

## C8 Education

At the turn of the millennium, leaders of rich and poor countries together committed themselves to a set of Education For All (EFA) goals aimed at guaranteeing every child and adult the chance to transform their lives through education. Two of the EFA targets were incorporated into the Millennium Development Goals (MDGs): completion of primary schooling for all children, and elimination of gender inequality at all levels of education.

Within two years, the Education for All – Fast Track Initiative (FTI) was launched with the aim of ensuring that good education plans were backed by ‘more, better, faster’ aid. Since then, the numbers of children enrolling in school has been rising at an unprecedented rate: 37 million more children were brought into the schooling system between 2000 and 2005, and the gender gap is slowly closing (FTI Secretariat 2006).

Most progress is being made where the challenges are greatest – in sub-Saharan Africa (SSA) and West and South Asia. But while this progress is encouraging, challenges endure. In SSA, only 63 per cent of children finish primary school; pupil:teacher ratios have skyrocketed, reaching over 65:1 in countries such as Mozambique, Malawi and Burundi (UNESCO 2006). This chapter lays out an agenda for shared concern and joint action for the education and health constituencies.<sup>1</sup>

### **Mutual benefits, common agendas**

There are a number of commonalities in the struggles to secure rights to education and health. The following section examines some key issues facing the movements championing these rights. It calls for an organised



IMAGE C8.1 **Schoolgirl  
in Mozambique**

and politicised response by civil society actors to promote and support citizens' claim-making.

***Public goods need state action***

Historical evidence shows that large-scale gains in health and education have been made when the state takes responsibility for providing essential services (PSI 2005). No rich country achieved universal schooling without an organised programme of action led by government, backed with public resources, which was designed to reach the entire population. In various breakthrough periods Botswana, Zimbabwe, Mauritius, Sri Lanka, South Korea, Malaysia, Barbados, Costa Rica, Cuba and Kerala all achieved primary school enrolments close to 100 per cent for girls and boys, decades before other developing countries. Significantly, child deaths were simultaneously reduced (Mehrotra and Jolly 1997).

As attention turns to regions and countries where improvements in education and health remain elusive, international debates have focused increasingly on the role of the non-state sector to resolve the crisis in provision. There are calls from some quarters – especially the World Economic Forum and the World Bank – to further liberalise the sectors and create 'global industries' in education and health. A growing body of research notes that private and other non-state providers have mushroomed in response to state failure, and argues that this private provision is more 'pro-poor' due to the presumed greater accountability and responsiveness

IMAGE C8.2 **Students in Sri Lanka**

of providers to client demand (Tooley 2001). The proliferation of private and community-run schools in Zambia and Pakistan is cited as a product of the poor ‘voting with their feet’, seeking better and more accessible services because the state has let them down.

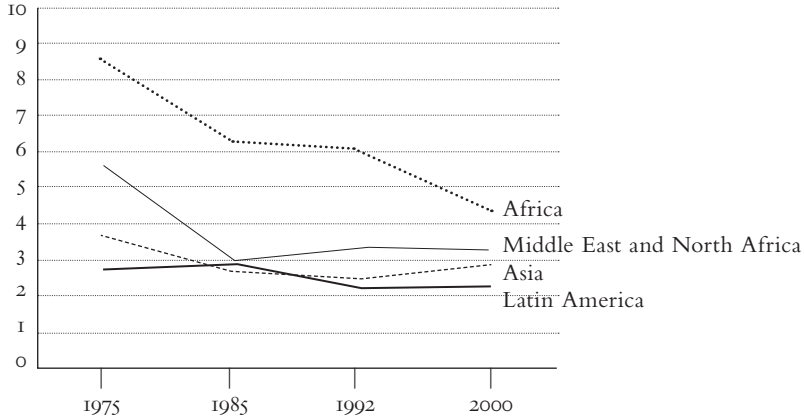
Donor governments and international institutions have promulgated multi-stakeholder provision as the magic bullet that will enable countries to achieve the MDGs. The 2004 *World Development Report* proposed market and private-sector solutions, and privatisation remains a condition of multilateral lending to the poorest countries.

The reality is that the increased presence of private actors is an ideologically driven trend that serves the material interests of some better than others. Recent studies reveal that non-state solutions are not a universal panacea, do not work, and are not what people want (Oxfam 2006). Privately provided services are often too expensive for poor people and the profit motive skews provision away from the poorest and most disadvantaged. The so-called promotion of ‘community participation’ in education has been top-down, with limited consultation with communities about the ways in which they may (or may not) wish to participate (Rose 2003). The outcome has been to shift state responsibility for the provision of services on to communities.

The charging of fees – in both the private and public spheres – is still alarmingly prevalent. In education, although an increasing number of countries are abolishing tuition fees, with positive effects on enrolment

**FIGURE C8.1 The value of teachers' salaries has fallen dramatically over the last twenty-five years**

Average primary  
teacher's salary  
(ratio to per  
capita GDP)



Source: UNESCO 2007.

rates, fees are expanding for other costs. One study (Tomasevski 2006) identified seventeen different types of fees facing a child in school and found that charges were present in over ninety countries worldwide. Many governments which pronounce education to be 'free' charge for textbooks, uniforms, transport, school equipment, heating or building maintenance. The report cites numerous countries where poor people have to pay unacceptable proportions of their incomes to educate their children, and where children are forced to work to pay the cost of their primary education.

User fees are among the most socially retrogressive policy measures that can be implemented by governments, and a major cause of inequitable access. They force families into debt; into making painful choices between boys or girls going to school; or into seeing their children go hungry to pay for medical care for another family member. In the more extreme cases, poor people are excluded altogether. Women and girls bear the brunt of the impact. In contrast, when Uganda made schooling free for up to four children in every household, primary school enrolments nearly doubled between 1990 and 2000 and gender gaps in education were virtually eliminated (Oxfam 2006).

*Workers are the cornerstone*

One factor crucially determines a country's ability to make speedy and meaningful progress towards the goal of education for all: a supply of professionally trained, well-motivated workers. Yet a combination of low wages and working conditions is leading to a crisis of recruitment, retention and motivation.

UNESCO Institute for Statistics (2006) estimates that 18 million more teachers will be needed to meet the EFA goals by 2015. The countries with the greatest need are in sub-Saharan Africa, South and West Asia, and the North African and Arab states.

One reason for the crisis is that countries cannot afford to pay adequate salaries and benefits. As Figure C8.1 shows, real wages for primary teachers have declined in all regions over the last thirty years, although some have seen a modest recovery recently. In Zambia, it has been calculated that the monthly cost of basic needs for a family of six was 1.4 million kwacha (US\$410), more than twice the average teacher's salary of 660,000 kwacha (\$191).

The situation is exacerbated by the impact of HIV/AIDS on teacher mortality rates (UNESCO 2006). Experts estimated between 1,100 and 3,000 teacher deaths as a result of AIDS in each of Kenya, Tanzania, Zambia and Mozambique in 2005.

Another cause of shortages is out-migration of teachers to countries such as the US, Canada, the UK and France. In some cases, rich countries have been actively recruiting teachers from countries such as Guyana. This has led directly to the adoption by ministers of education of the Commonwealth Teacher Recruitment Protocol, a voluntary code which complements the 2003 Commonwealth Code of Practice for the International Recruitment of Health Workers.

*Paying up: rich and poor country governments must meet their commitments*

A fee-free, public system staffed by motivated professionals implies a substantial cost for governments. Following years of cuts and constraints to public spending on education, there are some modestly encouraging trends. The most recent EFA Global Monitoring Report (UNESCO 2007) showed that about two-thirds of countries raised public spending on education as a share of gross national product between 1999 and 2004. The share of education in total government expenditure increased in about three-quarters of countries with data. Through the Education for All – Fast Track Initiative, some thirty-two low-income countries have met the stringent tests of political commitment and sound planning to become eligible for better and faster aid.

**BOX C8.1 Migration of teachers in Guyana**

‘They come back every year, and every time they come, we lose dozens of teachers’, complains Avril Crawford, President of the Guyana Teachers’ Union (GTU). ‘They’ are the British recruiters on their annual visit to Guyana to meet teachers who replied to their advertisements for applicants to teach in Britain. ‘Recruitment agencies from the United States and the Bahamas are now flocking in, too. Even Botswana looks for teachers here’, exclaims Avril Crawford. The Bahamas and Bermuda are the Caribbean countries that headhunt most from their neighbours. Guyana is one of the few Latin American English-speaking countries. Its teachers are highly trained, but working conditions are poor, making them more open to attractive offers from elsewhere. The highest monthly salary that a Guyanese teacher could earn is €400, which even a novice teacher in the Bahamas would spurn.

*Source:* Education International 2005.

However, some countries with large education challenges still do not spend anything like the sums needed to guarantee education for all citizens. Pakistan, for example, spends less than 3 per cent of its gross national product (GNP) on education. In these contexts, sustained public pressure is needed to call governments to account for their commitments.

However, the burden should not be borne by poor countries alone. Financing basic education became a mutual responsibility of poor and rich nations when 186 leaders signed a ‘global compact’ on education which noted that the ‘international community acknowledges that many countries currently lack the resources to achieve education for all within an acceptable timeframe ... We affirm that no country seriously committed to education for all will be thwarted in their achievement of his goal by a lack of resources.’

Regrettably, commitments have not been matched by action at the scale required. The total external financing requirement for achieving the EFA goals is estimated to be \$16 billion per year (DFID 2005). Aid to basic education rose steadily between 2000 and 2004, when it reached a high of \$4.4 billion – still far short of the total needed. However, shockingly, it actually fell in 2005 (the latest year for which data were available).

The Global Campaign for Education (GCE) has measured each donor country’s contribution to education financing and has concluded that the G7 countries are in large part responsible for the scarcity of funds. If they

**BOX C8.2 Promises to keep: how the Nine is Mine campaign is holding the Indian government accountable**

Launched by more than 4,500 children in Delhi, India, in October 2006, the 'Nine is Mine' campaign is a participatory children's advocacy initiative calling for 9 per cent of gross domestic product (GDP) to be committed to health and education. This initiative of children, schools and civil society organisations across fifteen states of India is being led by Wada Na Todo Abhiyan (WNTA) and aims to put children at the centre of an advocacy effort.

January 2007: 20 children lead the Nine is Mine delegation to meet the prime minister of India at his residence. The meeting culminated with the presentation of a giant Nine is Mine postcard representing over 200,000 signatures and a giant white band representing the Global Call to Action Against Poverty.

gave their 'fair share' contribution, this would provide an additional \$5 billion each year, enabling some 60 million more children to go to school. The amount is the equivalent of five weeks' spending on the EU Common Agricultural Policy or the cost of four US Stealth bombers (GCE 2007).

Furthermore, the aid that is provided is not targeted to the poorest countries or to those with the greatest challenges. Less than 20 per cent of aid to education is available for a list of countries defined as conflict-affected and fragile (Save the Children 2007). Far too little aid is actually spent on the core running costs of education – books, teacher salaries and classrooms. Donors persist in ensuring that aid benefits the originating countries through tying and technical cooperation. Oxfam found that in 2004, less than 8 per cent of aid was directed into government plans and budgets (Oxfam 2007).

These problems are compounded by the International Monetary Fund (IMF). By its own account, targets on low inflation and fiscal deficit have led to the adoption of public-sector wage bill ceilings in at least seventeen countries in Asia, Central America and sub-Saharan Africa (Fedelino et al. 2006). A study of three countries by ActionAid International (2005) found that these caps had devastating impacts on the availability and quality of education. Mozambique, for example, has over half a million children out of school and pupil:teacher ratios of 74:1, yet recent attempts to boost the teaching staff by 12,000 (only 10 per cent of the total needed to provide universal schooling by 2015) were cut back due to the wage bill ceiling. The Center For Global Development (2007) highlighted similar issues in the

health sector and concluded that IMF wage ceilings 'sit uneasily with the designation of priority poverty-reducing expenditures' and recommended that they be dropped in all but a few extreme circumstances.

*The trials of conflict and fragility: where the state is weakest*

War and conflict cause damage to every aspect of society. Education structures are often targeted during civil unrest. In Liberia, 80 per cent of schools were destroyed during the civil war. As a result, conflict-affected countries have some of the highest out-of-school populations. Save the Children (2006) estimates 43 million children to be out of school in thirty conflict-affected countries. In DRC alone 5 million primary school children are out of school. In Darfur, only one in every three children is in primary school.

The longer a conflict continues, the harder it is to fund and administer education systems. Holding national exams, paying teachers, and getting materials to school become increasingly difficult. Yet the benefit of school and education is what can bring the hope for peace and development. Schools not only bring life-saving skills, but offer a place of routine and play; somewhere to escape violence, and to reunite friends and families during times of trauma.

Despite the acute needs of conflict-affected countries, they receive up to 50 per cent less education aid than other low-income countries. Sierra Leone recently developed a new education plan to realise the universal primary education goal by 2015. Over a hundred schools have been built, over a million textbooks have been purchased, and teachers and school management committees are being trained. Liberia is in a similar situation, but both countries are awaiting the full amount of financing needed to enable them to put their education plans fully into place.

*Stemming the tide? Education and HIV/AIDS*

The misconceptions and stigma attached to HIV/AIDS often penetrate school walls. Orphaned children may be discriminated against by their classmates and teachers. HIV-positive teachers risk facing discrimination if they disclose their status. Sexual violence within schools, between classmates or between teachers and pupils, puts students at risk of HIV infection. Many schools fail to provide adequate HIV/AIDS training to teachers, or an age-appropriate HIV/AIDS curriculum, because of moral arguments about sex education. The restriction of USAID funding to 'abstinence until marriage' programmes has left many young people without access to condoms, and lacking information about safer sex (HRW 2005).

Quality education, preferably gender-equitable in nature, is, however, increasingly recognised as a 'social vaccine' against HIV and AIDS (Hargreaves

and Boler 2006). Research has shown that educating girls is one of the best ways to tackle the HIV epidemic. However, education systems have varied greatly in their response. In Asia and Latin America, HIV/AIDS has largely been regarded as a responsibility of the department of health. In Africa, ministries of education have set up HIV/AIDS units but these are frequently under-resourced. Their lack of engagement with civil society, teachers and ministries of health has led to HIV/AIDS curricula being ignored, unvalued or misunderstood by teachers (Boler and Jellema 2005).

But where schools are safe and non-discriminatory places of learning, where teachers are trained to impart life skills and provide accurate knowledge, where there is sensitivity to the needs of orphans and vulnerable children, and when governments protect HIV-positive teachers and provide them with access to treatment, education can be the most effective of all public health interventions responding to the HIV/AIDS epidemic.

### *Gender inequality*

In situations where governments face multiple challenges in the provision of education and health, girls and women nearly always fare the worst. Moreover, when girls get to schools, they are often not equipped to benefit them. A lack of toilets, for example, poses a particular problem for adolescent girls during menstruation. Research (Migwi 2007) in Kenya found that girls often missed school one week in every month due to their menstrual cycle.

However, quality and gender-equitable education is crucial for tackling the inequalities that women and girls face. It enables them to take care of their own reproductive health, protect themselves from HIV, and raise healthier children, who are then also more likely to go to school. It further assists them to ensure their own economic security and that of their community and society (ActionAid 2006).

For these reasons the rights of women and girls have been prioritised in international commitments. Of all the MDGs, only one was set with an early date of 2005 – getting an equal number of girls and boys into primary school. The goal, however, was missed by ninety countries, and, shockingly, went unmentioned at the UN+5 summit. Urgent steps must now be taken to ensure girls get to school, and to ensure they receive the quality of education needed to empower them.

### **Recommendations**

This chapter suggests a shared change agenda for the education and health communities. Joint action will help achieve mutually reinforcing goals.

***Campaign when it counts***

Health and education campaigners should unite around key political milestones such as election campaigns or budget cycles. During these times, there are real opportunities to engage the public's interest and influence the political agenda. We may pressurise political parties or individuals competing for public office to include commitments to eliminate user fees and increase public spending on health and education. Pre-budget planning is a critical time to push for improved allocations to health and education, with special attention on the rights of marginalised and excluded populations. Monitoring the implementation of policy and budget commitments at the local level also needs to be strengthened.

***Keep the focus on rights***

Campaigners should put the rights of citizens at the centre of their efforts. This may include pursuing advocacy through the justice system, calling for constitutional provisions and testing the state's commitment to them in the courts if necessary.

***Put workers in the forefront of demands, and the campaigning movement***

Building a professional and accountable public-sector workforce should be a priority demand for both the health and education sectors. Forging alliances between the trade-union movement and grassroots campaigners can bring benefits.

***Think local, national and global***

Many of the pressures facing the health and education movements are influenced by global agendas and events. The quantity and quality of aid, the poaching of workers, macroeconomic policy conditions are all examples of issues that have national effects but are driven by global institutions. Conversely, the international arena offers opportunities to elicit new commitments and hold governments and agencies to account, especially in the media. Campaigning organisations should continue to build worldwide popular movements calling for accountability from national governments and international institutions.

***Join hands and reach out***

This chapter makes a clear case for greater collaboration between education and health activists. The links identified between gender, HIV and education also point to a need to foster alliances with the international women's movement and HIV campaigners. Transparency advocates are also increasingly aware that they need to make links to communities and

activists campaigning for better public service provision. In order to avoid competing for political space and scarce resources, it is essential to be open to new forms of cooperation and joint working.

### Note

1. Evidence of the many direct and indirect links to health was presented in *Global Health Watch 1* and is available on the GHW website. A longer version of this chapter is also available on the website.

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