

**Inter-Agency Task Team
on HIV and Young People**

GUIDANCE

■ BRIEF

**HIV Interventions
for Young People
in the Education
Sector**



■ PURPOSE

This Brief has been developed by the Inter-Agency Task Team (IATT) on HIV and Young People⁷ to assist United Nations Country Teams (UNCT) and UN Theme Groups on HIV/AIDS² in providing guidance to their staffs, governments, development partners, civil society and other implementing partners on effective HIV interventions for young people³ in the education sector. It is part of a series of seven global Guidance Briefs that focus on HIV prevention, treatment, care and support interventions for young people that can be delivered through different settings for a range of target groups.

The purpose of these Briefs is to help decision makers understand what needs to be implemented, based on the latest global evidence on effective interventions for young people. The Briefs provide an overview of evidence-informed interventions (not a blueprint for national programmes) in response to specific epidemic scenarios in different countries.⁴ Special attention should be directed to young people most at risk of HIV in all countries. In generalised and hyperendemic settings, interventions to prevent HIV also need to be directed to the general population of young people.⁵

The Briefs do not deal in any depth with “how to” implement the interventions outlined, although key resources are listed to provide further guidance. The Briefs also do not attempt to address the many cultural, institutional and structural specificities and factors that confront decision makers in different countries. They are therefore likely to require further adaptation and translation if they are to be used by national counterparts. The engagement of young people in the adaptation of the materials will enhance their usefulness.

■ INTRODUCTION

The education sector plays a critical role in preventing HIV among young men and women and in mitigating the effects of HIV and AIDS on individuals, their families and communities.⁶ The Global Campaign for Education has estimated that universal primary

education would prevent 700,000 new cases of HIV each year,⁷ and the World Bank states that education is an effective “social vaccine” against HIV.⁸

Education is essential for HIV prevention

The role of education in HIV prevention among young people can be summarized as follows:

- A good basic education itself is a strong protective factor for preventing HIV risk behaviour among young people.
- Girls’ education contributes to a number of factors that are thought to decrease vulnerability to HIV infection, such as female economic independence, delayed marriage, use of family planning and work outside the home.⁹
- Studies have shown that girls who have completed secondary education have a lower risk of HIV infection and are more likely to practice safer sex than girls who have only finished primary education.¹⁰
- Pregnancy is a major cause of school dropout for girls in many countries. Sex and relationships education can reduce girls’ chances of an unwanted pregnancy or sexually transmitted infection, including HIV, and may thereby increase their chances of staying in school. In turn, staying in school will provide greater protection from HIV for girls
- School-based HIV and AIDS education can reach many children and young people with HIV information and equip them with the skills they need to protect themselves before they become sexually active^{11 12} or begin to experiment with psychoactive substances, such as alcohol and illicit drugs.
- Pupils attending secondary school are undergoing a process of preparation for adulthood. Behaviour patterns that are established during this process can have long-lasting positive or negative effects on future health and well-being.
- Schools and teachers often play an influential role in community life and act as a trusted source of information for young people.¹³

⁷ The Inter-Agency Task Team on HIV and Young People was established in 2001 to enhance the effectiveness of the global response to AIDS in the context of young people. Further information about the IATT on HIV/YP is contained at the end of the document.

² This includes Joint UN Teams on AIDS (JUNTA) and/or Technical Working Groups (TWG) on AIDS.

³ The UN defines young people as age 10 to 24 years, youth as 15 to 24 years and adolescents as 10 to 19 years.

⁴ Detailed information on what actions (for populations of all ages) should be taken for each stage of the epidemic can be found in UNAIDS (2007) Practical Guidelines for Intensifying HIV Prevention: Towards Universal Access. UNAIDS, Geneva.

⁵ Information and education about HIV should be available to all young people, irrespective of the stage of the epidemic. There are global indicators to monitor the percentage of youth aged 15 to 24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission.

⁶ UNAIDS (2004) Towards an AIDS-Free Generation: A Global Initiative to Expand Prevention Education against HIV/AIDS. Twenty-third meeting of the Committee of Cosponsoring Organisation, Livingstone. <http://unesdoc.unesco.org/images/0013/001340/134043e.pdf>

⁷ Global Campaign for Education (2004) Learning to survive: How education for all would save millions of young people from HIV/AIDS. <http://www.campaignforeducation.org>

⁸ World Bank (2002) A Window of Hope. World Bank, Washington and HIV/AIDS and Education webpage <http://www.worldbank.org/> and see also Vandemoortele, J. and E. Delamonica (2000) “Education ‘vaccine’ against HIV/AIDS,” Current Issues in Comparative Education 3(1) and UNAIDS (2002) HIV/AIDS and Education: A Strategic Approach. UNAIDS, Geneva.

⁹ World Bank (2002) A Window of Hope. World Bank, Washington, DC.

¹⁰ ActionAid International (2006) Girl Power: The impact of Girls’ Education on HIV and sexual behaviour. http://www.actionaid.org.uk/doc_lib/girl_power_2006.pdf

¹¹ Kirby, D., Laris, B. A. and Rolleri, L. (2005) Impact of Sex and HIV Education Programmes on Sexual Behaviours of Youth in Developing and Developed Countries. Youth Research Working Paper, No. 2, Family Health International, Arlington, VA. <http://www.fhi.org/en/Youth/YouthNet/Publications/YouthResearchWorkingPapers.htm>

¹² Kirby, D., Obasi, A. and Laris, B. (2006) “The Effectiveness of Sex Education and HIV Education Interventions in Schools in Developing Countries” in Preventing HIV in Young People: A Systematic Review of the Evidence from Developing Countries. Eds. Ross, D. et al., WHO and Inter-Agency Task Team on HIV and Young People, Geneva.

¹³ World Bank (2002) A Window of Hope. World Bank, Washington, DC. http://www1.worldbank.org/education/Ed/Ed%20&%20HIV_AIDS%20cover%20print.pdf

- Schools have an important role in delivering care, support and treatment to young people living with and affected by HIV.^{14 15}

Education also contributes to economic prosperity and the reduction of global poverty and is central to the achievement of several of the Millennium Development Goals. The number of children starting primary school has increased sharply since 2000; there are more girls in school than ever before, and spending on education and aid has risen.¹⁶

Evidence of effectiveness of school-based HIV interventions

There is strong evidence from around the world that learning about reproductive and sexual health does not increase the likelihood that young people will start having sex earlier.¹⁷ Research shows that learning about sex and HIV before young people start sexual activity reduces their risk of contracting HIV.

A large number of sex education and HIV education programmes are being implemented in schools worldwide. They vary widely in terms of objectives, structure, length, content, quality, implementation strategy and other characteristics and can be categorised according to at least three different dimensions:

1. Curriculum-based versus non-curriculum-based
2. Interventions with and without characteristics of effective curriculum-based interventions (see listed characteristics below)
3. Adult-led versus peer-led interventions

There is sufficiently strong evidence of the effectiveness of HIV interventions in educational settings, particularly sexual relationships and HIV education interventions. A review of school-based HIV interventions conducted in 2006 revealed that curriculum-based interventions incorporating key characteristics and led by adults had the strongest evidence of effectiveness and showed positive reports of behaviour change.¹⁸ Specifically, these types of interventions found that school-based sex education and HIV education:

- Reduce sexual risk behaviours
- Increase knowledge

- Increase skills and develop positive attitudes towards changing HIV-risk behaviours¹⁹

Schools provide opportunities for young people to develop life skills. Interventions linked with life-skills-based education have proved effective in delaying first sexual intercourse and, among sexually experienced young people, in increasing condom use and decreasing the number of sexual partners.²⁰ Recent evaluations have shown that life skills interventions for HIV prevention are most effective when directed specifically to skills related to HIV risk reduction.²¹ Evaluations of substance-use prevention programmes in secondary schools found they can produce significant and durable reductions in tobacco, alcohol and marijuana use if they 1) teach a combination of social resistance and general life skills, 2) are properly implemented and 3) include at least two years of booster sessions.^{22 23}

■ NATIONAL AIDS RESPONSES

Addressing HIV prevention

There are several key elements for an education sector-wide response to have maximum effect. These include a supportive policy environment, educator training and curriculum development. In addition, the recently published Toolkit for Mainstreaming HIV and AIDS in the Education Sector defines a set of principles to ensure that pupils' rights to and needs for education are respected. These include:²⁴

- Providing education within **enabling and protective learning environments** that are healthy and safe for all children to participate in, with policies and ground rules for class involvement, protection, positive recognition and reinforcement
- Providing an **education that is child-centred, participatory and skill-building**, that is gender-responsive, scientifically sound, culturally appropriate and adapted to the age and group of learners, including pupils living with or affected by HIV and those who are especially vulnerable
- Ensuring provision of **social and health services** either directly or through linkages to the community

¹⁴ Boler, T et al. (2007) School-centred HIV and AIDS Care and Support in Southern Africa. Technical Consultation Report, May 22-24, 2007, UNESCO, Gaborone.

¹⁵ Inter-Agency Task Team (IATT) on Education (2008) Toolkit for Mainstreaming HIV and AIDS in the Education Sector: Guidelines for Development Cooperation Agencies. UNESCO, Paris. <http://unesdoc.unesco.org/images/0015/001566/156673E.pdf>

¹⁶ UNESCO (2007) Education for All: Will we make it? Global Monitoring Report for 2008, UNESCO, Paris.

¹⁷ Kirby, D., Laris, B. and Roller, L. (2005) Impact of Sex and HIV Education Programs on Sexual Behaviours in Developed and Developing Countries. Family Health International, Arlington, VA.

¹⁸ Kirby, D., Obasi, A. and Laris, B. (2006) "The Effectiveness of Sex Education and HIV Education Interventions in Schools in Developing Countries" in Preventing HIV/AIDS in Young People: A Systematic Review of the Evidence from Developing Countries. Eds. Ross, D. et al., WHO and UNAIDS Inter-agency Task Team on Young People, Geneva.

¹⁹ Six studies found that school-based interventions improved skills (self-efficacy to refuse sex and obtain condoms), values about sex and pressuring someone to have sex, attitudes towards condoms and towards people living with HIV, perceptions of peer norms of condoms, and intention to discuss condom use or use a condom.

²⁰ Moya, C. (2002) Life Skills Approaches to Improving Youth's Sexual and Reproductive Health. Issues at a Glance. Advocates for Youth, Washington DC.

²¹ Kirby, D., Laris, B. and Roller, L. (2006) Impact of Sex and HIV Education Programmes on Sexual Behaviours of Youth in Developing Countries. Family Health International, Arlington, VA.

²² National Institute on Drug Abuse (2003) Preventing Drug Use among Children and Adolescents: A research-based guide for parents, teachers and community leaders. Second edition, United States Department of Health and Human Services, Bethesda, Maryland. <http://www.drugabuse.gov/pdf/prevention/redbook.pdf>

²³ Health Canada (2001) Preventing Substance Use Problems among Young People - A Compendium of Best Practices, Health Canada, Ontario. http://www.hc-sc.gc.ca/hl-vs/pubs/adp-apd/prevent/index_e.html

²⁴ Inter-Agency Task Team (IATT) on Education (2008) Toolkit for Mainstreaming HIV and AIDS in the Education Sector: Guidelines for Development Cooperation Agencies. UNESCO, Paris.

- Providing **comprehensive and correct information** to all children, which includes knowledge about ways of preventing HIV infection and dispels major misconceptions about HIV
- Addressing **psychosocial factors** that affect behaviour, such as values, attitudes, norms and self-efficacy, or the extent to which a young person is able to control the factors that put him/her at risk of HIV (for example, sexual coercion)
- **Monitoring effectiveness** in shorter-term knowledge and life skills acquisition, medium-term behavioural intentions and outcomes, and potential long-term contribution to health goals

Addressing HIV treatment, care and support

Schools play an important role in delivering treatment, care and support to young people living with and affected by HIV. They can identify pupils made vulnerable by HIV, involve them fully in school activities, monitor their well-being and provide a sense of community. Schools can also ensure that young people living with or affected by HIV.^{25 26}

- Continue to access schooling through the abolition of school fees and indirect education costs
- Have access to alternatives to quality education, including non-formal approaches, flexible instruction hours, and acceleration and catch-up programmes
- Access psychosocial support or are referred to psychosocial support services and counselling
- Learn how to cope with loss and live with HIV, developing communication and negotiation skills and empathy
- Facilitate access to HIV-prevention health services, including voluntary counselling and testing²⁷
- Facilitate access to treatment education, including education about antiretroviral therapy (ART), how to access and take medication, and the need to follow treatment regimens
- Facilitate home-based care and education; older students and teachers can support ill community members and provide home-based care
- Respond to basic needs, such as nutrition through school feeding programmes or the creation of vegetable gardens
- Develop livelihood and vocational skills to increase employment opportunities²⁸

²⁵ Boler, T. et al. (2007) School-centred HIV and AIDS Care and Support in Southern Africa. Technical Consultation Report, May 22-24, 2007, UNESCO, Gaborone.

²⁶ Inter-Agency Task Team (IATT) on Education (2008) Toolkit for Mainstreaming HIV and AIDS in the Education Sector: Guidelines for Development Cooperation Agencies. UNESCO, Paris.

²⁷ For more information about the role of health services in HIV prevention and treatment see Inter-Agency Task Team (IATT) on HIV and Young People (2008) Global Guidance Brief on HIV Interventions for Young People in the Health Sector.

²⁸ For more about the role of the workplace in HIV prevention interventions for young people see Inter-Agency Task Team (IATT) on HIV and Young People (2008) Global Guidance Brief on HIV Interventions for Young People in the Workplace.

■ CHALLENGES

Although there is clear evidence that education can avert HIV through the application of effective school-based interventions—and also mitigate the impact of the pandemic—there are several challenges to be overcome.²⁹

First, not all children are in school. A substantial number of children still do not access primary education,³⁰ especially in countries where there is conflict and displacement.^{31 32} Even if children are in school, less than 63 per cent of pupils reached the last grade of primary school in 17 sub-Saharan African countries with data, while under 80 per cent did so in half the countries of South and West Asia.³³ Girls and children with disabilities are less likely to be in school than boys and able-bodied children.

Secondly, not all schools are safe places for young people. Education systems can contribute to gender inequalities in society, which in turn fuel the feminisation of the epidemic. Pregnant students in some countries are expelled from school with little, if any, follow-up support, while the male partner is not excluded from education or employment. Sexual exploitation of pupils by teachers is not uncommon in some countries and can be a very difficult topic to address because of moral, social, cultural and political barriers. Not all staff in key positions are aware of the UN Convention on the Rights of the Child.³⁴

Thirdly, sex, drug use and HIV education can be sensitive issues, and opposition to teaching these subjects in school can stem from teachers and school officials who lack adequate training to teach sex and drug use education or lack sufficient understanding of the subjects.³⁵ Opposition can also come from parents or traditional and religious leaders who want to uphold community values.³⁶

²⁹ Clarke, D. and Bundy, D. (2004) EFA FTI: Responding to the Challenge of HIV and AIDS to the Education Sector. www.fastrackinitiative.org

³⁰ The Education for All Development Index (EDI), calculated for 129 countries, shows that 25 are far from achieving EFA. About two-thirds of these are in sub-Saharan Africa, but Bangladesh, India, Nepal, Mauritania, Morocco and Pakistan are also included. Fifty-three countries are in an intermediate position. It is projected that 58 of the 86 countries that have not yet reached universal primary education will not achieve it by 2015. This is attributed to poor quality education, the high cost of schooling and persisting high levels of adult illiteracy. UNESCO (2007) Education for All: Will we make it? Global Monitoring Report for 2008. UNESCO, Paris.

³¹ Martone, G. (2007) Educating Children in Emergency Settings: An Unexpected Lifeline. International Rescue Committee, New York.

³² See Inter-Agency Task Team (IATT) on HIV and Young People (2008) Global Guidance Brief on HIV Interventions for Young People in Humanitarian Emergencies.

³³ UNESCO (2007) Education for All: Will we make it? Global Monitoring Report for 2008, UNESCO, Paris.

³⁴ Inter-Agency Task Team on Education (2008) Toolkit for Mainstreaming HIV and AIDS in the Education Sector: Guidelines for Development Cooperation Agencies. UNESCO, Paris.

³⁵ Smith, G.S., Kippax, S., and Aggleton, P. (2000) HIV and Sexual Health Education in Primary and Secondary Schools: Findings from Selected Asia-Pacific Countries. National Centre in HIV Social Research, University of New South Wales, Sydney.

³⁶ Katz, K. and Finger, W. (2002) Sexuality and Family Life Education Helps Prepare Young People. Youth Lens on Reproductive Health and HIV/AIDS, Arlington. <http://www.fhi.org/en/Youth/YouthNet/Publications/YouthLens+English.htm>

The fourth challenge is that the capacity of the education sector to deliver the “social vaccine” is reduced by the impact of AIDS. In many high-prevalence countries, the epidemic is killing teachers, increasing rates of teacher absenteeism, and creating orphans and vulnerable children who are more likely to drop out of school or not attend school at all.³⁷

Efforts to overcome challenges

Many of the barriers related to education on sex, drug use and HIV have been overcome in countries³⁸ through strong leadership from national governments and community-based initiatives involving parents, teachers, community and religious leaders and the media.^{39 40 41} Lessons learned have shown that the following efforts are needed to introduce culturally acceptable education on sex, relationships and HIV in accordance with the developmental needs of learners:⁴²

- Conduct assessments of the students’ needs and sexual risk patterns to ensure that learning about sexually transmitted infections and HIV is suited to their specific contexts
- Focus on specific behaviours that lead to or prevent sexually transmitted infections; this will depend on clear, consistent and scientifically accurate discussion of the sexual transmission of HIV
- Actively involve parents and communities to diminish resistance to the introduction of the topics within the school curriculum
- Support teachers through pre-service and in-service training on how to teach such sensitive issues as gender, sex, relationships, substance use, sexually transmitted infections and HIV
- Deliver messages that are sensitive to ethnicity, local culture and traditions, language, age and sex
- Provide a range of options for young people to choose how to reduce their risk to HIV

■ PARTNERSHIPS AND MULTI-SECTORAL APPROACHES

It is clear that the education sector has a central role to play in the multi-sectoral response to HIV and AIDS. At the UN level, the Inter-Agency Task Team (IATT) for Education was established to promote and support good practices and encourage alignment and harmony within and across agencies (UNAIDS cosponsors, bilateral donors and civil society organizations) to support global and country-

level actions. Various tools have been developed to assist in the process.^{43 44 45}

In 2002, the IATT established a Working Group on Young People and Education, coordinated by the World Bank, with the specific aim of helping countries to “Accelerate the Education Sector Response to HIV/AIDS in Africa.”⁴⁶ More recently in 2004, EDUCAIDS, a UNAIDS initiative led by UNESCO, was established to assist governments and other key stakeholders in implementing comprehensive, scaled-up education programmes on HIV and AIDS, ensuring that the education sector is fully engaged and contributing to the national response to the epidemic.

Partnerships also need to be strengthened among schools and colleges, young people and the communities they serve.⁴⁷ Support from parents, community and religious or traditional leaders, and young people themselves is critical in creating successful school-based HIV-prevention programmes.

■ MONITORING AND EVALUATION

Countries are requested to report on core indicators agreed upon by the UN General Assembly Special Session (UNGASS) on HIV/AIDS. Those that specifically relate to interventions in the education sector are as follows:⁴⁸

- Percentage of schools that provided life-skills-based HIV education in the last academic year
- Current school attendance among orphans and non-orphans 10 to 14 years of age
- Percentage of young people age 15 to 24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (Target: 90 per cent by 2005; 95 per cent by 2010)
- Percentage of young women and men age 15 to 24 who have had sexual intercourse before the age of 15

In addition, attention should be paid to monitoring the achievement of the Millennium Development Goal target for education: to ensure that by 2015 children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.

⁴³ Inter-Agency Task Team on Education (2008) Toolkit for Mainstreaming HIV and AIDS in the Education Sector: Guidelines for Development Cooperation Agencies. UNESCO, Paris.

⁴⁴ Inter-Agency Task Team on Education (2008) Improving the Education Sector Response to HIV and AIDS: Lessons of partner efforts in coordination, harmonisation, alignment, information sharing and monitoring in Jamaica, Kenya, Thailand and Zambia. UNESCO, Paris. <http://www.unesco.org/aids/iatt>

⁴⁵ UNESCO (2008) EDUCAIDS Resource Pack: Towards a Comprehensive Education Sector Response to HIV and AIDS. UNESCO, Paris. <http://www.educaids.org/>

⁴⁶ Key elements of this activity are sub-regional and national workshops that bring together education, health and AIDS teams to share good practices and develop more effective strategies that result in implementation at the school level. The initiative has established networks of focal points from ministries of education. <http://www.schoolsandhealth.org/IV-AIDS&Education-Accelerate/HIVIDS&Education-Accelerate.htm>

⁴⁷ For more about the role of the community in HIV prevention interventions for young people see Inter-Agency Task Team (IATT) on HIV and Young People (2008) Global Guidance Brief on Community-based HIV Interventions for Young People.

⁴⁸ UNGASS (2007) Monitoring the Declaration of Commitment on HIV/AIDS: Guidelines on construction of core indicators: 2008 reporting. UNAIDS, Geneva.

³⁷ World Bank (2002) A Window of Hope. World Bank, Washington, DC.

³⁸ Rosen, J., Murray, N., and Moore, S. (2004) Sexuality Education in Schools: The International Experience and Implications for Nigeria. Policy Working Paper Series, No. 12.

³⁹ *ibid*

⁴⁰ Greene, M., Rasekh, Z. and Amen, K. (2002) Sexual and Reproductive Health Policies for a Youthful World. Population Assistance International, Washington DC.

⁴¹ See also Inter-Agency Task Team (IATT) on HIV and Young People (2008) Global Guidance Brief on Community-based HIV Interventions for Young People.

⁴² UNESCO (2008) EDUCAIDS Resource Pack. Technical brief on HIV/AIDS education in primary schools. UNESCO, Paris.

The Fast Track Initiative (FTI) is a partnership between developing countries and donors to support education sector plans and provide the opportunity to review how HIV and AIDS are addressed within the overall education sector plan. Guidelines have been developed with benchmarks and indicators on HIV and AIDS that are useful when reviewing existing education plans.^{49 50}

■ ACTIONS FOR UN COUNTRY TEAMS AND UN THEME GROUPS ON HIV/AIDS

- Support mainstreaming of HIV and AIDS in education sector-wide approaches to ensure inclusion of sex, relationships and HIV education in formal curricula and teacher training.
- Advocate for the protection and inclusion of adolescents living with and affected by HIV within the school setting and workplace policies, ensuring access to care and treatment.
- Advocate for the inclusion of HIV and AIDS as part of a wider discussion on sex and relationships education in the main curricula, building on existing curricula rather than out-of-school activities.
- Support initiatives to scale-up access among young people to HIV, sex and relationship education and other prevention measures, paying particular attention to girls, young people with additional vulnerabilities (such as those affected by HIV and AIDS) and humanitarian emergencies.
- Advocate with governments for an assessment of existing HIV prevention and treatment programmes in the education sector to 1) ensure that they respond to the needs of young people and 2) that a system is in place to monitor students' participation in school HIV prevention and treatment interventions (broken down by age, sex and diversity).
- Advocate for programmes to reduce sexual harassment and gender-based violence within the school setting.

Key resources:

- ActionAid International (2006) *Girl Power: The Impact of Girls' Education on HIV and Sexual Behaviour*. ActionAid, London.
http://www.actionaid.org.uk/doc_lib/girl_power_2006.pdf
- Global Campaign for Education (2004) *Learning to Survive: How education for all would save millions of young people from HIV/AIDS*. Global Campaign for Education, Johannesburg.
<http://www.campaignforeducation.org>
- Kirby, D., Laris, B. A. and Rolleri, L. (2005) *Impact of Sex and HIV Education Programmes on Sexual Behaviours of Youth in Developing and Developed Countries*. Youth Research Working Paper, No. 2, Family Health International, Arlington, VA.
<http://www.fhi.org/en/Youth/YouthNet/Publications/YouthResearchWorkingPapers/btm>
- Kirby, D., Obasi, A. and Laris, B. (2006) "The Effectiveness of Sex Education and HIV Education Interventions in Schools in Developing Countries" in *Preventing HIV in Young People: A Systematic Review of the Evidence from Developing Countries*. Eds. Ross, D. et al., WHO and Inter-Agency Task Team on HIV and Young People, Geneva.
http://wbqlibdoc.who.int/trs/WHO_TRS_938_eng.pdf
- Inter-Agency Task Team (IATT) on Education (2008) *Toolkit for Mainstreaming HIV and AIDS in the Education Sector: Guidelines for Development Cooperation Agencies*. UNESCO, Paris.
<http://unesdoc.unesco.org/images/0015/001566/156673E.pdf>
- Inter-Agency Task Team (IATT) on Education (2008) *Improving the Education Sector Response to HIV and AIDS: Lessons of partner efforts in coordination, harmonisation, alignment, information sharing and monitoring in Jamaica, Kenya, Thailand and Zambia*. UNESCO, Paris.
<http://www.unesco.org/aids/iatt>
- UNESCO (2007) *Education for all: Will we make it? Global Monitoring Report for 2008*, UNESCO, Paris.
- UNESCO (2008). *EDUCAIDS Resource Pack. Technical brief on HIV/AIDS education in primary schools*, UNESCO, Paris.
- UNESCO EDUCAIDS (2008) *Resource Pack: Towards a Comprehensive Education Sector Response to HIV and AIDS*, Paris.
<http://www.educaids.org/>
- UNODC/Global Youth Network (2004) *School-based education for drug abuse prevention*. United Nations, New York.
http://www.unodc.org/pdf/youthbnet/handbook_school_english.pdf

Useful web pages:

- Global Campaign for Education
<http://www.campaignforeducation.org>
- UNAIDS Global Initiative for Education and HIV & AIDS
<http://www.educaids.org>
- UNAIDS Inter-Agency Task Team on Education
www.unesco.org/aids/iatt

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