

FOCUS ON

Education and Health

The Role of Education in Defeating an Epidemic

The AIDS, tuberculosis and malaria epidemics are both stubborn and dynamic. While Global Fund-supported programs have saved 17 million lives, the next wave of progress requires innovative approaches that change behavior and attitudes. This is especially true of efforts to arrest the spread of HIV among women and girls. While there has been a 38 percent decline in new HIV infections globally, progress has not been equal for young women. About 380,000 adolescent girls and young women (aged 10–24) become HIV-positive each year. In Eastern and Southern Africa, girls account for 80 percent of all new HIV infections among adolescents, and HIV is the leading cause of death for girls aged 15 to 19. Having sexual relationships with men who are significantly older increases the likelihood of HIV infection, as well as transactional sex, early marriage, and intimate partner violence. A study in South Africa found that young women who experienced intimate partner violence were 50 percent more likely to have acquired HIV than women who had not experienced violence.

Reaching adolescent girls and young women with services that span health and education is an emerging priority for the Global Fund. In a select group of countries with a high burden of HIV among adolescent girls and young women (including Kenya, Malawi, South Africa and Swaziland), the Global Fund is supporting programs that aim to keep girls and young women in school, and to offer them additional educational and social support.

Avoiding HIV by Staying in School

There is now compelling evidence to show that better educating girls is one of the most effective ways to combat the spread of HIV.

Girls out of school are three times more likely to contract HIV than girls who stay in school – and girls with little or no education are up to six times more likely to marry early than girls who have secondary education. A study recently published in the *Lancet* showed that secondary schooling might be as good an HIV investment as male circumcision (an intervention that greatly reduces the risk of HIV infection for men and their partners). The study found that each additional year of education reduced HIV risk by eight percentage points in Botswana.

Evidence also points to a robust financial return. Every dollar invested in female schooling in low- and lower-middle income countries creates a five-fold return, in terms of reducing mortality rates for adults and children under 5, and increasing income. Keeping adolescent girls and young women in school not only reduces vulnerability to HIV infection, it could also create a critical mass of healthy, educated and financially independent women who are able to make well-informed choices about their lives. Each year of extra schooling can increase a girl's earnings by 10-20 percent.



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Swaziland, with strong support from partners (including the Global Fund), has launched an ambitious program to invest in the educational and the socioeconomic needs of adolescent girls and young women. The new approach improves health and reduces HIV risk by removing barriers to education among girls, supporting access to sexual and reproductive services, addressing gender-based violence, and improving the wellbeing of girls and their families.

The Role of Incentive Programs

One of the most effective and efficient ways to keep girls in school is through incentive programs. For example, cash transfers to low-income secondary school girls in Malawi reduced HIV prevalence by 64 percent and herpes simplex prevalence by 76 percent. The Global Fund and its partners are supporting such investments to reach adolescent girls and young women who are living in environments with extremely high rates of HIV.

Education incentive programs have manifold benefits. By successfully keeping girls in school, a protective factor against HIV, they also increase uptake of important prevention services, such as voluntary counseling and testing. Girls and young women who receive incentives, including cash, report less frequent sex and are less likely to report having older partners. An approach known as “Cash + Care,” which blends economic support with psychosocial services, is particularly effective in reducing high-risk adolescent sexual behavior among both girls and boys.

Incentive programs are also known to reduce intimate partner violence against adolescent girls and young women. And when men and boys are included in counseling, treatment and support programs, the harmful behaviors that put them and young women at risk of HIV are reduced.

Putting Principles into Practice

Cash incentive programs and education subsidies need to be tailored to the problem the programs seek to address, as well as the lived realities of the adolescent girls and young women. To succeed, the community must be involved in the design, implementation and evaluation of the program to ensure its relevance, effectiveness and sustainability.

Programs work best with ongoing monitoring of the program and qualitative research. This is critical to ensure quality and to make any adjustments needed as the programs are implemented. Increasingly, mobile telephones and apps provide an innovative way forward in designing and implementing cash incentive programs. In an ever-more-interconnected and complex world, linkages between health and education extend and strengthen our partnership’s mission of ending the epidemics.

About the Global Fund

The Global Fund is a 21st-century partnership designed to accelerate the end of AIDS, TB and malaria as epidemics. As a partnership between governments, civil society, the private sector and people affected by the diseases, the Global Fund mobilizes and invests nearly US\$4 billion a year to support programs run by local experts in more than 100 countries. The Global Fund’s operating costs are just 2.3 percent of grants under management, reflecting an exceptionally high degree of efficiency. By challenging barriers and embracing innovative approaches, we are working together to better serve people affected by the diseases.

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In South Africa, a study of adolescents living in homes receiving a child support grant found that young women living in those homes were less likely to report engaging in transactional sex or sex with older men. Another independent study showed that in South Africa, adolescents in families receiving a child support grant were 16 percent less likely to have had sex. Girls who received a grant earlier in their childhood had fewer pregnancies than those who received a cash grant later in childhood.

July 2016
theglobalfund.org