

**Integrating
HIV/STD prevention
in the school setting:
*a position paper***



UNAIDS inter-agency working group



Integrating HIV/STD prevention in the school setting

1 RATIONALE

Young people (10 to 24 years) are estimated to account for up to 60% of all new HIV infections worldwide. Many young people can be reached relatively easily through schools; no other institutional system can compete in terms of number of young people served. Prevention and health promotion programmes should extend to the whole school setting, including students, teachers and other school personnel, parents, the community around the school, as well as school systems. Such activities are a key component of national programmes to improve the health and development of children and adolescents.

2 HIV/STD PREVENTION AND HEALTH PROMOTION

HIV/STD-related programmes provide an opportunity to strengthen and accelerate existing health promotion activities in schools. Education to prevent HIV/STD should be integrated into education

about reproductive health, life skills, alcohol/substance use, and other important health issues; included in other subject areas as appropriate and established by official policies; and enhanced by school practices that foster self-esteem, caring, respect, decision-making, self-efficacy, and conditions that allow for the healthy development of students and staff. This is done, *inter alia*, through materials development, teacher training, supervision, and the participation of parents and communities.

3 POLICIES

Developing and monitoring a range of policies will be essential for effective programmes. This includes policies on: human rights (right to education, to non-discrimination, to confidentiality, to protection of employment, to protection from exploitation and abuse); access to school by students and school workers living with HIV/AIDS; pre- and in-service teacher training;

community/parent participation; content of curricula and extra-curricular activities; and link with health services capable of providing diagnosis and treatment of STD for young people as well as the means of protection against unwanted pregnancy and HIV/STD, including contraceptives and condoms. Policies are developed at different levels, according to the degree of centralization of the school system.

4 LEARNING HOW TO COPE

For young people to develop healthy and responsible behaviour patterns, and avoid infection, it is not sufficient to learn the biomedical aspects of sexual and reproductive health. Equally important is learning how to cope with the increasingly complex demands of relationships, particularly gender relations and conflict resolution; how to develop safe practices, and how to relate with the increasing number of people living with HIV and AIDS.

5 AGE

Prevention and health promotion programmes should begin at the earliest possible age, and certainly before the onset of sexual activity. They should reach students before most of them leave or drop out of school, particularly in countries where girls tend to leave at a younger age. This means that age-appropriate programmes should start at primary school level.

6 LIFE SKILLS

A life skills approach is important in such programmes. Skills that enable young people to manage situations of risk for HIV/STD infection are also essential for the prevention of many other health problems. Such skills include how to respond adequately to demands for sexual intercourse/offers of drugs; how to take responsible decisions about difficult options; how to apply risk

reduction techniques; how to refuse unprotected sex when sexually active, and how to seek appropriate support and care, including health services and counselling.

7 RESPONSE OF SCHOOL SYSTEMS

Although prevention education through school settings is recognized by almost all countries as necessary, significant institutional, political, religious and cultural barriers to its implementation will need to be resolved. In each country, the school system as a whole must respond to HIV/STD and AIDS, in close collaboration with the Ministries of Education, Health, Youth and other government sectors, teachers' associations and other NGOs, and the wider community.

8 UNAIDS ACTION

UNAIDS will (i) facilitate the strengthening of national

capacity to develop, implement, monitor and evaluate programmes that integrate HIV/STD prevention, health promotion and non-discrimination into school policies, curricula as well as extra-curricular activities, and training; and (ii) identify effective and innovative policies, strategies and action in this area.

9 GOALS BY THE YEAR 2000

By the year 2000, UNAIDS will aim to:

- **increase** significantly the number of countries which have developed detailed policies and implemented programmes for non-discrimination and HIV/STD prevention in the school setting; and
- **increase** towards full coverage the percentage of young people attending school, who learn how to avoid discrimination and reduce the risk of infection.

The UNAIDS inter-agency working group is a mechanism for coordination that includes specialists from UNESCO, UNFPA, UNICEF, WHO, The World Bank.

UNAIDS

Cosponsored programme

The Joint United Nations Programme on HIV/AIDS (UNAIDS), established in January 1996, brings together the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO) and the World Bank. The first programme of its kind in the UN system, it brings together expertise in sectors ranging from health to economic development.

It is not a funding agency. It is a small programme that aims to increase its impact and outreach through strategic alliances with its Cosponsors and other partners.

Mission of UNAIDS

As the main advocate for global action on HIV/AIDS, UNAIDS leads, strengthens and supports an expanded response aimed at preventing the transmission of HIV, providing care and support, reducing the vulnerability of individuals and communities to HIV/AIDS, and alleviating the impact of the epidemic.

Strategic Objectives

Identify, develop and advocate Best Practice – drawing on practical and successful experience from around the world, UNAIDS identifies and disseminates sound policies and strategies for prevention and care – what can be called "best practice". It also supports research to develop new tools and approaches.

Promote strong commitment by governments to an expanded national response – The major focus of UNAIDS with its Cosponsors at country level is on helping countries to build up their capacities to plan and implement an expanded response to the HIV/AIDS epidemic by providing technical collaboration, specifically on national strategic planning for expanding the response, and on strengthening capacities to mobilize resources among different partners at country level.

Provide advocacy and leadership – UNAIDS takes a leadership role in mobilizing worldwide political and financial support and commitment to HIV/AIDS among different constituencies. UNAIDS focuses on using existing opportunities to integrate HIV/AIDS into existing agendas and bringing in new partners, and forges new alliances to broaden the circle of expertise and resources for HIV/AIDS.

Strengthen and coordinate UN actions – UNAIDS helps to strengthen and streamline action by the Cosponsors and other UN bodies in support of national responses to HIV/AIDS

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