

THEMATIC SEGMENT BACKGROUND NOTE

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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All case studies have been compiled as a Conference Room Paper (UNAIDS/PCB (50)/CRP5), which is available on the PCB website.

Executive summary

1. This background note provides information for the thematic segment of the 50th meeting of the Programme Coordinating Board (PCB). While the topics for the two thematic segments of the PCB in 2022 were decided in December 2021, the PCB agreed earlier this year, intersessionally, that the thematic segment topic for the June PCB meeting will be exceptionally shifted to the December meeting and the thematic segment topic previewed for the December PCB meeting will be shifted to the June meeting. Accordingly, the topic for upcoming June 2022 PCB meeting is: “Positive Learning: harnessing the power of education to end HIV-related stigma and discrimination and empower young people living with HIV”.
2. Inequalities—including those related to education, wealth, race, migration, sexual orientation, gender inequality and gender identity—drive HIV transmission, fuel stigma, and affect whether people living with HIV can access support and services, and the benefits they draw from these. Due to these inequalities, new infections are largely concentrated in key populations¹ globally (including gay men and other men who have sex with men, transgender people, people who inject drugs and sex workers and their clients), and young women and adolescent girls in sub-Saharan Africa. These are the findings of the Global AIDS Strategy 2021. The United Nations General Assembly affirms these findings and commits to challenge these inequalities in the Political Declaration on HIV and AIDS, adopted in 2021. The Political Declaration commits to strengthening the role of the education sector to address HIV and underlying inequalities.
3. Education, in-school and out-of-school, can play a key role in addressing these inequalities, reducing HIV transmission as well as HIV-related stigma and discrimination. What matters is both giving young people opportunities for education and making sure the education they get is empowering. Special attention has to be given to ensure that education does not reinforce inequalities. In particular, schools must be a safe place for young people, including those who already face stigma for various reasons, including because they are living with HIV, are LGBTI+, have disabilities, or are poor.
4. There are many examples of the power of education. Case studies illustrate how education can reduce HIV-related stigma. St. Xavier’s college, India implemented a stigma reduction curriculum which reduced students’ blaming and moralizing views towards people living with HIV and key populations. Brazil’s Ministry of Health runs peer education programmes working with key populations and their community organizations to better include them in HIV prevention and care services. Research shows that completing secondary school reduces HIV transmission, particularly for girls. In Botswana, a policy to expand free and compulsory secondary education was found to produce a cumulative life-time risk reduction for HIV among students by approximately one-third.
5. The evidence shows what works. Comprehensive sexuality education;² sexual and reproductive health and rights;³ psychosocial support, mental health and harm reduction; young people’s participation and leadership; and multisectoral approaches and linkages between sectors can all reduce transmission as well as stigma faced by people living with HIV, girls, young women and key populations.

¹ Kindly see the working definitions used for the purpose of this background note, starting on page 6.

² *Ibid.*

³ *Ibid.*

6. In 2021, Ministers of Education, Health, Gender and Youth from eastern and southern Africa committed to investing in gender-transformative⁴ sexuality education in- and out-of-school, linked to youth-friendly HIV, sexual and reproductive health, psychosocial and gender-based violence services. Such approaches can be cost-effective by averting the costs incurred by new HIV infections. A multicountry evaluation found that a CSE programme would need to avert only 4% of HIV infections to save costs.
7. The digital space is an increasingly important source of information on HIV and sexuality for young people. For some young people including those living with HIV, LGBTI+, key populations, out-of-school and marginalized groups, this may be the only information source available. Digital and other media can be used to spread misinformation, gender, racial and other stereotypes, and promote violence. It can also be used to educate, entertain, tackle stigma and promote equality.
8. Several partnerships bringing together UN agencies, governments, and civil society are acting together upon the opportunities. Positive Learning mobilizes education to support young people living with HIV. Education Plus supports girls to complete secondary school and get related social support. The Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination tackles sexual gender-based violence and HIV-related stigma and discrimination in education settings. The Global Partnership Forum on comprehensive sexuality education enables learning and collaborations to move forward on this issue.
9. This background note charts a way forward with recommendations for action in education, in- and out-of-school. Key recommendations are made in several areas as outlined below to harness the power of education for a better world for all people include those living with HIV.
10. **More equal leadership:** Promote youth leadership and meaningful participation; promote demand-driven South-South cooperation and triangular cooperation anchored in country-ownership.
11. **Education and HIV:** Ensure no policy or practice requires sharing information about HIV status for access to education; support teachers living with HIV; ensure that HIV prevention messaging reinforces responses to stigma and discrimination; support girls, transgender people, and other key populations to stay in school; develop and scale up high-quality comprehensive sexuality education, both in and out-of-school; promote digital learning and transformation.
12. **Linkages between sectors:** Promote integrated, multisectoral and coordinated approaches; link education sector HIV policies and programmes with sexual and reproductive health and rights; target adolescents and young people with a complete package of combination HIV services; provide psychosocial support and mental health interventions to young people living with HIV; connect health, education and social service systems and other mechanisms to support and refer young people living with and impacted by HIV; decriminalize HIV transmission and eliminate other harmful laws that have a negative impact on the AIDS response.
13. **Finance, planning and coordination:** Allocate at least 20% of domestic budgets to education as agreed in the African Union's Dakar Commitment on Education;

⁴ *Ibid.*

improve effectiveness, efficiency and value for money in education; increase domestic resource mobilization; mobilize partners to support government efforts to provide fee free education.

Introduction

14. This note provides background information for the thematic segment of the 50th meeting of the PCB, titled, “Positive learning: harnessing the power of education to end HIV-related stigma and discrimination, empower young people and provide a comprehensive HIV response”.
15. The right to education, inscribed in the Universal Declaration of Human Rights “epitomizes the indivisibility and interdependence of all human rights”.ⁱ This right is asserted in numerous international and regional treaties, texts and normative frameworks. Sustainable Development Goal 4 (SDG 4) of the 2030 Agenda aims to “ensure inclusive and equitable quality education and promote lifelong learning opportunities for all” by 2030. The impact of this goal, particularly when special focus is placed on inclusive and quality education that reaches girls and marginalized groups, is inextricably linked to all SDGs and the achievement of the objectives of the ICPD+25⁵ and the Beijing+25 Declaration.⁶
16. Furthermore, SDG 4 will not be achieved without a greater commitment and focus on planning, prioritizing and protecting education in conflict and crisis contexts to ensure that the central promise of the 2030 Agenda, leave no-one behind, is fulfilled.ⁱⁱ This extends to the recognition of the right to inclusive education for all persons with disabilities (UN Convention on the Rights of Persons with Disabilities, 2006) aimed at tackling inequalities in access to quality education.
17. UNAIDS has worked with all stakeholders in the AIDS response to set a common agenda and targets within the Global AIDS Strategy 2021–2026,ⁱⁱⁱ which the United Nations General Assembly confirmed and adopted within its 2021 Political Declaration on HIV and AIDS: Ending Inequalities and Getting On -Track to End AIDS by 2030.^{iv}
18. Ending inequalities is the central theme of both the Global AIDS Strategy 2021–2026 and the Political Declaration. Bold new global commitments and targets for 2025 focus attention on the people and communities in greatest need of HIV services. The Strategy uses an inequalities lens to identify, reduce and end inequalities that represent barriers to people living with and affected by HIV, preventing countries and communities from ending AIDS.
19. The Global AIDS Strategy outlines 10 result areas and identifies the priority actions needed to achieve the targets and results. Several priority actions related to education are needed to achieve the results: strengthening access to comprehensive sexuality education (CSE) services, both in- and out-of-school (Result 1, Action H; Result 7, Action D); integrating CSE with a complete package of HIV prevention

⁵ ICPD stands for the International Conference on Population and Development, a 1994 meeting in Cairo where 179 countries adopted a revolutionary Programme of Action and called for women’s reproductive health and rights to take centre stage in national and global development efforts. A global review 25 years after the adoption of the agreement was undertaken in 2019.

⁶ The Beijing Declaration and the Platform for Action, adopted unanimously by 189 countries, is an agenda for women’s empowerment and considered the key global policy document on gender equality. Its 25-year review culminated in the Generation Equality Forum in 2021 which charted a 5-year pathway to achieve irreversible progress towards gender equality.

- targeted at adolescents and young people (Result 3, Action E); strengthening the capacity of the education sector to meet the needs of young people living with and affected by HIV (Result 2, Action F); supporting girls to complete quality secondary education (Result 6, Action B); strengthening the multisectorality of the HIV response, including aligning with strategies on girls' education (Result 9, Action I).
20. The Political Declaration also acknowledges that ending AIDS as a public health emergency will require substantial additional domestic investment, reinvigorated international contributions, intensified coordination and collaboration, more efficient allocation of available resources and creative solutions to the reductions in fiscal space caused by the COVID-19 pandemic.
 21. The Political Declaration commits to “strengthening the role of the education sector as an entry point for HIV knowledge and awareness, prevention, testing and treatment, and ending stigma and discrimination, in addition to its role in addressing the social, economic and structural factors that perpetuate inequalities and increase HIV risk”,^v and to scaling up comprehensive education relating to sexual and reproductive health (SRH) and HIV, and conducting targeted HIV education.
 22. The pace of progress in reducing new HIV infections, increasing access to treatment and ending AIDS-related deaths is slowing down. Globally, in 2020, 1.5 million people were newly infected with HIV, 37.7 million people were living with HIV and 680 000 people died of AIDS-related illnesses.^{vi}
 23. The data show that adolescents and youth continue to be left behind. Globally, HIV still disproportionately impacts young people (aged 15–24 years), who represent 16% of the global population, but account for approximately 27% of all new HIV infections. An estimated 3.3 million young people were living with HIV in 2020.^{vii}
 24. Young people’s knowledge and awareness of HIV and their access to and use of essential HIV-related services remain unacceptably low, and condom use is on the decline. The proportion of young people living with HIV who know their HIV status is much lower than for their adult counterparts. Adolescents living with HIV also have lower viral suppression rates compared to adults and younger children.^{viii}
 25. Unequal gender power dynamics and gender-based violence continue to put adolescent girls and young women at high risk of acquiring HIV and dying from AIDS-related illnesses. Their risks of acquiring HIV and the challenges in accessing services are enormous, fueled by intersecting forms of stigma and discrimination, economic, cultural and legal barriers.^{ix}
 26. Tackling gender inequities and unequal power dynamics is fundamental to reducing HIV among adolescent girls and young women. Adolescent girls and young women (15–24 years old) represent one in five of the adults acquiring HIV globally. Additionally, adolescent girls and young women in sub-Saharan Africa are three times more likely to acquire HIV than their male peers. Almost 85% of the global new HIV infections among adolescent girls and young women occur in sub-Saharan Africa. Fifteen percent of all new infections globally occur among adolescent girls and young women in sub-Saharan Africa. The gender disparities are evident: six in seven new cases of HIV among adolescents in the region are among girls.^x
 27. Human rights-related barriers to access, uptake and retention in HIV and other health services remain as key drivers of vulnerability to HIV infection and to its impact on the lives of those living with HIV. This is especially the case for people, including adolescents and youth, from key and vulnerable populations such as men who have

sex with men, sex workers and drug users, whose health and human rights continue to be compromised in some countries.^{xi}

28. HIV-related stigma and discrimination are persistent barriers to addressing the AIDS epidemic, restricting access to prevention, testing and treatment services for those most at risk.^{xii}

Working definitions and concepts

29. The working definitions and concepts are technical, evidence-based definitions used by the UNAIDS Secretariat.
30. The main focus in this report is on 10–24-year-olds, in line with the definition of **young people** used by the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF) and other UN agencies. However, many of the issues raised and recommendations made here will be relevant, and we hope useful, to educational experiences and outcomes of other age groups.
31. As defined in the Global AIDS Strategy 2021–2026: “**key populations**, or key populations at higher risk, are groups of people who are more likely to be exposed to HIV or to transmit it and whose engagement is critical to a successful HIV response. In all countries, key populations include people living with HIV. In most settings, men who have sex with men, transgender people, people who inject drugs and sex workers and their clients are at higher risk of exposure to HIV than other groups. However, each country should define the specific populations that are key to their epidemic and response based on the epidemiological and social context.”^{xiii}
32. **Comprehensive sexuality education** is a curriculum-based process of teaching and learning about the cognitive, emotional, physical, and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes, and values that will empower them to: realize their health, well-being, and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and understand and ensure the protection of their rights throughout their lives.^{xiv}
33. CSE programmes need to be informed by evidence, adapted to the local context, and logically designed to measure and address factors such as beliefs, values, attitudes and skills which, in turn, may affect health and well-being in relation to sexuality.^{xv}
34. The quality and impact of school-based CSE is dependent not only on the teaching process—including the capacity of teachers, the pedagogical approaches employed and the teaching and learning materials used—but also on the whole school environment. This is manifested through school rules and in-school practices, among other aspects. CSE is an essential component of a broader quality education and plays a critical role in determining the health and well-being of all learners.^{xvi}
35. National policies and curricula may use different terms to refer to CSE. These include: prevention education, relationship and sexuality education, family-life education, HIV education, life-skills education, healthy life styles and basic life safety. Regardless of the term used, “comprehensive” refers to the development of learners’ knowledge, skills and attitudes for positive sexuality and good SRH. Core elements of CSE programmes share certain similarities such as a firm grounding in human rights and a recognition of the broad concept of sexuality as a natural part of human development.^{xvii}

36. “The comprehensive definition of **sexual and reproductive health and rights** (SRHR) proposed by the Guttmacher-Lancet Commission covers sexual health, sexual rights, reproductive health and reproductive rights and reflects an emerging consensus on the services and interventions needed to address the sexual and reproductive health needs of all individuals. Additionally, it addresses issues such as violence, stigma and respect for bodily autonomy, which profoundly affect individuals’ psychological, emotional and social well-being. It further specifically addresses the SRHR of neglected groups (for example, adolescent girls, LGBTI+⁷ individuals and those with disabilities). As such, the definition offers a comprehensive framework to guide governments, UN agencies, civil society and other stakeholders involved in designing policies, services and programmes that address all aspects of SRHR effectively and equitably.”^{xviii}
37. **Gender-sensitive, gender-responsive and gender-transformative** approaches: the present background note takes “gender-sensitive” to mean “Recognizes the distinct roles and contributions of different people based on their gender [and] takes these differences into account”.^{xix} According to UN Women, gender-sensitive programming refers to programmes where gender norms, roles and inequalities have been considered and awareness of these issues has been raised, although appropriate actions to address them may not necessarily have been taken.^{xx} Gender-responsive programming refers to programmes where gender norms, roles and inequalities have been considered, and measures have been taken to actively address them. Such programmes go beyond raising sensitivity and awareness and actually do something about gender inequalities.^{xxi}
38. While there is no universally agreed definition of this term, gender-transformative is understood to mean “Explicitly seeks to redefine and transform gender norms and relationships to redress existing inequalities”.^{xxii} The present background note takes gender-transformative HIV programmes to involve women and girls and men and boys in all their diversity, and fully include transgender people.^{xxiii} They can reduce gender-based violence, empower women and transform harmful gender norms, including those related to masculinity.^{xxiv}

The power of education—what works

Education as a strategic entry point for ending AIDS by 2030

39. The education sector, both formal and informal, has a key role to play in supporting adolescents and young learners including those living with HIV and from key populations, to fulfil their right to education in a safe, supportive, inclusive and enabling learning environment.^{xxv} Transformative education can be an effective tool for reducing stigma and discrimination.
40. “Education is one of the best HIV prevention tools available. Each additional year of secondary schooling can lead to a reduction in the cumulative risk of HIV infection, in particular among adolescent girls and young women.”^{xxvi}
41. Data is demonstrating the key role of the education sector in meeting the 2030 goal of ending AIDS as a public health threat. In Botswana, a policy to expand free and compulsory secondary education was found to reduce students’ life-time risk of acquiring HIV by approximately one third.^{xxvii}

⁷ Lesbian, gay, bisexual, transgender, intersex and other people with diverse sexual orientation or gender identities.

42. Enrollment in secondary school was found to reduce sexual risk-taking behaviour and rates of HIV acquisition in South Africa, with a drop of one half in new cases of HIV,^{xxviii} as well as in Uganda,^{xxix} Zambia^{xxx} and Zimbabwe.^{xxxi}
43. Evidence confirms that girls—and their communities and countries—reap multiple social and economic benefits from their completion of secondary education. This includes protection against HIV and reductions in child marriage and adolescent childbearing while increasing their prospects for securing jobs and higher incomes as adult women; improving their countries' prospects for advancing poverty reduction, gender equality, stability and economic prosperity—and ending AIDS as a public health threat.^{xxxii}
44. To fulfill the potential of schooling, schools need to be free from violence. Young people living with HIV can face stigma in the form of bullying and other violence from peers, parents, teachers and school management.^{xxxiii} Corporal punishment is inflicted more on groups already discriminated against on the basis of disability, poverty, caste, class, ethnicity, and sexual orientation or gender identity/expression, which makes it more difficult to learn in school, and possibly contributes to school dropout. In some cases, sexual violence in schools is also prevalent, either from peers, or with authority figures asking for sex in exchange for better grades or waiving school fees.^{xxxiv}
45. Schools also need to be inclusive of the lowest performing learners. The lowest performing group often face a range of stigma and discrimination, as well as poverty. These compound and contribute to inequalities “in wealth, age, education, location and social or legal status, and discrimination related to gender, race or migration status [which] all affect people’s risk of acquiring HIV, their access to services and the benefits they draw from those services.”^{xxxv} The lowest performing learners sometimes learn nothing in some subjects in school over several years.^{xxxvi} Schools and teachers must include the lowest performing learners to make it productive for them to stay in school.
46. National education sectors, providing quality education, can make schools safer, healthier and more inclusive places for learners and teachers living with and affected by HIV. They can also make a transformative impact in the lives of young people by providing them with quality comprehensive sexuality education, which empowers them with the knowledge and skills they need to make responsible and informed health decisions, to improve their self-esteem and to change harmful attitudes and gender and social norms.^{xxxvii}
47. Out of school education is an important to in-school education when it comes to informing young people about HIV prevention, treatment, care, support and tackling stigma and discrimination. The 2021 Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030 notes that comprehensive education and information, in- and out-of-school, is part of a full package of HIV prevention proven to be effective. Learning from guidelines on good practice, and training service providers on stigma and discrimination, can help out-of-school education be more effective in empowering young people living with HIV and preventing transmission of HIV.
48. While challenges to providing education are greater in humanitarian settings, these are key to HIV prevention and support for people living with HIV. Youth-friendly education and health services must be provided to migrant and displaced populations.

Comprehensive sexuality education

49. Too many young people still make the transition from childhood to adulthood receiving inaccurate, incomplete or judgement-laden information affecting their physical, social and emotional development. This inadequate preparation not only exacerbates the vulnerability of children and youth to exploitation and other harmful outcomes, but it also represents the failure of society's duty bearers to fulfil their obligations to an entire generation.^{xxxviii}
50. "According to the World Health Organization, the sexual development of a person is a process that comprises physical, psychological, emotional, social and cultural dimensions."^{8, xxxix} In the International Technical Guidance on Sexuality Education (ITGSE), co-published by UNESCO, UNAIDS, UNFPA, UNICEF, UN Women and WHO, "being sexual" is an important part of many people's lives: it can be a source of pleasure and comfort and a way of expressing affection and love or starting a family. It can also involve negative health and social outcomes. Whether or not young people choose to be sexually active, sexuality education prioritises the acquisition and/or reinforcement of values such as reciprocity, equality, responsibility and respect, which are prerequisites for healthy and safer sexual and social relationships."^{xl}
51. Only 38% of young women and 46% of young men in eastern and southern Africa are able to demonstrate comprehensive knowledge of HIV prevention and transmission. Slightly lower values are observed in western and central Africa. Two of three girls in some countries have no idea of what is happening to them when they begin menstruating.^{xli}
52. Education programmes are often exclusively focused on an idea of "not getting HIV", which is unhelpful to young people already living with HIV, and can be further stigmatizing.^{xlii} Quality CSE includes scientifically accurate information on treatment, care, support and rights of people living with HIV as well as prevention. The different dimensions of teaching on HIV can be complementary. CSE also covers knowledge, skills and attitudes on gender equality, SRHR, relationships, diversity, inclusiveness and human rights.^{xliii}
53. Comprehensive sexuality education helps young people to know and claim their rights to make informed choices concerning their own body and sexuality. It is well known to contribute to a reduction in school drop-outs and helps to delay sexual debut, decrease HIV and other sexually transmitted infections (STIs), reduce early and unintended pregnancies and enhance gender equitable attitudes.^{xliv}
54. Comprehensive sexuality education can be cost-saving, by averting the costs associated with new HIV infections. A multicountry evaluation found that a comprehensive sexuality programme would need to avert only 4% of infections to be cost-saving.^{xlv}
55. Emerging evidence also points to quality CSE programmes' potential to address violence against women and shifting harmful attitudes that justify it, including addressing unequal power dynamics. The role of CSE programmes specifically, in reducing gender-based violence is especially critical given large shares of both young women and young men who justify violence against women.^{xlvi}

⁸ This definition of human sexual development is derived from Sexual Health: Report of a technical consultation on sexual health, WHO, 2002.

56. Pre-service and in-service teacher training is critical for the delivery of quality CSE to ensure that HIV-related topics and learning content, including stigma and discrimination, gender, and gender-equitable norms, is delivered in a nonjudgmental way, learner-centred and interactive manner.^{xlvii} It should address the specific needs and rights of adolescents and young people in all their diversity, and “cover issues around sexual orientation, gender identity and expression in an evidence-based and nondiscriminatory way.”^{xlviii}
57. CSE programmes that include gender and power components are almost five times more effective in preventing unwanted pregnancy and STIs than those that do not. These figures are based on a comprehensive review of the literature on evaluations of sexuality and HIV education interventions in the global south and north. The study included only evaluations which met criteria for rigour and scale. Findings were that 80% of the interventions which addressed gender and power were associated with a significantly lower rate of STIs or unintended pregnancy. In contrast, among the programmes that did not address gender or power, only 17% had such an association. Addressing gender and power was taken to mean going beyond teaching how to say no to sexual advances to include topics such as how harmful notions of masculinity and femininity can be transformed, rights and coercion, gender inequality, unequal power in intimate relationships, and fostering young women’s empowerment.^{xlix}
58. Initial findings suggest that sexuality education which includes teaching on gender-based violence, healthy relationships, and equitable gender norms can contribute to the prevention of and response to intimate partner violence among adolescents.ⁱ
59. Sexuality and HIV education with a focus on gender and power can be implemented in low resource and socially conservative as well as other settings. In the development of the national school-based HIV prevention curriculum in Nigeria, several state governments partnered with nongovernmental organizations (NGOs) focused on gender equality, SRHR and girls’ empowerment to collaborate on teacher training.ⁱⁱ Teachers reported that the 10-day training developed their competence, confidence, and commitment to foster students’ critical thinking about gender issues. Specifically, they reported changes in their own gender attitudes, pedagogic skills and connectedness with students, particularly girls.ⁱⁱⁱ
60. In-school and out-of-school provision are equally important—and complementary—routes to achieving CSE quality and uptake. Guidelines for content of effective CSE have been developed based on extensive and in-depth review of the evidence and on international consultation. The 2018 "International technical guidance on comprehensive sexuality education" is relevant to both in-school and out-of-school education.ⁱⁱⁱⁱ The 2020 "International technical and programmatic guidance on out-of-school comprehensive sexuality education" provides guidance specifically for nonformal, out-of-school education targeting young people from left-behind populations. The guidance can assist education, health and other relevant authorities in the development and implementation of school-based and out-of-school sexuality education programmes and materials.
61. The "International technical and programmatic guidance on out-of-school comprehensive sexuality education" includes specific recommendations for programme development, implementation, teaching and learning methods to meet the needs of adolescents and young people living with HIV, recognizing that they may have many diverse identities and affiliations.

62. Out-of-school CSE is especially significant for adolescents and young people who are not in school; in contexts where CSE is not included in the school curriculum, or where in-school CSE is not comprehensive or of high quality; and where in-school CSE is not tailored to the needs of specific groups of adolescents and young people.^{liv}
63. CSE is widely implemented in countries under different names, and in line with national contexts and realities: “Core elements of CSE programmes share certain similarities such as a firm grounding in human rights and a recognition of the broad concept of sexuality as a natural part of human development.”^{lv}
64. At the same time, it should be noted that the "International technical guidance on sexuality education" “recognizes the diversity of different national contexts in which sexuality education is taking place, and the authority of governments to determine the content of educational curricula in their country.”^{lvi}
65. Ministers of Education, Health Gender and Youth from eastern and southern Africa have committed to continue investing in high-quality, evidence-based, gender-transformative, age-appropriate sexuality education, both in- and out-of-school, to link this education to integrated quality youth-friendly HIV, SRH, psychosocial and gender-based violence services, and to connect health, education social service systems and other support mechanisms to support young people, both in- and out-of-school.^{lvii}

In- and out-of-school comprehensive sexuality education in South Africa

The 2021 ChommY programme is a structured small group intervention, which is implemented over 11 1.5-hour sessions for groups of 15 adolescents. ChommY helps children generate knowledge and develop skills that empower and enable them to make better choices about HIV, teenage pregnancy and gender-based violence. Content 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's National Strategic Plan for HIV/AIDS, TB and STIs, 2017–2022. Risk assessments help identify risk of HIV, as well as physical and sexual violence, neglect, and exploitation. This approach provides for both prevention and early intervention strategies to address HIV. Children identified as HIV positive are linked to support for access to treatment, disclosure and adherence counselling and attaining viral load suppression. Programme evaluations show positive shifts among participants. Opinions shifted regarding the use of force or violence in relationships. The number of beneficiaries who responded with “never true” to the statement “It’s okay for a boy to hit his girlfriend if she did something to make him angry’ increased from 57% pre-intervention to 80% post-intervention. Participants who had never tested for HIV decreased by 52% post-intervention.

(UNAIDS/PCB (50)/CRP6)

More inclusive comprehensive sexuality education in Canada

The revised 2019 "Canadian guidelines for sexual health education", the questions and answers resources, and materials curated through the Promising Practices Portal are all based on the principles of supporting equitable access to CSE for all people in Canada, whatever their gender, sexuality, dis/ability, age or ethnicity. To ensure equitable access, CSE needs to address issues such as indigenous people facing high rates of HIV and other STIs, limited access to prevention, screening and treatment, and lacking trust in education and

medical systems. The Promising Practices Portal supports sexuality educators with relevant materials, including on SRHR, gender identity, HIV and anti-racism, amongst others, which can help sexuality educators tackle inequalities which contribute to HIV transmission and stigma.

(UNAIDS/PCB (50)/CRP6)

Sexual and reproductive health and rights

66. The exercise of SRHR, especially for adolescents and youth, is an essential foundation of effective efforts to end AIDS as a public health threat, for their capacities to avoid acquiring HIV, and to continue positive and healthy living for those living with HIV. However, globally, only 55% of adolescent girls and women aged 15-49 years report having autonomous decision-making control over their sexual and reproductive health and lives—including to decide on their own healthcare, use contraception or refuse unwanted sex. In sub-Saharan Africa, this percentage is as low as 48%.^{lviii}
67. The Guttmacher-Lancet Commission on Sexual and Reproductive Health and Rights includes the following in its expanded definition of SRHR services: contraceptive services; maternal and new-born care; prevention and treatment of HIV and AIDS; care for STIs; CSE; safe abortion and care; prevention, detection and counselling for gender-based violence; prevention, detection, and treatment of infertility and cervical cancer; and counselling and care for sexual health and well-being.^{lix}
68. Evidence shows that when HIV policies and programmes are linked with SRHR and empowerment approaches to adolescents' and young people's SRHR, such linkages result in better HIV testing outcomes, more consistent condom use, improved quality of care, reduced HIV-related stigma and discrimination, and improved coverage, access to, and uptake of both SRHR and HIV services.^{lx}
69. Supporting parents to communicate positively on matters of health, sexuality and reproductive matters with adolescent girls and young women around HIV, pregnancy and contraceptive use has been shown to have a positive effect on HIV related outcomes.^{lxi}

Support for sexual and reproductive health and rights in Mozambique

From 2016–2020, Rapariga Biz, a joint UN programme for adolescent girls in Mozambique, led by the Government, worked to improve the SRHR of the most vulnerable girls and young women aged 10–24 years. This holistic programme sought to strengthen their leadership, social networks, economic empowerment, and access to information and services on SRH, with the aim of reducing new HIV infections, teenage pregnancy, child marriage, and violence and improving HIV treatment retention and adherence and other SRHR outcomes. Young women and girls were trained as mentors to support other girls in their community. Psychosocial support was provided. Training was given in technical skills, and to obtain professional certifications, as well as business advice. Over 1,000 out-of-school girls and young women were supported to reintegrate into schools. The government was supported to develop a national curriculum for CSE. A guide for boys was developed on gender equality and SRHR, HIV and GBV. Rapariga Biz worked with SMS Biz to provide anonymous digital peer counselling on SRHR. Polls among SMS BIZ users revealed that there is a trust towards counsellors, and 62% said that their preferred channel for receiving SRH information is now

SMS BIZ. Rapariga Biz contributed to lowering rates of child marriage and early pregnancy among girls and young women, and reducing their vulnerability to HIV.

(UNAIDS/PCB (50)/CRP6)

Tackling stigma, discrimination and violence

70. The Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination includes a targeted focus on ending stigma and discrimination in education settings, where HIV-related stigma and discrimination are influenced by factors ranging from school policies to teachers' attitudes, to the comprehensiveness of the sexuality education curriculum.^{lxii}
71. Programmatic and policy efforts in the education sector must focus on creating a supportive, inclusive environment for all students, including students living with HIV, with disabilities, girls, and members of key and vulnerable populations, regardless of whether they have disclosed their health status, sexual orientation or gender identity.⁹ For example, the Government of South Africa has an integrated school health policy that enables HIV services, including access to HIV testing and condoms, to be made available to students aged 12 years and older without parental consent.^{lxiii}
72. Interventions that work include policy and programmatic action to end HIV-related stigma, discrimination, bullying (including cyber-bullying) & violence. Ensuring that no policy or practice requires sharing information about HIV status for access to education, and instituting workplace protection and support for teachers and other staff living with HIV is impactful.^{lxiv}
73. In education, "a prevention-only emphasis in relation to HIV is misguided and potentially stigmatizing ... When teaching about HIV, there should also be an emphasis on people living with HIV as valuable in their own right, not just in relation to how they can prevent transmission to others".^{lxv} Some communication approaches and methods on HIV prevention perpetuate stigma by associating key populations with risk or generating fear of people living with HIV. Messaging strategies need to be reviewed to ensure that they raise awareness and motivate behaviour change, while avoiding adverse effects that perpetuate stigma and discrimination.
74. There are many successful examples and models for reducing stigma and discrimination. In 2013, St Xavier's higher education college in India implemented a youth appropriate stigma reduction curriculum. College management buy-in was secured. Faculty were trained in how to reduce HIV related stigma. These faculty then trained students who educated their peers. The opportunity to reflect on intersecting stigmas based on caste, class, economic status and religion helped trainees to understand and relate to the stigma and discrimination faced by people living with HIV. Importantly, the programme also included visits to and interactions with community-based organizations working with people living with HIV and key

⁹ Gender identity refers to a person's innate, deeply felt internal and individual experience of gender, which may or may not correspond to the person's physiology or designated sex at birth. It includes both the personal sense of the body, which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical, or other means, and other expressions of gender, including dress, speech, and mannerisms.

Sources: UNFPA and Promundo (2010). Engaging Men and Boys in Gender Equality and Health. A Global toolkit for action; UNAIDS (2011) and UN Women: [Gender Equality Glossary \(unwomen.org\)](http://www.unwomen.org/en/what-we-do/what-we-know/what-we-do/gender-equality-glossary). See also: [UNAIDS Terminology Guidelines](http://www.unaids.org/en/resources/terminology-guidelines).

populations, including men who have sex with men, transgender individuals and female sex workers. Student survey results showed an overall positive shift in attitudes towards key populations as well as towards people living with HIV and a decrease in blaming or moralizing views. The proportion of students who tested for HIV increased from 9% to 19%.^{lxvi}

Peer education helps Brazil's key populations overcome stigma to access HIV prevention and care

The fight against HIV in Brazil has been connected to human rights and rights to health. Nevertheless, making HIV services inclusive at the implementation level remains a challenge. The proportion of young men (ages 15–19 and 20–24 years) testing positive for HIV has increased in the last ten years in Brazil. Key populations (including gay men and other men who have sex with men, people who use drugs, transgender people, and female sex workers) still face stigma and discrimination, and struggle for access to HIV prevention and care services. In 2014, to address this challenge, the Ministry of Health partnered with civil society organizations, including key population community organizations, and began the “Viva Melhor Sabendo” (“Live Better Knowing It”) strategy.

The strategy uses peer education, where members from within the community reach out to their peers, to promote rapid HIV tests that use oral fluid, outside health services and at alternative times, in addition to offering combination prevention actions, such as promotion of condom use, orientation on post-exposure prophylaxis and pre-exposure prophylaxis, and harm reduction. By 2021, 24,000 tests had been performed, approximately 32% of which were by people who had never before tested for HIV. Among the population tested, 16% were gay and other men who have sex with men, and 16% were involved in sex work. Complementary actions aim to reduce the time between diagnosis and antiretroviral treatment initiation, to increase the link between people diagnosed with care services, and to actively search for people who have discontinued HIV care. Additionally, the Ministry has developed an online self-instructional course which has as one of its aims to build key populations' knowledge and activism around HIV and other STIs.

(UNAIDS/PCB (50)/CRP6)

Psychosocial support, mental health and harm reduction

75. Half of mental health conditions begin by age 14, but very often go undetected and untreated.^{lxvii} Provision of psychosocial support and mental health interventions to all adolescents and young people living with HIV as part of an integrated package of services is a necessity, yet it is often overlooked.^{lxviii}
76. In providing psychosocial support and mental health interventions some countries successfully implement "Ask-Boost-Connect-Discuss (ABCD)" which is a mobile-based tool to improve maternal mental health among adolescent mothers living with HIV, delivered by peer supporters in low-resource settings. Peer supporters are young people living with HIV who are engaged in service delivery, offering peer education, adherence and psychosocial support. ABCD offers a package of care that can be led by peer supporters which includes: screening psychosocial needs of young mothers (“Ask”), mental health support through structured sessions (“Boost”), help with accessing services (“Connect”), and ongoing supervision and self-care (“Discuss”). It was successfully piloted across four focus countries—Uganda,

Tanzania, Malawi, and Zambia—with content adapted from the WHO's "Thinking Healthy Programme".^{lxix}

77. It is estimated that approximately 2 million young people inject drugs globally^{lxx}, in addition to many more young people experimenting with substances that may reduce inhibitions and lead to greater risk-taking behaviours.^{lxxi} The introduction of a harm reduction approach to substance use by young key populations, promoting evidence-based, nonpunitive responses, is an important component of supporting learners' mental health and well-being. These evidence-based policies, programmes and practices will keep young people who use drugs safe and minimise the negative health, social and legal impacts associated with drug use and drug laws.^{lxxii}

Psychosocial support focused on young people living with HIV in Ukraine

Over the last five years Teenergizer has built a network of young people living with HIV across Kazakhstan, Kyrgyzstan, Tajikistan, Ukraine and the Russian Federation. These young people support each other, identify barriers to accessing health services, and stand up for their rights. Currently and to respond to the HIV needs during the war, UNICEF supports-Teenergizer to continue to work in Ukraine. Peer counsellors provide psychosocial support through the Teenergizer online counselling platform. Teenergizer supports and monitors the safety of their 80 peer counsellors. Teenergizer collects, analyzes and disseminates information on medical services available for young people in Ukraine and in eastern and central Europe, with a particular focus on HIV-related services and medications. They also provide legal consultations to young refugees. One of the gaps they have identified is data on young people's mental health. Teenergizer is collecting this data and calls on governments to do more on this.

(UNAIDS/PCB (50)/CRP6)

Young people's participation and leadership

78. Young people living with HIV have played a key role in defining priorities and finding solutions to their problems. There is a rise in youth-led social justice movements related to HIV. This can be seen in the Joint Youth Statement on the 2021 Political Declaration on HIV and AIDS voicing unequivocal support for CSE. Y+ Global's emergence as an independent entity is another example of the trend of youth leadership.^{lxxiii}
79. Young people are not a homogenous group and their needs differ. They face the same and sometimes worse inequalities as older people around education, economic and health status etc. They may challenge or perpetuate stigma. In promoting youth leadership in the response to HIV, this diversity must be taken into account.
80. The leadership of young people who are taking human rights approaches and challenging stigma needs to be elevated, in particular young women, and young people living with HIV and from key populations. Leadership training and skills building can help do so. Decision-making processes on HIV and education also need to proactively create opportunities for input by young people from different backgrounds and a range of diverse life experiences.

Young people living with HIV educate the educators in Uzbekistan

Informal surveys and assessments suggest that young people living with HIV in Uzbekistan face high levels of stigma in educational institutions. Teachers and educational materials share outdated and biased information on HIV. Students can face bullying and discrimination if “caught” taking ARVs at school. Since 2012, with support from UNICEF and UNAIDS, the Uzbek Ministry of Health has established nine regional day-care centres to support children living with HIV and their families. The day-care centres provide psychosocial support and nonmedical care as well as expanding access to antiretroviral therapy. Parent activists, peer educators and youth leaders work together with medical staff to provide support.

One key recommendation is that students should never be pressured to take HIV tests or disclose status, and that their confidentiality should be protected. At the same time, these day-care centres have played a key role in supporting the emergence of youth leaders living with HIV, who with appropriate support, make their own considered decisions about if and when to be open about their HIV status. Youth leaders now conduct information sessions in Uzbek educational institutions talking about their experiences living with HIV. Since 2020, information sessions have been held in 12 educational institutions reaching more than one thousand students, teachers and management staff, some of whom report that the sessions have changed their negative attitudes to people with HIV. Some youth leaders have taken their communications online, including in the Youtube video OIV/OITS – Siz Bilmagan Haqiqat | SUBYEKTIV (<https://www.youtube.com/watch?v=5j4msVDECKM>) released in 2022, which has already received over 436 000 views.

(UNAIDS/PCB (50)/CRP6)

Multisectoral approaches and linkages between sectors

81. For adolescents most at risk, such as out-of-school girls and the poorest young people, layered interventions, and comprehensive packages which bring together educational, economic and health dimensions can be effective.
82. The DREAMS programme, implemented in 14 countries in Africa and in Haiti, includes interventions to enhance adolescent girls and young women’s individual agency to access HIV prevention and SRH services, support their social networks, strengthen their families economically, improve parent-adolescent relationships, and shift community norms. In areas where the DREAMS partnership is being implemented, new HIV diagnoses have significantly reduced amongst adolescent girls and young women^{lxxiv} and social support and self-efficacy have increased.^{lxxv}
83. A multisectoral approach was key to the success of Africaid Zvandiri’s HIV and Disability Impact Mitigation Project. Children living with HIV are at heightened risk of impairment and disability, whether through opportunistic infections such as frequent eye and ear infections affecting sight and hearing, infections impairing neurodevelopment, motor and breathing difficulties, stunting and other concerns or arising from the side effects of treatment. An evaluation of Africaid Zvandiri’s HIV and Disability Impact Mitigation Project in Zimbabwe^{lxxvi} showed improved access and quality of education for children living with HIV, as a result of improved knowledge and skills of educational and psychological professionals and caregivers about their specific learning needs. The Ministry of Health and Child Care health services provided medical and rehabilitative care, educational professionals within the Ministry of Primary and Secondary Education were sensitized and trained on the learning needs of children living with HIV and disabilities, and social workers were sensitized and trained within the Department of Social Welfare of the Ministry of Public Service, Labour and Social Welfare. Nesting the programme in existing and collaborating

health, education and welfare services raises the potential for long-term sustainability.^{lxxvii}

Multisectoral collaboration supporting students living with HIV in Kenya

Boarding schools present challenges to young people living with HIV including restricted access to health facilities, limited adherence support, and concerns around confidentiality and privacy. From 2016–2021 the Elizabeth Glaser Foundation in Kenya, in coordination with Kenya's Ministry of Education and Ministry of Health, implemented a programme providing care and treatment support for boarding school students living with HIV, aged 10–24 years.

The programme sensitized and trained teachers, peers, parents, and matrons. Linkages between schools and health care facilities allowed for the joint planning and tracking of ART refills, clinical visits, and referrals for additional needed services. Peer counsellors provided psychosocial support to other young people living with HIV. In order to access these kinds of support, young people living with HIV need to know their status and share it with designated staff among school authorities. Adolescent health advocates and school health facilities were trained on how to support caregivers to tell young people living with HIV about their status, if they were not already aware of this, and how to support young people living with HIV to share their status with school staff, caregivers and peers as appropriate. The confidentiality and discretion of the process was emphasized, and every effort was made to ensure that disclosure was done in a way which would prevent internal and external stigma.

By the end of the project, 546 young people living with HIV had disclosed their HIV status and received treatment and psychosocial support. Health care facilities and boarding schools coordinated the care of 536 of these young people. Young people participating in the programme reached high levels of viral suppression rates.

(UNAIDS/PCB (50)/CRP6)

The role of innovation, digital media and traditional media in promoting resilient, safe, inclusive and healthy learning environments

84. The digital space is an increasingly important source of information and support to adolescents and young people living with HIV. Different media can be used to reach out to diverse audiences, and users can create and share content.^{lxxviii} Digital platforms can complement traditional school-based approaches to CSE as they have the potential to tailor and target interventions to specific at-risk-populations, providing personalized responses.^{lxxix} For some young people including those living with HIV, members of LGBTI+ communities or key populations, out-of-school and marginalized groups, this may be the only information source available.
85. Digital spaces have huge potential. At the same time, the digital divide remains profound between and within regions. The gender digital gap also persists. For instance, in the case of mobile internet access, boys in developing countries are 150 per cent more likely to own regular mobile phones, and 180 per cent more likely to own smartphones, than girls.^{lxxx} And sexuality education in digital spaces can be influenced by power dynamics such as the interests of the corporations that own and run the spaces, profit motives, censorship, and online bullying.^{lxxxi}
86. Media can be used to spread misinformation, gender, racial and other stereotypes, and promote violence. It can also be used to educate, entertain, and provide platforms to promote peace and equality. Examples of use for sexuality and HIV education are outlined below.

87. In Kyrgyzstan, UNICEF and UNAIDS supported a television series called 'School Elections'. The series, consisting of six 15- to 20-minute episodes in Kyrgyz language with Russian subtitles, shows the story of a teenage schoolgirl living with HIV and facing numerous challenges due to her HIV status. Her story unfolds in a setting which is well-known and relatable to many Kyrgyz youth, such as rivalry for school presidency and bullying of those perceived as "different." The first episode, launched in 2020, generated over 280 000 views and thousands of positive comments in just 10 days.^{lxxxii}
88. Since 2017, Marie Stopes International China's You and Me programme has supported schools and educators delivering sexuality education to children and youth age 6–24 with lesson plans, PowerPoint presentations, demonstration teaching videos, cartoon videos and interactive games. Classes can also be livestreamed with one teacher delivering a class online, which is livestreamed into several classrooms in several schools at the same time. Topics include reproduction, puberty, love, marriage, pregnancy, abortion, HIV, STIs, gender, LGBTI+, sexual pleasure, sexual violence and abuse. Videos have been viewed over 10 million times. Over 600 000 students have received sexuality education classes conducted by teachers supported by the program, with over 40% from rural areas. Students show positive changes in knowledge, attitudes and behaviours. The programme is ongoing.^{lxxxiii}

Young people participate in online communications on COVID-19, HIV and STIs in Peru

In 2021 COVID-19 reached high levels in Peru. In North Lima, UNICEF and partners trained adolescent peer educators, and supported them to work with health workers and community organisers to design online communications on preventing HIV, STIs, and COVID-19, as well as tackling stigma and accessing health services. Young people in the community reported trusting the peer educators and finding their messages helpful and entertaining. The strategy has now been transferred to official health bodies.

(UNAIDS/PCB (50)/CRP6)

Partnerships and initiatives: Examples and opportunities for South-South and triangular cooperation

89. There is growing momentum towards a comprehensive, multisectoral approach that reaches beyond the health sector, is gender-transformative and rights-based, and can address the social, economic and structural drivers that increase HIV risk and vulnerability for women and girls.
90. Multisectoral gender-transformative and rights-based approaches to education, particularly at the secondary level, while also including out-of-school youth, are showing good promise in ending AIDS as a public health threat by 2030.^{lxxxiv}
91. The transformational power of education is massive. Education can either reinforce or challenge inequalities around HIV, key populations, gender and other inequalities.^{lxxxv} Transformative education is about inclusive, equitable, quality education (SDG 4, particularly target 4.7) and nurturing an environment of gender justice for children, adolescents and young people in all their diversity (SDG 5). The Sustainable Development Goal target 4.7 outlines several transformative elements of education: "4.7 By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through

education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and nonviolence, global citizenship and appreciation of cultural diversity and of culture’s contribution to sustainable development.”

92. Gender-transformative and rights-based education seeks to utilize all parts of an education system—including policies, pedagogies, content taught, and community engagement—to transform stereotypes, attitudes, norms and practices by challenging power relations, rethinking gender norms and binaries, and raising critical consciousness about the root causes of inequality and systems of oppression.^{lxxxvi}
93. Several partnerships, initiatives and guidance showcase successful examples of the role of the education sector in meeting the 2030 goal of ending AIDS as a public health threat and provide opportunities for South-South and triangular cooperation as illustrated below.
94. It should be emphasized that South-South cooperation and triangulation should be demand-driven and anchored in country-ownership towards country commitments and priorities. These partnerships strive to achieve that goal with specific mechanisms to do so. For example, Education Plus generates knowledge sharing and communities of practice according to country demands. These are the most dynamic dimensions of South-South and triangular cooperation and are key components of operationalization. Positive Learning recommendations were developed under the leadership of Y+Global, a global network of young people living with HIV.
95. Four key partnerships are outlined below.

Partnerships and initiatives working together to harness the power of education

Partnership	Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination	Positive Learning Partnership	Global Partnership Forum on Comprehensive Sexuality Education	Education Plus initiative
<i>Who convenes?</i>	UNAIDS, UN Women, the UNDP, the Global Network of People Living with HIV, the PCB NGO Delegation and the Global Fund	UNESCO and Global Network of People living with HIV	UNESCO, UNFPA	UNAIDS, UNESCO, UNFPA, UNICEF, UN Women
<i>Work relating to education</i>	Education is one of six focus areas. Tackling SGBV and HIV related stigma and discrimination in education settings	Strengthening education sectors’ responses to HIV through centring young people living with and at risk of HIV	Advancing research, promoting good practice, enhancing collaboration, and overcoming challenges on the journey towards CSE	Using secondary education as a strategic entry point to support girls and young women in SSA to prevent HIV infections, and mobilizing broader socioeconomic support and

				investments around schools
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96. These partnerships work together and complement each other in vital areas of the education sector to end stigma and discrimination, empower young people, prevent HIV transmission, and provide a comprehensive response. These include: tackling the cost of education and the impacts of poverty; improving access to and staying in education by young people living with HIV, girls and people with nonconforming gender identities; building safe, inclusive and healthy learning environments; tackling bullying and violence; promoting comprehensive sexuality education and SRHR; building linkages between young people’s education and social sector supports.

Initial mobilizing and impacts

97. These partnerships were launched in recent years. The Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination was launched in 2018, Education Plus in 2021, Positive Learning (revised version and new process), in 2021, and the Global Partnership on CSE in 2021. Already these partnerships and initiatives are generating momentum and impact to tackle stigma and discrimination and empower young people.
98. The **Education Plus** initiative is a high-profile, high-level political advocacy drive to accelerate actions and investments to prevent HIV. The Initiative harnesses the unique comparative advantages and capacities of UNAIDS to bring on-board governments, leading funding mechanisms, women’s, youth and diverse civil society networks and communities around this shared goal. It is centred on the empowerment of adolescent girls and young women and the achievement of gender equality in sub-Saharan Africa—with secondary education as the strategic entry point.^{lxxxvii} On 6 December 2021, Ministers from eastern and southern Africa endorsed the Education Plus initiative. In Sierra Leone, Cameroon, Lesotho and Benin, mappings of country operational roadmaps have been done, and investment cases are underway. Informed by the initiative, Lesotho, Malawi, Sierra Leone and South Africa are developing policy frameworks to support adolescent girls and young women in education.^{lxxxviii}
99. **The Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination** was formed as a response to the call of the PCB NGO Delegation and UN partners during the 41st UNAIDS PCB meeting. This partnership creates an opportunity to harness the combined power of governments, civil society and the United Nations, to consign HIV-related stigma and discrimination to history. It is an example of a multisectoral activity bringing together multiple Cosponsors in their areas of expertise, with the leadership of civil society (the Global Network of People Living with HIV, GNP+). As of December 2021, 29 countries had formally joined the Global Partnership, committing to act on HIV-related stigma and discrimination across six settings, including education, in the next five years. With its focus on education settings, the Global Partnership took the initiative to develop the revised and updated Positive Learning recommendations.
100. The **Positive Learning** initiative brings together UNESCO and the Global Network of People Living with HIV (GNP+). It builds upon the respective work of these organizations in relation to supporting the ideals of Education for All and the role of the education sector in the global response to HIV (UNESCO) and the Positive Health, Dignity and Prevention framework (GNP+). Under this Initiative, UNESCO engaged in a youth led process to compile evidence and develop recommendations

by collectives of young people living with HIV on what they want from education sectors. Y+Global led the process, and a youth led steering committee oversaw finalization of the guidance, with close involvement of young people from the Education Plus "nerve centre".

101. **The Global Partnership Forum on comprehensive sexuality education** brings together development partners, civil society organizations, research institutions, bilateral partners, youth organizations and foundations, taking a big-picture look at the advocacy, research and programme work being conducted by the members to fast-track progress and make CSE a reality for all young people. 63 organizations have already joined the Global Partnership Forum on CSE, all working towards making evidence-based, age-appropriate CSE a reality for children and young people across the world. Members include UN agencies, international civil society organizations working in the area of SRHR, youth-led organizations, research and academic institutions, and education related and other professional networks with an interest in promoting CSE.
102. Some common areas of focus of these four partnerships are outlined below.

Participation and leadership by people living with HIV

103. Education Plus seeks to ensure that adolescent girls and young women living with HIV in particular benefit from the initiative, and also engage and contribute to leadership. The Nerve Centre which brings together young women and supports their contributions is a key mechanism to make this a reality. Members of the Nerve Centre also contributed to Positive Learning's consultation with young people living with HIV on what they want from the education sector. GNP+ co-convenes both the Global Partnership for action to eliminate all forms of HIV-Related stigma and discrimination, and the Positive Learning initiative. The newly independent Y-Global Network of Young people living with HIV led the Positive Learning process of developing recommendations for action.

Tackling the cost of education and impacts of poverty

104. The Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination notes that poverty is one of the reasons that girls may not attend school, and that they may engage in transactional sex to cover school fees and other costs.
105. Education Plus challenges government decision-makers at the highest levels to model leadership and fulfill their essential duties to realize every girl's rights to health and education. It brings added pressure to persuade governments to roll out universal secondary education, free for children of all genders. A key component is that every adolescent girl and young woman should have smooth school-to-work transitions, and economic security and empowerment.
106. Positive Learning recommends schools play an active part in local "safety nets" by identifying and supporting learners with specific needs, including financial and nutritional, and referring them to services as appropriate, to consider cash or social transfer programmes that promote learner retention, and to identify revenue generating activities for young people that provide alternatives to sex work, and provides free school meals and school feeding programmes.^{lxxxix}

107. The Global Partnership on CSE draws on the 2018 International Technical Guidance on CSE. It can be used to promote sexuality education relevant to young people living in poverty and with HIV. It advises teaching content that includes analysing how poverty intersects with issues such as the ability to consent, and sexual decision-making.

Tackling bullying and violence against young people living with HIV, key populations, girls and people with nonconforming gender identities, and supporting them to stay in education

108. In its focus on education settings, the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination looks at exclusion and /or school drop out by young people living with HIV, and violence, bullying and discrimination in education settings, and how these impact on school drop-out. It notes that violence against LGBTI+ students is between three to five times higher than against their non-LGBTI+ peers^{xc} and that gender nonconforming students are particularly vulnerable to violence and bullying at school.
109. Education Plus focusses on supporting adolescent girls and young women to complete quality secondary education and being free from gender-based and sexual violence.
110. Positive learning promotes protecting confidentiality around HIV status, while being open to the benefits of sharing information if the young person themselves decides to do so with appropriate preparation, consent and safeguarding. It seeks to develop and enforce a sector-wide policy on ending HIV-related stigma, discrimination, bullying and violence. This should include specific focus on preventing and addressing bullying and violence based on health status, gender, sexual orientation and gender identity.
111. The Global Partnership Forum on CSE promotes an education content inclusive of young people in all their diversity and promotes teaching which helps learners analyse the hurt caused by bullying and harassment on the basis of social, economic or health status, ethnicity, race, origin, sexual orientation, gender identity, or other differences.

Promoting SRHR and comprehensive sexuality education

112. All four partnerships call for fulfillment of SRHR. Positive Learning recommends that schools ensure learners have access to menstrual products, sanitation facilities and clean water, provides information on contraception, abortion, pre-exposure prophylaxis and post-exposure prophylaxis, and linkages to services on HIV, antenatal and postnatal care, child-care, human papilloma virus, and that learners and teachers understand Undetectable = Untransmissible (i.e., that with consistent and correct use of ARV drugs, people living with HIV can achieve a viral load that is low enough to make it impossible to transmit HIV during sex).
113. All four partnerships promote CSE. The Global Partnership Forum on CSE presents an opportunity for sharing good practice on delivering quality, evidence-based, age-appropriate sexuality education, and has brought together a huge number of partners committed to CSE.^{xcii} Education Plus calls for universal access to CSE. The Global Partnership for Action to eliminate all forms of HIV-related stigma and discrimination recognizes the importance of CSE to tackling HIV stigma and discrimination and preventing HIV transmission. Positive Learning recommends providing good-quality

CSE both in- and out-of-school that is inclusive of people living with HIV and young key populations, and which combats stigma and discrimination, while promoting a rights-based, gender-transformative approach.

Linking young people's education and social sector supports

114. The Global Partnership on CSE recognizes the evidence that sexuality education has the most impact when school-based programmes are complemented by youth-friendly health services and integrate the involvement of parents and communities.^{xcii}
115. Positive Learning recommends that to support young people living with HIV, schools should engage with learners, parents/caregivers and health-care professionals to develop plans for treatments, while ensuring that parent/caregivers are not positioned as gatekeepers to consent. They should make formal linkages and active referrals to youth-friendly and peer-led services.
116. The Education Plus initiative seeks to ensure that adolescent girls and young women have equal opportunities to access quality secondary education, alongside key education and health services and supports for their economic autonomy and empowerment. In Sierra Leone, for instance, Education Plus has been formally integrated into the country's education, gender, health and other relevant sectors and into the gender thematic group. The Ministry of Basic and Senior Secondary Education has established a Youth Advisory Board for education. An ethnographic study of the prevalence of sexual and gender-based violence has been conducted with UNAIDS funding. The Generation Unlimited Campaign, launched under UNICEF leadership and United Nations Capital Development Fund, has provided 2,129 young people (85% female) with entrepreneurial skills and 210 (93% female) with business loans.^{xciii}

Gaps and challenges

117. HIV remains a pandemic of inequalities, spotlighting the role of gender, the specific vulnerabilities of youth, differential impacts among and within regions and countries, and the marginalization of people associated with heightened HIV vulnerability.^{xciv}
118. Ending AIDS as a public health threat by 2030 requires multisectoral approaches to HIV that seek to reduce HIV prevalence, provide care and treatment to those living with HIV and AIDS, and mitigate the impact of the epidemic to those affected by employing the appropriate mix of health and nonhealth-based interventions, and involving a broad array of stakeholders from multiple sectors in their design and implementation.^{xcv}
119. Insufficient political will and commitment for scaled up actions and financing for HIV prevention and treatment continues to slow down progress in ending AIDS by 2030. Domestic investments for young people and key populations remain inadequate. For instance, key components of combination prevention have yet to be scaled up and there are signs that access to some prevention options is decreasing in some countries, such as the defunding of condom social marketing programmes which has led to a drop in sales and use of male condoms in sub-Saharan Africa.^{xcvi}
120. Limited data and inadequate use of granular data (where it exists) to inform policy making and programmatic action persist. Many national HIV programmes are not agile enough to identify and respond to emerging epidemic dynamics, such as the

growing burden of infections among key populations and young people, particularly the disproportionate impact on adolescent girls and young women.^{xcvii}

121. Innovation has served as an especially critical driver for improved uptake and outcomes for treatment services, but the same commitment to use data to drive innovative problem-solving and gap-closing is not always apparent for prevention programming.^{xcviii}
122. The need for countries to accelerate actions to eliminate stigma and discrimination, particularly for young people and key populations is urgent. The Joint Programme recommends that decriminalization of HIV include building law and policy environments that avoid criminalizing HIV transmission, same-sex sexualities, transgender people, drug use and sex work, and removing age of consent laws that prevent young people from accessing HIV testing and treatment without consent by a legal guardian—all critical to the success of HIV programming.
123. Analysis of data from 10 countries collected between 2011–2018, from 8,113 gay men and other men who have sex with men in sub-Saharan Africa found that men who have sex with men living in countries with severe criminalization (>10 years imprisonment) are approximately eight times more likely to be living with HIV as those living in countries without such criminal penalties.^{xcix}
124. The Political Declaration commits to creating an enabling legal environment by reviewing and if needed reforming, discriminatory laws and policies “such as age of consent laws and laws related to HIV nondisclosure, exposure and transmission, those that impose HIV-related travel restrictions and mandatory testing and laws that unfairly target people living with, at risk of and affected by HIV”.^c
125. Implementation and scale-up a broad array of proven strategies for empowering women and girls and addressing their HIV-related needs, is a challenge that needs urgent attention. For instance, “effective combination prevention for women and girls includes: enabling girls to stay in school longer incentivizing delay in sexual activity and pregnancy, comprehensive services that integrate HIV and SRH, prevention of gender-based violence, enhancing women’s economic participation and fair remuneration for work, engaging both men and women in addressing harmful gender norms”.^{ci}
126. Schools can offer many protective effects for young people’s health and well-being, but due to COVID-19, over 1.1 billion students globally were out of school as of June 2020, including over 184 million in sub-Saharan Africa.^{cii} Two years into the pandemic, more than 616 million students, globally, are still being affected by full or partial school closures due to COVID-19.^{ciii} Based on five months of school closures, the loss of learning time for this generation of school-age children is estimated to cost US\$ 10 trillion dollars worldwide.^{civ} An estimated 20 million more secondary school-aged girls could be out of school, in developing countries (most of them in Africa) after the COVID-19 crisis has passed.^{cv}
127. Even before COVID-19, 258 million children were out of school, the majority living in conflict-affected and fragile settings.^{cvi} Although just 29% of the world’s primary and secondary school-age population lived in crisis-affected countries in 2019, these countries were home to 49% of the world’s out of school primary and secondary school-age children and young people.^{cvi} Less than one third of refugees are enrolled in secondary-level education, with significant differences between boys and girls. Only 27% of female refugees compared to 36% of male refugees were enrolled in secondary school.^{cviii}

128. Climate-related events may also contribute to situations where people are at greater risk of contracting HIV. For example, adolescent girls and young women in areas affected by drought were more likely to have earlier first-time sex, transactional sex and were more likely to drop-out of school.^{cix}
129. Data on costing and financing gender-transformative interventions in national HIV responses remain scarce. Further work is needed to integrate gender-transformative actions and gender-sensitive indicators in national HIV programmes, strategies and plans and ensure that these actions are costed and adequately resourced. Additionally, in order to ensure adequate expenditure and effective gender related outcomes, meaningful engagement of women living with HIV and adolescent girls and young women in all their diversity must be institutionalized in design, implementation and monitoring of the HIV response.^{cx}
130. Furthermore, the gap in education finance is set to widen even further, knocking back progress on achieving SDG4. Since the onset of the COVID19 pandemic, two thirds of low and lower-middle income countries have cut their education budgets.^{cxii} Even before the pandemic, there was increased pressure on already burdened households to finance education, where on average they cover one-third of the costs.^{cxii}

Key recommendations

Leadership and young people at the centre

- **Recognize and promote youth leadership and meaningful participation**, in particularly that of youth living with HIV, adolescent girls and key populations, in co-creating, implementing and monitoring of high-impact interventions in the education sector.
- **Improve granular data collection**, disaggregated by sex and intersecting characteristics to better understand educational participation, progression and learning, and use gender-sensitive data for policy-making and planning.
- **Promote demand-driven South-South cooperation and triangular cooperation** anchored in country-ownership for implementing country commitments and priorities in ensuring safe and inclusive learning environments.

Education and HIV

- **Scale up policy and programmes to end HIV-related stigma, discrimination, bullying (including cyber-bullying) and violence** in education settings by ensuring that no policy or practice requires sharing information about HIV status for access to education, and instituting workplace protection and support for teachers and other staff living with HIV. Ensure that HIV prevention messaging reinforces responses to stigma and discrimination.
- **Support and empower girls and key populations to remain in the education system and to complete quality secondary education.** Initiate and scale up social protection interventions to enroll and retain key populations and adolescent girls and young women in schools and to provide pathways for economic empowerment.
- **Develop and scale up access to and delivery of high-quality comprehensive sexuality education**, that includes scientifically accurate information on HIV prevention, treatment, care and support. It should also cover knowledge, skills and attitudes on gender equality, SRHR, relationships, pleasure, diversity, inclusiveness and human rights, in line with recommended content of the 2018 International

Technical Guidance on Sexuality Education and adapted to local context, laws and policies.

- **Ensure access to gender-transformative life skills programmes** to improve health and social and emotional skills, reduce gender-based violence and bullying, and **support gender-transformative approaches that empower people of all genders** to critically examine social norms and gender inequalities and challenge harmful norms.
- **Train teachers in and out of school on CSE, rights-based gender-transformative pedagogies**, empowering them to challenge HIV-related stigma and discrimination, rigid gender norms, engender equal treatment and participation in the classroom, build all learners' agency, self-efficacy and voice, and create safe spaces for learners to respect difference, diversity and each other.
- **Promote digital learning and transformation** by: closing digital divides; supporting accountability and equality in the online world; developing transformative digital solutions that ensure the full and equal participation of girls, young people living with HIV and key populations in digital learning; and harnessing the potential for education technology to tackle and prevent online bullying, gender-based violence and harmful gender norms, and to build students' and teachers' attitudes, behaviours and skills to support justice, inclusion and gender equality.

Linkages between sectors

- **Link education sector HIV policies and programmes with adolescents' and young people's SRHR**, as such linkages result in better HIV testing outcomes, more consistent condom use, improved quality of care, reduced HIV-related stigma and discrimination, and improved coverage, access to, and uptake of both SRHR and HIV services.
- **Target adolescents and young people with a complete package of combination HIV prevention services** integrated with comprehensive sexuality education (both in and out of school), and with sexual and reproductive health (including contraception) and rights, and with HIV treatment and care.
- **Ensure provision of psychosocial support and mental health interventions** to all adolescents and young people living with HIV as part of an integrated package of services.
- **Connect health, education, and social service systems and other support mechanisms and position schools as an entry point** to providing gender-responsive support, protection, and referrals for adolescents and young people living with and impacted by HIV, while ensuring that alternative mechanisms are in place to address the needs of young people who are out of school.
- **Promote an integrated, multisectoral and coordinated approach** that addresses learners' holistic education, health and protection needs. Support cross-sectoral collaboration across education, health, nutrition, gender, protection, youth and justice ministries and between teachers, school administration, families and communities to safeguard rights.
- **Support policy and legislative changes** that decriminalize HIV, including decriminalize HIV transmission, same-sex sexualities, transgender, drug use and sex work, and remove of age of consent laws which require consent by the legal guardian for young people's access to HIV testing and treatment. Remove gendered barriers to education, including bans on pregnant girls and young mothers, early tracking and streaming of students, and weak laws on minimum age of marriage, employment and age of consent for access to youth-friendly, gender-responsive integrated SRH services.

Financing, planning and coordination

In the context of reductions in education spending in many countries as a result of the COVID-19 crisis, there is a need for predictable and flexible multiyear financing to support education systems to build back equal and deliver quality education.

- **Countries must honor their commitments in allocating at least 20% of domestic budgets to Education** agreed upon in the African Union's Dakar Commitment on Education.¹⁰
- **Improve the effectiveness, efficiency and costing of education finance** to achieve value for money in education.
- **Increase domestic resource mobilization including innovative, sustainable and equitable financing** to increase fiscal space to accommodate increased investment in the education sector.
- **Mobilize partners and key stakeholders including the private sector to support government efforts to provide fee-free education** that addresses the additional costs of school supplies, uniform, transport costs to schools.

¹⁰ World Education Forum, Dakar Framework for Action: Education for All: Meeting our Collective Commitments, 2000

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