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UNESCO STRATEGY ON EDUCATION FOR HEALTH AND WELL-BEING:

CONTRIBUTING TO THE SUSTAINABLE DEVELOPMENT GOALS



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**EDUCATION FOR HEALTH
AND WELL-BEING:**

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DEVELOPMENT GOALS

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
FRESH	Focusing Resources on Effective School Health
HIV	Human Immunodeficiency Virus
IBE	International Bureau of Education
IIEP	International Institute of Educational Planning
ILO	International Labour Organisation
PrEP	Pre-exposure prophylaxis
SDG	Sustainable Development Goal
SRH	Sexual and reproductive health
UN	United Nations
UNAIDS	Joint UN Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNGEI	United Nations Girls Education Initiative
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
WFP	World Food Programme
WHO	World Health Organisation

FOREWORD

This new strategy articulates UNESCO's commitment to promoting better health and well-being for all children and young people and to supporting UNESCO's Education Sector contribution to ending AIDS as a public health threat by 2030.

The strategy updates and expands previous UNESCO strategies and responds to recent developments in the global education, HIV and health agendas. It is aligned with, and will contribute to, achievement of the Sustainable Development Goals – in particular those related to education, health and gender equality – and the targets in the new UNAIDS 2016-2021 Strategy. It reflects growing international recognition of the inter-relationship between education and health, and the high priority that UNESCO continues to give to strengthening the response to HIV and AIDS.

The strategy builds on UNESCO's longstanding experience of supporting national education sector responses to HIV, and promoting comprehensive sexuality education. It reflects UNESCO's work in promoting safe and inclusive learning environments, and its commitment to strengthening the links between education and health, which necessitates a more comprehensive approach to school health and coordinated action across sectors.

To promote better health and well-being for all children and young people, UNESCO will structure its work around two strategic priorities – ensuring that all children and young people benefit from good quality, comprehensive sexuality education that includes HIV education, and ensuring that all children and young people have access to safe, inclusive, health-promoting learning environments.

We will seek to ensure that all young people develop the knowledge, attitudes, values and skills they need to protect themselves from HIV and to establish healthy and respectful relationships. We will support countries to strengthen the role of national education sectors in promoting awareness of HIV testing and treatment and in preventing early and unintended pregnancy. We will also step up efforts to eliminate school-related violence and bullying, including gender-based violence, to prevent discrimination, and to support schools to promote healthy lifestyles. These priorities are consistent with UNESCO's commitment to advancing human rights, gender equality and social justice.

The result of an extensive consultation process, this strategy provides the overarching framework for concerted action by UNESCO and its partners at global, regional and country levels during 2016-2021. Implementation of the strategy will be led by UNESCO's Section for Health and Education, which works with UNESCO's other sectors, institutes, regional bureaux and field offices. We will continue to mobilise resources through our regular budget and extra-budgetary sources, including UNAIDS and the private sector, and to work in partnership with national governments, other UN agencies, donors, civil society organizations, professional associations, academic and training institutions, organizations and networks of young people, faith-based, community and parents' organizations, the private sector and the media.



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INTRODUCTION AND BACKGROUND

This document is the new UNESCO Strategy on Education for Better Health and Well-Being: Contributing to the Sustainable Development Goals. The new strategy:

- Updates previous UNESCO strategies and provides the overarching framework for concerted action by UNESCO and its partners at global, regional and country levels during 2016-2021.
- Builds on UNESCO's work on HIV and on promoting comprehensive sexuality education and safe and inclusive learning environments, and places more emphasis on the role of schools in promoting health.
- Reflects recent developments in the global education, HIV and health agendas and is aligned with the new UNAIDS 2016-2021 Strategy and the Sustainable Development Goals, in particular SDG3 Health, SDG4 Education and SDG5 Gender Equality.

This section summarises the background and context for the strategy; Section 2 provides an overview of the strategy's goal, priorities and key outcomes; and

Section 3 outlines how UNESCO will implement the strategy.

The strategy builds on UNESCO's longstanding commitment to strengthening the links between education and health. This reflects international commitments set out in the 1986 Ottawa Charter for Health Promotion, the 2000 Dakar World Education Forum Framework for Action and, more recently, the 2015 Incheon Declaration, Education 2030: Towards inclusive and equitable quality education and lifelong learning for all.

It also reflects growing international recognition of the inter-relationship between education and health, which necessitates a more comprehensive approach to school health and coordinated action across sectors. The Global Education First Initiative¹ identifies health as one of the core outcomes of good quality education and the Incheon Declaration² states that quality education 'develops the skills, values and attitudes that enable citizens to lead

¹ <http://gloaleducationfirst.org>

² Education 2030: Towards inclusive and equitable quality education and lifelong learning for all, 2015.

healthy and fulfilled lives, make informed decisions, and respond to local and global challenges'. There is good evidence that education is strongly linked to health outcomes and to determinants of health such as health behaviours, risk contexts and use of preventive services.³ Effective skills-based education creates awareness of the risks of unprotected sex and substance use, encourages the adoption of healthier behaviours, and develops attitudes and values that support human rights and gender equality. Health is equally fundamental to education. Healthy and happy learners learn better, while poor health can have a detrimental effect on school attendance and academic performance.

In addition, it reflects growing recognition of the impact that the school environment has on learning. Schools that are safe and inclusive for all children and young people are essential for effective learning and the strategy builds on UNESCO's efforts to ensure that schools are free from fear, harm and discrimination.

The strategy will contribute to achieving the objectives of UNESCO's Education Strategy 2014-2021⁴, in particular 'promoting health through education', which commits UNESCO to 'strengthen support for Member States to deliver health education that contributes to healthy lifestyles and gender equality through safe and equitable learning environments that promote overall well-being, good quality education and learning outcomes for all'. It will also contribute to UNESCO's Medium Term Strategy⁵ and Member States' achievement of the Sustainable Development Goals (see Annex 1).

The new strategy reflects UNESCO's longstanding commitment to addressing HIV. As one of the founders of the UNAIDS Joint Programme, UNESCO has played a leading role in supporting national education sector responses to HIV since 1996, guided by earlier strategies including, most recently, its Strategy for HIV and AIDS 2011-2015. The new strategy reflects the unfinished and evolving HIV agenda, and the shift, both within and outside UNESCO, from a narrow focus on HIV education to situating HIV within the framework of comprehensive sexuality education. Within this framework, UNESCO will continue to support national education sector action to prevent HIV and HIV-related stigma and discrimination and to promote treatment literacy and access to testing and treatment and, hence, to

contribute to achievement of the targets in the new UNAIDS Strategy 2016-2021 (see Annex 1).

Finally, the new strategy reflects increased awareness of the importance of investing in adolescents⁶. Adolescence is a critical stage in life, for education, health, and physical, emotional and psychological development.⁷ It is also a time when young people may start to engage in behaviours that can adversely affect their health and education. HIV, suicide and violence are among the five leading causes of death among adolescent boys and girls.⁸ Adolescence 'represents an opportunity to influence key decision-making processes such as the timing of sexual debut and parenthood, the onset or avoidance of risky and addictive behaviours as well as the acquisition of life skills'.⁹ In the 2016-2030 Global Health Strategy for Women's, Children's and Adolescents' Health, the UN Secretary-General states that 'by helping adolescents to realise their rights to health, well-being, education and full and equal participation in society, we are equipping them to attain their full potential as adults'. Investing in the education and health of children and adolescents is also essential to realise the potential benefits of the 'demographic dividend'.¹⁰

3 See for example: What are the effects of education on health? Feinstein L et al in Measuring the effects of education on health and civic engagement: Proceedings of the Copenhagen Symposium, OECD, 2006.

4 <http://unesdoc.unesco.org/images/0023/002312/231288e.pdf>

5 <http://unesdoc.unesco.org/images/0022/002266/226695e.pdf>

6 There are no universally accepted definitions of children, adolescents and youth. The UN understands children as those aged up to 18 years, adolescents as those aged 10-19 years and youth as those aged 15-24 years; together adolescents and youth are referred to as young people.

7 See for example: Health for the world's adolescents: A second chance in a second decade, WHO, 2014; the power of 1.8 billion: Adolescents, youth and the transformation of the future, UNFPA, 2014.

8 The Global Strategy for Women's, Children's and Adolescents' Health 2016-2030. Every Woman Every Child 2015.

9 Minsk Declaration. The Life-course Approach in the Context of Health 2020.

10 If a country's demographic structure shifts, so that more of the population are within the age range of 15 to 64 years than in older or younger age groups, it can benefit from the increased productivity of a large, working age population coupled with lower overall dependency of the remaining population, and this in turn can free up resources for investment in education and health. A number of emerging economies are shifting towards this demographic profile and countries where more than 40 per cent of the population is under 15 also have the potential to benefit from the demographic dividend.



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GOAL AND STRATEGIC PRIORITIES

UNESCO's Goal

UNESCO's goal is to support the contribution of national education sectors to ending AIDS and promoting better health and well-being for all children and young people. This, in turn, will contribute to achievement of the Sustainable Development Goals, particularly those related to education, health and gender equality.

To achieve this goal, UNESCO has identified two strategic priorities:

- To ensure that all children and young people benefit from good quality, comprehensive sexuality education that includes HIV education
- To ensure that all children and young people have access to safe, inclusive, health-promoting learning environments

These strategic priorities are an integral part of a comprehensive school health approach that encompasses policy and systems, skills-based

health education, safe learning environments and links to health services.¹¹

The strategic priorities are inter-dependent and mutually reinforcing. For example, comprehensive sexuality education that promotes respect for others and positive attitudes towards diversity is critical to a safe, inclusive and non-discriminatory learning environment. Safe and inclusive learning environments are critical to support healthier choices about sexual and reproductive health and relationships. Effective education to promote better health can build on lessons learned from comprehensive sexuality and HIV education. A school environment that promotes good nutrition, provides opportunities for physical activity and has safe and sanitary facilities is essential to reinforce education about health.

¹¹ This reflects the integrated approach set out in the Focusing Resources on Effective School Health (FRESH) framework.

The strategic priorities are also grounded in human rights and gender equality principles, which will inform all actions taken within the framework of this strategy.

Access to services is a cross-cutting issue. Comprehensive sexuality education must be complemented by access to sexual and reproductive health (SRH) services so that young people can take steps to prevent unintended pregnancy, protect themselves from HIV and other sexually transmitted infections, find out their HIV status and receive HIV treatment. Access to services, such as support for

young people who have substance use problems or who have experienced violence, including bullying, is also essential to reinforce the efforts of national education sectors to promote safe, healthy and inclusive learning environments. Depending on the context, school health services may have a role to play, for example, in ensuring access to condoms, family planning and counselling.

The context and rationale for the two strategic priorities are discussed in more detail below.

Strategic priority 1:

All children and young people benefit from good quality comprehensive sexuality education

Key outcomes for UNESCO include:

- Preventing HIV and other sexually transmitted infections
- Promoting awareness of HIV testing, knowing one's status, and HIV treatment
- Strengthening puberty education
- Preventing early and unintended pregnancy
- Developing attitudes, values and skills for healthy and respectful relationships

Comprehensive sexuality education¹², of which HIV is a core component, is central to achieving these key outcomes. It is a critical intervention in efforts to end AIDS as a public health threat and to enable young people to reduce their risk of HIV infection. It is also a critical intervention for promoting SRH, gender equality and healthy relationships, all of which can positively affect education and health outcomes.

Good quality school-based comprehensive sexuality education¹³ increases correct knowledge, promotes positive attitudes and values, and develops skills to make informed choices. These in turn have demonstrated sexual and reproductive health benefits that include delaying sexual debut, reducing the number of sexual partners, and reducing unprotected sex, unintended pregnancy, HIV and other sexually transmitted infections.

Despite clear and compelling evidence of these benefits, many children and young people are not realising access to good quality comprehensive sexuality education. To address this, and for the reasons discussed below, there is a need to both expand the coverage and improve the quality of comprehensive sexuality education. In addition, comprehensive sexuality education must better address the needs of all children and young people, including those living with HIV, those who are most vulnerable, those who may not be in school, and those who do not conform to gender norms.

The HIV epidemic is not over and young people remain disproportionately at risk. Those aged 15-24 years account for 16 per cent of the global population, but represent 34 per cent of those aged 15-49 years acquiring HIV each year. Young women in sub-Saharan Africa are especially at risk. In 2015, there were an estimated 250,000 new HIV infections worldwide among adolescents aged 15-19 years, with adolescent girls accounting for 65 per cent of new infections among this age group. AIDS is the leading cause of death in adolescents aged 10-19 years in sub-Saharan Africa and the second leading cause of death among adolescents globally.

Knowledge is a prerequisite for healthy behaviours but many young people are still poorly informed about HIV. Country data reported to UNAIDS shows that fewer than 40 per cent of young people have a basic understanding of HIV and fewer still have accurate knowledge about how to prevent infection. Effective school-based HIV education offers a significant opportunity to provide children and young people with the knowledge and skills they need to protect themselves and others from infection. It can also ensure that they are aware of developments in HIV prevention, such as

12 Comprehensive sexuality education is defined as an age-appropriate, culturally relevant and gender transformative approach to teaching about sex and relationships that provides scientifically accurate, realistic, non-judgmental information and provides opportunities to explore values and attitudes and to build decision-making, communication and risk-reduction skills. See International Technical Guidance on Sexuality Education, UNESCO, 2009.

13 UNESCO has identified essential and desirable topics to be covered by comprehensive sexuality education (see Annex 2).

combination prevention,¹⁴ and specific interventions, such as treatment as prevention, PrEP¹⁵ and voluntary male medical circumcision. Children and young people outside of school can be reached with non-formal education.

Almost 50 per cent of people living with HIV globally – 17.1 million of 36.9 million¹⁶ – do not know that they have the virus and consequently are not benefiting from treatment. Treatment is critical as it enables people with HIV to live longer, healthier and more productive lives and, by reducing viral load, helps to prevent onward transmission of HIV. Education – formal, informal and non-formal – can play an important role by ensuring that all children and young people understand the benefits of testing, develop treatment literacy and have the skills required to access services if they need them.

Promoting HIV testing and treatment literacy

UNESCO is supporting efforts to increase uptake of HIV testing and ensure that all young people are aware of the benefits of early initiation of treatment. For example, in Eastern Europe and Central Asia, UNESCO has worked with partners on a regional HIV testing campaign targeting young people and adults and, in Eastern and Southern Africa, UNESCO had led efforts in ten countries to build the capacity of teachers and peer-to-peer educators to promote treatment literacy through the Adolescent Treatment Literacy Toolkit.

Review of experience since publication of the International Technical Guidance on Sexuality Education in 2009 has also identified the need to pay more attention to sexual and reproductive health issues such as puberty and menstruation, early and unintended pregnancy and family planning.

Sexual and reproductive health has a direct impact on the education and future prospects of young people. For example, early and unintended pregnancy increases the risk of absenteeism, poor academic attainment and early drop out from school for girls and also has educational implications for young fathers. The risk of complications and death is also higher among younger mothers; in low and middle-income countries the risk of maternal death for mothers under the age of 15 is double that of older mothers.

Puberty can be a challenging time for young people, especially if they are not well prepared or supported. Awareness and understanding of the changes that take place during puberty is often limited. Many girls know nothing about menstruation until they experience it and, in many cultures, information provided is selective or based on taboos and myths. Many boys also lack accurate information about menstruation, which can result in lack of empathy for, and harassment of, girls.¹⁷ In response, UNESCO has produced normative guidance on puberty education and menstrual hygiene management¹⁸ and will support national education sectors to integrate this within the framework of comprehensive sexuality education.

Many young people also lack basic knowledge about pregnancy and do not have the information and skills required to access family planning services and use contraceptives. The State of World Population Report 2013, which focused on adolescent pregnancy, highlights sexuality education and access to services as two key interventions to reduce early and unintended pregnancy.¹⁹

Comprehensive sexuality education is essential to enable children and young people to develop accurate and age-appropriate knowledge, attitudes and skills related to these issues and, ideally, it should start before they reach puberty and become sexually active. Comprehensive sexuality education can also develop positive values including respect for human rights, gender equality and diversity and develop the attitudes and skills that contribute to safe, healthy, positive relationships.

There is growing demand from young people themselves for good quality comprehensive sexuality education, for example, the 2011 Mali Call to Action, 2012 Bali Global Youth Forum and the 2013 UNECE Regional Youth Conference Istanbul Call to Action, which called for evidence-based comprehensive sexuality education to be prioritised as ‘an efficient and effective method of empowering us to make informed choices about our sexual lives, practice life skills and explore attitudes and values’. More recently, the Youth Statement on the 2030 Agenda for Sustainable Development highlighted the importance of young people’s sexual and reproductive health and rights. Many parents and communities are also actively supportive of provision of education about sexuality in schools, because of concerns about adolescent pregnancy, sexual violence and the conflicting messages that young people receive from society and the media.

14 Combination HIV prevention includes primary prevention and prevention of onward HIV transmission; it involves a combination of biomedical, behavioural and structural interventions tailored to the epidemic context and people’s situation, risk and choices.

15 Pre-exposure prophylaxis: The use of medication used to treat HIV (antiretroviral drugs) to reduce the risk of becoming infected; among people who are HIV negative and at high risk of HIV infection.

16 UNAIDS. AIDS by the numbers 2015.

17 See fact sheet on men and boys www.menstrualhygieneday.org

18 Puberty Education and Menstrual Hygiene Management. Good Policy and Practice in Health Education, Booklet 9. UNESCO, 2014.

19 Motherhood in childhood: Facing the challenge of adolescent pregnancy. The State of World Population, UNFPA, 2013.

There has been considerable progress with implementation of comprehensive sexuality education in recent years. UNESCO support, together with that of other partners, has made an important contribution to building commitment and many countries have taken steps to integrate comprehensive sexuality education into teacher training and school curricula.

Increased commitment to comprehensive sexuality education in East and Southern Africa

Extensive engagement with policy-makers in East and Southern Africa resulted in the 2013 Ministerial Commitment, *Young People Today: Time to Act Now*, which was endorsed by Ministers of Education and Health from 21 countries in the region and aims to ensure that all children and young people have access to high quality, comprehensive life skills-based HIV and sexuality education and to appropriate youth-friendly health services. Ministries of education and health in the region have made joint commitments to reducing HIV infections, reducing adolescent pregnancy, and preventing gender-based violence and child marriage. Joint work plans have been developed by a number of countries and 21 countries have incorporated comprehensive sexuality education content into school curricula.

UNESCO efforts to strengthen sexual and reproductive health and HIV prevention through promoting comprehensive sexuality education have reached more than 34,000 schools, 80,000 teachers and 4 million learners in the region. In addition, UNESCO has, together with partners, commissioned various studies to inform the achievement of the Commitment targets focusing on school-related gender-based violence, early and unintended pregnancy, laws concerning adolescent sexual and reproductive health, and comprehensive sexuality education in teacher training, as well as developing a community engagement strategy that targets young people and parent-teacher associations.

Despite this, much more needs to be done to improve the coverage and quality of comprehensive sexuality education, if all young people are to develop the knowledge and skills they need. Challenges to be addressed include lack of appropriate national education sector policies, failure to implement comprehensive sexuality education at scale and lack of support for education managers and teachers, resulting in inadequacies in the quality and delivery of comprehensive sexuality education. For example, a 2015 review of the status of comprehensive sexuality education in 48 countries found that, despite

government commitment, there is still a gap between policy and practice, and that school curricula and the skills of educators need to be strengthened.

Ensuring that comprehensive curricula and teaching and learning materials are developed, that sexuality education is allocated adequate time in the school timetable and that teachers are trained and supported to deliver it, will be critical. More attention must be paid to ensuring that pre-service and in-service training provides teachers with the requisite knowledge and skills, to assessing how they are delivering comprehensive sexuality education, to addressing the reasons for poor delivery, and building teachers' capacity.

In some contexts, a selective approach to sexuality education is taken that avoids more sensitive or challenging topics. In such contexts, the national education sector needs to engage with parents, politicians, community and religious leaders to ensure that they understand the benefits of comprehensive sexuality education and address misconceptions about its consequences.

National education sectors also need to take advantage of the opportunities presented by information and communication technologies to expand and strengthen comprehensive sexuality education. Technology can facilitate new ways of teaching and learning and some countries are already implementing internet-based sexuality education courses for educators and learners. This approach can support educational efforts to reach children and young people in non-formal settings.

Finally, it is important to recognise that national education sectors alone cannot improve young people's sexual and reproductive health. Education must be complemented by access to youth-friendly, non-judgmental, confidential health services that can provide appropriate advice, care and commodities, including free or affordable condoms and contraceptives. Collaboration between the education and health sectors is therefore essential. Working together, these two sectors 'have enormous potential to promote the good health and well-being of all individuals and communities and to prevent early and unintended pregnancy, transmission of HIV and other sexually transmitted infections and to facilitate access to care and support particularly for adolescents and young people living with HIV or heightened vulnerability to sexually transmitted infections including HIV'.²⁰

20 East and Southern Africa Ministerial Commitment, *Young People Today: Time to Act Now*, 2013.

Strategic priority 2:

All children and young people have access to safe, inclusive, health-promoting learning environments

Key outcomes for UNESCO include:

- Eliminating school-related violence and bullying including school-related gender-based violence
- Preventing health- and gender-related discrimination towards learners and educators
- Increasing awareness of the importance of good nutrition and quality physical education
- Preventing use of harmful substances

Violence in educational settings is a problem in all countries. One estimate suggests that, globally, 246 million children and adolescents experience some form of gender-based violence in and around school every year.²¹ Although in many contexts girls are more likely to experience gender-based violence, the United Nations World Report on Violence against Children in 2006 showed that bullying particularly affects learners who are perceived not to conform to prevailing sexual and gender norms. A recent UNESCO report showed that students considered to be gender non-conforming experienced significantly higher levels of school violence and bullying.²²

Discrimination towards children and young people in school, as well as towards teachers, based on gender norms, ethnicity, disability, social or economic status among other issues, is also a significant problem in many contexts. Despite efforts to promote a supportive legal and policy environment for people living with HIV, stigma and discrimination continue to affect learners and educators living with HIV. Children and young people from marginalised or key populations also experience discrimination in some educational settings.

Schools that are not safe or inclusive violate the right to education, which is enshrined in the United Nations Convention on the Rights of the Child, and contravene the Convention against Discrimination in Education, which aims to eliminate discrimination and promote the adoption of measures that ensure equality of opportunity and treatment.

Violence in and around schools, including bullying, abuse and sexual harassment, also undermines learning and has adverse physical and mental health consequences. Discrimination also has a negative

impact on learning and psychological well-being. Teachers as well as learners are affected by violence and discrimination in schools, and ensuring that the school environment is safe and enabling for all is integral to ensuring a good quality education for learners.

Learners affected by school-related gender-based violence may avoid classes, participate less in class or find it difficult to concentrate, or drop out from school altogether. Concerns about sexual harassment in and around school are often cited by parents as a reason for not sending girls to school. School-related gender-based violence also increases the risk of unintended pregnancy and other sexual and reproductive health problems, and affects girls' physical, psychological and social well-being, all of which can have a detrimental effect on education outcomes.

Bullying, which is a specific form of violence, can also result in reduced school attendance, early drop out from school and poorer academic performance and achievement. It increases the risk of depression, anxiety, loss of confidence, reduced self-esteem, psychological stress and social isolation, which has a negative impact on educational outcomes. There is also evidence that young people who have experienced bullying at school may be more likely to abuse alcohol and drugs and engage in high-risk sexual behaviour.

National education sectors need to adopt and implement measures to prevent and address violence and discrimination, because of their impact on education, health and well-being and because they stop children and young people from achieving their potential.

Schools also act as an important socialising mechanism and school-based education is a core component of a comprehensive response to gender-based violence and discrimination in educational settings. School-based education, in particular comprehensive sexuality education, can challenge harmful norms and foster attitudes and values that promote respect for diversity, human rights and gender equality. More specifically, there is clear evidence that comprehensive sexuality education reduces stigma and discrimination towards people living with HIV.

²¹ A girl's right to learn without fear: Working to end gender-based violence at school. Plan International UK, 2013.

²² Out in the Open: Education sector responses to violence based on sexual orientation or gender identity/expression. UNESCO, Paris, 2016.



Preventing HIV-related stigma and discrimination

UNESCO supports a range of actions to prevent HIV-related stigma and discrimination in educational settings. In Eastern Europe and Central Asia, where an estimated 150,000 children and adolescents are living with, or affected by, HIV, UNESCO has produced a series of short videos featuring people living with HIV talking about their lives and experiences, including young learners describing the impact of discrimination and rejection by fellow learners at school.

UNESCO has also supported a consultation on adolescents living with HIV in the Asia-Pacific, with the Asia Pacific Network of People Living with HIV, UNICEF and Treat Asia, at which young people highlighted the need for school policies to address stigma and discrimination.

There is growing support for action to eliminate school-related gender-based violence. In 2015, 58 countries signed up to the first ever UN resolution on school-related gender-based violence, Learning without Fear. Advocacy by the Global Working Group to End School-Related Gender-Based Violence (see Box below) also resulted in the inclusion of a commitment to eliminating gender-based discrimination and violence in schools in the Incheon Declaration, which was endorsed by Member States at the World Education Forum in 2015.²³

23 Education 2030: Towards inclusive and equitable quality education and lifelong learning for all, 2015.

Ensuring that these commitments are translated into policy and practice will be critical in the coming years. Strengthening links between national education sectors and other sectors is essential, so that schools can refer children and young people to appropriate services.

Taking action to eliminate school-related gender-based violence

The Global Working Group to End School-Related Gender-Based Violence, which was established in 2014, is co-hosted by UNESCO and the United Nations Girls' Education Initiative (UNGEI). The Working Group comprises 30 international agencies, donors and civil society organizations. With the Working Group, UNESCO commissioned the first global review of policies and practice in school-related gender-based violence, a discussion paper, a policy paper and a regional review in the Asia Pacific.

UNESCO has supported action at regional and national level including working with UNGEI and the UNiTE campaign to mobilise policy-makers and young people in the Asia-Pacific region, training teachers and school administrators in the Asia-Pacific and West and Central Africa regions, and conducting studies of school-related gender-based violence in Indonesia, Thailand and Vietnam. UNESCO's institutes, IIEP and IBE, have also developed practical tools and resources to promote safety, resilience and social cohesion in educational settings.

National education sectors also need to respond to the changing global burden of disease. In much of the world, non-communicable diseases are now the main cause of illness and death. Around 80 per cent of deaths from non-communicable diseases are due to cardiovascular disease, cancer, chronic respiratory disease or diabetes. These diseases share four risk factors: unhealthy diet, physical inactivity, tobacco use and harmful use of alcohol.

Unhealthy diet and lack of physical activity are major reasons for the growing problem of obesity in children, adolescents and adults, which increases the risk of diabetes, cardiovascular disease and some cancers.²⁴ It is estimated that, globally, 70 per cent of preventable adult deaths from non-communicable diseases are linked to risk factors that start in adolescence, and that 80 per cent of adolescents are insufficiently physically active.²⁵ Healthy behaviours established at younger ages can therefore have long-lasting benefits for health.

Although a range of social, economic and environmental factors influences people's ability to adopt healthy behaviours, national education sectors are central to developing the knowledge, attitudes and skills that are the prerequisite for making healthier choices. Schools are an important setting for promoting a healthy diet and physical education and activity, through a whole school approach that includes skills-based education.

The WHO Global Strategy on Diet, Physical Activity and Health recommends to Member States that school policies and programmes should support the adoption of healthy diets and physical activity through nutrition education, school feeding programmes, inclusive physical education and creating a supportive environment. National education sectors can also promote good nutrition and physical activity through strengthening school links with nutrition, youth, sports and other relevant programmes and with communities.

Many young people start smoking, drinking alcohol or using drugs during adolescence. For example, almost 90 per cent of adult smokers start smoking as teenagers. According to World Bank data, worldwide, between 82,000 and 99,000 young people start smoking every day.²⁶ Harmful use of alcohol and drugs can have an adverse impact on school attendance, retention and performance, increase vulnerability to poor health outcomes and undermine future health and well-being. More

specifically, use of alcohol can increase the risk of unsafe sex and sexual violence, and injecting drugs increases the risk of HIV and hepatitis. Schools can contribute to prevention of substance use, through skills-based education that targets learners before adolescence. In some contexts, national education sectors also play an important role in provision of information about harm reduction for children and young people who are using substances.

Strengthening national education sector responses to substance use

In 2014, UNESCO, together with UNODC and WHO, launched an initiative to develop practical guidance for evidence-based national education sector responses to substance use among children and young people. Action to date has included commissioning a technical background paper and organizing, in partnership with the Government of Turkey, an international expert meeting, held in Istanbul in October 2015. Joint guidance, which will summarise data on the prevalence and consequences of substance use among children and young people, outline evidence-informed national education sector responses and highlight examples of effective approaches, including linkages with the health sector, will be launched in 2016.

Safe and inclusive facilities are important for the health of learners in general but are especially important for girls once they reach puberty. Globally, one in four girls reports that they do not feel safe in school toilets or latrines and UNESCO's recent policy and evidence work on menstrual hygiene management has also shown that lack of toilets, water supplies and soap, disposal facilities and privacy can contribute to absenteeism and drop out among girls once they start menstruation.

²⁴ Global Nutrition Report, WHO, 2014.

²⁵ The Global Strategy for Women's Children's and Adolescent's Health 2016-2030. Every Woman Every Child 2015.

²⁶ Global Trends in Tobacco Use



3 IMPLEMENTING THE STRATEGY

Implementation of the strategy will build on UNESCO's guiding principles (see following page) and its longstanding work on promoting comprehensive sexuality education, safe and inclusive schools and school health through a range of global, regional and national initiatives. It will also build on UNESCO's track record in HIV, as the lead UN agency on support to countries to scale-up responses by national education sectors, including HIV prevention with young people in educational settings.

Based on its mandate and comparative advantage, UNESCO will focus primarily on support for interventions in formal educational settings, but will also contribute to the actions of other partners intended to improve health through non-formal and informal education. UNESCO will give priority to supporting national education sectors to ensure that all children and young people have the opportunity to develop the knowledge, attitudes and skills needed for healthy lives and relationships in the context of a supportive learning environment.

UNESCO's guiding principles

- **Human rights** – UNESCO is guided by international human rights principles, conventions and standards. UNESCO takes a human rights-based approach in all its actions that emphasises equality, non-discrimination and respect for diversity, participation and accountability.
- **Gender** – UNESCO supports gender-transformative programming that advances gender equality and respect for diversity, and addresses gender roles, cultural norms and power structures that increase young people's vulnerability and adversely affect their health and education outcomes and well-being.
- **Country ownership** – UNESCO is committed to the principles of national ownership, harmonisation and alignment in line with the Paris Declaration on Aid Effectiveness, and will continue to align its actions with national priorities, plans and processes.
- **Evidence** – UNESCO supports approaches that are scientifically accurate and grounded in evidence and will support countries to implement evidence-informed education responses that contribute to better health and education outcomes and improved well-being.
- **Participation of young people** – UNESCO targets actions to meet the needs of children, adolescents and young people and works with youth networks and organizations and initiatives that promote their involvement in shaping the policies and programmes that affect their lives.

Coordination across UNESCO sectors and institutes

Implementation will be led by the Section for Health and Education, which works with UNESCO's sectors, institutes, regional bureaux, field offices and central services to maximise synergies and to avoid duplication, utilizing regular communication channels and other opportunities to ensure good coordination. UNESCO's institutes, including the International Institute for Educational Planning (IIEP) and International Bureau of Education (IBE), will continue to make an important contribution, through technical assistance, capacity-building, support for curriculum development for learners and for pre-service and in-service teacher training, analysis of good practice, and development of guidance and practical resources. UNESCO's Institute of Statistics will also play an important role in strengthening national education sector data collection, monitoring and evaluation.

UNESCO's HIV and Health Education clearinghouse, itself a collaboration between IIEP, IBE and UNESCO's regional bureaux and field offices, will maintain its support to education ministries, researchers and practitioners through a comprehensive database,

website and information service. This will be a core component of UNESCO's role in generating and communicating knowledge in order to influence policy, practice and government and donor funding priorities. In addition, UNESCO will be at the forefront of monitoring developments and sharing evidence about the role of new technologies and media in education and their potential to enhance learning and skills.

UNESCO will continue to provide support at regional and country level through its network of regional advisors, in the Asia-Pacific, West and Central Africa, East and Southern Africa, Eastern Europe and Central Asia, and Latin America and Caribbean regions, and national programme officers and programme professionals in UNESCO field offices. UNESCO will also draw on the collective experience and expertise at global and regional levels of other UNESCO sectors, including Communication and Information, Gender Equality, Culture, Social, Human and Natural Sciences, and ensure that its work complements other UNESCO strategies and plans such as the Youth Strategy and Gender Equality Action Plan.

Partnerships

Partnerships with a range of actors will be central to implementing the strategy. UNESCO is also committed to building bridges between civil society, in particular youth and gender equality networks, governments, donors and UN organizations.

Partnerships with national governments, in particular strong and well-established relationships with education ministries, remain at the core of UNESCO's work. UNESCO will also continue to work with its many other partners, which include UN agencies, donors, civil society organizations, professional associations, academic and training institutions, organizations and networks of young people, faith-based, community and parents' organizations, the private sector and the media.

While national education sectors have a key role to play, they cannot address HIV, sexual and reproductive health and other issues that affect the health of children and young people alone. Action by other sectors is needed to address structural factors, to ensure that children and young people have access to appropriate, quality and affordable services, and to promote a supportive environment outside of school. UNESCO will therefore promote national education sector links and collaboration with other sectors including health, youth, child protection, social protection, justice, water and sanitation. In addition, UNESCO will support enhanced collaboration within education ministries, departments and institutions, for example, between those working on teacher training, curriculum development and school health.

UNESCO will sustain and strengthen partnerships with donors, who have provided vital support for its work on HIV, comprehensive sexuality education and school-related gender-based violence that this strategy will build on.

UNESCO will continue to work on HIV with the UNAIDS Secretariat and other UNAIDS' co-sponsors, guided by the Division of Labour, which describes how the Joint Programme acts collectively at global

and country levels to deliver results and respond to country needs and priorities. At country level, UN Joint Teams will remain an important mechanism for joint advocacy and action on issues such as comprehensive sexuality education, access to sexual and reproductive health services and school-related gender-based violence as well as wider school health promotion.

Partnerships with other UN agencies will be strengthened, to take forward global, regional and national action and support collaboration between the national education sectors and other sectors at country level. For example, UNESCO will build on joint work with UNFPA on comprehensive sexuality education, with ILO on teacher training and safe and inclusive schools and with UNICEF, UNFPA, UNDP and UN Women on prevention of school-related gender-based violence. UNESCO will also work with WHO and UNODC on prevention of use of harmful substances among young people, WHO and UNICEF on school health and with WHO on how national education sectors can help to prevent and minimise the impact of emerging health issues and disease outbreaks such as the Zika virus. Opportunities to strengthen collaboration with UNICEF on school water and sanitation and with WFP on school nutrition will also be explored.

UNESCO will continue to work in partnership with other UN agencies, donors and civil society organizations through global platforms, such as Every Woman Every Child, which aims to ensure the Global Strategy for Women's, Children's and Adolescents' Health is implemented, and inter-agency mechanisms, such as the Inter-Agency Task Team on Education and School Health that is convened by UNESCO, and the FRESH partnership.

Other partnerships, with teachers' associations, training institutions, parents, communities and civil society organizations such as youth networks and faith-based organizations, will also be strengthened.

Key areas of action

UNESCO actions will be tailored to regional and country priorities and respond to emerging needs over the coming years. The following outlines broad areas of action, based on UNESCO's core functions, with indicative examples of activities.

Leadership and advocacy

UNESCO plays a key leadership role in developing and critically evaluating new thinking and in driving and influencing global and regional debate on issues relating to its mandate. UNESCO also advocates at global, regional and national levels for political and financial commitment to strengthen the role of national education sectors and for changes to laws and policies, for example, those that limit young people's access to sexuality education and sexual and reproductive health services.

For example, UNESCO will: advocate for a whole school approach to HIV, comprehensive sexuality education and health that encompasses policy, systems, skills-based health education, safe learning environments, links to health services and engagement with parents and communities; strengthen policy dialogue on school health through the UNAIDS Inter-Agency Task Team on Education and School Health; advocate for national education sectors to implement measures to eliminate violence, including gender-based violence and bullying, and discrimination in educational settings; continue to advocate for laws and policies that protect the rights of all learners and educators and prevent discrimination; advocate for a stronger emphasis on school-based awareness-raising of the importance of HIV testing and treatment; and advocate for greater involvement of national education sectors in issues such as ending early and child marriage and preventing adolescent pregnancy.

UNESCO will also continue cooperating with partners²⁷ to advocate for quality physical education (QPE), notably by accompanying five pilot countries (Fiji, Mexico, South Africa, Tunisia, Zambia) in the revision of their national physical education policy to be holistic, child-centred, flexible and inclusive. By doing so, QPE does not only help to address

non-communicable diseases²⁸ and obesity, but also encourages the development of well-rounded children and adolescents who will be more likely to regularly participate in physical activity and adopt healthy habits throughout their lives.

Guidance

UNESCO provides evidence-based policy and technical guidance to education ministries to support comprehensive, effective, rights-based responses.

For example, UNESCO will: revise and update international technical guidance on sexuality education in partnership with UNFPA, UNICEF, WHO, UN Women and the UNAIDS Secretariat, and support countries to adapt and use it. UNESCO will produce practical guidance which, in the short-term, will focus on joint action with the health sector to prevent early and unintended pregnancy. Together with WHO and UNODC, UNESCO will also produce guidance on implementing school-based prevention of and responses to use of harmful substances among young people.

Capacity-building

UNESCO builds the capacity of education ministries for policy, planning and implementation, and increasingly works with other ministries, in particular health, to encourage stronger linkages and coordination between key sectors. UNESCO also builds the capacity of partners outside governments such as scientific institutions, youth organizations and the media.

For example, UNESCO will: provide technical assistance and capacity-building for education ministries to develop and implement policies and guidelines that support comprehensive sexuality education, safe and inclusive learning environments and school health; provide training for policy-makers, planners, managers and teachers and support for curriculum and materials development; and support education ministries to develop and implement measures to reduce school-related gender-based violence including codes of conduct for educators and students.

27 The European Commission, the International Bureau of Education (IBE), International Council of Sport Science and Physical Education (ICSSPE), International Olympic Committee (IOC), Nike, the United Nations Development Programme (UNDP), UNICEF and the World Health Organization (WHO).

28 In the framework of the WHO Global action plan for the prevention and control of NCDs 2013-2020, notably including the objective of "a 10% relative reduction in prevalence of insufficient physical activity".

Knowledge generation and sharing

UNESCO supports research and action to improve knowledge and strengthen the evidence base and promotes sharing of information, expert opinion and experience, including through south-south cooperation mechanisms.

For example, UNESCO will: continue to document and disseminate knowledge and evidence through its Good Policy and Practice series; and generate evidence to inform national education sector action.

Monitoring and evaluation

UNESCO supports the generation of strategic information, monitoring and evaluation of global, regional and country progress and the impact of national education sector responses.

For example, UNESCO will: strengthen global and national monitoring and evaluation of the coverage, quality and impact of comprehensive sexuality education; build the capacity of national Education Management Information Systems for collection and analysis of data on skills-based sexuality education; build on work to date on the global Monitoring and

Evaluation framework and development of indicators for inclusion in Education Management Information Systems; and support education ministries to monitor their contribution to achieving the SDG targets.

Convening and coordination

UNESCO brings together partners to coordinate action at global and country level, promotes coordination between sector ministries and between government and non-government actors, and supports networking between initiatives with common agendas.

For example, UNESCO will: facilitate collaboration and joint action between education and health ministries and support education ministries to build alliances with other sectors; bring together ministries of education to review progress and plan action, focusing in the short-term on national education sector responses to bullying and to substance use; continue to co-host the Global Working Group to End School-Related Gender-Based Violence; and support national education sectors to engage parents, communities, young people, faith-based organizations and the media in policy dialogue.



ANNEX 1: HOW UNESCO'S STRATEGY WILL CONTRIBUTE TO THE SUSTAINABLE DEVELOPMENT GOALS AND UNAIDS TARGETS



HEALTH AND EDUCATION SDGS

SELECTED HEALTH AND EDUCATION SDG TARGETS

EXAMPLES OF UNESCO STRATEGY'S CONTRIBUTION

GOAL 4:
Ensure inclusive and equitable quality education

- 4.1 Ensure all girls and boys complete primary and secondary education
- 4.5. Eliminate gender disparities in education and ensure equal access...
- 4.7 Ensure all learners acquire the knowledge and skills needed...to promote ... human rights, gender equality, peace and non-violence
- 4a...provide safe, non-violent, inclusive and effective learning environments

- Addressing factors that contribute to school dropout and gender disparities in education e.g. early and unintended pregnancy, school-related gender-based violence
- Eliminating bullying and discrimination in school settings

GOAL 3:
Ensure healthy lives and promote well-being

- 3.1 Reduce maternal mortality
- 3.3 End the epidemic of AIDS
- 3.4 Reduce premature mortality from non-communicable diseases
- 3.5 Strengthen the prevention and treatment of substance use

- Preventing early and unintended pregnancy in adolescent girls, through comprehensive sexuality education and links to sexual and reproductive health services
- Preventing new HIV infections in young people and promoting uptake of testing and treatment
- Promoting healthy lives through skills-based education
- Referral for health and counselling services

The UNESCO strategy will also contribute to the achievement of other key SDGs, especially those related to gender equality, poverty, hunger, peaceful and just societies (see below).

OTHER SDGS	EXAMPLES OF SYNERGIES
<p>GOAL 1: End poverty</p>	<ul style="list-style-type: none"> ■ Poverty is a key barrier to uptake of educational opportunities ■ Education is critical to ending poverty as lack of literacy is a strong factor for exclusion from many aspects of life and has significant poverty dimensions ■ Illness and health care costs can cause or exacerbate poverty
<p>GOAL 2: End hunger and improve nutrition</p>	<ul style="list-style-type: none"> ■ Good nutrition is essential for effective learning ■ School meals and school feeding programmes can help to reduce hunger and improve nutrition ■ Education about nutrition is vital to healthy lifestyles and to tackle the growing epidemics of obesity and diabetes ■ Better education is critical to increasing agricultural productivity, resilience and food security
<p>GOAL 5: Gender equality and empowerment of girls and women</p>	<ul style="list-style-type: none"> ■ Education plays a key role in reducing gender inequalities, through equipping girls with knowledge and skills that empower them in their communities and relationships and improve their future employment prospects and income, and engagement with boys ■ Education can promote attitudes and values that support gender equality and tackle harmful gender norms
<p>GOAL 8: Employment and decent work</p>	<ul style="list-style-type: none"> ■ Education is critical to economic empowerment, through increasing productivity and well paid employment ■ Good health is also essential for people to be able to live productive lives; ill health can contribute to loss of employment and income
<p>GOAL 16: Peaceful and inclusive societies</p>	<ul style="list-style-type: none"> ■ Education can develop the attitudes, values and skills required for peaceful, tolerant and inclusive societies ■ Safe and supportive learning environments that are free from violence and discrimination provide a model for later life and instil respect for rights, diversity and equality

UNESCO's strategy is also closely aligned with the UNAIDS 2016-2021 strategy On the Fast-Track to End AIDS, and its vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. UNESCO's work on education and HIV, in particular its strategic priorities of increasing access to good quality comprehensive sexuality education and making education safe and inclusive, will contribute to the 'three zeros' and to the following specific UNAIDS targets.

UNAIDS TARGETS

UNAIDS Target 1:

90% of people (children, adolescents, adults) living with HIV know their status

UNAIDS Target 3:

90% of young people are empowered with the skills, knowledge and capability to protect themselves from HIV

UNAIDS Target 4:

90% of women and men, especially young people, have access to HIV combination prevention and SRH services

UNAIDS Target 8:

90% of people living with, at risk of and affected by, HIV report no discrimination, especially in health, education and workplace settings

EXAMPLES OF UNESCO'S CONTRIBUTION

HIV education within comprehensive sexuality education to provide information and skills to promote testing and ensure that young people can access testing, promote treatment literacy and support those living with HIV

Comprehensive sexuality education to develop the knowledge, attitudes, skills and competencies required for HIV prevention

Comprehensive sexuality education is a core element of combination prevention and can provide the knowledge and skills and ensure linkages to enable young people to access prevention and sexual and reproductive health services

Support for national education sectors to eliminate HIV-related discrimination towards learners and educators in school settings

Comprehensive sexuality education addresses gender inequality and power relations and promotes healthy gender norms; Support for national education sectors to eliminate school-related gender-based violence

ANNEX 2: COMPREHENSIVE SEXUALITY EDUCATION – LIFE SKILLS, SEXUAL AND REPRODUCTIVE HEALTH AND HIV-RELATED CONTENT

Generic life skills	
Essential topics	<ul style="list-style-type: none"> ■ Decision-making, assertiveness ■ Communication, negotiation, refusal ■ Human rights empowerment
Desirable topics	<ul style="list-style-type: none"> ■ Acceptance, tolerance, empathy, non-discrimination ■ Other gender life skills
Sexual and reproductive health/sexuality	
Essential topics	<ul style="list-style-type: none"> ■ Human growth and development ■ Sexual anatomy and physiology ■ Family life, marriage, long-term commitment, interpersonal relationships ■ Society, culture and sexuality (values, attitudes, social norms, the media in relation to sexuality) ■ Reproduction ■ Gender equality and gender roles ■ Sexual abuse, resisting unwanted or coerced sex ■ Condoms ■ Sexual behaviour (sexual practices, pleasure, feelings) ■ Transmission and prevention of sexually transmitted infections
Desirable topics	<ul style="list-style-type: none"> ■ Pregnancy and childbirth ■ Contraception other than condoms ■ Gender-based violence and harmful practices, rejecting violence ■ Sexual diversity ■ Sexual and reproductive health services, seeking services
HIV-related content	
Essential topics	<ul style="list-style-type: none"> ■ HIV transmission ■ HIV prevention (practising safer sex including condom use) ■ HIV treatment
Desirable topics	<ul style="list-style-type: none"> ■ HIV-related stigma and discrimination ■ Counselling and testing services, seeking counselling, testing, treatment, care and support

Source: Emerging evidence, lessons and practice in comprehensive sexuality education: A global review, UNESCO, 2015.



United Nations
Educational, Scientific and
Cultural Organization

Education Sector

This strategy builds on UNESCO's longstanding commitment to strengthen the links between education and health, reflecting international recognition that a more comprehensive approach to school health and coordinated action across sectors is needed. As stated in the 2015 Incheon Declaration, education develops the skills, values and attitudes that enable citizens to lead healthy and fulfilled lives, make informed decisions, and respond to local and global challenges.

It updates previous UNESCO strategies and expands on UNESCO's work on HIV and on promoting comprehensive sexuality education and safe and inclusive learning environments, placing more emphasis on the role of schools in promoting health. More specifically, it reflects recent developments in the global education, HIV and health agendas, and is aligned with the new UNAIDS 2016-2021 Strategy and the Sustainable Development Goals, in particular SDG 3 Health, SDG 4 Education and SDG 5 Gender Equality.

For more information on UNESCO's work on health and education, visit the website:
<http://en.unesco.org/themes/health-education>

