global markets. Research indicates that economic growth increases with more education—and declines with less.
- *It is pivotal to the achievement of several of the Millennium Development Goals,* adopted unanimously by 189 countries in September 2000. It has powerful poverty-reducing

synergies: one year of schooling for women lowers fertility by about 10%, while one or two years of schooling for the mother reduces child mortality by 15%. Substantial evidence shows that education delays first sexual activity, age of marriage, and first pregnancy—all benefiting female reproductive health and mortality.

### ...and as a proven means to prevent HIV/AIDS

- *It has been proven to provide protection against HIV infection.* A general basic education itself has an important preventive impact: it can inform children and youth and equip them to make healthy decisions concerning their own lives; bring about long-term healthy and safe behaviors; and give them the opportunity for economic independence—all fundamental to prevention and, therefore, hope (Box 2). In addition, instruction focused on HIV/AIDS prevention is crucial to closing fundamental gaps in knowledge that persist: UNAIDS surveys show that 20 years into the epidemic, millions of young people even in badly affected countries are ignorant or have misconceptions about the disease.
- *It is among the most powerful tools for reducing girls' vulnerability.* Girls' education can go far in slowing and reversing the spread of HIV by contributing to poverty reduction, gender equality, female empowerment, and awareness of human rights. It has crucial implications for female economic independence, delayed marriage, family planning, and work outside the home. It makes girls less prone to practices and attitudes that expose them to greater HIV risk or that promote nonassertive behavior or feelings of inferiority.
- *It offers a ready-made infrastructure for delivery of HIV/AIDS prevention efforts* to large numbers of the uninfected population—schoolchildren—as well as youth who are in many countries the age group most at risk. As such, it affords a crucial opportunity to scale up successful approaches, vital in view of the wide and rapid reach of the epidemic. At the same time, secondary and tertiary education provides

#### **Box 2. Education: Why a window of hope?**

- Children, 5–14 years, represent one window of opportunity: they are the least likely to be infected with HIV. Education, before they reach the peak vulnerable years, will protect them; this protection will be reinforced by early training that promotes healthy life styles and avoidance of risky behaviors.
- Youth, 15–24 years, represent a second window: this high-risk group, accounting for some 60% of all new HIV infections in many countries, is also the one where ignorance remains dangerously high and where education effort can yield maximum result.

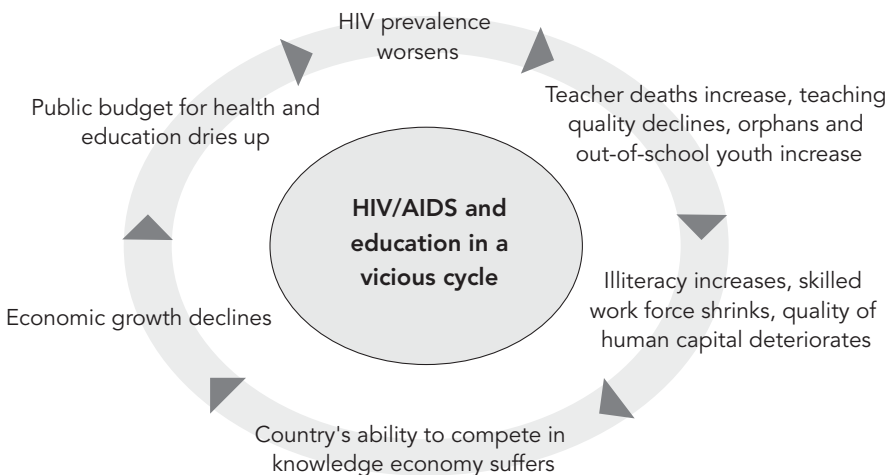
a means to reach a portion of the population that is important not in terms of numbers but as a crucial resource of productive human capital for a country.

- *It is highly cost-effective as a prevention mechanism.* Countries where the epidemic is not yet at crisis proportions will, by preventing AIDS through education, avoid the health care—and teacher supply—related costs that have to be borne by worst-affected countries. The school system is also cost-effective in its ability to bring together students, teachers, parents, and the community—all of whom need to play a role in AIDS prevention.

The tremendous potential of education and the crippling impact on it of the HIV/AIDS epidemic present both an enormous opportunity for countries that act and, a grave danger for those that do not. The divergent paths will be most evident in Africa, whose predominance of youth in the population promises rich rewards for an education-focused strategy but dire consequences for a passive strategy that succumbs to the vicious cycle engendered by HIV/AIDS (Figure 3).

This paper argues that full speed ahead on EFA goals is vital. In a message not yet widely understood, it argues that a general basic education—and not merely instruction on prevention—is among the strongest weapons against the HIV/AIDS epidemic, and that an urgent, strategic, and education-centered response by countries and their partners is of utmost importance. The paper examines the epidemic’s impact on the education sector, presents promising directions among country responses to date and a proposed strategy for action, and identifies the role of the World Bank. The promising directions, based on early country experience, are presented with a view to sharing approaches that

**Figure 3.** HIV/AIDS and Education: the Consequences of Inaction



could provide timely if not proven (with the benefit of evaluation) guidance to crisis or near-crisis countries that lack the luxury of time.

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## HIV/AIDS has a direct impact on the education sector

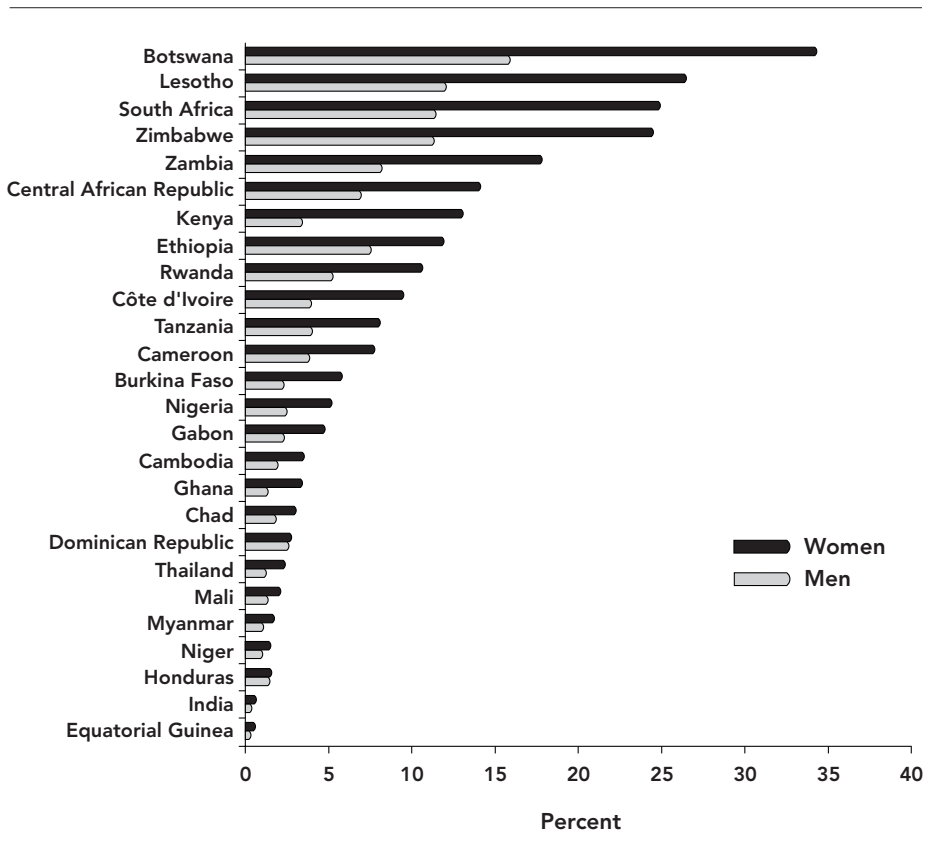
A key objective of this paper is to expand awareness of the links between HIV/AIDS and education. Action is urgently needed but will not be forthcoming or effective without an understanding of the nature of the epidemic's impact on education systems, in terms of quantity and quality of supply; factors affecting demand, including access; and sector costs.

*Supply.* While reliable data are limited, there is little doubt that the epidemic is seriously damaging the quantity and quality of education. Africa in particular appears to be experiencing sharp increases in the mortality rates of teachers, the professional group considered most at risk. About 1,000 teachers—or half of those trained annually—are dying of AIDS each year in Zambia, for example, while the disease caused 85% of 300 teacher deaths in the Central African Republic in 2000. Teacher absenteeism—due to illness, attendance at funerals, patient care at home, and psychological trauma—has risen sharply, affecting education itself as well as sector costs.

Even where teachers are present, they may be sick and ineffective; poorly qualified as schools either make do with whoever is available or cut corners on training; or unfamiliar with the local context, where expatriate substitutes are brought in. Rural areas, already often underserved, are further deprived as teachers—many of them infected—prefer proximity to urban centers that offer better health services. Post-basic education also appears deeply affected, with anecdotal evidence of three to four deaths a month in some universities. The sector has also lost administrators—and with them, important experience and knowledge.

*Demand.* For most countries, increases in the school-age population are expected: the school-age population will be smaller than in the absence of AIDS, but will nonetheless continue to grow. Estimates by the U.S. Bureau of Census suggest that only 6 of the 26 countries worst affected by AIDS will show an actual reduction in the school-age population by 2015. In some countries, but not all, there is evidence of lower enrollment and higher dropout of orphans, perhaps particularly at secondary and tertiary levels. Estimated, for Africa, at about 2% prior to the epidemic, the proportion of orphans to all children has now risen to 15 to 20% in some African countries. Although the evidence is yet unclear, the epidemic may reduce *girls' access* to education at all levels. Girls are highly vulnerable to contracting AIDS, for social, cultural, economic, and physiological reasons, and more often retained at home to perform domestic chores when household income drops due to AIDS deaths or to care for a sick relative (Figure 4).

**Figure 4.** HIV/AIDS prevalence rates by age (15–24) and gender, selected countries



*Costs.* HIV/AIDS is expected to have significantly increased education sector costs. On the supply side, budgets are having to accommodate higher teacher hiring and training costs (to replace growing numbers of dead teachers) as well as payment of full salaries to teachers who are unofficially absent, with additional training and salary costs for substitute teachers where absence is official. Zambia has estimated the epidemic’s financial burden on the supply of education to amount to some \$25 million between 2000 and 2010, reflecting largely the costs of increasing teacher recruitment and training as well as teacher absenteeism; Mozambique’s estimate is about twice as much. Both estimates do not include demand-side costs; a fast-growing new expenditure, especially for the worst-affected countries, will relate to orphans and other vulnerable children, expected to grow in number from some 15 million today to 35 million in 2010. The epidemic’s intangible costs to the sector include the loss of sector knowledge and experience as well as the consequences for economic growth and competitiveness.

The World Bank has estimated the cost of achieving EFA by 2015. A preliminary estimate has been made of the additional costs attributable to the impact of HIV/AIDS on education systems. HIV/AIDS is estimated to add between US\$450 and \$550 million per year (in U.S. dollars, as of 2000, depending on other assumptions in the modeling) to the cost of achieving EFA in the 33 African countries studied. This implies that HIV/AIDS increases the total EFA financing gap for these countries by about one-third.

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## Country responses: Promising directions

A key objective of the paper, going beyond awareness raising, is to offer useful input to decisionmakers faced with the responsibility for urgent action. The worst-affected countries, already overwhelmed by the epidemic's overall impact and typically focusing responses on the health sector, are profoundly challenged by the pace of deterioration in education (particularly supply, quality, and—as a result—outcomes). Governments have been slow to respond and have not systematically quantified or monitored the impact on teaching and learning. Developing a robust response to the crisis must be one of the most urgent actions countries need to take if EFA goals are to be achieved. To that end, the paper puts forward a set of promising directions that could make up such a response, informed by a review of country experience to date. The promising directions presented in Table 1 and summarized below reflect the need for a dual focus—promoting overall education outcomes and preventing HIV/AIDS.

*Pursuit of EFA goals:* It is argued throughout this paper that providing a basic education to children—ensuring equal opportunity for girls—is among the most promising directions in responding to the AIDS epidemic. Helping children, especially girls, to complete secondary education is also a powerful tool in mitigating the circumstances that put youth at risk. Countries that have emphasized access as well as the quality of learning and sought innovative responses to long-standing constraints have seen the greatest advances. For example, notable progress has been made by **Uganda**, which achieved universal primary education by abolishing school fees, as well as **India**, whose District Primary Education projects have been implementing innovative schemes for targeting out-of-school populations (especially girls and “scheduled caste” children) and for improving quality by upgrading teachers, changing pedagogies, ensuring adequate textbook supply and teacher materials, building latrines, and engaging communities and parents in school management. Countries achieving a 7 to 9 percentage point reduction in the boys' and girls' enrollment gap, in the '90s, include not only India but also **the Arab Republic of Egypt** and **Bangladesh**, the latter by offering stipends, providing access to sanitation and water, hiring more women teachers, and offering occupational skills. Focus on girls' enrollment has also yielded remarkable gains for **Guinea**.

**Table 1. Promising approaches**

Category	Target groups <sup>a</sup>	Approach	Success factors
Efforts by all countries	<ul style="list-style-type: none"> <li>• Children and youth in school, including orphans</li> <li>• Children and youth out of school, including orphans</li> <li>• Teachers and sector administrators</li> <li>• Parents and communities</li> </ul>	<p><i>Promotion of overall education outcomes:</i></p> <ul style="list-style-type: none"> <li>• Vigorous pursuit of EFA goals, including focus on girls' education</li> <li>• Strategic planning to estimate education system needs</li> </ul> <p><i>Prevention of HIV/AIDS among teachers and students:</i></p> <ul style="list-style-type: none"> <li>• School-based prevention programs</li> <li>• Skills-based approach ("life skills")</li> <li>• Focus on youth</li> <li>• Peer education and counseling</li> <li>• Multimedia campaigns</li> <li>• Involvement of teachers and teacher unions</li> </ul>	<ul style="list-style-type: none"> <li>• Establish high-level commitment</li> <li>• Catch children early, sustain efforts throughout all education levels</li> <li>• Reform curricula to focus on behavioral change rather than mere information provision</li> <li>• Link school-based programs with other community-based, youth-friendly services, especially those tied to health</li> <li>• Heavily involve youth, communities, parents, and teachers; also recognize need for partnership with private sector, NGOs, government</li> <li>• Adopt participatory approaches</li> </ul>
Incremental efforts by worst-affected countries	<p>a. May be further broken down, between girls and boys, and rural and urban.</p>	<ul style="list-style-type: none"> <li>• Support for orphans and other vulnerable children</li> <li>• Support for out-of-school youth</li> <li>• Efforts to maintain supply (by increasing output from teacher training colleges, distance education)</li> </ul>	<ul style="list-style-type: none"> <li>• Integrate interventions across sectors to ensure, for example, that education is provided in a clean and sanitary environment or that AIDS prevention is complemented by efforts to prevent sexually transmitted or other communicable diseases</li> <li>• Ensure adequate teacher training, with a focus on secondary and tertiary levels</li> <li>• Focus on girls</li> <li>• Encourage innovation, flexibility</li> </ul>

Note: Columns are independent; no alignment across lines is intended.

*Strategic planning:* Projecting the future needs of the education sector is an essential part of education planning. For the worst-affected countries there is an immediate need to replace teachers who are dead or dying; for all countries there is a longer-term need to ensure stability and quality of supply. Countries are trying to engage retired teachers, combine classes, shorten teaching times, turn to pupils for peer education, and expand teacher training curricula. **Ten countries in Africa** have used the Ed-SIDA model (developed by the World Bank together with partners) toward better reflecting, in education sector plans, HIV/AIDS' impact on education supply and demand.

*School-based prevention programs:* Reproductive health programs begin in primary schools, with the aim of reaching students before they begin sexual activity and, in many cases, drop out of school; to be effective, these programs need to continue through all levels of education. A good example of school-based prevention comes from the FRESH (Focus Resources on Effective School Health) framework, created by a partnership amongst UNESCO, WHO, UNICEF, the Bank, and others to provide a unified approach to school health. Now being developed in more than **20 countries in Africa**, the FRESH framework involves the implementation of sound health policies, healthy environment, skills-based health education, and access to health services, all at the same time in all schools. **In Uganda**, a school health education program yielded impressive results: the percentage of students in the final year of primary school who reported being sexually active dropped from 43% to 11%.

*Skills-based health education:* Many countries have begun to adopt a skills-based approach to health education, recognizing that information about sex and HIV is insufficient by itself to develop healthy behaviors. “Skills” in this context refers to interpersonal skills, critical and creative thinking; decisionmaking; and self-awareness and the development of knowledge, attitudes, and values needed to make sound health-related decisions. **In India**, the pioneering Better Life Options Program takes a holistic approach toward adolescent girls, integrating education, livelihoods, and reproductive health. Studies showed significant program impact on participants' economic empowerment (completion of secondary education, vocational skills); autonomous decisionmaking (when to marry); reproductive health (knowledge of HIV/AIDS); and self-esteem and confidence.

*Peer education and focus on youth:* Increasingly believed to be a powerful means to influence youth, peer education is receiving growing attention among anti-AIDS efforts. Peer educators (for example, respected students or other youth inside and outside the formal education sector) can help change behavior through discussions, video/drama presentations, or even recreational activities. **In South Africa, Tanzania, Uganda, and Zimbabwe**, a “youth-to-youth” school health program is focusing on secondary and rural schools and using young people—including out-of-school youth—as educators, recognizing their creative energy, ability to be role models, and availability. Training of

volunteers is crucial, to provide basic health education, extend school life into community activities, and give especially vulnerable children the knowledge and confidence to take advantage of the program's youth-friendly services.

*Support for orphans and out-of-school youth:* The burgeoning numbers of these disadvantaged children, mostly outside the formal education sector, pose an enormous challenge to the nations worst affected by AIDS—a challenge rendered all the more difficult by the relative newness of the problem and the lack of tested solutions. Of crucial importance are innovation, cross-sectoral efforts, and information sharing to learn lessons quickly, in helping these children obtain a basic education and in preventing their losses in large numbers by catching them before they get infected or otherwise die. Some countries are offering subsidies for vulnerable children (including both those already in school and those out of school). In **the Philippines**, an Out-of-school Children and Youth Development project has realized positive results in a pilot effort to test out innovative approaches. Highlights included a trisector partnership (government, civil society, and business); targeting of low-income families; subprojects offering formal basic education, technical education, and a free community-based delivery system with self-paced learning; and recognition of the importance of youth participation as well as of family.

*Multimedia approaches:* Countries can create support and understanding of education sector HIV/AIDS-prevention activities, and promote community support, by using communication strategies to reach large numbers of people through multiple channels. Effectively used in **Thailand** when HIV/AIDS was ravaging that country, this approach has helped countries reach large numbers. Innovation and focus on youth are important. In **South Africa**, a dynamic health project, *Soul City*, is seeing results in advancing knowledge on AIDS and changing attitudes and social norms toward safer sexual behaviors. The project presents sexuality themes through multiple vehicles: a prime-time television series, a radio drama, and booklets and other materials.

*Partnership:* The success of the approaches described above depends heavily on strong collaboration and partnership across sectors, across stakeholders within a country—community, family, government, private sector, and nongovernmental organizations—and with and across international agencies. A good example of the coming together of diverse partners, to mount a strategic and scaled-up response, is the Health and Family Life Education (HFLE) Initiative in **the Caribbean**. The wide range of partners includes the CARICOM ministers of education and health, the University of the West Indies, the Pan American and World Health organizations, and a large number of U.N. agencies, and others. The program focuses on empowerment and behavioral change, and is implemented under a single plan of action.

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## Strategy for action

A broad strategic response rooted in education—and set within a national, multisectoral context—is essential for all countries. Responses to the HIV/AIDS epidemic have too often been piecemeal, of small scale, health-focused, and weakly integrated into related efforts. Strong political commitment is key to addressing such shortcomings. Particularly in low-prevalence countries, governments will need to recognize early that complacency can be disastrous. A successful response will also require flexibility and creativity, to meet the challenges of a sector in flux, and constructive engagement with key stakeholders such as communities, religious leaders, educators, and politicians, who have influence—and often, conflicting points of view.

Commitment to overall education goals in the HIV/AIDS context also requires an understanding of why stand-alone preventive education programs provide only a partial response to the problem. Important as they are, these programs are handicapped by a variety of factors. Those children most in need of such education are often dropouts and thus not reached. Prevention messages are rendered ineffective by teachers who are sometimes negative role models, uncommitted, uneasy, or poorly informed about such topics or by students' lack of access to related health services. And perhaps most importantly, the broader setting in which the prevention programs are offered—in other words, the basic education system—is often compromised by such problems as overcrowding, lack of safety, poor classroom facilities and teaching materials, and low teacher compensation. Emphasis on general—going beyond preventive—education is also important insofar as some communities and educators fear, albeit wrongly, that preventive education leads to increased sexual activity.

*Define objectives and targeted outcomes.* The starting point for an effective response is thus the affirmation of Education For All (EFA) goals and the express recognition that the education sector could be fortified to become a country's strongest weapon against HIV/AIDS—or, failing that, its worst victim, reversing decades of hard-won gains. Ensuring that children, especially girls, complete secondary education is critical, to mitigate the circumstances that place youth at risk. Equally important is the need to establish key monitorable outcomes, measuring progress in universal primary completion and gender equity in schooling as well as prevalence and mortality goals related to the epidemic. Foremost among the goals internationally agreed at the United Nations General Assembly Session (UNGASS) in July 2001 is the 25% reduction in HIV infection rates among 15- to 24-year-olds, in the worst affected countries by 2005 and globally by 2010.

*Expand knowledge base.* An important prerequisite to effective action is to build an adequate knowledge base to inform development of an emergency as well as a long-term

**Table 2.** Factoring in AIDS: What education ministries would do differently

Policy	<ul style="list-style-type: none"> <li>■ <b>Argue the case for education</b> as an urgent national priority and as a high return-on-investment sector that should be adequately funded, highlighting its crucial role in HIV/AIDS prevention and the grave dangers of inaction (including setback on EFA)</li> <li>■ <b>Ensure—and enforce—policies that make schools safe havens for children</b>, including zero tolerance of sexual harassment and other inappropriate or criminal behavior, particularly on the part of teachers and school officials</li> <li>■ <b>Ensure close collaboration with other sectors</b> (especially ministries dealing with health, communications, and youth affairs), recognizing that the fight against HIV/AIDS can only be won with multisectoral efforts</li> <li>■ <b>Engage in systematic planning</b>, developing the needed skills and methods (such as the Ed-SIDA model) and identifying key constraints to realizing objectives as well as cost-effective ways to overcome them</li> <li>■ <b>Ensure adequate arrangements for monitoring and evaluation</b>, to measure not only progress in education outcomes but also the impact and spread of HIV/AIDS as well as the impact of preventive measures</li> </ul>
Supply and quality	<ul style="list-style-type: none"> <li>■ <b>Ensure adequate supply of teachers</b>, compensating for higher teacher mortality and absenteeism by increasing teacher training rates, including through greater reliance on distance education; reducing length of training courses and lowering qualification requirements while expanding in-service training to maintain quality; and recruiting teachers from non-traditional sources</li> <li>■ <b>Strengthen delivery of prevention education</b>, by expanding in-service training in this area, emphasizing participatory and other innovative teaching methods that promote teaching of life skills aimed at behavioral change, training youth (including those out of school) to be peer educators and counselors, and linking programs with health services</li> <li>■ <b>Adapt curriculum and learning materials</b>, introducing health education messages early on and sustaining them throughout the education system, and focusing health education on life skills approaches that emphasize behavioral change and that are grade- and age-specific (using the FRESH framework, for example)</li> <li>■ <b>Ensure adequate supply of classrooms</b>, identifying innovative scheduling alternatives where constrained resources limit new construction (a majority of countries will continue to face increases in the number of school-age children)</li> </ul>
Demand and access	<ul style="list-style-type: none"> <li>■ <b>Redouble efforts to ensure access to and completion of girls' schooling</b>, with attention to water and sanitation needs and particular emphasis on orphans and other vulnerable children, through bursaries, and other established approaches</li> <li>■ <b>Expand reliance on innovative approaches to reach out-of-school children</b>, exploring distance education as well as community school and other non-formal alternatives to provide education to rural or other inaccessible areas, for counteracting the flight of teachers to urban areas (partly to avail themselves of better health facilities)</li> </ul>

response. Success will hinge on a strategy tailored to national circumstances. This step would involve estimating the impact of HIV/AIDS on education supply and demand—critical for worst-affected countries—and on prospects for achieving EFA goals. For example, training education planners to project the impact of HIV/AIDS on education supply and demand, using the Ed-SIDA model.

*Identify appropriate actions, informed by the stocktaking process.* This paper urges countries to vigorously pursue national education goals, fully integrating an AIDS response into such efforts. It urges development of a country-specific action program comprising measures drawn from a menu of promising approaches such as those highlighted in Table 1. For all countries, pursuit of EFA goals will be crucial, both because education is a public good and because, as a means of prevention, it offers the greatest benefit when begun at the primary level. Other priorities of universal relevance are girls' education and the need to ensure that prevention messages reach youth—in and out of school—and continue beyond, into adult education. Worst-affected countries would need, incrementally, to ensure that the supply of education is adequate in relation to expected demand and of good quality, and that constraints to access are addressed. Table 2 identifies what education ministries would do differently, in pursuit of education goals, to factor in the epidemic's impact.

Countries will need to ensure adequate coverage of all target groups that are at risk. For example, while authorities are much more likely to establish programs for in-school children, such interventions could well be too small in scale to make a dent in a huge national problem. In addition, where large numbers of children are out of school, education ministries would need to collaborate with other actors to explore the best options for reaching these youth. Where prevention efforts known to be effective (sex education and condom distribution) are frowned upon by opinion or faith leaders, actors will need flexibility, sensitivity, creativity, and persistence to find sustainable solutions. Where risk-avoiding behavior is inculcated into girls, corresponding effort is needed—via the community—to ensure that men are led to change their behaviors. At the same time, boys' education will need to promote responsible behavior, on their part, with thorough awareness of the physical and social consequences of their actions. Another crucial issue relates to cost-effectiveness: policymakers will need to identify and adopt those approaches that have the greatest impact per unit of outlay.

*Find resources for financing actions.* Obtaining resources—whether from private investors, donors, or public sector allocation—entails *competing* for them. Countries will have to establish not only that need exists but also that resources within the country as well as the education sector are being effectively used and are producing results. Effective use of resources and sustainable results, in turn, will require strong political commitment; extensive collaboration and cross-sectoral partnership across a wide range of stakeholders; “ownership” of programs by those implementing them; and efficiency in their imple-

mentation as well as in education systems as a whole. A sound policy environment and strong institutions will be pivotal for draining external resources and using them well. It is worth noting that the policy reforms aimed at improving educational quality—and which help keep children in school—also serve to substantially lower countries' costs of achieving EFA and preventing HIV/AIDS.

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## The World Bank's role

The World Bank has been a longstanding partner to developing countries in their efforts to educate their people, and is to date the largest external source of financing for education projects worldwide. It has, equally, been at the forefront of efforts to put HIV/AIDS on the global development agenda. The Bank is deeply committed to supporting the world in an education-centered fight against AIDS—an objective that resonates strongly with its mission of poverty reduction. This objective also fits squarely within the Bank's strategic framework, which emphasizes support to countries to invest in people and to strengthen the investment climate as the basis for progress toward the Millennium Development Goals.

The Bank's work in education is centered on two priorities. The first is **Education for All**, comprising the objectives of universal primary education and gender equity in schooling. EFA accounts for a significant part of ongoing activities. Second, the Bank's strategy for education recognizes that EFA is not so much an end in itself as a first step, along the continuum of lifelong learning, for children to maximize their potential as individuals and as members of a productive society. A growing area of support will therefore be **education for the knowledge economy**, crucial to the development of skills and competencies that will strengthen national competitiveness in the global arena—and thus fundamental to economic well-being and poverty reduction.

An urgent challenge is to integrate HIV/AIDS issues into the Bank's dual-focused support. For the Bank, this objective implies helping countries to (i) more vigorously pursue overall education goals while factoring in the epidemic's impact, and (ii) ensure adequate education aimed specifically at HIV/AIDS prevention, along the lines discussed in the preceding section. As with all Bank assistance, such support would entail, first, helping build consensus around these priorities within a country and across its external partners. Notably, countries would drive this process as a part of preparing nationally owned development strategies (Poverty Reduction Strategy Papers, or PRSPs, in the case of low-income countries). Second, such support would also entail assistance for implementing these strategies, once agreed, through lending and non-lending services (including analytical and advisory services, knowledge-sharing services, and technical assistance) on the basis of country demand and comparative advantage across external partners.

**Box 3.** EFA: What will it take?

- **Strong government commitment**

*Ensure sound macroeconomic climate, adequate tax effort and resource mobilization, and adequate spending on primary education*

- **Focus on access and quality of learning**

*Bring out-of-school children into school, ensure adequate teacher salaries, training and other inputs to keep children in school*

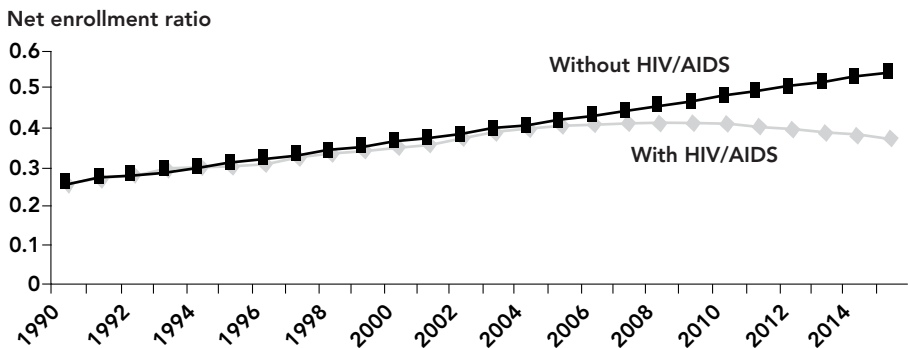
- **Education system efficiency**

*Limit primary cycle repetition, set a ceiling on teacher salaries, contain classroom construction costs*

- **Special focus on girls' education; Africa and South Asia; impact of HIV/AIDS; impact of conflict**

EFA support is gaining momentum. To advance the efforts of countries and the international community, the Bank has undertaken a country-by-country analysis of financing requirements for achieving EFA. The analysis rests on a broad framework of national policies, envisaged by the Bank, for attaining EFA (Box 3). Wherever relevant, the projections (for EFA attainment and financing requirements) would factor in the impact of HIV/AIDS, drawing on the Ed-SIDA model; the case of Burkina Faso is presented in Figure 5. The with- and without-AIDS comparisons are vital in helping countries to appreciate the dimensions of the problem they face and develop the commensurate commitment to act with urgency, and to design effective responses. Other analytical work has sought to synthesize lessons of experience from a series of country and thematic case studies, to deepen understanding of what it takes to transform resource inputs into successful learning outcomes. The analyses aim to provide a “roadmap” for accelerating progress on EFA but recognize that no one blueprint will apply to all developing countries.

**Figure 5.** Burkina Faso Primary School Net Enrollment Ratio in presence/absence of HIV/AIDS



Prioritized attention to (i) girls' education, (ii) the Africa and South Asia regions, and (iii) countries in conflict will not only improve progress on EFA but also benefit the HIV/AIDS agenda, each of these being "hotspots" of vulnerability. Support for girls' education is already a priority for the Bank: new commitments for girls' education projects have over the past five years averaged nearly 60% of total primary and secondary education lending. The Bank is helping countries pursue a variety of strategies to keep girls in school, including provision of scholarships, free textbooks, water, and sanitation facilities, HIV/AIDS instruction, gender sensitivity training, and safe transport to and from school. While instability and limited absorptive capacity have constrained growth of lending volumes to Africa, the Bank is actively engaged in the region to provide support wherever circumstances promise effective use of resources.

The following broad principles that underlie all Bank support for education are discussed further below, each entailing significant collaboration with strategic partners:

- *Scaling up* successful approaches, given the enormity of the EFA as well as HIV/AIDS challenges
- *Promoting innovation* as a crucial means of finding timely and flexible solutions to crisis situations that are unraveling in real time and that lack a history of tried and tested responses
- *Mobilizing resources*, with the Bank itself playing a catalytic role and encouraging domestic public and private investment as much as possible
- *Contributing to capacity building and knowledge generation and sharing*, to strengthen countries' information and analytical bases to more sharply define their own problems and better develop solutions with the benefit of global best practice

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## Scaling up successful approaches

The Bank is working together with other external partners, to help countries accelerate progress toward EFA goals. Along with support for strengthened policies and institutions, efforts center on helping to scale up approaches that contribute to relieving critical bottlenecks such as HIV/AIDS. In a first phase of activity, the Bank has worked with partners in 10 countries to help education planners develop a response to the impact of HIV/AIDS on education, using the Ed-SIDA planning tool. Training in this approach will now be made available throughout Africa to countries developing Bank-supported education projects. The Bank has similarly worked in partnership to help countries implement HIV/AIDS prevention in schools, using the FRESH framework developed by a consortium of agencies. As noted earlier, this approach focuses on implementing in all schools, skills-based education for HIV/AIDS prevention, school health policies on HIV/AIDS discrimination, a healthy school environment, and school-based counseling

#### Box 4. Protecting Nigeria's education systems: Planning is indispensable

Nigeria is in the early stages of the HIV/AIDS epidemic. The median prevalence rate of HIV infection is 5% but is now approaching 20% in some states. Nearly a fourth of Africa's schoolchildren live in Nigeria: proactive efforts to safeguard the country's education systems can thus yield enormous future benefit. Failure to anticipate the epidemic's impact, however, all but ensures national decline.

The government recognizes the urgent need for action, guided by an informed planning process. In March 2001, the education ministry turned to the Ed-SIDA planning tool developed by the World Bank and other partners to help countries assess the impact of HIV/AIDS. Preliminary projections from a workshop, funded jointly by DfID (U.K.) and the Bank and with support from UNESCO and IIEP\*, pointed to a sharp drop in teacher numbers coupled with a 35% increase in the school-aged population. The government moved quickly to train the country's education planners, beginning with the five most populous states. Now expanded to 16 states, the model is helping planners assess the localized impact of the epidemic and design responses accordingly.

*\*International Institute of Educational Planning*

and health clubs for HIV/AIDS. The FRESH approach has been adopted in more than 20 projects in Africa, and efforts are now being intensified to help all countries in Africa incorporate this approach into education systems supported by Bank projects.

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## Promoting innovation

The Bank recognizes the need for innovative and flexible approaches, in particular for worst-affected countries and most vulnerable groups such as orphans and youth. Efforts in this vein have included support for (1) *Heart and Soul*—a Kenyan soap opera that promises to bring “edutainment” themes of promiscuity and human rights to wide audiences beginning in early 2002; (2) the Hope for African Children Initiative, which aims to build awareness and ensure the health and education of Africa's orphans; and (3) innovative approaches for dealing with out-of-school children and youth, including a pilot Philippine project that has helped provide learning opportunities to 6- to 24-year-olds, prepare high school dropouts for employment, build institutional capacity to address such needs, and notably involve businesses in the effort.

## Mobilizing resources

Strengthening the Bank's advocacy role will be crucial to reinforcing political commitment for EFA—both as an end in itself and as an important weapon in fighting AIDS—and to help close the financing gap for meeting EFA goals. Already large for some countries, this gap is further widened as a result of the epidemic. There is a need to increase both the overall level of external support and the share of such funds allocated to education. It is worth noting that Bank lending will more likely play a catalytic role and flow to those countries that have demonstrated commitment through adequate domestic resource mobilization.

Globally, 143 Bank-financed education projects were under implementation in 78 countries as of December 2001, reflecting investments of \$9.7 billion. The Bank aims to support countries in modifying *existing* projects along the lines described in Table 2 and in ensuring that *new* EFA and girls' education projects include a specific response to HIV/AIDS wherever relevant. Support for education may also come from health projects or those targeting society's most vulnerable; expanding support for orphans and vulnerable children is specifically envisaged. In addition, a multi-sectoral Multi-Country HIV/AIDS Program for Africa (MAP) was launched in fiscal 2001, committing \$462.5 million to 12 countries; under a similar initiative, \$53.5 million was made available to Caribbean countries. A multi-sectoral response—including the education sector—has been a central strategy for all of the MAP projects, with strengthened emphasis on the education sector in the program's second phase (MAP II) which will commit another \$500 million to African countries.

In recent years, the Bank has also made available resources for education by granting debt relief under the Heavily Indebted Poor Countries (HIPC) initiative, a landmark effort launched jointly with the International Monetary Fund in 1996 to mobilize global resources for some of the world's poorest countries. One prerequisite for HIPC debt relief is the preparation of Poverty Reduction Strategy Papers (PRSPs) that would govern use of the freed-up public resources, channeling them toward increased social spending, including for pursuit of EFA and HIV/AIDS prevention. To date, a total of \$36 billion in debt savings has been committed to 24 countries, the majority in Africa. As a result, social spending in these countries is projected to increase by some \$2.2 billion per year over the next three years, and early indications are that some 40 percent of HIPC relief will be directed to education and 25 percent to health. A vital task is therefore to ensure that PRSPs address a country's education sector needs, factoring in the impact of HIV/AIDS.

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## Knowledge generation and sharing

Given its global presence as well as commitment to learning and knowledge sharing, the Bank can play a major role in helping countries (i) draw on worldwide and regional best practice and (ii) undertake analytical work to ensure sound approaches and effective use of resources. Continuous learning from the first phase of the Bank-supported MAP projects in Africa will be an urgent priority, to improve the quality of existing projects and to inform the design of the second phase projects. It is essential to evaluate, across several countries, the impact of key approaches in education programs. While this paper presents some promising approaches, the education systems of countries facing the epidemic require more specific information on the relative cost-effectiveness of these approaches.

Expanding and consolidating Web-based “gateways” is another priority: for example, vehicles such as the FRESH Website or the Development Education Program of the World Bank Institute—the Bank’s learning arm—are already serving users interested in innovations in school health, HIV prevention, or other cross-cutting information of relevance to schools. The Bank is also working with partners to develop a Sourcebook aimed at bringing together best practice on school-based prevention methods. Other analytical work aims to strengthen knowledge in specific (country or thematic) areas and to underpin Bank strategy, for example in distance education, tertiary education, and science and technology. Urgent priorities for forthcoming analysis include assessing the impact of sectoral responses to the AIDS epidemic and finding solutions to the challenge of the vastly increasing numbers of orphans and vulnerable children.

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## Capacity building

The need for capacity building is enormous, as the countries most challenged by EFA and HIV/AIDS objectives are in many cases the ones least equipped to attract resources, effectively utilize them, and demonstrate their effective use. Bank support will cover three important areas. First, the Bank will help ministries of education make the case—to national leaders, finance ministers, and the public—for high priority for the sector and not only an increased share of resources for education but an increase in the overall level of support. Helping a country’s education sector collaborate across sectors and establish its place in national HIV/AIDS efforts is a related priority. Second, the Bank is expanding its work with partners to provide training in the use of education planning tools (such as the Ed-SIDA). A third area, whose importance cannot be overstated, is support for building education sector capacity to collect data and analyze education statistics.

## Working with strategic partners

Partnership is crucial for success. EFA, the Millennium Development Goals, and progress on bridging the digital divide through knowledge economies are all universally endorsed objectives requiring the coming together of many actors within and outside countries. The Bank has increasingly sought to scale up results, mobilize resources, make the best use of comparative advantage and experience, and build consensus. Examples of results-driven collaboration in the education and prevention spheres include FRESH and the Ed-SIDA model discussed earlier as well as important partnerships in the fight against AIDS (Box 5). As noted earlier, the Bank is working actively with partners to accelerate overall progress toward EFA, building consensus on an action plan for the countries and their external partners. Attaining universal primary completion can move countries far along in their fight against HIV/AIDS and the poverty engendered by the epidemic.

### Box 5. Partnering to prevent youth infection

The Bank is a member of the U.N. Interagency Working Group on schools and education, a partnership that facilitates countries' development of strategic plans for HIV/AIDS prevention and impact management in education systems. The group's work is focused on the global HIV target of achieving a 25 percent reduction in infection rates among young people in the most affected countries by 2005 and globally by 2010.

Efforts aim to help countries manage the epidemic's impact on education systems and improve these systems' capacity to reduce vulnerability to HIV/AIDS and to implement full-scale prevention programs (particularly in schools). Key outcomes are for all schools to match teacher supply and demand and to provide quality skills-based prevention programs, and for all children and youth to receive good-quality education.

**“HIV/AIDS is unequivocally the most devastating disease we have ever faced, and it will get worse before it gets better.”**

— *Dr. Peter Piot,*  
*Executive Director of the Joint U.N. Programme on HIV/AIDS (UNAIDS),*  
*November 2001*

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### Bibliography

#### Useful URLs

**UNAIDS:**

[www.unaids.org](http://www.unaids.org)

**UNICEF:**

[www.unicef.org](http://www.unicef.org)

**UNESCO:**

[www.unesco.org](http://www.unesco.org)

**World Bank:**

[www.worldbank.org](http://www.worldbank.org)

**AIDS orphans assistance database:**

<http://orphans.fxb.org/db/index.html>

**Displaced Children's and Orphans' Fund:**

[http://www.usaid.gov/pop\\_health/dcofwwf/](http://www.usaid.gov/pop_health/dcofwwf/)

**School Health Data:**

<http://www.schoolsandhealth.org>

**World Health Organization:**

<http://www.who.int>