



UNESCO Asia and Pacific Regional Bureau for Education
UNESCO Office of the Regional Adviser for Culture in Asia and the Pacific
UNESCO HIV Coordination, Adolescent Reproductive & School Health Unit
for Asia and the Pacific

**UNESCO Regional Strategic
Framework
for HIV and AIDS, Adolescent
Reproductive & School Health
in the Asia–Pacific region**

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Acronyms

ADB	Asian Development Bank
AIDS	Acquired Immunodeficiency Syndrome
APCOM	Asia Pacific Coalition on Male Sexual Health
APEID	Asia Pacific Programme of Educational Innovation for Development (unit of UNESCO Bangkok)
APPEAL	Asia Pacific Programme of Education for All (unit of UNESCO Bangkok)
ART	Anti-retroviral Therapy
ASEAN	Association of Southeast Asian Nations
CI	Culture and Information sector (sector of UNESCO / unit of UNESCO Bangkok)
CLT	Culture sector (sector of UNESCO / unit of UNESCO Bangkok)
DALY	Disability Adjusted Life Year
DESD	Decade of Education for Sustainable Development
DOL	Division of Labor
ED	Education sector (sector of UNESCO)
EDUCAIDS	Global initiative on Education and HIV & AIDS (UNAIDS initiative led by UNESCO)
EFA	Education For All
EPR	Education Policy and Reform (unit of UNESCO Bangkok)
ESD	Education for Sustainable Development
FRESH	Focusing Resources on Effective School Health
GIPA	Greater Involvement of People living with HIV
HARSH	HIV Coordination, Adolescent Reproductive and School Health Unit (unit of UNESCO Bangkok)
HIV	Human Immunodeficiency Virus
IATT	Inter-Agency Task Team
IBE	International Bureau for Education (UNESCO Institute)
ICHA	Interdepartmental Committee on HIV and AIDS
IIEP	International Institute for Educational Planning
ILO	International Labor Organization
MDG	Millennium Development Goal
M&E	Monitoring and Evaluation
MOE	Ministry of Education
MOEYS	Ministry of Education, Youth and Sports
MSM	Men who have Sex with Men
NatCom	National Commission for UNESCO
NGO	Non-Governmental Organization
PAF	Program Acceleration Funds (UNAIDS funding mechanism)
PATH	Program for Appropriate Technologies in Health
PSN	Purple Sky Network
SARC	South Asian Regional Collaboration
SEAMEO	Southeast Asian Ministers of Education Organization
SHS	Social and Human Sciences sector (sector of UNESCO)
SRHSE	Sex, Relationships, HIV/STI Education
STI	Sexually Transmitted Infection
TG	Transgender
UBW	Unified Budget and Workplan (UNAIDS funding mechanism)
UIE	UNESCO Institute for Education
UIS	UNESCO Institute for Statistics

UNAIDS	United Nations Joint Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNESS	UNESCO Education Sector Strategy
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
UNODC	United Nations Office for Drugs and Crime
WHO	World Health Organization

EXECUTIVE SUMMARY

The HIV Coordination, Adolescent Reproductive & School Health Unit (HARSH) of UNESCO Bangkok aims to support UNESCO's sectors (Education, Culture, Communication & Information, Social and Human Sciences, and Natural Sciences) in developing stronger responses to HIV and AIDS and adolescent reproductive and school health. Its purpose is to provide technical, resource mobilization and advocacy support to 12 UNESCO offices, 2 antenna offices and all NatComs in the Asia-Pacific region in their attempts to engage and mobilize Government and civil society action on HIV and AIDS¹.

In line with UNESCO's overall strategy for responding to HIV and AIDS¹, the Millennium Development Goals (MDGs), the targets set in the Dakar Framework of Action for Education for All (EFA)² and in response to the specific challenges posed by AIDS epidemics in the Asia-Pacific region, UNESCO will pursue three thematic strategic priorities in the Asia-Pacific region, as follows:

1. Mobilizing the education sector to respond to the HIV prevention needs of young people³ via educational institutions;
2. Improving coordination and strategic information and enhancing jointly agreed standards of quality for HIV prevention programs for those most at risk for HIV, especially men who have sex with men (MSM) - who are largely but not exclusively young people;
3. Responding to the HIV prevention needs and reducing the general vulnerability of socio-cultural and ethnic minority populations (of all ages);

UNESCO has identified 9 cross-cutting strategies to address these priorities:

1. Basing strategic actions on solid evidence;
2. Focusing on jointly agreed standards of quality;
3. Identifying innovation and promoting new approaches and ideas in order to improve the effectiveness and quality of programs and interventions;
4. Ensuring that programs are rights-based and gender-responsive;
5. Advocating with policy-makers;
6. Building capacity of Member States (Government as well as civil society partners);
7. Involving and empowering civil society organizations and representatives of 'target audiences', especially in UNESCO's work with minorities and MSM; this includes the greater involvement of people living with HIV (GIPA);
8. Working in partnership with others; alone, UNESCO cannot achieve its goals;
9. Linking UNESCO's work with existing agreements and declarations.

¹ UNESCO's Strategy for Responding to HIV and AIDS, February 2007.

INTRODUCTION

This document aims to serve as a broad strategic framework for the programs and activities related to HIV and AIDS conducted by the Bangkok-based Asia Pacific Regional Bureau for Education, the Asia-Pacific Office of the Regional Advisor for Culture, the Asia-Pacific Office of the Regional Advisor for Social and Human Sciences and the Bangkok cluster office (covering all UNESCO sectors). It also aims to serve as a broad strategic framework for the work conducted by 12 UNESCO cluster and country offices, two UNESCO antenna offices and several National Commissions in the Asia and Pacific region⁴.

It builds on HIV components within existing UN targets and commitments, including the MDGs and the Dakar Framework of Action for EFA. It also incorporates the latest epidemiological evidence collated and analyzed in the AIDS in Asia Commission Report (2008), and refers to UNESCO's global Strategy for Responding to HIV and AIDS (2007) and on the previous Asia-Pacific regional strategy (2002-2007). It also builds on the very much expanded and improved responses and experiences of UNESCO country offices in the Asia-Pacific region since the first strategy was developed in 2002.

This document was developed after a process of consultation and validation with several stakeholders within UNESCO. It was also kindly peer-reviewed by Chaiyos Kunanusont, Josephine Sauverin, Tim Sladden and other colleagues at UNFPA; Rachel Odede and Margaret Sheehan at UNICEF; Gray Sattler at UNODC; Cho Kah-Sin at the UNAIDS Secretariat; Donald Bundy at the World Bank; and Edmund Settle at UNDP.

In contrast to the previous strategy, which was sectoral (i.e. had objectives and main activities per UNESCO sector), the current strategy is thematic and focuses on three broad themes, realizing that many elements of UNESCO's response to HIV are in fact cross-cutting and intersectoral. Apart from the thematic strategic thrusts, there are nine cross-cutting strategies that apply to each of the three themes.

This document should be seen as a broad guidance document; it is an attempt to make UNESCO's work in HIV less ad hoc, less project-based, more programmatic, more coherent and ultimately more strategic.

Limitations

This strategy is subject to the following two important limitations:

1. This document does not try to cover the wide range of specific activities that UNESCO conducts in all countries and territories in the region. It should be seen as a broad guidance document only. It aims to be a 'beacon' for UNESCO and its offices and National Commissions in the Asia-Pacific region, providing broad guidance. It is advised that for each

- UNESCO country office or National Commission office where the Strategy is accepted, specific activities are added to each of the objectives and main activities listed in this document, and those targets, indicators for progress, outputs and outcomes are agreed upon.
2. The perspective of the Pacific is largely missing from this document. So far, UNESCO has had very limited resources and human capacity to respond to the HIV prevention needs of Pacific Member States and partners. Once the Commission on AIDS in the Pacific Report is released, a specific Support Strategy for the Pacific should be considered, based on this strategy and focusing on priorities identified in the AIDS in the Pacific Report. It should be linked to UNESCO's overall priorities in relation to HIV and AIDS, and developed in close collaboration with UNFPA, UNDP, UNICEF, and UNODC in the Pacific region. Alternatively, a specific Support Strategy for the Pacific should be considered, focusing on priorities identified in the AIDS in the Pacific Report linked to UNESCO's overall priorities in relation to HIV and AIDS, and developed in close collaboration with UNDP, UNFPA, UNICEF, and UNODC in the Pacific region.

BACKGROUND

UNESCO is firmly committed to help its member states achieve the MDGs and the targets set in Dakar on achieving EFA. At the same time, UNESCO realizes that AIDS epidemics are diverse and differ in form and severity across the world. The HIV components of these global goals are briefly described below, and are followed by a description of the context of the AIDS epidemic in Asia.

HIV and the MDGs

At the Millennium Summit in September 2000, the Member States of the United Nations reaffirmed their commitment to working toward a world in which sustaining development and eliminating poverty would have the highest priority. It was recognized that AIDS poses an unprecedented public health, economic and social challenge. By infecting young people disproportionately (nearly half of all new HIV infections are among 15- to 24 year olds) and by killing so many adults in their prime, it undermines development. The Millennium Development Goals include goal number 6 “Combat HIV/AIDS, malaria, and other diseases” which in turn includes a target related to HIV/AIDS, namely “to have halted the epidemic by 2015 and begun to reverse its spread.” The three indicators for this target are HIV prevalence among 15-24 year old pregnant women, the contraceptive prevalence rate, and the number of children orphaned by HIV and AIDS.

HIV and the Dakar Framework of Action – Education for All

The World Education Forum held in Dakar, Senegal, adopted the Dakar Framework for Action in 2000. Strategy seven of the document calls for urgent implementation of education programmes and actions to combat the AIDS epidemic, as follows:

62. The HIV/AIDS pandemic is undermining progress towards Education for All in many parts of the world by seriously affecting educational demand, supply and quality. This situation requires the urgent attention of governments, civil society and the international community. Education systems must go through significant changes if they are to survive the impact of HIV/AIDS and counter its spread, especially in response to the impact on teacher supply and student demand. To achieve EFA goals will necessitate putting HIV/AIDS as the highest priority in the most affected countries, with strong, sustained political commitment; mainstreaming HIV/AIDS perspectives in all aspects of policy; redesigning teacher training and curricula; and significantly enhancing resources to these efforts.

63. The years since Dakar have shown that the pandemic has had, and will increasingly have, a devastating effect on education systems, teachers and

learners, with a particularly adverse impact on girls. Stigma and poverty brought about by HIV/AIDS are creating new social castes of children excluded from education and adults with reduced livelihood opportunities. A rights-based response to HIV/AIDS mitigation and ongoing monitoring of the pandemic's impact on EFA goals are essential. This response should include appropriate legislation and administrative actions to ensure the right of HIV/AIDS-affected people to education and to combat discrimination within the education sector.

64. Education institutions and structures should create a safe and supportive environment for children and young people in a world with HIV/AIDS, and strengthen their protection from sexual abuse and other forms of exploitation. Flexible non-formal approaches should be adopted to reach children and adults infected and affected by HIV/AIDS, with particular attention to AIDS orphans. Curricula based on life skills approaches should include all aspects of HIV/AIDS care and prevention. Parents and communities should also benefit from HIV/AIDS-related programmes. Teachers must be adequately trained (both in-service and pre-service) in providing HIV/AIDS education, and teachers affected by the pandemic should be supported at all levels.

The 2008 Report of the Commission on AIDS in Asia

The Asia-Pacific region is the world's largest and most diverse in terms of geography, population, political and economic systems, societies, languages and cultures. It also demonstrates variation in the scope and severity of AIDS epidemics. Despite a recent downward revision by UNAIDS of its epidemiological data on Asia and the Pacific, the epidemic remains serious and is growing in several Asian countries.

In order to study and analyze the AIDS epidemic in Asia, an independent "Commission on AIDS in Asia" was set up in June 2006 and given an 18-month mandate to study the realities and impact of AIDS in Asia and to recommend strategies for a stronger response to HIV and AIDS. The Commission's work was financially supported by UNAIDS, UNICEF, UNDP and the Asian Development Bank (ADB). Three dozen research papers were commissioned, and 600 individuals and community organizations were interviewed. Important work was conducted in the field of modeling and projecting the likely future course of the epidemic, based on an adapted version of the Asian Epidemic Model⁵.

Key findings of the AIDS in Asia Commission report include:

1. Although there is considerable variation in the shape and severity of AIDS epidemics across countries in the Asia region, they share important characteristics. Their most profound similarity is that all of them are driven by three key behaviors which are responsible for at least 75% of all HIV infections in the region, these behaviors are:

- a. unprotected sex in the context of sex work (this includes sex workers, clients, and also more indirect sexual contacts in which exchange plays a dominant role);
 - b. unsafe injecting drug use;
 - c. unprotected (mainly anal) sex between men⁶.
2. Due to the small per-contact transmission probability in vaginal sex and the relatively low density of (hetero-) sexual networks (particularly the fact that women have considerably fewer sexual partners than men – which is different from some settings in sub-Saharan Africa) – AIDS epidemics in Asia are highly unlikely to sustain themselves in the ‘general population’ independently of commercial sex, drug injecting and sex between men. This means that drastically expanded and improved prevention efforts focusing on people engaging in these three behaviors will likely bring the epidemic under control.
 3. A mixture of a lack of knowledge, moral judgment and fear causes HIV-related stigma and discrimination which undermine Asia’s responses to the epidemic, preventing people from accessing and using a range of services that they need to protect or sustain their current health – including voluntary counseling and testing services (VCT), antiretroviral therapy (ART) and diagnosis and treatment of sexually transmitted infections (STI).

In terms of responses to the epidemic, the Commission concludes that the response has ‘lagged behind or faltered for long periods.’ In particular:

1. Coverage of interventions focusing on reducing HIV transmission among people engaging in injecting drug use, sex work and male-to-male sex is far too low to contain the epidemic, let alone turn it around. Only 34% of people engaged in sex work, 2% of people injecting drugs and 5% of men having sex with men were reached with prevention services as of 2005. These levels need to reach 60-80% in order to halt and start to reverse the HIV epidemic.
2. The Commission reports that many resources for prevention are allocated to people at little or no risk of HIV infection; for example, through workplace and education sector interventions. In particular, 90% of HIV prevention funds under the UNAIDS Unified Budget and Work plan (UBW) scheme are expended on HIV prevention among low-risk young people where less than 5% of HIV infections occur. Adolescents engaging in one or more of the three risk behaviors mentioned above cause up to 95% of all HIV infections in their age group, but they receive less than 10% of these HIV prevention resources⁷.
3. Similarly, it was calculated that it costs US\$ 2,722 to save one disability-adjusted life year (DALY)⁸ by spending funds on HIV prevention among ‘mainstream youth’, versus US\$ 3 for a DALY saved in interventions focusing on reducing HIV transmission in the context of sex work, US\$ 39

- for injecting drug use and US\$ 74 for interventions focusing on men who have sex with men⁹.
4. The Commission notes that coordination, collaboration and leadership are lagging behind, with some notable exceptions. In particular, attempts to involve non-health sectors – especially education and social welfare – have generally been unsuccessful.

The Commission on AIDS in Asia report – especially in its evidence of costs per DALY averted – makes clear that from an epidemiological perspective, considerably fewer funds should be specifically earmarked for HIV prevention aimed at the general population. Instead, the report calls for targeting interventions towards reducing HIV transmission in settings where most infections occur: i.e., via unsafe injecting drug use, unsafe sex in the context of sex work and unprotected male-to-male sex.

UNESCO Bangkok thinks that in order to base our HIV work on evidence, the AIDS in Asia Commission report should be at the basis of our (and other UN agencies') response to the AIDS epidemic in Asia¹⁰. The insights provided by the AIDS Commission Report and lessons learned from UNESCO's long-standing work on HIV and AIDS in the region have strongly influenced this new UNESCO regional strategy. Some fundamental changes have been made to UNESCO's proposed strategic focus and direction in the area of HIV and AIDS in the region. These include:

1. An acknowledgement that for the large majority of young people / adolescents, HIV is not an immediate and acute health threat. For that reason, UNESCO promotes the integration of HIV prevention into broader health education approaches (referred to in the Commission report as 'low cost, low impact' responses). In particular, HIV should be linked to other learning objectives related to sex, relationships, avoidance of unintended pregnancy, lifeskills, drugs education and STIs.
2. An intensified focus on the specific vulnerabilities of ethnic minorities. UNESCO's decade-long work in this area has shown that being a member of an ethnic minority is in itself a factor that increases vulnerability to HIV (as well as a risk factor for drug abuse and for being trafficked), at least in the Greater Mekong Sub-region and China. While this was not addressed in the Asia Commission Report, UNESCO is committed to advocate for this issue and to further build on its expertise and past achievements in HIV prevention, trafficking prevention and drug prevention among ethnic minority populations.
3. As part of a focus on those most at risk for HIV, and based on its current track record, UNESCO will deepen its engagement with other partners in addressing the HIV prevention needs of men who have sex with men (MSM). While UNDP has recently become the UNAIDS lead agency for this group, UNESCO has been working on MSM since 2003. In a recent strategic framework developed by UNAIDS and UNDP, UNESCO has

been given a clear role in the response to HIV among MSM. UNDP has welcomed a strong regional partnership in its role of lead agency, a partnership that includes UNESCO, WHO, UNODC and other UN agencies.

4. UNESCO will, where needed and as appropriate, support efforts to respond to the epidemic among sex workers and their clients in collaboration with UNFPA, and will support tackling the epidemic driven by injecting drug use by working closely with UNODC. This could be either in the context of education sector responses or in our work with ethnic minority populations, as well as in other settings.
5. Affirmation of UNESCO's commitment to coordination at country-level. The AIDS in Asia Commission mentioned that coordination and leadership are lagging behind in the Asian response to HIV and AIDS. This strategy encourages this, based on clear and jointly agreed standards of quality among stakeholders. UNESCO recognizes that this will also result in more focused messages and stronger alliances for advocacy.

Strategic Theme One: Mobilizing the education sector to respond to the HIV prevention needs of adolescents via educational institutions

Within UNAIDS, UNESCO is the lead agency for HIV prevention for young people in educational institutions. As a founding Cosponsor of UNAIDS, UNESCO aims to work in close partnership with the other nine Cosponsors (but especially with UNFPA, UNODC and UNICEF and the UNAIDS Secretariat). UNESCO is also a partner organization in eight other priority areas, including work on HIV prevention for young people out of school, interventions for men who have sex with men, HIV and workplace interventions, and work on the development and proper utilization of strategic information¹¹.

HIV and Education

UNESCO has made education sector responses key to its HIV response as a means to reach adolescents and young people. It convenes the UNAIDS Inter-Agency Task Team (IATT) on Education¹², a network of more than 30 agencies (including UNAIDS Cosponsors, bilateral agencies, and civil society partners) promoting education sector responses to HIV and AIDS. It also leads the UNAIDS global initiative on education and HIV & AIDS, also known as EDUCAIDS. EDUCAIDS promotes comprehensive education sector responses to HIV and AIDS at the country-level. The EDUCAIDS Framework for Action and background Technical Briefs¹³ on core areas of the response are key tools in strengthening efforts to achieve Universal Access to prevention programmes, treatment, care and support, promoted by the UNAIDS Joint Programme.

The Education Sector's contribution to UNESCO's response to HIV and AIDS is also carried out within the context of achieving the goals and targets of EFA. UNESCO recognizes that the EFA goals on achieving universal access to primary education are not likely to be achieved without a stronger focus on HIV and AIDS. In recognition of this, UNESCO's Executive Board has included the EDUCAIDS initiative as one of three core priority initiatives to achieve EFA.

These efforts are also linked to other core priorities, including UNESCO's commitment to the UN Decade of Education for Sustainable Development (DESD), the MDGs, and the Declaration of Commitment on HIV/AIDS, adopted at the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) in 2001.

The priority that UNESCO has given to education is based on the evidence that education – especially education on prevention – contributes toward the knowledge and skills essential for the prevention of HIV. Education also helps to overcome structural issues that facilitate the spread of HIV, including poverty, ill health, gender inequality, homophobia, violence and abuse. Education programs can promote understanding, respect and tolerance – all of which contribute to

reduced stigma and discrimination against vulnerable people, including people living with HIV and people from different sexual orientations or of other cultural, social or religious minorities. Reduction of stigma and discrimination of HIV and associated risk behaviors are important to achieve universal access to prevention, treatment and care. It is important that HIV, stigma reduction and related issues are integrated in processes of curricular reform, education sector reform as well as in processes to develop joint education sector strategic plans.

Sexuality education

With key partners including UNFPA, UNICEF and WHO, UNESCO is working on the development of global guidelines for sexuality education. Effective sexuality education provides young people with age-appropriate, culturally relevant and scientifically accurate information on sex, relationships and HIV/STIs. It includes structured opportunities for young people to explore their attitudes and values, and to practise the skills they will need to be able to make informed decisions about their sexual lives.

Effective sexuality education is a critical part of HIV prevention and in working to achieve Universal Access goals to prevention, care, treatment and support. While there are no programmes that can *eliminate* the risk of HIV, STIs or unintended pregnancy, or coercive or abusive sexual activity, UNESCO recognises that properly designed and implemented programmes can *reduce* some of these risks.

Also, it should be noted that improving sex, relationships and HIV/STI education for school-based youth serves educational objectives other than just the prevention of HIV. Such objectives include improving the reproductive knowledge, skills, attitudes and health of young people, including the avoidance of unintended pregnancies; reducing stigma and discrimination of people with HIV, or of people who are 'different'; and increasing knowledge and skills related to society, family, friendship and love relationships, personal hygiene, and general life skills.

Studies show that effective sexuality education can:

- reduce misinformation
- increase knowledge
- clarify and solidify positive values and attitudes
- increase skills
- improve perceptions about peer group norms and
- increase communication with parents or other trusted adults.

The school setting provides an important opportunity to reach large numbers of young people with sexuality education before they become sexually active, as well as an appropriate structure (i.e. the formal curriculum) within which to do so.

Most at risk adolescents

Considering the estimate that 95% of HIV infected young people in Asia have become infected by their engagement in injecting drug use, sex work or male to male sex, UNESCO sees a particular challenge in the years ahead in ensuring that education sector responses are more relevant and effective to these characteristics of Asian AIDS epidemics. This means that when discussing the HIV epidemic and its impact in schools, teachers and students should have information about the behaviors that drive the epidemic in their country / region. Based on the AIDS in Asia Commission Report, it is important that the misconceptions that emerged from the old mantra of 'Everybody Is at Risk' are realigned in light of better scientific evidence.

Three complementary strategic thrusts

UNESCO will focus on three complementary strategic thrusts in its work on education sector responses to HIV, as follows:

1. The first strategic thrust is aimed at 'general population youth', i.e. those who are not likely to be engaging in the above-mentioned risk behaviors. As HIV is unlikely to be a severe threat to their health during adolescence or at later stages of their lives), UNESCO will support the integration of HIV into improved sexuality education programmes (see above), through school-based reproductive health education (in partnership with key partners in this field, particularly UNFPA), linked in with drug prevention education (in partnership with UNODC) and in school health and other health education efforts (in partnership with WHO, UNFPA, the World Bank and others).
2. The second thrust is aimed at reaching children and young people who are especially vulnerable to HIV due to several factors, including poverty, migration, being part of a minority population or because they have lost one or both parents. These children are at risk because their 'social safety net' is damaged or missing. Especially vulnerable youth are defined as young people who are more likely to start engaging in one of the three key risk behaviors driving Asian AIDS epidemics. Since many of them are out of school, most vulnerable adolescents and young people could be reached via the non-formal education system, including community learning centers, efforts to increase literacy and adult education programs. UNESCO's EDUCAIDS Framework for Action and the IATT Toolkit for Mainstreaming HIV in the Education Sector are useful tools for achieving the mainstreaming of HIV in all parts of the education sector, and the forthcoming international guidelines on sexuality education will also be useful as tools for standard-setting. Key partner agencies in working on this area are UNICEF and UNFPA.

3. The third strategic thrust aims to meet the needs of adolescents and young people engaging in unsafe drug use, unsafe sex in the context of sex work (as well as other unsafe sex) and unsafe male-to-male sex. In most countries, there is currently insufficient evidence about how well schools are placed to respond to the needs of most-at-risk adolescents, beyond playing a role in information provision and prevention education. A relatively easy start for an approach focusing on most-at-risk youth could be a focus on tertiary education institutions, since students there are legally adult. For these young people, UNESCO will work with ministries of education to develop or review/revise policy and develop practical guidance and tools for schools (teachers, school directors, school counselors, students and parents) and support linkages to outside services. Since tertiary education institutions are often independent of Ministries of Education, in many instances UNESCO will need to work with (networks of) such institutions directly. In the area of policy, UNESCO will draw on country-specific evidence, and work in partnership with civil society groups and ministries of education, the UNAIDS Secretariat, UNFPA, UNDP, UNICEF, and UNODC.

Strategic actions:

1. The review and development of education sector policies and strategic plans based on the epidemiological situation in the country and the stage of the response to HIV and AIDS. In particular, the review will distinguish between three types of adolescents (low risk, especially vulnerable and most at risk) and assess how the education sector has been / could respond to these groups. This effort will draw on existing resources, including the EDUCAIDS Framework for Action and implementation support tools and the IATT Toolkit on Mainstreaming HIV in the Education Sector, in line with the epidemiological situation in the country, the stage of the response to HIV and AIDS and in the context of EFA, ESD and EDSF efforts. This could include: mainstreaming HIV into school health policies and programs; mainstreaming HIV- and AIDS-related issues into UNESCO (especially UNESS) and into UNICEF efforts to improve / expand EFA; and integrating HIV into non-formal, vocational, technical, tertiary and literacy education.
2. The promotion of a minimum package of skills-based sexuality education in selected Asian countries. If possible, given the behaviors driving Asian epidemics, this package should also address the issues of drug use, sex work (as well as other unsafe sex) and male-to-male sex and be translated into proposed changes for training / teaching curricula and incorporated in text books and supporting teaching-learning materials.
3. In some countries, HIV prevention education has not been fully successful. Where there are doubts about why this is the case, research

- should be conducted on the causes which may include: lack of motivation, proper training of teachers, and/or a (often unjustified) fear of a backlash from parents or religious authorities against sexuality education for youth. Indeed, parental consent and buy-in are important issues in teaching sex education to children and innovative strategies for acquiring support should be explored.
4. In addition, it is necessary to promote innovative methods and strategies for expanding educational opportunities that are scaled up to reach young people about HIV, reproductive / sexual health and relationships – for example, via museum exhibitions, internet-based responses or events.
 5. Operations research on different aspects of the education sector response – both on efforts and programs to respond to the HIV prevention needs of most at risk adolescents, as well as programs that have HIV mainstreamed in wider sexuality education, reproductive health education or general health education approach. In particular, evaluation research on the (cost) effectiveness and efficacy of current approaches, including life skills education, school health / health education and peer education for youth, is needed in the context of different countries and cultures.
 6. Improve coordination and joint planning between development partners and the Ministry of Education by the establishment of new (or strengthening of existing) education and HIV national working groups, consisting of all main agencies and organizations working on HIV and Education. These working groups could support the following four key activities:
 - a. Help the MOE conduct a joint review of existing education sector policies and responses related to HIV and AIDS (including sexuality and reproductive health education), and identify gaps and barriers for expansion (see (1) above).
 - b. Agree on a joint Support Plan for the MOE's response to HIV and AIDS, clearly dividing tasks and roles between development partners. This Plan could be considered the basis for additional fundraising, for example, through the Country Coordinating Mechanism to the Global Fund to Fight AIDS, Tuberculosis and Malaria.
 - c. Help the MOE develop a fully costed and operationalized HIV and Education Strategic Plan – this is also essential for raising additional resources.
 - d. Help the MOE agree on a policy including standardized learning objectives for sexuality education and related interventions, including a jointly agreed set of teaching-learning materials, background materials and scaled up and explicit standards and methodologies for teacher training, M&E and reporting (see (3) above).

7. Improve coordination and leadership by and within the Ministry of Education. This is facilitated by the actions described under (2) and (4), and can be further strengthened by supporting the MOE to set up an interdepartmental coordination committee on HIV and AIDS (ICHA), following the example set by Cambodia. In some countries, the MOE may agree to have an 'open' working group that includes their departments as well as development partners. In general, UNESCO needs to advocate with other UN agencies to strengthen the role of MOE as part of the national response to HIV at country level, which is often dominated by the health sector.
8. Advocacy for research on and the development of methodologies for the inclusion of sensitive, but epidemiologically-relevant topics such as injecting drug use, sex work and male-to-male sex into policies, programs, curricula and teacher training to ensure that HIV prevention efforts in schools are aligned to the realities of HIV epidemics in Asia. It may be necessary in many countries to gather existing age-disaggregated epidemiological information on HIV transmission routes to support a convincing advocacy argument.

These actions will only be successful if a good working relationship exists between UNESCO / the UNESCO NatCom and the Ministry of Education, as well as between UNESCO and other partners including UNICEF, UNFPA, UNODC, the World Bank and UNDP. UNESCO should ensure that these efforts are aligned with UNESCO's role in the UNAIDS Technical Support Division of Labor and the goals and principles outlined in UNESCO's global *Strategy for Responding to HIV and AIDS*. Where relevant, linkages with the Ministry of Health and other health sector partners will be sought.

Nine guiding principles for education sector responses are listed (adapted from the UNAIDS IATT on Education publication (2009) *A Strategic Approach: HIV & AIDS and Education*):

1. Education must be accessible, inclusive and of good quality. UNESCO has many professional staff working in the field of inclusive education, literacy, education for sustainable development, vocational training; in these, and other efforts, HIV messages can be mainstreamed relatively easily and at little to no cost. There is a danger that HIV becomes a separate 'pillar' within UNESCO, rather than mainstreamed through the work of its entire education sector.
2. Education sector responses must be mainstreamed and comprehensive which means that they must include all relevant aspects of how HIV affects the education sector and its teachers and learners. This means it should involve many different actors in the sector. The EDUCAIDS Framework for Action and the IATT Toolkit for Mainstreaming HIV in the

- Education Sector provide helpful checklists and tools to determine where action is possible / most needed. Often overlooked areas for support include reaching vocational students, working with the non-formal education sector, as well as promoting a policy for students and teachers living with HIV, including guidelines for schools on how to deal with this, and workplace policies. Many of these can be developed in collaboration with UN partner agencies / funds / programmes, including UNICEF, WHO, ILO and UNAIDS.
3. Education sector responses must be adapted to the country / cultural context, but should also be driven by the character of the epidemic. This means that UNESCO often needs to advocate for openness and inclusiveness of issues related to adolescent sexuality in general, and also on behalf of marginalized groups and behaviors. UNESCO needs to learn how to overcome barriers in addressing commonly taboo subjects. Linking up with other UN agencies and civil society organizations will make advocacy efforts more effective.
 4. In order for all of the above actions to become a reality, it is important that all relevant key stakeholders are involved and work together.
 5. Young people are entitled to know about sex, relationships and HIV/STIs, despite cultural or religious reservations about teaching these topics to young people.
 6. All people in need of education should be reached – be it with education efforts aimed at those in- or out-of-school, and including people of social, cultural and ethnic minorities – preferably in their mother tongue. For out of school youth, collaboration with UNFPA and with non-formal education partners is called for.
 7. Programs should aim to be (or become) coordinated, to scale, harmonized and aligned to other main educational objectives and strategies in a country. Working on models/prototypes/pilots at the field level is interesting and needed, but engagement with central-level policy-makers is what will ultimately make the difference; hence, their involvement from the start is needed.
 8. Education sector responses must enhance general awareness of HIV and AIDS and foster commitment and strengthen the capacity to respond.
 9. Last but not least, education sector responses and decision-making should be evidence-based.

Strategic Theme Two: Improving coordination, strategic information and jointly agreed standards of quality for HIV prevention programs for those most at risk for HIV, in particular with men who have sex with men

The second main strategic theme is focused on improving coordination, strategic information and jointly agreed standards of quality for those most at risk for HIV in Asia and the Pacific. The focus of this theme will in practice be mainly on coordinating UNESCO's actions with UNDP which has the leadership role in responding to the HIV prevention, care and support needs of men who have sex with men (not necessarily only young men / adolescents), due to UNESCO's track record in this area of work. UNESCO has been working with representatives of men who have sex with men, their organizations and with Government partners since 2002 in Thailand, Cambodia, China and Viet Nam. UNESCO Bangkok was one of the founding members of the Purple Sky Network, a sub-regional network of MSM organizations and government representatives from Cambodia, Lao PDR, Myanmar, Thailand and Viet Nam and two provinces in Southern China, in 2002. It was also a founding member of the Asia-Pacific Coalition on Male Sexual Health (APCOM), established in New Delhi in 2005. UNESCO is on the Regional Technical Board of PSN and in the Governing Board of APCOM.

Male-to-male sex is one of the three key risk behaviors driving Asian AIDS epidemics, according to the AIDS in Asia Commission Report and other recent publications¹⁴. It is estimated that, in general, 5%-20% of all HIV infections in Asian countries are caused by male-to-male transmission. In some cities where general population prevalence is low, like Beijing and Vientiane, this percentage is much higher¹⁵. So far, only a tiny minority of MSM (3%, according to a 2005 review conducted by UNAIDS) have access to comprehensive HIV prevention and care services in Asia – this is lower than coverage of injecting drug users and sex workers in most countries¹⁶.

Besides its close coordination with UNDP on work relating to MSM, UNESCO aims to coordinate with UNODC in its mandate of responding to the HIV prevention, care and support needs of people injecting drugs, and in line with that agency's lead role, UNESCO aims to support UNFPA in meeting the HIV prevention, care and support needs of those engaged in sex work. Of course, these mandates overlap, as there are men who have sex with men involved in sex work and in some countries and settings there are significant numbers of MSM who inject drugs.

Since all three behaviors are highly stigmatized and often illegal, it is important that UNESCO engages in joint and strategic advocacy with UNFPA, UNDP, UNODC, the UNAIDS Secretariat and other relevant partners.

With UNDP leading the joint UN response on HIV among MSM, UNESCO will refocus its efforts on three main strategic areas, which have been discussed and agreed with UNDP regionally, as follows:

1. The promotion of jointly agreed standards of quality for interventions, approaches and policies on MSM and HIV – including in formal and non-formal education settings (see also Strategic Theme One). This is necessary as there are currently many different organizations working in this field, all using different methodologies and approaches. The basic premise underpinning this area of work is that it should not matter to an MSM accessing a health (education) service whether the person addressing him was trained by organization A, B or C – the quality and comprehensiveness of services should be the same.
2. It is necessary that interventions and policies are grounded in evidence and in ‘what is’, not in ideology or ‘what should be’. In many countries and settings there is a need to improve the evidence base about who MSM are and what they think about themselves; there is also a need for high quality information (in local languages) about HIV developed for and by MSM. Having this information can help inform advocacy / programming and keep people at the grassroots level informed of what is happening in the wider world.
3. MSM interventions in many countries remain small-scale and scattered; quite often, there is fierce competition between community-based organizations and NGOs for scarce funding. This is not in the best interest of MSM. There is a need to improve coordination and joint planning among these organizations and development partners and Governments by strengthening sub-regional and national level advocacy, coordination and information sharing platforms (jointly with UNDP). Agreement on a Division of Labor among organizations can be an important first step. The participation of UNESCO in regional networks such as PSN and APCOM, and efforts to strengthen subregional networking in other areas of the region are also important first steps.

Other important areas, including advocacy and promotion of human rights and the strengthening of civil society organizations are within the mandate of UNDP. UNESCO will support these, as needed / deemed appropriate.

Strategic actions:

1. Conduct ethnographic / qualitative research on the lives of men who have sex with men in countries and cultures where little or no such information exists, with the aim of ensuring that such studies are translated into policy and programmatic actions. This research will aim to capture the diversity of MSM behaviors and populations and ensure that the standards discussed under (1) and (2) are complemented and translated to specific socio-cultural contexts. So far, UNESCO has supported research activities

- on MSM in Cambodia, Lao PDR, Viet Nam and Myanmar. This information can be used to inform HIV prevention, care and support programs for MSM and can also provide a 'human face' to male-to-male sexual behaviors and the epidemiological label 'MSM'.
2. Review existing teaching / learning materials for MSM on HIV regionally and at the country-level in collaboration with partner organizations with the aim of agreeing on consistent and high-quality materials for use among MSM in a city or country (there may be a need for specific sets of materials for certain subgroups, like male sex workers, MSM who inject drugs, or MSM with a female partner or wife). After the success of the Peer Outreach Reference Manual, which was the first standardized tool which was agreed upon among all key partners in the region, actions will focus on developing jointly-agreed training curricula for peer- and outreach workers, as well as curricula for nurses and medical staff. Current efforts will continue and initially focus on the Mekong countries, China, Hong Kong (China), Mongolia and Nepal.
 3. Help to improve standards for teaching about MSM / sexual diversity in the education sector, including in nursing colleges and medical schools. This links to Theme One, i.e. attempts to make schools more responsive to the needs of most at risk adolescents, including male adolescents who have sex with males. In countries / settings where this is deemed sensitive, initial efforts could focus on reaching young MSM in tertiary education institutions.
 4. Improve the production and use of HIV and MSM related information by grassroots workers – especially peer- and outreach workers. This will be done by enhancing journalistic skills and making information from existing forums (MSM Asia, Kaiser Network, Global Forum on MSM) available in local languages, initially only in the Mekong countries.
 5. Advocate, jointly with APCOM, UNDP and the UNAIDS Secretariat, against the criminalization of male-to-male sex and stigma and discrimination. Both have been found to make HIV prevention for this group very difficult, if not impossible.
 6. Improve coordination and collaboration between organizations in countries by strengthening National MSM and HIV Working Groups, as well as the Purple Sky Network (Mekong countries) and a new regional initiative to support advocacy for expanded MSM and HIV interventions in Insular Southeast Asia¹⁷. Improving collaboration at the country level may entail the following actions:
 - a. Strengthening the National MSM and HIV working group if there is one – providing technical and secretarial support.
 - b. Helping the MSM-HIV WG develop a Division of Labour (either thematic or geographic – but in case of the latter with agreed-upon common standards of quality). This could reduce competition and improve information sharing.
 - c. Sharing teaching/learning materials across organizations, review and agree on standards of quality.

- d. Discussing and deciding on standards for recruitment of peer outreach workers, as well as for training, monitoring and reporting.
- e. Helping the National AIDS Program develop a strategic framework on HIV and MSM (as has occurred in Cambodia, China and Thailand).

Strategic Theme Three: Responding to the HIV prevention needs and reducing the general vulnerability of social, cultural and ethnic minority populations

The third theme of this strategy partly overlaps with Theme One and Theme Two and focuses on the reduction of HIV vulnerability, linked with trafficking and drug abuse among social, cultural and ethnic minority populations. Since many (especially ethnic) minority populations lack citizenship and / or access to education in their own language or even in the language of the majority, due to the often remote locations where they live, they are often more vulnerable to exploitation of various kinds – including involvement in the sex industry and in drug related trafficking. They are also less likely to have the knowledge and skills to protect themselves from HIV.

While UNODC is the lead agency for drug abuse-related HIV prevention, care and support as well as for trafficking and other crimes, there is no UN agency with the mandate for assisting social, cultural and ethnic minority populations. This new strategy document elevates this important and innovative area of work to a key strategic theme for UNESCO in the Asia-Pacific region in 2009-2015. Most of the educational aspect of this work deals with education in non-formal and non-structural ways i.e. via theater, drama, radio programs and music – developed by people from minority populations themselves, in their own language and following their own attitudes and beliefs (as long as these are scientifically correct).

Culture¹⁸ shapes individuals, including their norms, values, attitudes and behaviors, and in turn, individuals shape their own culture. It is important to recognize that cultures are not singular, monolithic systems, but fluid, diverse, and co-existing. When a politician refers to ‘Nepali culture’, for example, it is therefore prudent to ask the question “which Nepali culture” – as there are several.

UNESCO Bangkok aims to build its prevention programs on an anthropological concept of culture; that is, that “culture is a grammar of behavior.” If behaviors need to be changed – as may often be the case in the time of AIDS – cultural norms, values, roles and attitudes need to change at the same time, or perhaps even before behaviors can change effectively and sustainably.

In many countries in Asia, Governments and agencies have worked towards achieving behavior change with the main / dominant cultural group in that country. Socio-cultural, linguistic and ethnic minorities have, in most countries, often been ignored or excluded. This is despite clear evidence that minorities face barriers accessing education, employment, health care, and – in some countries – the basic rights associated with citizenship and legal status. In the GMS, minorities are disproportionately represented among those living with HIV, trafficking victims, and injecting drug users.

“Universal Access” begins with universal access to information. In most countries in Asia, minorities are excluded from such access by a failure of both Governments and development partners to provide linguistically and culturally accessible information. The Commission on AIDS in Asia Report inadvertently exposes the problem: it barely mentions minorities and their special vulnerabilities.

UNESCO acknowledges the importance of understanding cultural and societal contexts – including beliefs, attitudes, traditions, practices, conceptions and misconceptions – especially those of minorities, as a first step in designing policies, approaches and programs towards reducing the vulnerability of ethnic minority populations towards HIV infection (as well as the related problems of drug use and trafficking and other forms of exploitation). It will concentrate on the following strategic efforts:

1. Focus on developing and re-creating cultural expressions and cultural productions, incorporating positive and relevant HIV and AIDS and related behavior change messages, based on solid ethnographic research. These programs will build on the proven ‘UNESCO Methodology’ implemented by UNESCO over the past 10 years, and include: non-formal education programs (including those provided by the MOE), Community Learning Centers and literacy programs.
2. Bring relevant partners around the table to set standards for the process of ensuring active participation of minority people in program development and delivery. These standards will aim to ensure that current and future interventions are tailored to the culture and society of the targeted audiences but which, at the same time, do not hide or obfuscate the realities of gender power relations, sex, sexuality, drug dependence, and other difficult subjects under the cover of ‘culturally appropriate’. Interventions should also be age appropriate, gender-responsive and scientifically accurate.
3. Assure cultural and linguistic appropriateness – not only in its own interventions, but also in those of other agencies. This includes applying a ‘culturally appropriate approach’ while working with the education sector – ensuring that teachers’ and students’ needs and concerns are addressed in the right tone and using the right language.
4. Use the information and evidence collected in practice and from other sources to inform advocacy with key decision-makers. This can be in the form of producing maps showing vulnerability or to produce policy advice papers / statements. UNESCO’s work in the area of Geographic Information Systems (GIS) is unique in the region.
5. Engage artists, cultural performers, activists and researchers representing socio-cultural and ethnic minority groups that are at risk of HIV and / or trafficking and / or drug abuse or other forms of exploitation in all steps of the process.

Key strategic actions:

1. Advocate for the importance of addressing the needs of socio-cultural and ethnic minorities – from a rights-perspective as well as from an epidemiological viewpoint. This includes pushing for ethnic minorities as a specific UN priority for HIV related work at the country-level.
2. Ensure that the vulnerability and needs of socio-cultural and ethnic minorities are addressed in National Strategic Plans on HIV and AIDS, and allocated appropriate budgets and other resources. UNESCO's actions link with efforts to promote inclusive education and mother-tongue education.
3. Support, in collaboration with key partner agencies, the development of culturally and linguistically appropriate information that addresses clearly the realities of HIV and AIDS for socio-cultural and ethnic minorities.
4. Conduct ethnographic and other research to inform policy-makers and programme managers, especially on marginalized groups.
5. Support innovative use of cultural expressions to convey HIV- and AIDS-related messages, especially when fostering a positive attitude towards safer behaviors or towards persons living with HIV and addressing gender inequality.
6. As part of the overall UNESCO Clearinghouse on HIV and AIDS, maintain a resource center and clearinghouse for collecting information and materials and repackage information into various formats and for dissemination to different user groups.
7. Advocate for support of 'cultural influencers' (movie / soap / sports stars etc) to help reinforce and shape positive cultural norms and values about persons living with HIV and about the need to support them, and to understand the harmful effects of stigma and discrimination.
8. Work with other partners, including UNICEF, to identify where there are 'safety nets' in cultures that can be mobilized to alleviate the impact of HIV and AIDS, with a special focus on children. This is one of the recommendations of the AIDS in Asia Commission Report and includes, for example, strengthening notions of compassion and solidarity

UNESCO's response to HIV and AIDS: Nine cross-cutting strategies

When implementing its strategic plan, UNESCO will be guided by the following overall guiding principles:

1. UNESCO will derive the strategies it follows, the methods it advocates and the programmatic actions it employs when responding to HIV, from solid scientific evidence. Where evidence is lacking, UNESCO will advocate for research to collect it.
2. UNESCO is, in principle, not an implementing agency, but a technical agency. It focuses on bringing partners together to agree on common standards of quality.
3. UNESCO is also a 'clearinghouse of innovation and new ideas' about what works and is new / promising in HIV and AIDS prevention, care and support. It wants to develop and discuss new approaches, pilots and prototypes to replace approaches that may be less effective, or may have lost their vigour.
4. UNESCO supports responses that are gender-responsive and age-appropriate, culturally sensitive, grounded in human rights, and involve people living with HIV and other vulnerable populations at all stages.
5. UNESCO will adopt a strong advocacy role for the broad issues relating to HIV and AIDS within its mandate. HIV-specific advocacy issues include the need for tailored responses for adolescents most at risk for HIV; ethnic minority populations, and men who have sex with men. These HIV-specific advocacy messages link to general advocacy efforts in other areas of UNESCO's mandate including gender equality, EFA, respect for cultural diversity and promotion of human rights, to mention a few.
6. Capacity-building of Government and civil society partners is at the basis of UNESCO's response to HIV and AIDS.
7. Involvement and empowerment of civil society organizations is at the core of UNESCO's work with minorities. UNESCO sees itself as a platform for discussion / exchange between Governments and civil society organizations, especially related to human rights and public health.
8. UNESCO will also work in partnership with other government agencies, United Nations agencies, multilateral and bilateral agencies, Regional Organizations such as SEAMEO, UNAIDS Inter-Agency Task Teams, and international and local NGOs, for the improved coordination of efforts in support of locally owned plans and strategies for responding to HIV and AIDS.
9. UNESCO ensures that its support for HIV and AIDS in education is in accordance with the financial, management and programme framework of a country's sector-wide approach and educational sector plans (UNESS, ESDF, etc), and those relating to the attainment of the EFA goals, as well as with the planning and strategic framework of an education ministry's

own HIV and AIDS unit and a country's national strategic plan on HIV and AIDS.

UNESCO Processes, Roles and Responsibilities

Modes of operation

UNESCO seeks to work in a multi-agency and multi-sectoral partnership. It will also work in partnership within and across Government sectors and with civil society and the private sector.

Plan Implementation and UNESCO Structures

In implementing this Strategic Framework in the Asia Pacific region, the different UNESCO modes of presence - Headquarters, Institutes (especially IIEP, IBE, UIE and UIS), the Asia Regional Bureau for Education, the Regional Advisor for Culture, the Regional Advisor for Communication and Information, the Regional Advisor for Social and Human Sciences and National Field Offices (all sectors) will work in close collaboration.

In countries where there is no UNESCO office, much will depend on the dynamism of UN sister agencies (especially UNICEF) and on the local National Commission for UNESCO. Efforts will be made to strengthen cooperation with the National Commissions.

The Bureau of Field Coordination (UNESCO/Paris/BFC) will facilitate interactive partnership between Field Offices and Headquarters by carrying out functions that are both upstream (policies and strategies) and downstream (coordination, monitoring and reporting). More importantly, it assists Field Offices in taking on increased managerial autonomy.

UNESCO's global coordination function for HIV and AIDS in Paris is to ensure coordination of UNESCO's HIV and AIDS programmes and projects funded both from its regular budget and from extra budgetary sources. In this capacity, it will be responsible for ensuring the overall coherence of the UNESCO programme in the field of HIV and AIDS and for inter-agency coordination within the framework of UNAIDS.

UNESCO Bangkok, in particular the HIV Coordination, Adolescent Reproductive and School Health Unit (HARSH) in Bangkok, ensures coordination of UNESCO's HIV and related work in the Asia-Pacific region, and provides or facilitates the provision of technical support. For more information about the role of the HARSH Unit, see Annex 1.

Resources

The ability to address the AIDS epidemic depends greatly on the mobilisation of human and financial resources. UNESCO will seek to mobilise provision for these from budgetary and extra-budgetary sources. It will also support efforts for

the vigorous mobilisation of funds from global, regional, sub-regional and national sources.

Action Plans

The strategic plan does no more than outline broad directions for UNESCO in supporting national HIV and AIDS responses that would help countries reduce the rate of HIV infection, strengthen the provision of care and support, and mitigate the institutional impacts of the epidemic. UNESCO field offices in Asia and the Pacific will be able to utilize relevant elements of the strategic plan to develop detailed action plans outlining specific objectives, activities, actions, outcomes, responsible parties, time-frames and budgets.

Monitoring and Evaluation

UNESCO Bangkok will establish appropriate monitoring and evaluation mechanisms to ensure that objectives are being met and progress is being made along the directions proposed in the strategic plan. The strategy will be subject to an annual review process led by the UNESCO Bangkok office.

Annex 1: UNESCO's Regional Response to HIV – the Past and Future of the HIV Coordination, Adolescent Reproductive and School Health Unit (HARSH)

The HIV/AIDS Coordination Unit, as it was originally called, was established in 2002 with the explicit aim to strengthen and expand UNESCO's role and activity in the area of HIV and AIDS, both at the regional and at the country-level. Hence, from its inception it has seen itself as a regional service provider and a catalyst for expanded responses at the country-level.

The Asia-Pacific region was the first to have a full-time regional AIDS advisor and the first to have a regional HIV and AIDS strategy, financed with UNAIDS UBW funds. The Unit was renamed 'HIV and AIDS Coordination and School Health Unit' in 2005 and it was renamed 'HIV Coordination, Adolescent Reproductive and School Health' (HARSH) in 2008.

'Adolescent reproductive health' and 'school health' must be seen here as possible vehicles for integrating sex, relationships and HIV/STI education into policies, programs and curricula in the education sector. HIV prevention in schools would be impossible without linkages to adolescent reproductive health, and wider health issues. In this sense, UNESCO supports comprehensive school health responses under the FRESH (Focusing Resources on Effective School Health) framework, also supported by WHO, World Bank, UNFPA, UNICEF and other organizations.

The HARSH Unit is seen as an intersectoral unit, and is therefore clearly placed outside the UNESCO sectors, reporting directly to the UNESCO Bangkok Office's Director. This indicates the importance that UNESCO Bangkok places on the work of HARSH. It also ensures that HIV is not confined to the realms of just one UNESCO sector, something which is clearly reflected in this strategy document.

The first years of the HARSH Unit aimed to help UNESCO country offices in the region strengthen their role and capacity in HIV and AIDS, and take their roles and responsibilities as a UNAIDS Cosponsor seriously. This has involved financial support to recruit full-time focal points or other staffing support for HIV and AIDS (in Cambodia, China, Indonesia, Mongolia, Kazakhstan, Nepal, Thailand, Uzbekistan and Viet Nam,).

As a result of these efforts, for the UBW 2008-2009 funding cycle, UNESCO country offices in many of these countries (including Cambodia, China, Nepal, Viet Nam and Uzbekistan) succeeded in obtaining their own funding and were no longer dependent on regional UBW funds decentralized via Bangkok. The absolute and relative share of UBW funds managed by UNESCO Bangkok dropped dramatically as a result – which is seen as an indicator of the HIV Unit's

success in building the capacity of UNESCO offices to access and mobilize funds.

The HARSH unit has since shifted its focus on provision of technical, information- and managerial support to Asia-Pacific country offices; the development of standards in HIV and education, as well as other measures related to quality control; on qualitative research; on information-related activities; and advocacy.

Since 2002, offices with which close collaboration has been established are Cambodia, China, East Timor (NatCom), Indonesia (office and NatCom), Lao PDR (NatCom), the Mongolian NatCom, Nepal, and, until recently, when these countries were moved under the Moscow office, Kazakhstan and Uzbekistan. Offices where collaboration has been limited include Bangladesh, Pakistan, Iran and Samoa. New working relations have recently been established with two other offices (Afghanistan and India).

The previous regional strategy for HIV and AIDS outlined UNESCO's role as the lead UNAIDS Cosponsor on HIV prevention in educational institutions, and also outlined strategic directions for the Bangkok Office's Social and Human Sciences (SHS) Unit, and for the Culture Unit, following already established programmatic directions of the CLT team. For Communication and Information (CI), journalist training was envisioned and some work has occurred in this field of work. Activities under the SHS Unit have been limited since the regional social science and HIV workshop held in 2005. Recent work examining municipal responses to HIV may, however, lead to a new programmatic area of work by UNESCO Bangkok in the coming years.

During 2009-2015, increased efforts will be made to link more closely to the work of the Education Units at UNESCO Bangkok. This includes: the Asia-Pacific Program of Education for All (APPEAL), the Unit on Education for Sustainable Development (ESD), the Asia-Pacific Programme of Educational Innovation for Development (APEID) and Education Policy and Reform (EPR) Units. APPEAL will continue to work on efforts to integrate HIV/STI education in the curricula and services provided by Community Learning Centers, and the development of human rights, HIV and education standards.

In addition, attempts will be made to work more closely with existing regional forums and organizations that could help UNESCO further the implementation of this strategy. These include the Association of Southeast Asian Nations (ASEAN) – in particular the Southeast Asian Ministers of Education Organization (SEAMEO); the South Asian Regional Collaboration (SARC) and regional networks that exist in the Pacific.

Notes

¹ See: http://portal.unesco.org/en/ev.php-URL_ID=33530&URL_DO=DO_TOPIC&URL_SECTION=201.html

² World Education Forum, 2000. *The Dakar Framework for Action: Education For All: Meeting our Collective Commitments*. World Education Forum, 26-28 April 2000, Dakar, Senegal.

³ Note that for the terms 'adolescents', 'youth' and 'young people' the following UN definitions are used: 'adolescents' are aged 10-19, 'youth' are aged 15-24 and 'young people' are aged 10-24.

⁴ Offices covered by this strategy: Bangkok, Beijing, Delhi, Dhaka, Hanoi, Islamabad, Jakarta, Kabul, Kathmandu, Phnom Penh, Samoa, and Tehran. Antenna offices: Ulan Baatar and Vientiane. Active national commissions on HIV and AIDS: Thailand, East Timor, Lao PDR, Indonesia, Malaysia and Philippines. The two Central Asian offices are no longer served by the Bangkok office but are instead covered by the newly recruited regional AIDS advisor in Moscow.

⁵ Brown T, Peerapatanapokin W. The Asian Epidemic Model: a process model for exploring HIV policy and programme alternatives in Asia. *Sex Transm Infect* 2004;80:i19-24.

⁶ The extent to which anal sex occurs within heterosexual relationships or sexual encounters is unknown in most countries in the region, and should remain high on the research agenda for behavioral researchers. Anal sex may play a much bigger role in the epidemiology of HIV than is currently realized, considering the facts that anal sex is up to ten times more likely to transmit HIV than vaginal sex, and anal STIs have a smaller chance to be treated and cured than vaginal and penile STIs, both due to unrecognized or untreated symptoms as well as due to stigma attached to rectal STIs.

⁷ See Commission on AIDS in Asia Report 2008, page 145

⁸ The disability-adjusted life year (DALY) is a measure of overall disease burden. Originally developed by the World Health Organization, it is becoming increasingly common in the field of public health and health impact assessment (HIA). It is designed to quantify the impact of premature death and disability on a population by combining them into a single, comparable measure. In so doing, mortality and morbidity are combined into a single, common metric. The DALY was first conceptualized by Murray and Lopez in work carried out with the World Health Organisation and the World Bank known as the global burden of disease study, which was published in 1996. See: <http://en.wikipedia.org/wiki/DALY>

⁹ See Commission on AIDS in Asia Report 2008, page 90

¹⁰ A similar commission has now been established for the Pacific; their report is expected to be released in 2009.

¹¹ See for a matrix with the Division of Labor:

<http://www.unaids.org/Resources/UNAIDS/images/Cosponsor/FullMatrix.gif>

¹² See the website at <http://www.unesco.org/aids/iatt>

¹³ EDUCAIDS technical support tools are available in the 6 UN languages (Arabic, Chinese, English, French, Russian and Spanish) and Portuguese and can be accessed online at <http://www.educaids.org>

¹⁴ Van Griensven F, de Lind van Wijngaarden JW, Baral S, Grulich A. The Global HIV Epidemic among Men who have Sex with Men. *Current Opinion in HIV and AIDS*, forthcoming, 2009.

¹⁵ In Vientiane, recently 5.6% of a random sample of MSM tested positive for HIV (study to be published in 2009). This compares with an estimated general population prevalence in Lao PDR of 0.2%, according to UNAIDS (2008 Epidemic Update). If we

assume that 3% of Laotian men engage in male to male sex regularly (a low estimate), the number of infections in Vientiane, with a population of around one million, among MSM alone could be 840 persons ($0.03 * (1000000/2) * 0.056$). This compares with 0.002% of approximately 500,000 males = 1000 persons; or nearly half of Vientiane's HIV infections could be caused by male to male sex. A similar calculation can be made for Beijing, where between 5 and 6% of MSM test positive for HIV during 2005-2007 and the prevalence of HIV in the general population is estimated to be 0.2%.

¹⁶ Stover J, Fahnstock M. Coverage of selected services for HIV/AIDS prevention, care and treatment in low- and middle income countries in 2005. Washington, DC: Constella Futures, POLICY Project, 2005.

¹⁷ Insular Southeast Asia consists of the following countries: Brunei, Indonesia, Malaysia, Philippines, Singapore and Timor Leste

¹⁸ 'Culture' here is used in the anthropological sense of the term. It refers to a shared and learned system of meanings, values, beliefs, attitudes, and behaviors – not simply to a set of artistic, literary or musical styles or expressions.