

THEMATIC SEGMENT CASE STUDIES

**Positive learning:
harnessing the power of
education to end HIV-
related stigma and
discrimination, empower
young people and provide
a comprehensive HIV
response**



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Introduction

The Thematic Segment of the 50th UNAIDS Programme Coordinating Board (PCB) meeting will be held on 24 June 2022 and will focus on “Positive learning: harnessing the power of education to end HIV-related stigma and discrimination, empower young people and provide a comprehensive HIV response.”

In preparation for the Thematic Segment, UNAIDS issued a call for submission of examples of best practices and country case studies. The case studies inform the development of the background note to the thematic segment as well as the discussions during the day.

A total of 26 submissions were received. The submissions reflect the work of governments, civil society and other stakeholders, as well as collaborative efforts. The case studies highlight how successful programmes and policies to end HIV-related stigma, violence, and discrimination in education settings have been implemented, where multi-sectoral holistic approaches have been implemented to meet the needs of learners living with and impacted by HIV, and where digital, broadcast and print media have been harnessed to promote safe, inclusive and healthy learning environments.

Africa

1. Kenya

CONTACT PERSON

Name: Job Akuno

Title: Senior Project Manager/Technical Lead AY Programs

Organisation: Elizabeth Glaser Paediatric AIDS Foundation

Email: jakuno@pedaids.org

- **Timeline of the case study**: The Elizabeth Glaser Paediatric AIDS Foundation (EGPAF) Red Carpet Program, funded by ViiV, was an active project from 2016-2021. The teacher training for HIV responsive trainings, however, are ongoing and supported by the CDC.
- **Case Study submitted by**: Nongovernmental organisation
- **Type of intervention**: Sexual and reproductive health and rights (SRHR)
- **Case study is demonstrating**: Holistic multi-sectoral approaches to meet the needs of learners; Success in harnessing digital, broadcast and print media; Meaningful engagement of young people; men and boys as allies.
- **Case study can be leveraged in the**: Short-term; Medium-term; Long-term.
- **Case study demonstrates** multi-sectoral partnerships, community involvement and participation
- **Background and objectives**: Boarding schools are an integral part of the academic fabric in Kenya; however, they pose specific challenges for adolescents and youth living with HIV (AYLHIV). Boarding schools present a host of unique variables that affect adherence and retention of AYLHIV in care including restricted access to health facilities, stigma/discrimination, HIV status disclosure challenges, limited adherence support, and concerns around confidentiality and privacy. EGPAF, with support from ViiV, implemented the Red-Carpet Program (RCP) in Homa Bay, Kenya, to address these barriers. RCP consists of a three-pronged approach: adolescent responsive, VIP (very important person) fast-tracked services at facilities; HIV-responsive school training and treatment support at day and boarding schools; and meaningful engagement of young people. The main goal of the school-based RCP interventions was to provide care and treatment support for AYLHIV (10-24 years) attending schools by supporting the development of an enabling environment through sensitization and

training of teachers, peers, parents, and matrons and establishing secure linkages to health facilities (HCFs). EGPAF implemented RCP in coordination with the Kenya Ministry of Education (MOE) and Ministry of Health (MOH).

- **Description/Contribution to the AIDS response:** Working alongside key stakeholders at the national and local level in the health and academic spheres, as well as parents and AYLHIV, the set of interventions were aimed to create a systemic response. The school-based RCP package of interventions included capacity building for overall in-school HIV, stigma and sexual and reproductive health (SRH) education; HIV care and treatment support; bi-directional linkages with HCFs; and psychosocial support (PSS). To foster fruitful and appropriate dialogues, evidence-based HIV and SRH information was provided at school health days and assemblies. Teachers and school support staff (counsellors, matron, nurse, members of school health committees) received training on HIV, providing support, non-stigmatized care, confidentiality, etc. Following disclosure to a school staff member with support from a health provider, AYLHIV received treatment literacy education and counselling, confidential access to ART and ART storage at school, and bi-directional support in coordination of refills and appointments with HCFs. Storage of their ARVs in designated drug cabinets in private spaces was offered; for example, AYLHIV had the option of morning visits to a private space where the school matron would facilitate access to their medication. To reduce risks concerning stigma, the ART storage place was shared with other adolescents and youth accessing medical services for other chronic health conditions. Bi-directional linkages with HCFs allowed for the coordination of ART refills, clinical visits, and referrals for additional needed services. Teachers and school support staff were additionally trained on DOT to support AYLHIV struggling with adherence.
- **Results, outcomes and impact:** 561 school staff were trained over the three-year project period. 476 adolescent health advocates underwent training to build their capacity in their roles in RCP-participating schools. From school-wide engagement and documented school attendance, approximately 1774 students were reached via educational events, such as school health days and assemblies, focusing on SRH, HIV and stigma. All 87 RCP schools were inter-linked to 66 health care facilities to support the care and treatment of AYLHIV. Across the 87 schools, 546 AYLHIV (an estimated 6 AYLHIV per RCP school) had their HIV status disclosed at school and received care and treatment and PSS within schools; 536 AYLHIV received bi-directional coordination of their care with interlinked HCFs (10 AYLHIV had their care at non-RCP HCFs and received school-based support only). The feasibility of this package has been documented. Furthermore, the RCP resulted in improved capacity to support AYLHIV and increased the number of AYLHIV with a disclosed HIV status, with access to ART and who were

supported through coordination of care within boarding schools. Furthermore, as schools were closed during the COVID-19 period – virtual means of engagement for learning via WhatsApp as well as telephonic management support for teachers and school staff was employed.

- **Gaps, lessons learnt and recommendations:** The establishment and ongoing meaningful engagement with key stakeholders including the Ministry of Health, Ministry of Education, school and facility staff, parents, as well as AYLHIV was critical and is recommended as a cornerstone for future implementation and adaption of the model. The RCP package has shown to be feasible in the implementation of school-based HIV care and treatment support in schools located in high HIV epidemic burden resource-limited settings and would benefit from continued implementation. Concerning the evaluation of the package, there were limitations in the ability to evaluate the efficacy of the separate elements of the school-based package, making it difficult to draw conclusions about the pieces independently on the outcomes. Further on this point, although the majority of schools implemented the package fully, not all schools implemented every element. The package has additionally been solely implemented and evaluated in the Kenyan context.

- **Annexes:** Supporting adolescents living with HIV within boarding schools in Kenya: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0260278>

RCP global tools: <https://www.ped aids.org/resource/implementing-the-red-carpet-program/>

Blog: <https://ped aids.org/2019/10/09/a-teacher-builds-trust-with-her-students-living-with-hiv/>

2. Mozambique

CONTACT PERSON

Name: Rikke Le Kirkegaard

Title: Programme Specialist

Organisation: UNICEF

Address: 3 United Nations Plaza, New York NY 10017

Email: rlekirkegaard@unicef.org

- **Timeline of the case study:** 2016-2020
- **Case study submitted by:** UN
- **Type of intervention:** Sexual and reproductive health and rights (SRHR)

- **Case study is demonstrating:** Success in harnessing digital, broadcast and print media; Meaningful engagement of young people; men and boys as allies.
- **Case study can be leveraged in the:** Short-term; Medium-term; Long-term.
- **Case study demonstrates:** Multi-sectoral partnerships, community involvement and participation
- **Background and Objectives:** Mozambique ranks among the lowest performing countries in the world on several indicators on girls and women’s rights and well-being. Girls and young women face a wide range of challenges, including entrenched gender discrimination, harmful practices such as child marriage, widespread gender-based violence and high rates of adolescent pregnancy. The “Action for Girls and Young Women’s Sexual and Reproductive Health and Rights in Mozambique,” known as Rapariga Biz Programme in short, had the overall objective of ensuring that the sexual and reproductive health and rights of girls and young women aged 10-24 years in twenty districts in two provinces in Mozambique (Nampula and Zambezia) are fully realized through improved capacities to make informed choices and improved access to SRH services. The programme utilized a multi-sector and holistic approach to equip girls and women with knowledge, tools and information, empowering them to be at the center of their own development and future. The joint UN programme Rapariga Biz was linked with SMS BIZ, an anonymous peer-counselling initiative initiated by UNICEF in collaboration with the UNFPA, the Government of Mozambique and the youth association *Coalizão*, which aimed to improve adolescents’ access to comprehensive and personalized information on SRH and HIV. This initiative complemented an existing UNFPA- and government-supported school-based peer counselling programme (*Geracao Biz*).
- **Description/Contribution to the AIDS response:** Rapariga Biz aimed to empower the most vulnerable girls and young women between 10-24 years and provide them with/strengthen their social networks, leadership, life skills, economic empowerment, knowledge and access to information on sexual reproductive health and rights and related health services, with the ultimate goal of reducing new HIV infections, improve treatment retention and adherence, reduce teenage pregnancy, child marriage, violence and other sexual and reproductive health outcomes. The programme aimed at reducing girls’ health and economic risks by strengthening critical social assets. Investing in girls and giving them access to health, education and social assets helped expand their choices, allowed them to exercise agency, built their resilience to overcome the many threats to their rights, and ultimately empowered them. A key emphasis of Rapariga Biz was also to reintegrate vulnerable out-of-school girls into primary and secondary schools with known impacts on HIV. SMS Biz specifically contributed to increase

comprehensive HIV knowledge and influence risky behaviours through providing an additional digital, anonymous and personalized peer counselling service.

- **Results, outcomes and impact:** Around 319,000 adolescents and young people (41 per cent female) were systematically engaged with the SMS BIZ platform in 2020 by asking questions related to SRH, HIV prevention, child marriage and gender-based violence issues. Currently, SMS BIZ has a total number of 323,260 beneficiaries in the age group of 10-50 years old, where more than 72% are beneficiaries in the age group of 10-24 years old. Additionally, over 100,000 messages were responded to in just six (6) months (November 2020 - April 2021), where the three most discussed topics were (i) COVID-19, (ii) Sexuality and (iii) Family Planning. U-report polls among SMS BIZ users reveal that there is a trust towards counsellors, and 62% say that their preferred channel for receiving SRH information is now SMS BIZ. In subsequent polling, 85% demonstrated correct knowledge related to HIV, compared to the national average of 50, while 69% reported condom use during their last sexual intercourse, compared to the national average of 40%.
- **Gaps, lessons learnt and recommendations:** When SMS BIZ users have raised questions on topics beyond SRH, such as adolescent nutrition and gender equality, counsellors have not always been able to respond with the same level of quality. Moving forward, these topics can be integrated into trainings as SMS BIZ further develops. There is also a need to reduce the time frame from the point at which questions are received and the point at which they are answered. A planned decentralization of counselling hubs to subnational level will contribute to reducing this time frame. Key lessons learned: 1) Partnerships with other UN agencies (UNFPA), the private sector and youth associations from the outset have been crucial to the success of SMS BIZ; 2) The opt-in approach, the confidentiality and the communication style of counsellors has made adolescents and young people feel comfortable using the service.
- **Annexes:** https://pacttest1-my.sharepoint.com/personal/cjacob_pactworld_org/_layouts/15/onedrive.aspx?id=%2Fpersonal%2Fcjacob%5Fpactworld%5Forg%2FDocuments%2FChommY%20Evaluation%20Summary%202%2Epdf&parent=%2Fpersonal%2Fcjacob%5Fpactworld%5Forg%2FDocuments&wdLOR=cCB568B33%2DA78E%2DB440%2DAAC4%2DA9F1ACA1AB29&ga=1

3. South Africa

CONTACT PERSON

Name: Megan Briede

Title: Deputy Chief of Party,

Organisation: Pact – South Africa

Address: 291 Sprite Avenue, Faerie Glen, Pretoria

Email: mbriede@pactworld.org

- **Timeline of the case study**: 1 January 2021 to 30 September 2021
- **Case study submitted by**: UN or other international organization
- **Type of intervention**: Comprehensive Sexuality Education (CSE)
- **Case study is demonstrating**: Policy and legislative changes to promote inclusive, health-promoting environments; Elimination of stigma, discrimination and violence in education settings; Meaningful engagement of young people; men and boys as allies; New evidence, research, and data.
- **Case study can be leveraged in the**: Short-term; Medium-term
- **Case study demonstrates**: Multi-sectoral partnerships, community involvement and participation
- **Background and Objectives**: Pact South Africa implements the Government Capacity Building and Support (GCBS) program contracted by USAID/PEPFAR to provide systems strengthening interventions for South Africa’s Department of Social Development (DSD) to improve HIV and AIDS prevention and intervention approaches for children, adolescents, and youth. GCBS supported DSD to develop a social behaviour change intervention focusing on reducing the incidence of HIV and AIDS, teenage pregnancy and gender-based violence. The program, known as ChommY meaning ‘friend’ is designed for children aged 10 – 14 using culturally specific games, stories, and proverbs to develop knowledge, address beliefs and enhance positive decision making. “Almost a fourth of South African women... ages (15–49 years) are HIV positive. HIV prevalence among the youth aged 15–24 has remained stable over time” (Stats SA statistical release P0302, mid-year population estimates; 2021). Figure 1: HIV prevalence by selected age groups, 2002-2021 (StatsSA statistical release P0302, mid-year population estimates; 2021) These statistics precipitate the need for such interventions. This case study highlights the effectiveness of the ChommY program in shifting perceptions, beliefs, and knowledge focusing on HIV prevention and healthy relationships. Pre and Post-tests

completed by participants, as well as interviews with program facilitators, participants and their caregivers have been reviewed.

- **Description/Contribution to the AIDS response:** The ChommY program is a structured small group intervention, which is implemented over 11, 1½ hour sessions for groups of fifteen adolescent girls and boys. ChommY helps children generate knowledge and develop skills that empower and enable them to make informed choices to reduce HIV infections and prevent teenage pregnancies. The program is structured around five building blocks addressing self-esteem; understanding sexual health; rights and responsibilities empowering youth towards positive decisions around consent and navigating gender inequity and violence; using consequence and personal goals as a driver toward positive decision making and understanding others and developing helpful relationships within family and peer groups. Each building block includes culturally specific proverbs, storytelling and indigenous games making it relatable. This is one of the key HIV prevention interventions in the country and is included in the South African Government (SAG)'s National Strategic Plan for HIV/ AIDS, TB, and STI's 2017–2022. ChommY not only addresses HIV prevention goals but includes the early identification of the most vulnerable children using a risk assessment tool developed under GCBS. Participants are assisted to complete risk assessments that help identify risk of HIV, providing an opportunity for facilitators to support access to HIV testing and to initiate access to treatment and support for those who test positive. An additional assessment identifies social and personal challenges, highlighting those exposed to physical and sexual violence, neglect, and exploitation as well as children living in circumstances such as parental substance abuse, domestic violence, etc. which may negatively affect their ability to make positive decisions. This approach provides for both prevention and early intervention strategies to address HIV/AIDS. It allows for children identified as HIV positive to be linked to interventions that support access to treatment, disclosure & adherence counselling and support towards attaining viral load suppression.
- **Results, outcomes and impact:** In the USG fiscal year 2021, the ChommY program was implemented through GCBS in the City of Tshwane, a district in Gauteng province, reaching 2354 children and in Thabo Mofutsanyane, a district in Free State province, reaching 354 children. Pre and post-test responses from 150 participants were analysed indicating that ChommY intervention appeared to be implemented successfully, enhanced beneficiaries' knowledge, and resulted in shifts in beliefs about gender relationships and HIV/ AIDS. A summary of key changes based on selected questions within the test indicate a positive shift as illustrated below: -

- Understanding of HIV/AIDS e.g. “Can people reduce the risk of HIV by having fewer sexual partners,” the number of beneficiaries who responded with “yes” increased from 43% pre-intervention to 83% post-intervention indicating an improvement in knowledge.

- Opinions regarding the use of force or violence in relationships i.e., “It’s okay for a boy to hit his girlfriend if she did something to make him angry’, the number of beneficiaries who responded with “never true” increased from 57% pre-intervention to 80% post-intervention demonstrating a 23% change.

- Shift in testing and knowing status i.e., HIV testing post-intervention. Participants who had never tested decreased significantly by 52% post-intervention.

- **Gaps, lessons learnt and recommendations:** The analysis provided further guidance on topics or services needing strengthening to improve outcomes towards reduced HIV infection. This included a focus on interventions that support improved communication between participants and caregivers. This could include supporting family strengthening interventions currently funded by PEPFAR through the DREAMS program such as *Let’s Talk*. Although participant improvements were noted, facilitator training should be strengthened to focus on understanding of healthy sexual relationships, especially about acceptable age gaps between sexual partners as well as transactional sex. Whilst more open to access HIV testing, participants lacked confidence to ask their sexual partners if they had tested, indicating a need to focus on this in building block one. For ChommY to be effective, caregivers need to be included in interventions, beneficiaries need to be empowered towards having the confidence needed to navigate relationships, and common societal beliefs about sexual relationships need to be challenged. Addressing these issues may increase the overall effectiveness of the program.

- **Annexes:**

https://pacttest1my.sharepoint.com/:b:/g/personal/cjacob_pactworld_org/EZLOt3XEbYdKuAOJivXG_5sBnWdbveJeIUvB-1Q3IXiGLQ?e=jzeaTw

4. Tanzania

CONTACT PERSON

Name: Levina Kikoyo,

Title: Country Director

Organisation: Pact Tanzania

Address: CHIEVE in Tanzania, P.O. Box 6348 Dar es Salaam - Tanzania

Email: lkikoyo@pactworld.org

- **Timeline of the case study:** 2018-2022
- **Case study submitted by:** UN or other international organisation
- **Type of intervention:** Psychosocial support, mental health and harm reduction
- **Case study is demonstrating:** Holistic multi-sectoral approaches to meet the needs of learners; New evidence, research, data.
- **Case study can be leveraged in the:** Long-term.
- **Case study demonstrates:** Multi-sectoral partnerships, community involvement & participation
- **Background and Objectives:** Tanzania has met only 50.1% of the 90% target for diagnosing HIV in children. The country's paediatric case finding strategy uses global best practices of index testing, provider-initiated counselling and testing, and targeted community testing of at-risk populations to find about 50,000 children living with HIV (CLHIV) who are undiagnosed. Context-specific strategies are necessary to find the hidden children to meet the full 90% target. This study assesses whether sex of the caregiver is associated with HIV status of orphans and vulnerable children (OVC) as a valuable strategy for enhanced paediatric case findings.
- **Description/Contribution to the AIDS response:** Three-quarters (74.3%) of the OVC included in the study had female caregivers, and their overall HIV prevalence was 7.1%. The prevalence was significantly higher ($p < 0.001$) among OVC with male caregivers (7.8%) than among OVC with female caregivers (6.8%), and indeed, multivariate analysis showed that OVC with male caregivers were significantly 40% more likely to be HIV-positive than those with female caregivers (OR = 1.40, 95% CI 1.08–1.83). This effect was the strongest among 0–4-year-olds (OR = 4.02, 95% CI 1.61–10.03), declined to 1.72 among 5–9-year-olds (OR = 1.72, 95% CI 1.02–2.93), and lost significance for children over age 9 years. Other significant factors included OVC age and nutritional status; caregiver HIV status and marital status; household health insurance status, and family size; and rural versus urban residence.

- **Results, outcomes and impact:** OVC in Tanzania with male caregivers have a 40% higher likelihood of being HIV-positive than those with female caregivers. HIV risk assessment activities should target OVC with male caregivers, as well as OVC who have malnutrition, HIV-positive caregivers, or caregivers who do not disclose their HIV status to community volunteers. Further, younger HIV-positive OVC are more likely to live in rural areas, while older HIV-positive OVC are more likely to live in urban areas. These factors should be integrated in HIV risk assessment algorithms to enhance HIV testing yields and pediatric case-finding in the OVC population in Tanzania.
- **Gaps, lessons learnt and recommendations:** Some key variables, such as whether the caregiver was the child's biological parent, were not available in the data. Recall bias was possible during data collection because all information (except for nutritional status, which was measured) was self-reported, though findings suggest that the effect may be minimal because results are comparable with existing biomedical and clinical studies. Since this study was cross-sectional in design, temporality cannot be established, which precludes drawing causal inferences from these findings.
- **Annexes:** <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-020-05102-y>

5. Tanzania

CONTACT PERSON

Name: Rikke Le Kirkegaard

Title: Programme Specialist

Organisation: UNICEF

Address: 3 United Nations Plaza, New York NY 10017

Email: rlekirkegaard@unicef.org

- **Timeline of the case study:** Since May 2019 (ongoing)
- **Case study submitted by:** UN
- **Type of intervention:** Sexual and reproductive health and rights (SRHR)
- **Case study is demonstrating:** success in harnessing digital, broadcast and print media.
- **Case study can be leveraged in the:** Short-term; Medium-term; Long-term.
- **Case study demonstrates:** Scalability and replication
- **Background and Objectives:** 5% of all adolescents living with HIV worldwide are in Tanzania. 35 percent of new infections are among young people aged 15-24 years of whom 80% are among girls (SOWC, Statistical Tables, 2017). In general, 68 percent of girls attend secondary

school but just over half graduate. Adolescent girls aged 15 – 19 yrs both in and out of school are the most vulnerable to SRH issues, HIV and violence; one in four of the girls are already mothers and nearly two out of five are already married. The ONGEA radio programme promotes age and gender appropriate information that will help adolescents, especially girls of age 15 – 19 yrs, be able to make informed decisions and exercise healthy practices for prevention, care and management of challenges related to sexual reproductive health and sexually transmitted infections including HIV, menstrual hygiene, pregnancy, violence and nutrition. The radio programme addresses risky behaviours and harmful social norms that contribute to adolescent girls' vulnerability to early sexual debut, unsafe sex, intergenerational sex, gender violence, poor eating habits, limited communication and protection from parents, HIV and early pregnancy stigma and discrimination, and attitudes and behaviors of social/health service providers that hinder accessibility of social services by adolescents.

- **Description/Contribution to the AIDS response:** The ONGEA programme has contributed to the AIDS response by delivering a community-based and community co-developed radio edutainment programme to adolescents and young people. The objective is to use social and behaviour change communication as a vehicle to reducing HIV vulnerabilities, risks and harmful gender and social norms among adolescent girls in particular.
- **Results, outcomes and impact:** ONGEA started in 2019 in 8 districts within four high-burden regions (Mbeya, Iringa, Njombe and Songwe). In 2020, the programme was scaled up to cover all the 12 districts of Mbeya (7 districts) and Songwe (5 districts). ONGEA is broadcast weekly by 17 community and private radio stations in Njombe, Iringa, Mbeya and Songwe for free. While the ONGEA radio programme is still fairly new, it has demonstrated initial results. According to Stanley Mwakyoma, Radio Presenter from Chai FM, the ONGEA programme is already showing promise in reducing the number of teenage pregnancies in the villages where adolescents lacked friendly information to prevent HIV, STIs and pregnancies. “Rungwe is the district with the highest number of teenage pregnancies in Tanzania and that means you have the highest number of girls who are out of school. Before ONGEA, most efforts to reduce pregnancies were use of fear and threats such as threat of jail for 30 years or school expulsion. The great difference with ONGEA is education as a tool - no threats, just stories and conversations that helps school children understand. According to Stanley, they're already seeing a reduction in teenage pregnancies.
- **Gaps, lessons learnt and recommendations:** 1. Strategic Design of Edutainment to Prioritize Understanding vs. Fear to Break Cultural Norms: In Tanzania, sex is culturally considered a taboo, making it difficult for parents and adults to speak openly and advice the younger

generation about delaying sexual debut, condom use and more. The most widely used tactic to delay sexual debut among adolescents is fear. ONGEA is different as the program uses edutainment to communicate important messages in a teenage-friendly way. 2. Using experts to answer relevant community questions based on their needs boosts credibility. 3. Addressing girls' limited mobility by bringing the show to the target audience. 4. Focusing on girls' needs in the show's content. 5. Positive role models to analyze and redefine masculinity and manhood. 6. Participatory model on reminding parents of their role and importance in prevention of teenage pregnancies and STIs; Raising Awareness about Claiming Rights, Responsibilities and Opportunities.

- **Annexes:** The complete case study within a report on gender promising practices in Tanzania can be shared as an attachment.

6. Tanzania

CONTACT PERSON

Name: Subira Shoko

Title: Programme Officer

Organisation: National AIDS Control Programme

Address: Dodoma, Tanzania

Email: sushotza@gmail.com

- **Timeline of the case study:** 2019
- **Case study submitted by:** Government
- **Type of intervention:** Sexual and reproductive health and rights (SRHR)
- **Case study is demonstrating:** New evidence, research, data
- **Case study can be leveraged in the:** Medium-term
- **Case study demonstrates:** Scalability and replication
- **Background and Objectives:** The number of school dropouts in Secondary schools for girls in Form I to VI was 5,443 among all 31,621 female dropouts (17.2 %), with early pregnancy being one of the causes (BEST- 2017). The disparity in HIV prevalence between males and females and school dropout is the wake-up call for IEC/SBCC experts to come out with the more innovative approach to reach the at-risk population, edutainment and media mix through artists and celebrities to yield better results. We present achievements from engaging artists and

celebrities in implementing sexual and reproductive health initiatives targeting attitude, practices and behavior change campaign among in-school adolescent girls in Tanzania.

- **Description/Contribution to the AIDS response:** In 2019, NACP in collaboration with stakeholders implemented sexual and reproductive health knowledge, attitude, practices and behaviour change campaign among in-school adolescent girls by using artists, celebrities, people living with HIV (PLHIV) and a media mix approach. The intervention was conducted in nine regions (Morogoro, Dodoma, Singida, Tanga, Mbeya, Iringa, Njombe and Mtwara). The campaign engaged 4 young popular musicians, 3 young popular radio presenters as moderators, 1 young radio disco joker, 1 female film star, 1 popular young medical doctor, radio presenter, 1 adolescent girl living with HIV and 1 female popular psychologist. The team was oriented on the content of various selected topics and inspirational messages in relation to their life experience and success. The artists entertained the audience with their hit song at the beginning, middle, and at the end of the show. Health messages were delivered followed by questions and answers. Thereafter, the best students were given gifts. A young woman who was living with HIV, a young doctor and a female psychologist were accompanied by one or two artist to deliver their messages. During every event, the nearby facility with youth-friendly services was introduced to the audience and youth clubs were given an opportunity to perform on the same platform with popular artists and celebrities. The key messages were not limited to HIV and AIDS only, but also included stigma and discrimination, mitigating early sex, effects of early pregnancy, Gender-Based Violence and entrepreneurship. The campaign slogan was “Appreciate your future, sex is not priority”. An evaluation was done before the implementation of the intervention (Baseline study) and at the end of the implementation (6 months after the implementation). The end-line study aimed to measure the effectiveness of the interventions.
- **Results, outcomes and impact:** The campaign reached 103 secondary schools in nine regions and was attended by 47,705 secondary school students against a target of 45,000 students, thus attaining an attendance rate of 106%. The campaign reached more than 3,966,000 Adolescent girls through TV and Radio (Radio 2,647,000 AGYW TV 1,319,000). Students who attended the event could recall messages during the end-line study: Appreciate your future (95%), Sex in not priority (94%), Value your worth (17%), Avoid temptations (7%), Butterflies use your Wings (3%). Students reported increased Knowledge on HIV and AIDS: Sexual Transmitted Infections and human fertility; Awareness of HIV and AIDS was at 95% during the baseline study and 99% during the end-line study; student observed that HIV is preventable: 92% during baseline study and 97% during the end-line study). Adolescent students could differentiate between HIV from AIDS (68% during baseline study and 91% during

end-line study). Proportions of adolescent students ready to voluntarily test for HIV during both the baseline and end-line studies were as follows; 97% of female adolescent students and 96 of male adolescent students were aware of HIV and AIDS. Various reasons were given for non-use of condoms during the very first sexual encounters; Trusting the sexual partner (24% during baseline study and 0% during endline study), condoms were not available (51% during baseline study, and 42% during endline study), sexual partner refused using condoms (7% during baseline study, and 0% during endline study), not knowing how to use condoms (12% during baseline study and 16% during endline study), not knowing the benefits of condom use (5% during baseline study, and 42% during endline study). Adolescent students knew that pregnancy can occur during the first sexual intercourse (68% during baseline study and 69% during endline study). Opinions regarding the event were as follows: the information that was disseminated was educative and beneficial (84%) and the Artists entertained the event to audience satisfaction (69%).

- **Gaps, lessons learnt and recommendations:** The campaign has made some significant achievements in terms of objectives and targets. The adolescent students highly appreciated the entertainment education approach. Through these engagements, the assessment found that the campaigns contributed to the increased knowledge on HIV, AIDS and STIs among adolescent students, and these achievements were statistically significant.
- **Annexes:** N/A

7. Tanzania

CONTACT PERSON

Name: Subira Shoko

Title: Programme Officer

Organisation: National AIDS Control Programme

Address: Dodoma, Tanzania

Email: sushotza@gmail.com

- **Timeline of the case study:** 2019
- **Case study submitted by:** Government
- **Type of intervention:** Sexual and reproductive health and rights (SRHR)
- **Case study is demonstrating:** Success in harnessing digital, broadcast and print media;
- **Case study can be leveraged in the:** Medium-term
- **Case study demonstrates:** Scalability and replication

- Background and Objectives:** - Title: “Using Adaptive Leadership Drama Talk Shows to Develop skills among Adolescent Girls and Young Women for impacting change and managing uncertainty, increase awareness and perspective to lead innovate and mobilize change”.

Background: The United Nations Joint Programme on HIV/AIDS (UNAIDS) has endorsed the World AIDS Strategy (2021-2026) which facilitate countries to attain control of the HIV epidemic by 2030. One of the main strategies for HIV epidemic control is the identification of HIV infection in populations who are more at risk of HIV than others. Adolescent Girls and Young Women (AGYW) are among the population with the highest risk of HIV acquisition. In view of the above situation, NACP in collaboration with Tanzania Youth Alliance (TAYOA) and other stakeholders, produced and aired adaptive leadership drama talk shows aimed at developing skills among AGYW, impacting change and managing uncertainty, increasing awareness and perspective, leading, innovating and mobilizing change in their societies. The program involved the use of mass media, mobile and social media platforms as the channel to support interventions to reach AGYW as well as adolescent boys.
- Description/Contribution to the AIDS response:** In 2019 NACP and TAYOA employed the combination of adaptive leadership and human-centred design approach where AGYW were involved in identifying adaptive issues in their communities through performing art groups. The project was conducted in rural and semi-urban settings of three project regions (Morogoro, Dodoma & Singida). The prepared drama was performed before the audience followed by discussion or a talk. The audience were selected AGYW. Other participants included adolescent boys and young men, community leaders, caregivers, parents and popular opinion leaders. The programs were specifically designed to mobilise AGYW to lead transformative change and enable them to reach their full potential by promoting individual and community responsibility toward AGYW brighter future, empowering AGYW through meaningful engagement in improving their own life and community at large. The programs also aimed at equipping AGYW with leadership knowledge and skills enough to find the confidence to express themselves, address harmful stereotypes and sexual reproductive health, help AGYW to be seen, heard and to achieve their life plans. Lastly, the other aims for implementing the programs were to Inform girls and give them the confidence to understand why their well-being is important as well as why it is important for them to seek help and increase their likelihood to seek services.
- Results, outcomes and impact:** A total of 15 drama talk sessions were conducted in rural and semi-urban settings of three project regions (Morogoro, Dodoma & Singida) where 450 youth were given an opportunity to prepare and perform their drama, produced and aired through national television. Each adaptive leadership drama talk session involved an average of 60

participants summing up to 900 participants for all the sessions. Adaptive leadership drama talks attracted many audiences through TV programs in project implementation areas since young people themselves were promoting the program. An average of 630,000 individuals was reached through Adaptive leadership TV programs. In addition, more than 1,200,000 individuals were reached through drama talk social media posts. A total of 261,403 individuals made a total of 117 calls to the NACP helpline as a result of the drama talk sessions.

- **Gaps, lessons learnt and recommendations:** Social ecological challenges facing AGYW are mostly adaptive challenges; therefore, there is a need to conduct more intensive programs on adaptive leadership. Adaptive leadership drama talk's sessions helped leaders to connect with AGYW and get feedback about what's valuable, their perspectives and what is still needed to improve their wellbeing, hence there is a need to be promote country wide.
- **Annexes:** N/A

Asia

8. India

CONTACT PERSON

Name: Mayank Singh

Title: Project Manager

Organization: CRG SI YouthRISE

Email: mayank.santsidd@gmail.com

- **Timeline of the case study:** October 2021- February 2022
- **Case study submitted by:** Civil Society
- **Type of intervention:** Stigma, discrimination and violence
- **Case Study is demonstrating:** Elimination of stigma, discrimination and violence in education settings
- **Case study can be leveraged in the:** Long-term
- **Case study demonstrates:** Sustainability in the long-term
- **Background and Objectives:** Case study documents gaps in existing drug control laws and their practices at ground level in some parts of India especially the capital city. Series of FGDs with street-dwelling drug using individuals indicated that there are elements of not knowing or not practicing basic human rights of people using substances. And implementation of laws at ground level.

- **Description/Contribution to the AIDS response:** At the time of arrest, lockup and under trial in prisons systems, often, people who use substances are helpless due to marginalisation and criminalisation of substance use disorder. A vast majority of individuals arrested under drug control laws are kept under trial for extended periods of time due to criminal justice system. No legal aid, no access to healthcare services such as OST or ART etc.
- **Results, outcomes and impact:** A vast majority of people who participated in FGD shared their experiences of being arrested for drug use related crimes. They were not provided with information and access to free legal assistance. Cases were filed and bail became an issue due to drug-related offences. Among those who were arrested were not provided OST or ARTs during their stay in prison, impacting on their mental health, overall well-being and self-respect.
- **Gaps, lessons learnt and recommendations:** The current law has ill-conceived provisions to deal with commercial quantities and individual consumptions offences, as it provides the same punishment. High threshold for bail is a serious issue that affects people who have no support or income to arrange for their defence. Amendment to treat consumers of substance as victims who ought to be referred for rehabilitation and deaddiction and not criminals to be sentenced to jail, should be made available to practice.
- **Annexes:**
 - National Drug Policy, India; -Law Commission of India, One Hundred Fifty-Fifth Report on Narcotic Drugs and Psychotropic Substance Act, 1985,
 - July 1997-Drug Policy Guide, International Drug Policy Consortium, March 2012; -Nandini Vallath, Tripti Tandon, Tania Pastrana, Diederik Lohman, S. Asra Husain, James Cleary, Ganpati Ramanath, and M.R. Rajagopal: Civil Society-Driven Drug Policy Reform for Health and Human Welfare – India,
 - Journal of Pain and Symptom Management, Vol 53, No. 3 March 2017; -World Health Organization,
 - United Nations Office on Drugs and Crime & Joint United Nations Programme for HIV/AIDS (2004), WHO/UNODC/UNAIDS Position Paper: Substitution maintenance therapy in the management of opioid dependence and HIV/AIDS prevention (Geneva: World Health Organization),
 - http://www.who.int/substance_abuse/publications/en/PositionPaper_English.pdf -United Nations Office on Drugs and Crime & World Health Organisation (2008),
 - Principles of drug dependence treatment -Geneva: WHO: - http://www.who.int/substance_abuse/publications/principles_drug_dependence_treatment.pdf

9. Indonesia

CONTACT PERSON

Name: Ingrid Silalahi

Title: Communications Consultant

Organisation: UNAIDS Indonesia

Address: Jl Tulodong Bawah, no 5, South Jakarta

Email: Silalahii@unaids.org

- **Timeline of the case study:** 1 December 2021 – present
- **Case study submitted by:** UN or other international organisation
- **Type of intervention:** Comprehensive Sexuality Education (CSE)
- **Case Study is demonstrating:** Holistic multi-sectoral approaches to meet the needs of learners.
- **Case study can be leveraged in the:** Short-term
- **Case study demonstrates:** Multi-sectoral partnerships, community involvement and participation.
- **Background and Objectives:** According to a national survey, only around 14% of young people (15-24) in Indonesia have comprehensive knowledge on HIV. Although many have heard about HIV, many still believe in myths, like HIV can be transmitted through saliva and handholding. The lack of education certainly contributes to the fact that almost half of the new HIV infections in Indonesia is among young people in that age group. To commemorate 40 years of AIDS, UNAIDS Indonesia opened a permanent exhibition in the office that showcases the history of the AIDS epidemic and highlights stories from communities over the years. The permanent exhibition, located in the UNAIDS Indonesia office in Jakarta, is open to the public and is a space for the public, communities, young people and students to learn about HIV and its history as well as to discuss the pertinent issues surrounding HIV, such as stigma and discrimination, science and innovation, in an interesting and engaging way. The exhibition is comprehensive: the first part is a timeline of the HIV epidemic which provides an overview of the issues and the second part is a dedication to communities and their roles in the HIV response.
- **Description/Contribution to the AIDS response:** The exhibition has become a safe and engaging space to learn about HIV. After touring the exhibition, visitors are not only informed but also moved to act on HIV. To make sure that visitors have knowledge they can take home, the exhibition includes information on educative platforms on social media, accessible

counselling services, brochures and booklets on living with HIV, information about innovative services like PrEP, and more. The photo-stories tell and show experiences of stigma, discrimination, persecution and violence faced by PLHIV and key populations. Visitors who are students, young people and from the general public reflect on these experiences and move them to act against discrimination towards PLHIV and key populations. The exhibition improves people's knowledge and understanding on HIV and provides them with stories that confront stigma and discrimination. By doing so, the exhibition contributes to the AIDS response in Indonesia.

- **Results, outcomes and impact:** Since its opening to the public, the exhibition has been visited by students, young people, families of newly diagnosed PLHIV, who seek to know more about HIV. The exhibition's virtual tour has also been viewed over 300 times and is set to be shown at the AIDS 2022 conference Global Village and Youth Programme. In addition to regular visits, the exhibition space is set to be used by community organisations, student groups and other communities to hold their events and activities discussing HIV.
- **Gaps, lessons learnt and recommendations:** The COVID-19 pandemic has affected the ability to have large in-person gatherings, so the visitors and public/community events in the exhibition has been limited in number. However, this is addressed by having virtual options for people to experience the exhibition. The exhibition's community and public engagement programme is in its early phase, thus further lessons and improvements are expected to come.
- **Annexes:** Virtual tour to the 40 Years of AIDS Exhibition: <https://youtu.be/DSU1QYgayvo>
Feature story on UN in Indonesia website: <https://indonesia.un.org/index.php/en/173549-memorial-record-40-years-history-aids-epidemic>

10. Indonesia

CONTACT PERSON

Name: Agatha

Title: Program Manager

Organisation: Inti Muda Indonesia,

Address: Tebet - Jakarta

Email: agathadafare1@gmail.com

- **Timeline of the case study:** February - April 2022
- **Case study submitted by:** Civil Society
- **Type of intervention:** Sexual and reproductive health and rights (SRHR)

- **Case study is demonstrating:** Meaningful engagement of young people; men and boys as allies.
- **Case study can be leveraged in the:** Short-term.
- **Case study demonstrates:** Multi-sectoral partnerships, community involvement and participation
- **Background and Objectives:** In a conservative country like Indonesia, sex is perceived as a taboo subject. Whether with parents, teachers or other adults, discussing sex and sexual health with young people is highly discouraged. Accessing comprehensive information on sex and SRHR is even more challenging for young key populations (YKP), who do not have many safe spaces to discuss and be empowered with knowledge due to marginalization and discrimination.
- **Description/Contribution to the AIDS response:** With such a reality, Inti Muda Indonesia as the young key population network organisation are conducting a series of Youth Festivals in various cities of Indonesia. These festivals provide young key populations with a safe and comfortable spaces for collective discussion, expression, and learning on issues important to their sexual health and wellbeing. As an edutainment activity, the festivals invite young people to participate in speech competitions with the theme of Sexual and Reproductive Health Rights, and provide entertainment hosted by YKP itself, as well as free VCT testing services. The festivals are an effective way to engage YKP in a way that is enjoyable and educational, and most importantly free of judgment and discrimination. Having activities that are tailored for young key populations and connecting young people to their peers to learn about HIV and SRHR contributes to the HIV response of Indonesia, particularly as young people (15-24) make up half of the new infections in the country. With more young people being informed and empowered to make informed decisions on their body, including how to prevent HIV infection and AIDS. Here is a list of cities and dates of the Festivals: Jakarta - February 11th; South Sulawesi - February 12th; Papua - March 12th; Bali - March 26th; North Sumatera - March 26th; West Java - April 9th; East Java - April 9th.
- **Results, outcomes and impact:** Since starting the programme, Inti Muda Indonesia has successfully conducted 7 Youth Festivals in 7 cities in partnership with the Inti Muda provincial networks. The festivals have reached 700 young people overall and led to 350 young people participating in the Mobile VCT services provided. The Youth Festival has received very positive feedback, not only from the young participants but also from health officers from the districts, who see how engaging youth in a youth-friendly and safe manner can empower them with information as well as motivation to access HIV services.

- **Gaps, lessons learnt and recommendations:** The Youth Festivals are still dependent on external funding – initially from Bridging the Gaps funding support of the Global Network of people living with HIV (GNP+), and more recently from UNAIDS Indonesia from the DFAT grant. Based on the last 7 festivals, the recommendation would be to hold a bigger festival in a public place. By doing so, we can show that young people are capable of making such a big event, and they can lead their own movement, since people that are not part of the young key populations could also participate. Also, a big public festival for young people, organized by young key populations, will show that young people are worthy of celebration and support.
- **Annexes: :**
 - (1) Papua - [Tanya Marlo Festival 2022 - Inti Muda Papua](#)
 - (2) South Sulawesi - [Tanya Marlo Festival 2022 - Inti Muda Sulawesi Selatan](#)
 - (3) East Java - [Tanya Marlo Festival 2022 - Inti Muda Jawa Timur](#)
 - (4) Jakarta - [Tanya Marlo Festival - Inti Muda DKI Jakarta](#)
 - (5) North Sumatera - [Tanya Marlo Festival - Inti Muda Sumatera Utara](#)
 - (6) West Java - https://www.instagram.com/tv/CclW4MelsoP/?utm_source=ig_web_copy_link
 - (7) Bali - https://drive.google.com/file/d/1BkAnxu6HGiW3rcq_0Quysk-ieRuBs762/view?usp=sharing

11. Pakistan

CONTACT PERSON

Name: Fahmida Khan

Title: Community Support Advisor

Organisation: UNAIDS Country Office for Pakistan & Afghanistan

Email: khanf@unaid.org

- **Timeline of the case study:** 2019- and present days
- **Case study submitted by:** UN or other international organisation
- **Type of intervention:** Stigma, discrimination and violence
- **Case study is demonstrating:** Policy and legislative changes to promote inclusive, health promoting environments; Holistic multi-sectoral approaches to meet the needs of learners.
- **Case study can be leveraged in the:** Long-term.

- **Case study demonstrates:** Elements and opportunities for South-South and triangular cooperation
- **Background and Objectives:** UNODC Pakistan through support from UNAIDS under UBRAF, implemented an intervention/project on strengthening and improvement of HIV prevention treatment and care services for prison inmates in Sindh province. The project was aimed at building the capacity of health and prison staff, strengthening coordination between the Prisons, Health Department of Sindh (HIV, Hepatitis, and Tuberculosis prevention programmes).
- **Description/Contribution to the AIDS response:** UNODC and partners, organized and facilitated five coordination meetings at the IG Prisons Sindh office, on improving the quality of HIV prevention, treatment and care services in Sindh Prisons. These meetings were chaired by DIG Prisons Sindh. Officials from Prison Department, Provincial HIV, Hepatitis and Tuberculosis Prevention Programme and Director General Health Department Sindh participated in the meetings. These meetings have helped in bringing these departments on one table to discuss the relevant issues. The coordination meetings helped to identify the needs and gaps for HIV, Hepatitis and Tuberculosis prevention, treatment and care for prison inmates and appropriate measures were taken to address the gaps and resolve issues. A screening tool was developed to screen high-risk prisoners for HIV, Hepatitis B&C and Tuberculosis. HIV Testing and Counselling Centre (HTC Centre) was made operational by equipping the Centre with necessary furniture and equipment such as scanner, printer, photocopier, stationery, testing kits for HIV and COVID 19 prevention items (masks, PPE, Soaps etc). UNODC in collaboration with UNAIDS, organized and conducted a three-day training of prison health staff from several prisons in Sindh on HIV prevention, establishment of HTC Centres in prisons and HIV Testing and Counselling SOPs.
- **Results, outcomes and impact:** Training of prison staff on health module of PMIS was also organized to capacitate them on the use of PMIS. A Training of Peer Educators in Malir Prison, Karachi was organized and facilitated by UNODC. Twelve Peer Educators were identified and trained to carry out peer education programme in Malir prison on HIV, Hepatitis and Tuberculosis prevention among prison inmates. Meetings were held with National Database and Registration Authority (NADRA) officials for the Registration and provision of a Computerized National Identity Card (CNIC) to the HIV-positive prisoners, as most of the prisoners do not have the Government's CNIC card. The CNIC card is a prerequisite for registration and treatment of HIV positive cases for HIV treatment, and other care & support services. Through these meetings with NADRA, UNODC was able to get NADRA's support for making free CNICs for prisoners and also the support of NADRA mobile service to visit the

prisons for completing the process of issuance of NADRA CNIC to the HIV positive prisoner. This was an important step for providing HIV treatment, care, and support services to HIV positive prisoner. A Post Release Referral Mechanism card was developed for the prisoners with details related to diseases specifically HIV, Tuberculosis and Hepatitis B and C, and list of ART with contact details provided to the prisoners who need testing and/or treatment. The working mechanism was finalized in consultation with the prison healthcare staff and the provincial health department.

- **Gaps, lessons learnt and recommendations:** This intervention helped UN partners to work in closed settings on HIV prevention and raising awareness in jail inmates. UNODC in collaboration with the Prison Department, Sindh commemorated the World AIDS Day event in all the prisons of Sindh province. Awareness sessions, seminar, arts and singing competition and musical event were conducted in prisons. UNODC provided banners and poster with HIV prevention messages and these were displayed in the prisons. Purpose of this event was to create awareness among the prison population on HIV and its prevention.

12. Thailand

CONTACT PERSON

Name: Parichart Chantcharas

Title: Division of AIDS and STIs, Department of Disease Control

Organisation: Ministry of Public Health - Thailand

Email: p_chantcharas@yahoo.com;

itcthaitraining@gmail.com

- **Timeline of the case study:** 2004-2021
- **Case study submitted by:** Government; Civil society; UN or other international organization;
- **Type of intervention:** Comprehensive Sexuality Education (CSE)
- **Case study is demonstrating:** Policy and legislative changes to promote inclusive, health promoting environments; Holistic multi-sectoral approaches to meet the needs of learners.
- **Case study can be leveraged in the:** Long-term
- **Case study demonstrates:** Scalability and replication
- **Background and Objectives:** Among the various health and social concerns, pregnancy in adolescents is currently one of the leading problems in Thai society. Moreover, the rate of sexually transmitted infections among young population tend to increase, especially syphilis,

mostly in the 15-24 age group. The main route of HIV infection remains unsafe sex and one-third of all new HIV infections are among adolescents, particularly those with gender diversity. On top of that, the rates of condom use and STIs screening among adolescents are still low. Several studies have found that Comprehensive Sexuality Education (CSE) tends to encourage young people to have safe sex and be more responsible. Thus, comprehensive sexuality education and reproductive health services are expected to be key interventions to solve health and social problems among adolescents, as well as HIV.

- **Description/Contribution to the AIDS response:** One of the key strategies of the Current Thailand National AIDS Plan for ending AIDS by 2030 is to strengthen and integrate effective prevention efforts into existing systems. The main strategy for HIV prevention among youth is to emphasize and integrate HIV services within other relevant health services, especially Comprehensive Sexuality Education (CSE), which is in accordance with the enactment of the Teenage Pregnancy Prevention and Alleviation Act in 2016. The sexuality education content was integrated into the basic education curriculum by the Office of Vocational Education Commission in 2004 and the Office of Basic Education Commission in 2008. Later, CSE was expanded nationwide by the various agencies, such as the Ministry of Education (MOE), the Ministry of Public Health (MOPH), and Teenpath Project of PATH Thailand, with funds from the Global Fund through the Department of Disease Control, Ministry of Public Health (MOPH) and the Thai Health Promotion Foundation (Thai Health). In 2019, the MOE launched an online CSE teacher-competency development program in collaboration with Path to Health Foundation (P2H) and Thai Health. This e-learning aims to develop teacher competency in Sexuality Education and Life Skills, where teachers, academics, supervisors, and administrators can access CSE teaching courses, free of charge. Besides, healthcare providers are trained to be friendlier to adolescent clients, to encourage them to use condoms and birth control methods. They were also trained to provide health care for the children of adolescent mothers and to follow up on pregnant adolescents and the delivery of their babies. The MOPH is supporting integrated reproductive health strategies designed to bring together agencies from all sectors, including the Government, private and civil society.
- **Results, outcomes and impact:** A review in 2013 found that a total of 1,754 basic education schools (5.6%) and 319 vocational schools (37.4%) taught sex education. The number of schools and teachers trained in teaching and arranging learning schedules on sex education for their students is increasing, especially after the introduction of CSE online courses to build the capacity of teachers along with onsite capacity buildings. As of 22 December 2021, the total number of schools under the Ministry of Education is 38,207; 22,698 schools have teachers

already enrolled to learn CSE e-learning and 15,509 schools still have no teachers enrolled. The total number of teachers enrolled is 121,625; 53,848 teachers completed courses of CSE e-learning, and 67,777 have not yet graduated. In 2020, there are 790 hospitals under the MOPH that were certified for youth-friendly services standards (90.29 percent). Besides, 5 hospitals under the Bangkok Metropolitan Administration and 15 Child and Youth Training Centers Under the Department of Observation and Protection of Children and Youth, Ministry of Justice, provide standardized youth-friendly service. A review in 2013 found that a total of 1,754 basic education schools (5.6%) and 319 vocational schools (37.4%) taught sex education. The number of schools and teachers trained in teaching and arranging learning schedules on sex education for their students is increasing, especially after the introduction of CSE online courses to build the capacity of teachers along with onsite capacity buildings. As of 22 December 2021, the total number of schools under the Ministry of Education is 38,207; 22,698 schools have teachers already enrolled to learn CSE e-learning and 15,509 schools still have no teachers enrolled. The total of teachers enrolled is 121,625; 53,848 teachers completed courses of CSE e-learning, and 67,777 have not yet graduated. In 2020, there are 790 hospitals under the MOPH that were certified for youth-friendly services standards (90.29 percent). Besides, 5 hospitals under the Bangkok Metropolitan Administration and 15 Child and Youth Training Centers Under the Department of Observation and Protection of Children and Youth, Ministry of Justice, provide standardized youth-friendly service.

- **Gaps, lessons learnt and recommendations:** The results from the CSE implementation demonstrated that students who received CSE from teachers, who passed the online learning course, showed better outcomes in comparison to those who received CSE from teachers who did not pass the e-learning project. Although the CSE implementation showed key strengths, the recent evaluation by P2H addressed limitations and areas for improvement as follows. Firstly, there needs to be an improvement in teachers' awareness of learners' rights. Secondly, student support systems needs to be developed and expanded. Moreover, the coverage of CSE services needs to be improved, having services available in all governmental hospitals. Lastly, the utilization of services remains low due to social stigma against adolescent sexuality.

Eastern Europe and Central Asia

13. Ukraine

CONTACT PERSON

Name: Dmytro Kulyk

Title: Deputy Director

Organisation: Teenergizer

Address: 12 Borisoglebskaya street, office 4. Kyiv, Ukraine.

Email: Dmytro@teenergizer.org

- **Timeline of the case study**: 2019- and present days
- **Case study submitted by**: Civil society
- **Type of intervention**: Psychosocial support, mental health and harm reduction
- **Case study is demonstrating**: Elimination of stigma, discrimination and violence in education settings; Success in harnessing digital, broadcast and print media; Meaningful engagement of young people; men and boys as allies.
- **Case study can be leveraged in the**: Medium-term; Long-term; Short-term.
- **Case study demonstrates**: Scalability and replication
- **Background and Objectives**: The war started by the Russian Federation in Ukraine poses an immediate and growing threat to the lives and well-being of all Ukrainian population. Ukrainian citizens are killed, injured and forced to become refugees. Millions of adolescents and young people are affected by the invasion. Teenergizer is focusing its efforts to provide support to Ukrainian young people and adolescents within the war in the following directions: deliver psychological peer online counseling support to youth and adolescents via Teenergizer counseling platforms; ensure supervision and to monitor safety of Teenergizer peer counselors (80 young people); provide relevant support upon requests; collect, analyze and disseminate information on medical services available for youth who stay in Ukraine, with a special focus on HIV-related services and medications; collect, analyze and disseminate information on medical services available for youth outside of Ukraine (especially in Eastern and Central Europe), with a special focus on HIV-related services and medications; ensure legal consultancy support for youth-refugees, upon request.
- **Description/Contribution to the AIDS response**: This war is also destroying the lives of young people across Eastern Europe and Central Asia. In the last five years, we built an amazing network of young people living with HIV across Kazakhstan, Kyrgyzstan, Tajikistan, Ukraine, and even in Russia. While the Ukrainians are fighting for survival, the usual support

and solidarity for thousands of young people with HIV cannot be provided. Even today, leaders of the HIV movement are still in Ukraine, risking their lives to deliver antiretroviral medicine to people with HIV who still cannot be evacuated. Even our Teenergizer psychologists are still providing online assistance to those in most in need. Today, young Ukrainians living with HIV are facing the triple crises – their health, their safety and acute stress and depression caused by the war. Psychologists call it PTSD. This trauma is affecting an entire generation of Ukrainians and if they do not get professional support now, they will be mentally scarred for years to come. The study conducted by Teenergizer with the support on UNICEF in Ukraine, demonstrated that young people (especially girls) often face a range of barriers related to access to medical services, including but not limited to: prejudice against adolescents from medical workers, breach of confidentiality, lack of access to the services related to SRHR; insufficient awareness of adolescents about both medical services and their rights etc. Also, since 2019 Teenergizer delivers free and confidential peer-counselling services for young people throughout EECA on various topics, including sexual and reproductive health, HIV prevention, living with HIV, adherence to ART etc.

- **Results, outcomes and impact:** The outcome of this project is to strengthen the capacity of Teenergizer leaders from 5 EECA countries, making them an efficient driving force of youth in EECA, who understand the needs of own community, clearly see the barriers in access to medical services the community is facing and who are ready to ensure mutual peer support and stand for their own community rights. The impact of this project is that 4000 young people per year are delivered with relevant referral when needed. More than 50 peer-counselors are trained and deliver mental health support to peers. Over 100 trainings for 20 participants each (both online and offline) covered more than 2000 young people in the EECA. Informational campaign about online-counselling available for youth reached more than 100 000 young people in EECA.
- **Gaps, lessons learnt and recommendations:** One of the important missing things is a lack of data on mental health, and particularly for adolescents and young people. We know that our project allows to get more disaggregated data regarding youth mental health in our country and draw attention of the governments to the existing gaps.
- **Annexes:** https://teenergizer.org/media/2019/12/1219_Analitika_UKR.pdf

14. Belarus

CONTACT PERSON

Name: Eleanora Gvozdeva ,

Title: Regional Programme Adviser

Organisation: UNAIDS RST EECA

Address: Leontievsky Lane, 9, Moscow, Russian Federation

Email: gvozdevaeunaids.org

- **Timeline of the case study:** 2021-2022
- **Case study submitted by:** Government; Civil society; UN or other international organisation;
- **Type of intervention:** Stigma, discrimination and violence
- **Case study is demonstrating:** Holistic multi-sectoral approaches to meet the needs of learners; Meaningful engagement of young people; men and boys as allies; Elimination of stigma, discrimination and violence in education settings.
- **Case study can be leveraged in the:** Short-term.
- **Case study demonstrates:** Multi-sectoral partnerships, community involvement and participation
- **Background and Objectives:** "Positive learning" programme is using the education approach to eliminate HIV-related stigma and discrimination, protect rights of adolescents and young men living with HIV and expand a comprehensive HIV response.
- **Description/Contribution to the AIDS response:** The programme has been developed in partnership with UNESCO and the Ministry of Health of the Republic of Belarus as a series of webinars.
- **Results, outcomes and impact:** The webinars have contributed to better understanding of the adolescents' sexuality, raised the awareness of HIV prevention, rights of PLHIV to treatment and HIV services, helped better understand HIV in the contexts of public health, communities and the society.
- **Gaps, lessons learnt and recommendations:** The webinars revealed strong interest in understanding HIV and HIV prevention, associated human rights, issues of overcoming HIV--related stigma and discrimination and confirmed a demand for increasing regularity of such webinars and seminars for the adolescents.
- **Annexes:** <https://iite.unesco.org/ru/announcements/eduhub-webinar-sexed/> ;
<https://iite.unesco.org/ru/announcements/iskorenenie-stigmy-i-diskriminatsii-v-svyazi-s-vich/>

15. Uzbekistan

CONTACT PERSON

Name: Fatikhova Kamila

Title: HIV Consultant/ Coordinator of Daycare Centres for children and families affected by HIV

Organisation: UNICEF, Uzbekistan

Email: fatihova.kamila@gmail.com

- **Timeline of the case study:** 2012 to present
- **Case study submitted by:** Civil society; UN or other international organisation;
- **Type of intervention:** Stigma, discrimination and violence
- **Case study is demonstrating:** Elimination of stigma, discrimination and violence in education settings; Success in harnessing digital, broadcast and print media; Meaningful engagement of young people; men and boys as allies.
- **Case study can be leveraged in the:** Long-term.
- **Case study demonstrates:** multi-sectoral partnerships, community involvement and participation
- **Background and Objectives:** Despite the lack of statistics, informal surveys and assessments suggest that youth living with HIV in Uzbekistan face a high level of stigma in educational institutions: educational materials lack updated information on HIV; teachers share incorrect and biased information about HIV, students face bullying and fear discrimination if “caught” taking ARVs at school. Many CLHIV (Children, living with HIV) feel compelled to maintain an atmosphere of secrecy around their status. Secrecy creates stigma and a negative attitude toward HIV, and adolescents may internalize these negative associations, leading to deep self-stigma, poor adherence to treatment and mental health deterioration. With support from UNICEF and UNAIDS, the Uzbek Ministry of Health established 9 regional Day Care Centers (DCC) to support CLHIV and their families. The main goals of Day Care Centers for children and families affected by HIV are to improve the quality of life of HIV-positive children by providing psychosocial support and non-medical care and expanding access to ARV- treatment (ART) services. DCCs implement an integrated model of continuous care for HIV+ children, combining institutional and community models where parents-activists, peer-educators and adolescent leaders of the DCC work together with medical staff to provide support to those attending the DCCs.

- Description/Contribution to the AIDS response:** Since 2012, UNICEF and UNAIDS have trained ALHIV (Adolescents living with HIV) on life skills, evidence-based information about the HIV epidemic and HIV activism. The trainees became trainers and youth activists themselves and now conduct info- sessions in Uzbek educational institutions. During these peer sessions, one of the peer trainers necessarily reveals their HIV- status and talks about their life as a young HIV-positive person. These sessions were a huge success, with many participants among teachers, students and school staff reportedly changing their perception of PLHIV. Some participants mentioned that the peer session “changes their negative attitudes towards PLHIV into positive ones”. In 2017, UNICEF produced and released a video starring Azima, a teenage DCC activist speaking up and raising awareness about HIV. The video received attention both in Uzbekistan and outside the country and helped draw attention to the issues faced by PLHIV, especially during childhood and adolescence. In 2021, while participating in a global youth conference in Tashkent Otabek, a young HIV-positive man and DCC peer educator, disclosed his HIV- status for the first time and spoke to decision-makers in Uzbekistan including senators, Heads of UN-agencies and representatives of the media. He described his experience as person living with HIV, along with the stigma and discrimination he faced in educational and medical contexts. This was an important step to draw attention to HIV-related stigma and discrimination against PLHIV in Uzbekistan. In 2022, 3 ALHIV took part in a social report dedicated to the stigma and discrimination of PLHIV in Uzbekistan "Subjektiv", released on YouTube.
- Results, outcomes and impact:** Since 2020, info-sessions were held in 12 educational institutions from 5 regions of Uzbekistan, covering more than 1,000 people – pupils, students, teachers and management of the institutions. The video featuring Azima was released on YouTube and gained over 60,000 views. The video on HIV released on the "Subjective" channel received over 422,000 views.
- Gaps, lessons learnt and recommendations:** Key gaps/bottlenecks:

 - Violation CLHIV rights and lack of a safe and supportive environment in the educational system of Uzbekistan;
 - Disclosure of HIV diagnosis by the medical staff of educational institutions;
 - Lack of universal precautions for contact with blood and body fluids in educational institutions of Uzbekistan;
 - Pupils/students are taught about HIV prevention only around 1st December (World AIDS Day) and often only through a drawing competition, dictations and lectures.

Suggested ways:

- Ensure that the rights of children and adolescents with or affected by HIV are protected in every educational institution and that HIV-positive students and staff grow, learn and work in a safe and supporting environment;
 - Prevent pupils and students from being forced to take HIV tests or requiring the disclosure of test results;
 - In schools, implement universal precautions for any contact with blood or body fluids containing visible impurities of blood and during the provision of first aid;
 - Contribute to creating an educational system that does not discriminate towards people with special educational needs and/or in a difficult life situation, including but not limited to hirings, admissions and choices of educational paths;
 - Regularly train medical staff of educational institutions on medical aspects of HIV/AIDS and HIV care and support.
- **Annexes:** Stories about leaders of ALHIV

<https://www.unicef.org/uzbekistan/en/stories/dont-be-afraid>

<https://www.unicef.org/uzbekistan/en/stories/my-hiv-status-not-my-weakness-it-my-strength>

Links for Videos with Azima available

[A 16-year-old girl living with HIV asked for a hug | UNICEF](#)



<https://www.aljazeera.com/news/2018/12/1/world-aids-day-eradicating-the-stigma-of-hiv-in-uzbekistan>

<https://www.youtube.com/watch?v=GN5mQaJvIGo> <https://www.youtube.com/watch?v=Cc-OH9Ek0rA>
Subjective video available [OIV/OITS – Siz Bilmagan Haqiqat | SUBYEKTIV](#)



Latin

America and the Caribbean

16. Brazil

CONTACT PERSON

Name: Victor Cirne

Title: Second Secretary

Organisation: Permanent Mission of Brazil in Geneva

Address: Chemin Camille-Vidart, 15.

Email: victor.cirne@itamaraty.gov.br

- **Timeline of the case study:** 2020 & 2021
- **Case study submitted by:** Government
- **Type of intervention:** Stigma, discrimination and violence
- **Case study is demonstrating:** Sustainability in the long-term
- **Case study can be leveraged in the:** Long-term.
- **Case study demonstrates:** Sustainability in the long-term
- **Background and Objectives:** The fight against HIV in Brazil has been historically connected to the effective realization of the right to health and the promotion and protection of human rights

and even in this unparalleled context, Brazil engaged efforts to target those at higher risk for HIV infection. One of the actions taken was the launch of the focused HIV testing guidelines, aimed at expanding access to diagnosis, mainly for most vulnerable populations, by recommending HIV self-testing, index testing, and distribution of self-tests for partners of PrEP users. Brazil has also included people living with HIV (PLHIV) as one of the priority groups for COVID-19 vaccination. Even considering all progress achieved in access to health care and promotion of human rights, key populations are still under great stigmatization. We fully corroborated to the implementation of policies to address social determinants that prevent key populations from reaching HIV care. Furthermore, according to the HIV/AIDS Epidemiological Bulletin, published by the MoH in 2021, there has been an increase in the AIDS detection rate among men in the 15-19 and 20-24 age groups in the last ten years. It is noteworthy that the increase in young people in these age groups was, respectively, 29.0% and 20.2% between 2010 and 2020. In 2020, the highest detection rate was 43.2 cases/100,000 inhabitants, that occurred among men aged 25 to 29 years.

- **Description/Contribution to the AIDS response:** In 2021, the MoH developed, a 45-hour-self-instructional-online-course focused on combination prevention for young multipliers aged 15 to 29 years. The course aims to improve knowledge of the young population about prevention strategies for HIV, other STIs and viral hepatitis; to expand the participants' knowledge about the specificities and vulnerabilities of the youth in the context of STIs; to strengthen and to develop activism in the fight against HIV and other STIs among key and priority populations; to multiply information through peer education; to identify strategies that promote the sustainability of combination prevention actions in the territory. In order to expand the offer of combination prevention actions among populations at higher risk for HIV, viral hepatitis and other STIs, we highlight the community-based strategy to expand HIV diagnosis among key populations, “Viva Melhor Sabendo” (VMS) strategy (“Live Better Knowing It”). This strategy, which began in 2014, is carried out by the MoH in partnership with civil society organizations, through funding notices and with the collaboration of local health managers.
- **Results, outcomes and impact:** VMS uses the methodology of peer education and consists of offering rapid HIV tests that use oral fluid, outside health services and at alternative times, in addition to offering combination prevention actions, such as promotion and encouragement of condom use, orientation on PEP and PrEP, assessment for immunization and harm reduction actions. With the actions started in August 2021 by the selected NGOs, through a public notice, VMS presented the following results, until December 2021: about 24,000 tests performed, 1.5% with positive results, and approximately 32% of people tested had never been tested for HIV.

Among the population tested, 16% were gay and other MSM and 16.4% claimed to perform sex work.

- **Gaps, lessons learnt and recommendations:** Despite all achievements in the Brazilian HIV response, our key populations – which are people who use drugs, transgender people, gay men and other men who have sex with men, female sex workers, among other vulnerable groups – still struggle for social inclusion and access to HIV prevention and care services. Expanding access to health services for people with greater vulnerability to HIV is still a challenge. In 2021, Brazil had 71% coverage of PLHIV on antiretroviral therapy (666k people). To reach the target of 95%, several actions were carried out, aimed at reducing the time between diagnosis and ART initiation, to increase the link between diagnosed people to services that provide care for PLHIV and to incorporate strategies for active search for people who, for some reason, had their HIV care discontinued and are lost to follow up.
- **Annexes:** <http://www.aids.gov.br/pt-br/viva-melhor-sabendo>;
<https://avasus.ufrn.br/local/avasplugin/cursos/curso.php?id=498>;

17. Mexico

CONTACT PERSON

Organisation: Centro Nacional para la Prevención y el Control del VIH y el Sida

Email: jmcoronelcensida@gmail.com

- **Timeline of the case study:** 2019- and present days
- **Case study submitted by:** Government
- **Type of intervention:** Stigma, discrimination and violence
- **Case study is demonstrating:** Policy and legislative changes to promote inclusive, health promoting environments; Holistic multi-sectoral approaches to meet the needs of learners; Elimination of stigma, discrimination and violence in education settings.
- **Case study can be leveraged in the:** Short-term.
- **Case study demonstrates:** multi-sectoral partnerships, community involvement and participation
- **Background and Objectives:** Censida implemented strategies and public policies during 2021 to achieve prevention of new cases and care for people living with HIV.
- **Description/Contribution to the AIDS response:** Contribution to the improvement of public policies

- **Results, outcomes and impact:** Reduction of new HIV cases in Mexico
- **Gaps, lessons learnt and recommendations:** Improving prevention in Mexico must be achieved.
- **Annexes:** <https://docs.google.com/document/d/1e4HAqimLrblGBoc5wKwjzaZm93HAUAJj/edit?usp=sharing&oid=110708460161472975743> [Available in English]

18. Peru

CONTACT PERSON

Name: Ms. Magaly Ascate Kana

Title: Adolescent Health Officer

Organisation: UNICEF, Peru

Email: agathadafarel1@gmail.com

- **Timeline of the case study:** April to December (2021)
- **Case study submitted by:** UN or other International Organization
- **Type of intervention:** Comprehensive Sexuality Education (CSE)
- **Case study is demonstrating:** Meaningful engagement of young people; men and boys as allies.
- **Case study can be leveraged in the:** Medium-term.
- **Case study demonstrates:** Success in harnessing digital, broadcast and print media; Meaningful engagement of young people; men and boys as allies.
- **Other type of intervention:** Other type of intervention of case study: SRHR; Elimination of S/D and violence in education settings.
- **Background and Objectives:** The UNICEF Cooperation Programme 2017 – 2021 aims to increase opportunities for adolescents, promoting greater knowledge and spaces for a healthy life, learning and exercising their citizenship. As part of this, the project "Adolescent Participation for the Prevention of STIs/HIV and COVID-19" was developed in Carabayllo and San Martín de Porres in North Lima with the Health Directorate of Integrated Networks of North Lima and the Institute of Education and Health, project implementing partner. The objective was to design and implement a strategy of adolescent peer educators for the prevention of STIs, HIV/AIDS and COVID-19 care, in virtual format, through the use of information technologies; in response to the restrictions imposed during the COVID-19 pandemic. This consisted of the design of communication materials in working groups of adolescent peer educators, health operators and community agents that shared them through different virtual formats with adolescents in the

community and evaluated the impact it had on their knowledge about HIV-AIDS, STIs and COVID 19 prevention. The strategy was transferred to the Directorate of Prevention and Control of STIs, HIV/AIDS and to the Directorate of Life Course and Comprehensive Care of the MoH.

- **Description/Contribution to the AIDS response:** The impact of the work of adolescent peer educators showed effective results on HIV/AIDS prevention with their peers. The training of peer educators and their joint work with health personnel and community agents allowed the strengthening of networks in HIV prevention, but also provided room to clarify myths and aspects that perpetuated their stigmatization and low perception of risk. It allowed adolescents in the community to gain knowledge and get linked to HIV-AIDS prevention services that are provided in their community. For some it was their first approach to this service.
- **Results, outcomes and impact:** Adolescents in the community significantly increased their STI/HIV prevention knowledge and COVID 19 care. They also recognized Adolescent Peer Educators as key actors reporting on STI/HIV and COVID 19 prevention. They referred that they trusted the Adolescent Peer Educators and that their messages were useful as well as understandable and entertaining. The Adolescent Peer Educators significantly increased their knowledge in the prevention of STI/HIV and COVID 19, in the way of identifying the criteria for the referral of an adolescent from the community to a health center and in identifying their functions for the prevention of these diseases. The qualitative results also showed that they had developed self-care and valued their abilities to participate and act in their communities. Health operators significantly increased their knowledge about adolescence, sexuality and gender. Community agents increased their recognition of Adolescent Peer Educators as legal advisors and key actors in prevention of STIs/HIV/AIDS. Both groups after the intervention showed a much more favorable attitude towards collaborative work for the realization of STI/HIV and COVID 19 prevention activities.
- **Gaps, lessons learnt and recommendations:** Accurately assess the profile of health operators and adolescent peer educators selected to be part of the strategy. Intrinsic motivation must prevail so that constant participation is sustained, and immediate solutions are proposed to the problems that may arise during the project. There must also be support and commitment from the offices of communications, adolescent life cycle, health promotion and HIV-AIDS prevention and control so that they can provide support for the institutionalization of the official social networks of the health facilities, in the review of materials generated and, in the scaling, up of the strategy.
- **Annexes: Available** by email upon request.

Middle East and North Africa

19. Algeria

CONTACT PERSON

Name: Bourouba Othmane

Title: President

Organisation: AIDS Association Algeria

Address: 07 Rue Ahcene Khemissa, Alger Centre

Email: othmane.bourouba@gmail.com

- **Timeline of the case study:** May-June 2020
- **Case study submitted by:** Civil society;
- **Type of intervention:** Stigma, discrimination and violence
- **Case study is demonstrating:** This is an innovative community-based approach to promoting HIV-related inclusion and non-discrimination in schools.
- **Case study can be leveraged in the:** short term; medium term;
- **Case study demonstrates:** Multi-sectoral partnerships, community participation and engagement
- **Background and Objectives:** Within the context of the AIDS response, GBV (gender-based violence) is considered a vulnerability factor, especially for women living with HIV and sex workers. Access to information and services to prevent HIV-related GBV in the context of COVID-19 is a priority. Women play a major role as information channels in their communities but generally have less access to information. Strengthening their knowledge about GBV prevention in the context of COVID-19 is essential. We have set up a listening and referral unit for women living with HIV and sex workers who are victims of GBV in the context of COVID-19, which aims at strengthening the resilience of women living with HIV and sex workers who are victims of GBV in the context of the COVID-19 pandemic:
 - Provide evidence-based data on GBV/HIV/COVID-19 linkages
 - Provide counseling and referral services for FVHIV and NSPs by setting up a listening, support and referral mechanism
 - Develop appropriate communication tools for GBV/HIV prevention in the COVID-19 context.
- **Description/Contribution to the AIDS response:** In the context of the implementation of the NSP 2020-2024, in particular strategic axis 3 relating to human rights, gender and the enabling environment, reference is made to the fundamental principles of Algerian legislation, which

considers that stigmatization and discrimination based on real or presumed health status constitute an infringement of a fundamental right and a major obstacle to access to care and consequently an impediment to the achievement of the objectives of the national response. Well-being and a sense of acceptance are fundamental to the adoption of safer behaviours for STIs/HIV/AIDS. Fear of stigmatization affects the willingness to be tested or treated. The people around them, often ill-informed, do not always react adequately. Many people living with HIV are confronted at least once with situations of stigmatisation or discrimination. Respect for gender and human rights are therefore pillars that underpin the entire response to HIV/AIDS. The strategic interventions of axis 3 of the National Strategic Plan, whose outcome 3.1 concerns legal and regulatory measures prohibiting stigmatization and discrimination and protecting PLHIV, with the main strategy of "Reducing stigmatization and discrimination and gender-based violence", as well as outcome 3. The issue of gender equity and equality is taken into account in all the strategies for the implementation of the national response to STI/HIV/AIDS, with the main intervention: "Fight against gender-based violence". The issue of GBV related to HIV must be properly addressed in order to ensure a continuum of care and prevention for the most vulnerable population groups, especially in the context of the HIV pandemic.

- **Results, outcomes and impact:** Rapid analysis of GBV/HIV/COVID-19 linkages and mapping of GBV prevention and management channels developed; 179 FVHIV and PS were sensitized and referred during the pilot phase; 01 Awareness-raising video on the prevention of GBV related to HIV developed and disseminated to the national committee, including the education sector; Production and distribution of appropriate communication materials to improve understanding of the issue of GBV related to HIV; Mobilization of various institutional and community stakeholders who work in specific and complementary areas; Establishment of a care-circuit adapted to the needs of the targeted populations; Use of the project's results to advocate for the inclusion of GBV and HIV-related stigma issues in school curricula.
- **Gaps, lessons learnt and recommendations:** Gaps, risks, obstacles : - Reluctance of the target populations (women living with HIV and sex workers) to share their experiences related to violence. - The socio-cultural context and the taboo surrounding this issue. - The difficulties of moving women in the context of COVID-19. Lessons learned and recommendations : - Give particular importance to information and training for all institutional and community stakeholders. - Take into consideration the importance of creating a favourable environment in the health circuit for the management of women living with HIV and sex workers. - Identify essential services for the management of HIV-related GBV. - Monitor and advocate for the implementation of laws and national strategies related to the management of

GBV. - Consider listening to women who are victims of GBV as an innovative approach to HIV prevention. - Promote economic empowerment and financial independence for women living with HIV in order to reduce their vulnerability.

- **Annexes:**

https://drive.google.com/drive/folders/1hvl9aVEP_ioluLHCmi_ksWJeRSUuXCCB?usp=sharing

20. Algeria

CONTACT PERSON

Name: HADDOUCHE BADIA

Organisation: UNFPA

Email: haddouche@unfpa.org

- **Timeline of the case study:** May to October 2021
- **Case study submitted by:** UN or other international organization;
- **Type of intervention:** Comprehensive sexuality education
- **Case study is demonstrating:** Meaningful youth engagement; men and boys as allies;
- **Case study can be leveraged in the:** Long-term sustainability
- **Background and Objectives:** The pandemic caused by covid-19 has considerably impacted health systems, the continuity of reproductive health services and weakened the proper functioning of HIV/AIDS programs. While the HIV/AIDS epidemic continues to claim victims, the importance of prevention remains relevant. In this context, and within the framework of the UBRAF programme, UNFPA Algeria, in partnership with the Algerian Red Crescent (ARC), carried out an online survey to analyse the sexual and reproductive health knowledge, including STIs/HIV/AIDS, of the ARC's community health workers and to identify their information needs for awareness-raising on STI/HIV/AIDS prevention and testing. The target population of the survey: The community health mediators of the ARC. The online questionnaires were completed by young people at the national level.
- **Description/Contribution to the AIDS response:** Main objective of the survey: To identify the needs of young people in terms of information and sensitization for the prevention and screening of STI/HIV/AIDS, through the community health mediators of the CRA, in order to contribute to the improvement of outreach activities. Specific objectives: - To provide young people with the necessary awareness and information on the prevention, screening and

treatment of STI/HIV/AIDS, in order to adopt healthy behaviour in terms of sexual and reproductive health; To provide young people with reliable, clear information tailored to their needs; - To identify the main obstacles encountered by young people; To determine the main obstacles encountered by community health mediators in carrying out awareness-raising activities to promote behaviour that reduces the risk of contracting HIV and STIs; To guide the development of communication materials on sexual and reproductive health adapted to young people, especially vulnerable and specific groups (including young people living with disabilities). Development of guidelines for the training of trainers guide for capacity building of ARC community health mediators. Communication materials for healthy behaviour: prevention and screening for STI/HIV/AIDS: 06 banners, 300 posters, 300 leaflets, 300 T-shirts, 300 caps, 300 water bottles. Beneficiaries: 300 young people attending youth and CRA structures as well as those on university campuses, throughout the 58 provinces of the country; Prevention Covid-19: Prevention Supply and distribution of 300 gels and bibs. Beneficiaries - 300 young people throughout the country.

- **Results, outcomes and impact:** Results of the survey : The needs of community health mediators in terms of information, education and communication (IEC) for awareness-raising on STI/HIV/AIDS prevention and screening were identified. The main obstacles encountered by community health mediators in carrying out awareness-raising activities to promote behaviour that reduces the risk of contracting HIV and STIs were identified.
- **Gaps, lessons learned and recommendations:** Recommendations: At the end of this survey, it was found that there are knowledge gaps in the area of sexual and reproductive health (SRH) among the community health mediators of the ARC. The respondents' statements show that there is an urgent need to establish a national training program for SRH counseling trainers to raise awareness about prevention, STI/HIV/AIDS testing and the adoption of healthy behavior. There is a need to: - Strengthen the number and technical capacities of the CRA's community health mediators; - Encourage the implementation of a combined prevention programme among young people, through these mediators; - Facilitate access to HIV/AIDS and STI screening by signing agreements between the screening points and the CRA agencies; provide the ARC mediators with sufficient and adequate means to carry out their awareness-raising activities among young people (condoms, leaflets, posters, digital application, etc.); - To draw up a trainer's guide for the ARC community health mediators; - To draw up tools for collecting and collating information from young people; - To evaluate the outreach activities carried out by the ARC, which will enable the community health mediators to channel their efforts more effectively for better efficiency of the activities. A workshop for the restitution of the survey via

videoconference: 30 participants were present at the workshop for the restitution of the survey (community health mediators, representatives of UNFPA and the ARC). During this workshop, the main results and lessons learned from the sample survey were discussed and the role of young people in the promotion of sexual and reproductive health and the prevention and testing of STI/HIV/AIDS was highlighted. Workshop results: - The need for communication materials on sexual and reproductive health adapted to young people, especially vulnerable and specific groups (including young people living with disabilities), was identified. Capacity building of community health mediators of the ARC is recommended; - Peer education for sexual and reproductive health is recommended. Peer education for SRH and in particular the adoption of healthy behaviour by young people is recommended. The networking of educators is identified as a target.

- **Annexes:** <https://mail.google.com/mail/u/0?ui=2&ik=7280c9f95b&attid=0.2&permmsgid=msg-f:1713510027802006447&th=17c79c4aae3553af&view=att&disp=inline>

21. Tunisia

CONTACT PERSON

Name: Olfa Lazreg

Title: Youth Programme Analyst

Organisation: UNFPA

Email: lazreg@unfpa.org

- **Timeline of the case study:** December 2018 - ongoing
- **Case study submitted by:** UN or other international organisation
- **Type of intervention:** Comprehensive sexuality education
- **Case study is demonstrating:** Elimination of stigma, discrimination and violence in educational settings; Holistic multi-sectoral approaches to meeting learners' needs.
- **Case study can be leveraged in the:** long term.
- **Case study demonstrates:** Multi-sectoral partnerships, community participation and engagement.
- **Background and Objectives:** In Tunisia, adolescents and young people have sexuality at an early age but do not have information on sexuality. When they do get information, they do so mainly through unstructured sources of information such as their friends or via the internet, with limited sexuality education in schools and a virtual absence of education by health providers.

This exposes adolescents and young people to risky behaviours related to their sexual and reproductive health and to their physical, mental and social well-being. The latest figures published between 2018 and 2019 show that 18.5% of adolescents do not know any contraceptive method, making them vulnerable to unwanted pregnancies, and only 15% of young people know how to prevent HIV. The lack of quality, age-appropriate and developmentally appropriate sexuality and relationship education can leave children, adolescents and young people vulnerable to harmful sexual behaviour and sexual exploitation.

- **Description/Contribution to the AIDS response:** The project consists of the integration of comprehensive sexuality education into the official school curriculum based on an age-appropriate, contextualised, human rights-based, gender-sensitive and internationally recognised standards. The project also drew on the experiences of other countries. The framework that will be used is structured around eight key concepts of equal importance, which are mutually reinforcing and are intended to be taught together: (1) Interpersonal relationships, (2) Values, rights, culture and sexuality, (3) Gender, (4) Violence and safety, (5) Skills for health and well-being, (6) Body and human development, (7) Sexuality and sexual behaviour (8) Sexual and reproductive health (including HIV). Pedagogical tools have also been developed, based on the framework, and will subsequently be made available on a digital platform owned by the Ministry of Education. The learning objectives were defined according to the age of the young people, following a logical order and becoming more complex as the young people advance in age and maturity, according to four age groups: 5-8 years, 9-12 years, 12-15 years, and 15-18 years and above. For the HIV theme, this is understanding, addressing and reducing the risk of HIV infection.
- **Results, outcomes and impact:** The project is ongoing.
- **Gaps, lessons learnt and recommendations:** The project is ongoing.
- **Annexes:** -

Western Europe and Others

22. Canada

CONTACT PERSON

Name: Andr anne Goyette

Title: Senior Policy Analyst

Organisation: Public Health Agency of Canada

Email: andreeanne.goyette@phac-aspc.gc.ca

- **Timeline of the case study:** NIL
- **Case study submitted by:** Government
- **Type of intervention:** Comprehensive Sexuality Education (CSE)
- **Case study is demonstrating:** Elimination of stigma, discrimination and violence in education settings.
- **Case study can be leveraged in the:** Long Term
- **Case study demonstrates:** multi-sectoral partnerships, community involvement and participation
- **Background and Objectives:** Within the Canadian federation, the responsibility for public education rests largely with provincial and territorial governments. However, the Public Health Agency of Canada has provided funding to the Sex Information and Education Council of Canada (SIECCAN) to develop a suite of resources for educators that support the provision of comprehensive sexual health education. Included in the suite of resources is the Canadian Guidelines for Sexual Health Education; Questions and Answers: Sexual Health Education in Schools and Other Settings; and, the Promising Practices Portal, a repository of provincial/territorial curriculum documents and sexual health education resources on a variety of topics.
- **Description/Contribution to the AIDS response:** The recent revisions to the Canadian Guidelines and the Questions and Answers resources, along with materials curated through the Promising Practices Portal, are all based in the principle of supporting equitable access to comprehensive sexual health education for all people in Canada. The resources acknowledge the need for greater inclusivity in sexual health education and the important role of the education sector as an entry point for such information. The comprehensive approach acknowledges the diversity of youth in Canada and promotes anti-stigma and anti-discrimination approaches in the provision of sexual health education. Resources provided through the

Promising Practices Portal provide educators with a range of inclusive youth-friendly sexual and reproductive health information that also reflect the diversity of young people in Canada.

- **Results, outcomes and impact:** The documents can be found here: <http://sieccan.org/sexual-health-education>

The Promising Practices Portal can be found here: <http://sieccan.org/promising-practices-portal>

- **Gaps, lessons learnt and recommendations:** The recent revisions to the Canadian Guidelines and the Questions and Answers resources, along with materials curated through the Promising Practices Portal, are all based in the principle of supporting equitable access to comprehensive sexual health education for all people in Canada. The resources acknowledge the need for greater inclusivity in sexual health education and the important role of the education sector as an entry point for such information. The comprehensive approach acknowledges the diversity of youth in Canada and promotes anti-stigma and anti-discrimination approaches in the provision of sexual health education. Resources provided through the Promising Practices Portal provide educators with a range of inclusive youth-friendly sexual and reproductive health information that also reflect the diversity of young people in Canada.
- **Annexes:** The documents can be found here: <http://sieccan.org/sexual-health-education> ; The Promising Practices Portal can be found here: <http://sieccan.org/promising-practices-portal>

23. Canada

CONTACT PERSON

Name: Shamin Mohamed Jr.

Title: Founder President

Organisation: LetsStopAIDS

Address: 200-160 John St - Toronto/ON - M5V 2E5, Canada.

Email: smjr@letsstopaids.org

- **Timeline of the case study:** July 2021 - January 2022
- **Case study submitted by:** Civil Society
- **Type of intervention:** Comprehensive Sexuality Education (CSE)
- **Case study is demonstrating:** Holistic multi-sectoral approaches to meet the needs of learners; Success in harnessing digital, broadcast and print media; Meaningful engagement of young people; men and boys as allies.

- **Case study can be leveraged in the:** Medium-term; Long-term.
- **Case study demonstrates:** Multi-sectoral partnerships, community involvement and participation
- **Background and Objectives:** NoTimeToWait (NTTW) is an annual hybrid conference designed to engage youth on the intersecting nature of HIV and community leadership. The NTTW 2021 theme was “Will ____ the Chain, an interactive way to get the participants to decide how to match their expectations better. The variations were: a) We “Will Break the Chain” by addressing stigma preventing the inclusion of minority groups; b) We “Will Build the Chain” through collaboration, connecting minorities, and equipping attendees with the skills to build their own networks; and c) We “Will Back the Chain” by recognizing our role in preventing new HIV infections through self-testing, treatment and harm reduction. NTTW aimed to achieve three objectives: 1) engage a diverse group of youth across Canada in HIV-related discussion and knowledge exchange, emphasizing perspectives from PLHIV and marginalized groups; 2) empower youth living with HIV with advocacy tools through leadership programmes and peer-delivered support resources; 3) encourage attendees to contribute to HIV-related discussion within relevant HIV networks to foster youth engagement and reduce stigma within their communities. Through NTTW, participants were also able to submit project proposals that impact SDG 3, 4 or 10 in their community through the Winning Seed Competition, in partnership with TakingITGlobal.
- **Description/Contribution to the AIDS response:** NoTimeToWait (NTTW) 2021 contributed to the AIDS response by focusing on awareness, prevention, PLHIV, networking, and community-building. NTTW addressed gaps in HIV resources for marginalized populations by focusing on the experiences of underrepresented youth communities such as women, prisoners, sex workers, and indigenous peoples and incorporating speakers and topics that provided a personalized perspective on the prevention of HIV within these target populations. Prevention was a key focus of NTTW. Representatives from target populations openly shared their experiences in obtaining, utilizing, and living with PrEP. NTTW highlighted the importance of self-testing in partnership with GetaKit.ca, BioLytical, and I’m Ready. The conference featured a dedicated discussion on the merits, availability, and accessibility of HIV self-testing kits in Canada, especially in marginalized populations at the highest risk of remaining undiagnosed. Relatedly, participants discussed viral suppression through sessions that offered anecdotal accounts from marginalized individuals, discussing the impact of tools such as PrEP, ARTs, and PEP on their health and well-being. Sessions educated youth about HIV risk mitigation through preventative practices and highlighted access to healthcare and harm reduction services. The

need for improved, inclusive healthcare policies that influence access to treatment outcomes and ultimately viral load/suppression was emphasized. The top three finalists of the Winning Seed competition presented their proposals at NTTW. The winner received a micro-grant and guidance to realize the project, increasing youth agency in the AIDS response. LetsStopAIDS will showcase the impact of this project at NoTimeToWait 2022. Further contributions included many networking opportunities, a workshop for individuals to recognize their ambitions and strengths, and roundtable discussions for attendees to develop advocacy skills.

- **Results, outcomes and impact:** NTTW 2021 engaged 170+ participants across Canada through 3K+ website visits, 1.6k+ social media engagements, 200+ social media posts, and 300+ chat messages throughout the conference. NTTW was successful at the national and international level by reaching all provinces and territories in Canada and 18 other countries. The participant cohort aged 15 to 71 was demographically diverse, with 43% of attendees self-identifying as LGBTQ2+; 34% as Black, Caribbean or African; 35% as newcomers; 5% as Indigenous; 20% as cis/trans women; and 10% reported a positive HIV status. Over 80% of participants reported increased general HIV knowledge. The average self-reported “HIV knowledge score” increased by 37.5% post-conference. 81% of participants expressed a greater desire to join a health-equity organization. 77% expressed an increased willingness to engage in sensitive discussions on HIV in work, care providers, and social environments. NTTW served as a networking platform for individuals, organizations and agencies. The network built through NTTW can continue to expand and collaborate through future NTTW conferences and beyond. The hybrid model of NTTW resulted in increased accessibility and participant engagement through session recordings, a virtual platform for conference attendees, and chat rooms.
- **Gaps, lessons learnt and recommendations:** Based on feedback from event speakers and participants, LetsStopAIDS identified the following gaps and developed recommendations based on the lessons learned. Theme, programme, and speaker profiles were crucial elements in encouraging youth involvement. Thus, input from youth stakeholders is recommended when determining these elements. Establishing a baseline level of attendee HIV knowledge before engaging participants in deeper discussions regarding stigma reduction, population-specific treatment and prevention, and intergenerational advocacy is advised. Networking sessions and community organization booths proved effective in encouraging youth to take initiative. Therefore, it is suggested that these elements be expanded on in future years. However, the participation rate for virtual speed-networking workshops was lower than for live speaker-led sessions. It is recommended to improve publicity and outreach efforts to increase online

participation. 10% of participants declared to be knowingly living with HIV. Therefore, future conferences must increase PLHIV participation, outreaching HIV support groups and community initiatives. The participation rate of the Winning Seed competition was lower than expected. As such, increased emphasis on the support provided to winners, mentorship from young people conducting similar initiatives, and more widespread promotion of the competition and its benefits is recommended.

- **Annexes:** Official NoTimeToWait Website: <https://nttw.letsstopaids.org/> ; NoTimeToWait 2021 Booklet:

https://drive.google.com/file/d/1xJ1H4hQeQ_fLwobLMUxHluwBmTQRkWD_/view?usp=sharing

24. Canada

CONTACT PERSON

Name: Dr. Roula Hawa

Title: Assistant Professor, School of Behavioural and Social Sciences

Organisation: Brescia University College at Western

Address: 1285 Western Road, London, ON N6G 1H2 Canada

Email: roula.hawa@uwo.ca

- **Timeline of the case study:** November 2020 - March 2022
- **Case study submitted by:** Academic institution
- **Type of intervention:** Stigma, discrimination and violence
- **Case study is demonstrating:** Holistic multi-sectoral approaches to meet the needs of learners; Meaningful engagement of young people; men and boys as allies; New evidence, research, data.
- **Case study can be leveraged in the:** Short-term; Medium-term;
- **Case study demonstrates:** Multi-sectoral partnerships, community involvement and participation
- **Background and Objectives:** According to UNAIDS (2020), the rise in new HIV infections since 2001 has put the MENA region among the top two regions with the fastest growing rates of HIV infections globally. With an influx of newcomer and refugee youth from the MENA region into Canada due to conflicts and economic upheavals, supporting youth wellbeing is crucial. The Youth Sexual Health and HIV/STI Prevention in Middle Eastern and North African Communities (YSMENA) study is a peer-led, community-based research project that addresses this gap in

knowledge and explores experiences and perceptions of sexual health, HIV and other STIs of MENA youth in Ontario, Canada. The central objectives of the study were to: 1) understand how the social environments and relationships of MENA youth in the contexts of their homes, schools, and communities, shape their identities and influence their sexual health; 2) engage in developmental research that builds community and youth capacity in knowledge generation and sexual health; 3) bridge existing gaps in the literature that apply to the MENA community and amass evidence to inform future health programming and policy; and 4) engage youth participants in designing sexual health interventions that can inform relevant programming and planning.

- **Description/Contribution to the AIDS response:** The case study has contributed to the AIDS response by focusing on the inequality in the response to HIV by centring on the voices of an underserved youth community such as MENA youth. Using a mix-methods design, data was collected using a quantitative socio-demographic survey and qualitative focus groups with 56 MENA youth, ages 16-29 years in Ontario. Fourteen (14) sequential critical dialogical focus groups were held with youth sub-groups across the sexual and gender spectrum. Each group participated in two focus group sessions to understand: 1) youth sexual health behaviours and cultural identity; and 2) participant recommendations for interventions. An additional focus group, focused solely on interventions was conducted, with representation from all sub-groups. There was a particular focus on key populations such as gay men and other men who have sex with men and transgender youth who are particularly vulnerable to HIV to make sure they are not left behind. Using a peer research associates model, this study centred MENA youth voices and engaged youth in every step. Six focus groups were conducted with 22 gay and MSM youth, representing the largest participant sample of the study and eight (8) self-identifying transgender youth who are mostly newcomers and refugees to Canada participated in sequential critical dialogical focus groups. Due to language barriers, trans youth focus groups were conducted in Arabic, translated to English and then transcribed. Transcripts from all sessions were coded in NVIVO for thematic analysis. The focus on key populations such as trans and MSM youth helped in gaining in-depth understanding of social and sexual realities of this hard-to-reach youth population. Youth-driven recommendations pose significant promise in strengthening the HIV and sexual health response among MENA youth and community in general.
- **Results, outcomes and impact:** Findings offer a rich and nuanced picture of how young MENA youth in Ontario navigate sexual relationships, healthcare and demonstrate resiliencies. Average age of the youth was 25.7 years (SD=3.92). About 70% of the sample were born

outside Canada and half of all participants (50%) identified as newcomers, living less than 9 years in Canada. Most participants (72%) reported having university education, yet one third of the sample made an income of <\$10,000/year. Themes common to all subgroups included: (1) pressures to conform to immigrant familial expectations; (2) barriers faced when accessing healthcare and sexual health services; and (3) discrimination and anti-Arab racism. Themes unique to particular sub-groups included: societal and cultural expectations to maintain sexual innocence among cis women; and compounded levels of exclusion due to homophobia and transphobia among trans youth. Gay and MSM youth discussed dealing with systemic oppressions when accessing health care or employment, homophobia from cultural communities, strained familial relationships, while also grappling with fetishization and pressures to conform in mainstream gay spaces. The need for a sense of belonging and lack of community connection were identified as factors contributing to condomless sex. Study findings have important implications for sexual health programming in Ontario.

- **Gaps, lessons learnt and recommendations:** Youth provided recommendations for behavioural, structural and biomedical interventions that reflected the needs of their communities. Intervention suggestions common to all groups included culturally-relevant and language-specific educational programs, online interactive resources leveraging social media, mentorship programs to facilitate community connection, and health navigation tools to strengthen sexual health access and service use. Sub-groups identified specific interventions that would meet their unique needs; for example, trans women newcomers recommended anti-transphobia training with language interpreters. Gay and bisexual men participants discussed strategies to strengthen their access to sexual health, especially cost-free PrEP access, stigma-free HIV testing, and media-based educational interventions. Despite the lack of culturally-relevant resources, many expressed desires of building self-acceptance and peer support networks. Findings from the YSMENA study indicate that access to mental and sexual health services is crucial for this underserved community of youth. A focus on key populations such as gay and MSM and trans women is important to address their unique sexual and mental health challenges as well as barriers to accessing health care. As a way forward, we propose a community-based pilot study to evaluate the feasibility and acceptability of an evidence-based intervention in a sample of MENA gay, bisexual and trans women youth.
- **Annexes:** <https://www.ysmenaprogram.com>

25. Germany

CONTACT PERSON

Name: Binod Mahanty

Title: Policy Advisor

Organisation: Federal Ministry of Health

Address: Friedrichstraße. 108 11055 Berlin

Email: Binod.Mahanty@bmg.bund.de

- **Timeline of the case study:** February 2020, ongoing
- **Case study submitted by:** Government
- **Type of intervention:** Comprehensive Sexuality Education (CSE)
- **Case study is demonstrating:** Holistic multi-sectoral approaches to meet the needs of learners; Elimination of stigma, discrimination and violence in education settings; Meaningful engagement of young people; men and boys as allies.
- **Case study can be leveraged in the:** Medium-term.
- **Case study demonstrates:** Sustainability in the long-term; Scalability and replication; multi-sectoral partnerships, community involvement and participation.
- **Background and Objectives:** LIEBESLEBEN (Eng. LoveLife) is Germany's flagship campaign on HIV and STI prevention. The main objective is to raise awareness on HIV/STI prevention, safer sex, sexual and reproductive health, sexual orientation, gender identity and aims to break taboos. In February 2020, "LIEBESLEBEN - Das Mitmach-Projekt (join-in Project)" was launched as a 'tool' to teach comprehensive sexuality education in schools. Its focus lies on applying interactive learning methods to address issues around HIV and other STIs, protection and safer sex, body and feelings, sexuality and media, diversity, respect, friendship and relationships. The join-in Project consists of six interactive modules (theme stations) with learning materials and teaching instructions each addressing a specific topic. The project was developed in a participatory manner involving teachers' and parents' associations, technical experts, non-school specialists, political decision-makers and other stakeholders, as well as young people. The goal of the join-in Project is to empower young people in an age appropriate and interactive manner, to adopt safer behavior through improved knowledge and skills and to thereby minimize unwanted pregnancies or the risks of transmission of STIs for themselves and others.
- **Description/ Contribution to the AIDS response:** The join-in Project is conducted as workshops in secondary schools in Germany and targets students between the ages 13 and 18. The workshops are conducted by teachers or other professionals who have been trained by

coaches from the Federal Centre for Health Education (*Bundeszentrale für gesundheitliche Aufklärung - BZgA*). A “*Materialkoffer*” (Material Box) that includes the training materials and teaching instructions is provided to the schools (free of charge) and can remain in the schools for future workshops. The six interactive theme stations address 1) “Protection and Safer Sex”, 2) “Friendship and Relationship”, 3) “Body and Emotions”, 4) “HIV and other STIs”, 5) “Sexuality and Media” and 6) “Diversity and Respect”. The content, methods and materials of the theme stations can be adapted to specific ages and target groups. Facilitators with specific communication, methodological and subject-specific trainings motivate students to reflect on the topics and, through dialogue, strengthen knowledge and skills for their everyday life, through the interactive modules. Since February 2020, 38 schools in Germany participated and 22 workshops were conducted, with 15 more planned in 2022. Germany is a low-HIV prevalence country and has seen a decline in new HIV infections over the past years. Teenage pregnancy rates are also low compared to many countries globally. The BZgA launched the LIEBESLEBEN campaign in 2016. It is funded by the German Ministry of Health, partly by the association of private health insurances and technically supported by the national Public Health Institute (Robert Koch-Institut).

- **Results, Outcomes and Impact:** LIEBESLEBEN has undergone an external process evaluation. The evaluation found that the join-in Project was effective in addressing the different age groups and had a big impact on adolescents, professionals and secondary schools. Although there have been restrictions due to the COVID pandemic, it was possible to realize 22 workshops since the launch of the project. With 38 schools participating it shows the interest school have in teaching comprehensive sexual education in an interactive manner. The promotion of sexual health, especially the prevention of HIV and STI, is part of the school's educational mission and curricula. Adolescents have a right to age-appropriate information around sex, pregnancies and sexually transmissible infections. Studies show that this does not lead to earlier sexual contact. Rather, information, education and prevention work strengthen the skills of a young person to assume a healthy and responsible approach to their own sexuality resulting in the empowerment of the adolescents and lower new infections, unwanted pregnancies, etc.
- **Gaps, lessons learnt and recommendations:** The project's success lies in working together in a participatory manner with different stakeholders such as teachers in secondary schools, parents associations, students' associations, political groups, government, experts in the field of sexual prevention. Through the close cooperation it was possible to address the needs of adolescents and young adults and transforming the project into a big success. Also, the holistic

interactive approach addressing all topics, that can be of difficulty for teenagers growing up, makes LIEBESLEBEN – the join-in project unique. It empowers them and gives them a feeling of confidence. Tackling the problems of STI and HIV can only be addressed when taking all aspects of the „love life" into consideration that also implies speaking about diverse topics such as identity, gender diversity etc.

- **Annexes:** <https://www.liebesleben.de/fachkraefte/das-liebesleben-mitmachprojekt/> ;
<https://www.liebesleben.de/en/a-school-project-for-sexual-health/> ;
<https://www.liebesleben.de/en/> ; https://www.liebesleben.de/media/jft/Film-Downloads/Strategie_BIS_2030_HIV_HEP_STI.pdf

Multi-Country

26. Togo, Zimbabwe, Democratic Republic of Congo, Kenya, Angola

CONTACT PERSON

Name: Gracia Violeta Ross

Title: Programme Executive for EHAIA,

Organisation: World Council of Churches

Address: 1 Route des Morillons 1218 Le Grand-Saconnex - Switzerland

Email: Ross.Gracia@wcc-coe.org

- **Timeline of the case study:** 2002-2022
- **Case study submitted by:** Civil Society
- **Type of intervention:** Stigma, discrimination and violence
- **Case study is demonstrating:** Elimination of stigma, discrimination and violence in education settings.
- **Case study can be leveraged in the:** Medium-term.
- **Case study demonstrates:** multi-sectoral partnerships, community involvement and participation

- Background and Objectives:** The Ecumenical HIV/AIDS Initiatives and Advocacy (EHAIA) in the World Council of Churches (WCC) started in 2002 as a response to the impact of the HIV epidemic in Africa. Currently EHAIA has five offices in Africa: Central (Kinshasa-DRC), Eastern (Nairobi-Kenya), Southern (Harare-Zimbabwe), West (Lomé-Togo) and Lusophone (Luanda-Angola). The main partners of EHAIA are the faith communities (not just Christian), churches and theological training centres. Networks of people living with HIV, key populations and communities vulnerable to HIV, especially children, adolescents, young people, key populations, migrants, internally displaced people and people with disabilities. The main purpose of EHAIA is to facilitate the creation of HIV competent churches and theological institutions that ensure a comprehensive HIV prevention, care and response. In the WCC General Assembly in 2013 in Busan, EHAIA received the mandate to expand to other regions and started work on Jamaica, Philippines and Ukraine.
- Description/Contribution to the AIDS response:** BIBLE STUDIES is another methodology that creates the opportunity to re-analyse and re-interpret the sacred texts in order to produce life-affirming theologies from the margins of societies, leaving aside stigma, prejudice and assumptions about faith healing, HIV, sexuality, sexual health and reproductive rights and gender-based violence. In the last years, EHAIA provided mental health care and support for communities affected by COVID-19. After our interventions, faith leaders identify the roots of HIV stigma, gender injustice, and take action to overcome those challenges. They mobilize support for people living with HIV and communities affected by the epidemic and transform local congregations in sources of support, safe spaces and in some cases, facilities to promote and provide HIV testing and care. Communities living with HIV and affected are strengthened in their decisions to adhere to HIV treatment and to adopt health-seeking behaviour. Because we are close to the communities, the work on HIV intersections has been addressed since the beginning, especially poverty alleviation and the response to gender-based violence. EHAIA works with rural communities that are often difficult to reach by the national AIDS programs.
- Results, outcomes and impact:** EHAIA's interventions in Africa has been successful and contributes to the AIDS response. Some of the concrete results and outcomes are the following: Communities of young people, adolescents, women exposed to sexual gender violence, persons living with HIV, persons with disabilities and other vulnerable communities, have access to safe spaces for conversations with faith leaders to discuss taboo issues. Abilities and competences of these communities are strengthened in the context of local congregations. We provide the latest HIV scientific information so they are better capable of participating in HIV policy development (for example, undetectable=untransmittable). Our trainings are

comprehensive; we provide capacity on sexual, reproductive health and rights and in the interconnections of HIV with gender injustice. We provide information that reduces HIV stigma, we talk about the effectiveness of HIV treatment and the latest information of technical parties such as WHO and UNAIDS. Faith communities (including from other faiths than Christian) have theological tools to analyse stigma, discrimination, sexuality and just relationships between women and men. Faith leaders identify attitudes and beliefs that fuel stigma, discrimination, and some are taking actions to overcome the situation. Vulnerable communities are part of policy development platforms and are recognized as key stakeholders.

- **Gaps, lessons learnt and recommendations:** Currently EHAIA has activities in five regions of Africa. One of the GAPS we identify is the lack of existence of similar experiences in other regions of the world and our inability to expand globally without funding. In our 20 years of experience working with communities living with HIV and faith communities, our main LESSON LEARNT refers to the importance of supporting people living with HIV to become the leaders of all processes. We provided support in the birth of INERELA (International Network of Religious Leaders living with HIV) and continue to do so through local faith leaders in the countries of intervention. Based on our experience, we RECOMMEND using local faith communities to promote HIV care and treatment, we recommend joint initiatives between people living with HIV, especially the young and adolescents and faith leaders. Globally, Christian churches can reach communities that are often left behind by the national AIDS response. We recommend having a holistic approach to HIV and a multisectoral, horizontal and meaningful participation and leadership of young people and people living with HIV in all their diversities. We recommend strengthening the national advocacy using the local faith networks.
- **Annexes:** <https://www.oikoumene.org/what-we-do/ehaia>