

Prevention Education in Eastern Europe and Central Asia:

A review of policies and practices



United Nations
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Cultural Organization

UNESCO Office in Moscow
for Armenia, Azerbaijan, Belarus,
the Republic of Moldova
and the Russian Federation

Prevention Education in Eastern Europe and Central Asia:
A review of policies and practices

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Foreword

In 2000, combating HIV was included in the Millennium Development Goals (MDGs) and in 2001, at the UN General Assembly Special Session on HIV/AIDS (UNGASS), 189 nations agreed that HIV and AIDS was a national and international development issue of the highest priority. In 2000, governments, non-governmental organizations (NGOs) and development partners met at the World Education Forum in Dakar and committed to working in partnership to achieve the Education for All goals and targets. This included the goal to "implement as a matter of urgency education programmes and actions to combat the AIDS pandemic".

However, thousands of young people in the region still lack access to high-quality prevention education that openly discusses relationships, develops communication and decision-making skills and instils values and attitudes that facilitate healthy choices. Given the high levels of school enrolment and gender parity in the region, educational settings are highly strategic sites for the systematic provision of evidence-informed health and life skills education that fully addresses HIV prevention and reproductive health issues. By investing in health and life skills education for young people, we are building up a foundation for inclusive and prosperous societies based on gender equality and respect for human rights.

This review of the current status of prevention education within ten countries of Eastern Europe and Central Asia aims to provide a summary of current progress and future needs for strengthening prevention education in educational establishments. It urges decision-makers to meet the challenges of responding to these identified needs and to ensure universal access to comprehensive prevention education for all adolescents and young people, including key populations in countries across the region.

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Based on the latest available data and documents, ten Commonwealth of Independent States (CIS) country assessments were updated using the reports prepared and published in 2011[1] by the following national experts: Alexander Ter-Hovakimian (Armenia); Elnur Alizade (Azerbaijan); Aleksey Nikonchuk (Belarus); Mayrash Ishanova, Liubov Dorozhkina, Sholpan Karzhubaeva (Kazakhstan); Valentina Gorkina (Kyrgyzstan); Eugenia Parlikov (Republic of Moldova); Tatiana Raifshnaider, Anatoly Gerish (Russian Federation); Faizullo Partovov, Khamza Navruzov (Tajikistan); Oleg Yeresko, Vladimir Ponomarenko (Ukraine); and Ravshanbek Ergashev, Gulnara Shakhmurova (Uzbekistan).

The synthesis review, which covers all ten countries, was prepared by Tigran Yepoyan, UNESCO Regional Advisor on HIV and AIDS for Eastern Europe and Central Asia (EECA). Yulia Plakhutina, HIV Project Manager of UNESCO's Moscow Office, reviewed and verified data, constructed the tables and figures, and contributed to the publication design and layout. Galina Li, National Programme Specialist on HIV and AIDS of UNESCO's Almaty Cluster Office, assisted with updating and reviewing the CIS country assessments.

The report was copy-edited by Vicky Anning; translation was provided by Ekaterina Smirnova.

[1] UNESCO Moscow Office. (2011). Raising Effectiveness of Prevention Programmes for Adolescents and Young People in the EECA. http://unesdoc.unesco.org/images/0021/002157/215746r.pdf (Accessed 22 July 2013).

Acronyms

AIDS	Acquired Immunodeficiency Syndrome
CCC	Country Coordination Committee/Commission
CCM	Country Coordinating Mechanism
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CIS	Commonwealth of Independent States
CRC	Convention on the Rights of the Child
CSO	Civil society organization
EC	European Commission
EECA	Eastern Europe and Central Asia
EMIS	Education Management Information Systems
ESCR	Covenant on Economic, Social and Cultural Rights
HIV	Human Immunodeficiency Virus
GDP	Gross domestic product
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
ICPD	International Conference on Population and Development
ILO	International Labour Organization
KAB	Knowledge, attitudes and behaviour
MDGs	Millennium Development Goals
NCC	National Coordination Council/Committee
NGO	Non-governmental organization
PLHIV	People living with HIV and AIDS
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
TVET	Technical and vocational education and training
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNECE	United Nations Economic Commission for Europe
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session (on HIV and AIDS)
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
USAID	United States Agency for International Development
WHO	World Health Organization

Definitions

Comprehensive sexuality education is defined as an age-appropriate, culturally relevant approach to teaching about sexuality and relationships by providing scientifically accurate, realistic, non-judgemental information. Sexuality education provides opportunities to explore one's own values and attitudes and to build decision-making, communication and risk reduction skills about many aspects of sexuality. It equips children and young people with the knowledge, skills and values to make responsible and healthy choices about their social and sexual relationships. Comprehensive sexuality education programmes address different topics under the following key concepts: relationships; values, attitudes and skills; culture, society and human rights; human development; sexual behaviour; sexual and reproductive health.

Source: UNESCO. (2009). International Technical Guidance on Sexuality Education: An evidence-informed approach for schools, teachers and health educators. http://unesdoc.unesco.org/images/0018/001832/183281e.pdf (Accessed 22 July 2013).

Key populations or key populations at higher risk of HIV exposure are those most likely to be exposed to HIV or to transmit it. In all countries, key populations include people living with HIV. In most settings, men who have sex with men, transgender persons, people who inject drugs, sex workers and their clients are at higher risk of HIV exposure to HIV than other people.

Source: UNAIDS. (2011). Terminology Guidelines. http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/JC2118_terminology-guidelines_en.pdf (Accessed 22 July 2013).

Life skills refer to a large group of psychosocial and interpersonal skills that can help people to make informed decisions, communicate effectively, and develop coping and self-management skills that may help to lead a healthy and productive life.

Life skills-based education is a combination of learning experiences that aim to develop not only knowledge and attitudes, but also skills (i.e. life skills) that are needed to make decisions and take positive actions to change behaviours and environments.

Life skills education refers to educational interventions that seek to address the above areas.

Source: UNICEF. (2012). Global Evaluation of Life Skills Education Programmes. Final Report. http://www.unicef.org/evaluation/files/USA-2012-011-1_GLSEE.pdf (Accessed 22 July 2013).

Reproductive health is a state of complete physical, mental and social well-being, and not merely the absence of reproductive disease or infirmity. Reproductive health deals with the reproductive processes, functions and system at all stages of life.

Source: United Nations. (1995). Guidelines on Reproductive Health. United Nations Population Information Network (POPIN), UN Population Division, DESA, UNFPA. http://www.un.org/popin/unfpa/taskforce/guide/iatfreph.gdl.html (Accessed 22 July 2013).

Reproductive and sexual health services may vary, depending on the local situation and capacities. A full sexual and reproductive health package includes: family planning/birth spacing services; antenatal care, skilled attendance at delivery and postnatal care; management of obstetric and neonatal complications and emergencies; prevention of abortion and management of complications resulting from unsafe abortion; prevention and treatment of reproductive tract infections and sexually

transmitted infections, including HIV/AIDS; early diagnosis and treatment for breast and cervical cancer; promotion, education and support for exclusive breast feeding; prevention and appropriate treatment of sub-fertility and infertility; active discouragement of harmful practices such as female genital cutting; adolescent sexual and reproductive health; prevention and management of gender-based violence.

Source: UNFPA. Reproductive Health. http://www.unfpa.org/rh/services.htm (Accessed 22 July 2013).

Young people, adolescents, youth. While there are no universally accepted definitions of adolescence and youth, the United Nations understands 'adolescents' to include people aged 10–19 years and 'youth' as those between 15–24 years for statistical purposes without prejudice to other definitions by Member States. Together, adolescents and youth are referred to as 'young people', encompassing the ages of 10–24 years.

Source: UNFPA. Adolescent and Youth Demographics: An Overview. http://www.unfpa.org/webdav/site/global/shared/factsheets/One%20pager%20on%20youth%20demographics%20GF.pdf (Accessed 22 July 2013).

Executive summary

Adolescence is a time when young people become more independent, search for their identity, experiment in different areas, take risks, develop new relationships with adults and peers, learn to apply values and take responsibility. It is also a time when many young people become aware of their sexual and reproductive needs and rights and initiate their first romantic and sexual relationships. Adolescents need support, advice and information to pass through this exciting and challenging transition into adulthood.

On the one hand, changing social and economic environments, and changing behavioural patterns within countries across Eastern Europe and Central Asia, are contributing to conflicting and confusing messages about sexuality and gender that adolescents receive from the mass media, the Internet, peers and other sources. On the other hand, there is often silence and disapproval about open discussion of sexual matters by adults – including parents. This leaves young people unprepared for adult life and vulnerable to coercion and abuse, unintended pregnancy and sexually transmitted infections (STIs), including HIV.

Young people, therefore, need comprehensive prevention education to gain the knowledge and skills to make informed and responsible choices about their sexual behaviour, and to develop mutually respectful and non-violent relationships based on gender equality.

This review presents the results of an assessment of the policies and practices related to prevention education in ten countries[2] in Eastern Europe and Central Asia (EECA region). It consists of a regional overview (Chapters 1–6) and ten individual country assessments (Appendices 2–11). The aim is to provide decision makers, education authorities and experts, development partners, civil society organizations (CSOs), and other stakeholders with information for discussion about the current situation related to prevention education in order to improve its quality and to support a more systematic and coordinated strategy for scaling it up across the EECA region, and ensuring that it meets agreed quality standards.

The study was conducted through a desk review of relevant laws, policies, strategies, curricula, statistical data and other research findings, together with consultations with experts from national ministries of education and their institutions.

Educational programmes that exist in EECA and touch upon HIV prevention and sexual and reproductive health-related issues are usually identified as Health Education, Healthy Lifestyle or Life Safety. Delivered as a standalone subject or integrated across several subjects, these programmes aim to promote healthy lifestyles and to prevent the negative consequences of risky behaviour. In the individual country assessments, these programmes are referred to as 'prevention education programmes'. However, 'HIV prevention and sexual and reproductive health (SRH) education' and 'comprehensive prevention education' definitions are also used in the regional review to underscore its focus on learning domains and approaches that directly aim to form mature personalities who are able to make responsible and healthy choices about social and sexual relationships. In this context, the term 'comprehensive prevention education' encompasses the term 'comprehensive sexuality education', which is defined as an age-appropriate, culturally relevant approach to teaching about sexuality and relationships.

Key findings

Globally, the HIV pandemic is stabilizing and declining. However, across Eastern Europe and Central Asia, it continues to grow at an accelerating pace. Adolescents and young people engage in practices that pose serious risks to their sexual and reproductive health while they have

[2] Armenia, Azerbaijan, Belarus, Kazakhstan, Kyrgyzstan Republic of Moldova, Russian Federation, Tajikistan, Ukraine, Uzbekistan.

limited access to comprehensive HIV prevention and SRH education and services. Although national laws and policies pertaining to education, healthcare, young people and HIV provide a framework for health and HIV education and SRH services, young people's needs in this regard are only being partially met.

In many countries under review, the education sector is mandated to equip children and young people with the knowledge, skills and attitudes to live safely and healthily. This constitutes grounds for school-based comprehensive prevention education. The importance of this kind of education is increasingly recognized across the region and elements of it are integrated into broader health and safety education programmes.

Most national HIV and AIDS programmes and strategies in the region identify the education sector as a key partner and have specific objectives for it to facilitate HIV prevention and the reduction of stigma and discrimination. Ministries of education are represented in national AIDS councils and committees that coordinate national HIV responses.

Elements of HIV prevention and SRH education are found in school curricula, in the curricula of technical and vocational training schools, to a lesser extent, and in some instances in tertiary institutions in all EECA countries. However, there are significant differences between countries in the approaches, content and scale to which prevention education is delivered.

The number of learning hours for prevention education within existing health and safety education varies from country to country, but hours are limited in all countries. The limited duration, coupled with a piecemeal approach, does not allow knowledge to translate into assertive attitudes and trigger behaviour change among learners. In many instances, sexual behaviour and contraception are either touched upon very briefly or they are completely excluded from classroom discussion, as they are perceived as contradicting traditional values and promoting early sexual debut and promiscuity. Human rights and gender equality are asserted, but adolescents' reproductive and sexual rights and sexual diversity are not well addressed.

Across the region, peer education plays an important role in delivering HIV and health education to young people, both in and out of the school context. This includes young people who at higher risk of HIV exposure, such as street children, young people who inject drugs, young people in same-sex relationships and young people engaged in selling sex.[3]

However, relevant policy frameworks and state support for peer education are lacking, which hampers the systematic engagement of peer educators in school-based extracurricular activities and outreach to adolescent and young key populations.

Most existing educational programmes that include elements of HIV prevention and SRH education were initiated in the region and supported by international organizations. Many programmes, especially those that are optional and extracurricular, are peer-led and delivered by CSOs. The latter are often small in scale, and are dependent on external funding.

Many countries report insufficient teacher preparation to deliver high-quality prevention education. Teacher training is often limited in scope and mainly happens through in-service training. Teachers feel uncomfortable discussing sensitive issues and do not always apply participatory methods to health and life skills education.

A systematic, multi-sectoral approach to planning, budgeting and monitoring of HIV prevention and SRH education is yet to be developed in EECA countries.

This review provides information about how HIV prevention and SRH education is delivered across the EECA region. It identifies gaps, needs and barriers to advancing comprehensive prevention education, both within and outside countries' national educational systems. The recommendations adopted as part of this review form

[3] People under 18 years of age who sell sex are sexually exploited children.

the basis for discussion on the next steps in the development of these educational programmes.

Recommendations

Several overarching recommendations emerge from the comparative analysis of the situation related to comprehensive prevention education in the EECA region. They resonate with resolutions[4] recently adopted by policy-makers, educators and young people from the regional countries and provide entry points for action:

- Ensure access for all adolescents and young people, including key populations, to comprehensive, culturally appropriate, age-sequenced, participatory and inclusive HIV prevention and SRH education.

- Deliver curriculum-based compulsory programmes that provide accurate information about growth and development, sexual anatomy and physiology; reproduction and contraception; pregnancy and childbirth; interpersonal relationships, family life and responsible parenting; HIV and other STIs; human rights, including reproductive and sexual rights and non-discrimination; gender, equality and non-violent relationships.

- Ensure that comprehensive prevention education begins before adolescents become sexually active and allocate sufficient time for classroom learning and extracurricular activities to facilitate the formation of assertive attitudes and responsible behaviour.

- Develop and enforce school policies to protect learners and educators who are living with HIV or affected by the epidemic from stigma and discrimination.

- Strengthen teacher preparation and support; fully integrate HIV prevention and SRH education into pre-service and in-service training programmes for teachers, school nurses and psychologists.

- Develop and expand parent sensitization and orientation programmes to increase their awareness about and support to school-based HIV prevention and SRH education.

- Institutionalize peer education approaches in curriculum-based comprehensive prevention education and extracurricular activities with a special focus on reaching out-of-school, rural and migrant youth, and adolescent and young key populations. Explore opportunities for the development of ICT-based (the Internet and social media networks) comprehensive prevention education and awareness-raising among adolescents and young people.

- Strengthen the national capacities for the systematic collection and analysis of data disaggregated by age and sex on adolescents' and youth sexual and reproductive health-related knowledge, behaviour and health outcomes to inform relevant policy and practice development in health and education sectors.

- Integrate internationally recommended and contextually relevant indicators into national Education Management Information Systems (EMIS) to ensure that changes in learners' knowledge, skills and behaviour are routinely monitored and evaluated.

- Establish and improve linkages and referral mechanisms between educational institutions and SRH services for adolescents and young people, including key populations.

- Ensure access for all adolescents and young people, including key populations, to friendly, confidential and affordable SRH services. Eliminate legal and institutional barriers for young people to accessing high-quality SRH services.

[4] UNESCO Moscow Office. (2011). Resolution of the EECA regional conference on HIV prevention and healthy lifestyle promotion in education. Almaty, 2011. http://unesdoc.unesco.org/images/0021/002157/215742m.pdf (Accessed 22 July 2013).

UNFPA EECA Regional Office. (2011). Concluding Document of the EECA regional conference 'Investing in Youth: Path to Accelerated Development.' Istanbul, 2011. http://www.unfpa.org/webdav/site/global/shared/documents/news/2011/RegionalYouthConferenceDocument.pdf (Accessed 22 July 2013).

UNFPA EECA Regional Office. (2013). Call to Action – Summary of the UNECE Regional Youth Conference. Istanbul, 2013. http://eeca.unfpa.org/webdav/site/eeca/shared/documents/ICPD-Geneva/UNECERegionalYouthForumCalltoAction.pdf (Accessed 22 July 2013).

UNFPA and UNECE. (2013). Chair's Summary of the UNECE regional conference 'Enabling Choices: Population Priorities for the 21st Century'. Geneva, 2013. http://www.unece.org/fileadmin/DAM/pau/icpd/Conference/Other_documents/Chair-s-Summary.pdf (Accessed 22 July 2013).

- Strengthen the coordination of international technical and financial support and contributions made by CSOs to the development and delivery of comprehensive HIV prevention and SRH education and services for young people to enhance national ownership.
- Ensure sustainable state funding for comprehensive and scaled-up HIV prevention and SRH education and services for adolescents and young people, including key populations.

Chapter 1.
Background, purpose and methodology

Education empowers people with the knowledge, skills and values they need for a healthy and meaningful life. Children and young people have the right to education and, specifically to education and information that enables them to stay healthy. Addressing the health of learners is critical for meeting national targets for health and education.

Evidence has shown that school-based comprehensive prevention education that is appropriately age-sequenced, gender sensitive and life skills-based can empower young people to protect themselves from unintended pregnancy, HIV, other STIs, harmful habits including substance abuse and other threats to their health and well-being. Carefully designed and delivered by trained teachers using participatory approaches, curriculum-based HIV prevention and SRH education programmes can reduce risky behaviour without damaging effects: they do not hasten the initiation of sexual debut or increase sexual activity.[5] When placed in the broader context of life skills and health education, they help adolescents and young people to develop their personalities and live more healthily and in a more fulfilling and responsible manner.[6] There is also sufficient evidence that prevention education is effective if it is delivered to children before they become sexually active.[7]

Education provides knowledge that is necessary for developing values, attitudes and skills, which in turn enable the adoption of healthy behaviours. However, education alone cannot ensure behaviour change. Knowledge and skills are necessary, but are not sufficient. Cultural norms and family situations, as well as the availability and accessibility of health and psycho-social services attuned to meeting the special needs of young people, all have an influence on their sexual and reproductive behaviour and health outcomes. Therefore, young people need access to counselling and sexual and reproductive health services that are non-judgemental and affordable, in addition to accurate and relevant information and skills in decision-making, negotiation, communication and critical thinking.

Young people are not a homogeneous group, but include individuals with different and complex needs. Some of them are living with HIV and face negative attitudes. Therefore, education has a role to play in addressing HIV-related stigma and discrimination and should foster tolerance and solidarity. Prevention education also has to address young people's diverse sexual and reproductive health needs and help them develop the skills necessary to make healthy choices about relationships, including sexual relationships and family formation.

About this regional review

This review was commissioned by the UNESCO Moscow office. The aim is to improve understanding of the situation related to HIV prevention and SRH education in the region, analyse achievements and gaps, and inform discussions among multiple stakeholders about how to enhance the quality and expand the reach of these educational programmes, as well as strengthen their linkages with SRH services for young people.

This study was conducted in two phases. In the first stage, situation assessments were completed for ten countries in Eastern Europe and Central Asia: Armenia, Azerbaijan, Belarus, Kazakhstan, Kyrgyzstan,

[5] UNESCO. (2009). International Technical Guidance on Sexuality Education: An evidence-informed approach for schools, teachers and health educators. http://unesdoc.unesco.org/images/0018/001832/183281e.pdf (Accessed 22 July 2013).

[6] WHO Regional Office for Europe and Federal Centre for Health Education (BZgA). (2010). Standards for Sexuality Education in Europe. A framework for policy makers, educational and health authorities and specialists. http://www.bzga-whocc.de/?uid=c96f0735819562ed5f861b3b80e0ba88&id=Seite4489 (Accessed 22 July 2013).

[7] UNESCO. (2009). International Technical Guidance on Sexuality Education: An evidence-informed approach for schools, teachers and health educators. http://unesdoc.unesco.org/images/0018/001832/183281e.pdf (Accessed 22 July 2013).

Republic of Moldova, Russian Federation, Tajikistan, Ukraine and Uzbekistan. In the second stage, information provided in the country assessments was analysed and synthesized for this regional review.

Experts from the national ministries of education and their bodies (education and curriculum development, teacher training and research institutions) were consulted during data collection, preparation and revision of the draft country assessments.

The study consists of a regional review and ten standalone country assessment summaries. The regional review is divided into six chapters. This introductory chapter is followed by Chapter 2, which presents a comparative analysis of the HIV epidemic in EECA countries and looks at the SRH-related behaviour patterns of adolescents and young people. Most of the HIV-related data is taken from the official reports submitted by countries to the UNAIDS Secretariat for the monitoring of progress towards achieving commitments taken at the 2001 UNGASS on HIV and AIDS and the targets set in the 2011 Political Declaration on HIV/AIDS (hereinafter referred to as 'country progress reports').

The United Nations Children's Fund (UNICEF) TransMonEE database supplied data on country populations to represent the scale of the HIV epidemic and adolescent fertility and abortion rates, as well as STI prevalence, in order to understand the levels of risky behaviour and its consequences. However, lack of recent, reliable and comparable data from countries that is disaggregated by age and gender regarding adolescent and young people's HIV and SRH knowledge, attitudes and behaviour significantly hampered researchers from drawing conclusions about the effectiveness of HIV prevention and SRH education programmes implemented in the countries assessed.

Chapter 3 analyses national laws, policies and strategies that provide a framework for the delivery of prevention education and SRH services to adolescents and young people. Laws, policies and strategies on HIV, reproductive health, youth and education were analysed.

Chapter 4 presents findings about the organization and coordination of prevention education at the country level. Chapter 5 analyses various approaches, content and coverage and resourcing of prevention education. Chapter 6 discusses the key findings, challenges and opportunities and provides recommendations for discussion. The review includes appendices that provide data on each of the ten surveyed countries, as well as references.

Chapter 2.
HIV epidemic and young people's sexual and reproductive health and behaviour

Over the past two decades, EECA countries have undergone dramatic political, social and economic transformations, which have been exacerbated by two concurrent epidemics of HIV and injecting drug use. The EECA region is home to 3.7 million people who inject drugs, which represents almost a quarter of the world's total number of people who inject drugs. More than half of these 3.7 million people who inject drugs live in the Russian Federation (1.8 million) and Ukraine (300,000). The average age of initiating drug injection is low and in some countries the age of first use is decreasing further. In the Republic of Moldova, about 55 per cent of people who inject drugs aged 15–24 first started using drugs when they were under 18 years old and 5 per cent of them began to inject before they turned 15. [8]

Unlike many other regions in the world where HIV prevalence has fallen, the estimated number of people living with HIV in Eastern Europe and Central Asia increased between 2001 and 2011 from 970,000 to 1.4 million. At the same time, HIV prevalence doubled among young people aged 15–24. In most countries, people were diagnosed with HIV when they were younger than 30.[9]

In the Russian Federation and Ukraine, about one per cent of the adult population (aged 15–49) is estimated to be living with HIV. Kazakhstan, Kyrgyzstan and the Republic of Moldova are three out of nine countries in the world where the HIV incidence rate has increased by more than 25 per cent since 2001.[10]

Unsafe drug injection has been the major driver of the epidemic since it unfolded in the region. However, today sexual transmission accounts for 49 per cent of new infections in Ukraine and for the majority of new HIV cases in four other countries: Armenia (56.0 per cent); Belarus (76.1 per cent); Kazakhstan (50.7 per cent); and Republic of Moldova (86 per cent).[11]

Exposure to alcohol and drugs, peer pressure, gender-based violence and inequality, intensive labour migration and displacement, human trafficking, marginalization and involvement in sexual exploitation all conspire to increase the vulnerability of young people – especially girls – to HIV, other STIs and unintended pregnancy.

Many young people across the region become sexually active at an early age. According to country progress reports in eight countries, from 2.0 per cent (in Tajikistan) to 11 per cent (in Kyrgyzstan) of surveyed young people aged 15–24 had sexual intercourse before the age of 15. Between 2007 and 2011, the proportion of young people who initiated sex before the age of 15 increased almost three-fold in Tajikistan (from 0.7 per cent to 2 per cent), doubled in Kyrgyzstan (from 4.7 per cent to 11 per cent) and increased 1.5 times in the Republic of Moldova (from 3.6 per cent to 5.6 per cent). Only Kazakhstan reported a two-fold decrease (from 6.8 per cent to 2.9 per cent) in the proportion of young people initiating sex before they turned 15.[12]

[8] UNICEF. (2010). Blame and Banishment. The undergoing HIV epidemic affecting children in EECA. http://www.unicef.org/ceecis/UNICEF_BlameBanishment_WEB_final.pdf (Accessed 22 July 2013).

[9] UNAIDS. (2012). Report on the Global AIDS Epidemic. http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/20121120_UNAIDS_Global_Report_2012_with_annexes_en.pdf (Accessed 22 July 2013).

[10] UNAIDS. (2012). Report on the Global AIDS Epidemic. http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/20121120_UNAIDS_Global_Report_2012_with_annexes_en.pdf (Accessed 22 July 2013).

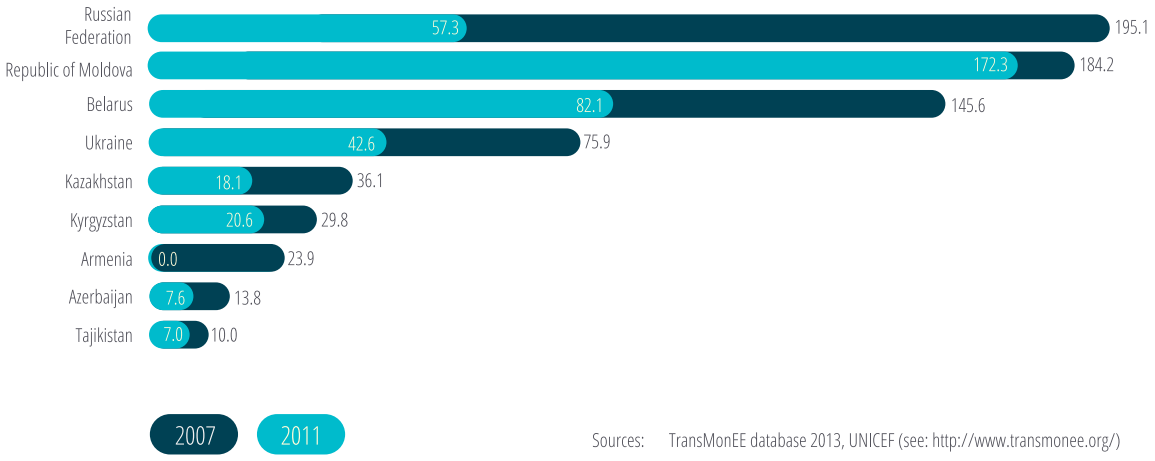
[11] Country progress reports for 2010 and 2012. http://www.unaids.org/ (Accessed 22 July 2013).

[12] Country progress reports for 2008 and 2012. http://www.unaids.org/ (Accessed 22 July 2013).

At the same time, according to the World Health Organization's Health Behaviour in School-Aged Children survey report, as many as 45 per cent of 15-year-old boys in Armenia, 40 per cent in Ukraine and 37 per cent in Russia had their first sexual experience before reaching the age of 15.[13]

Although the incidence of STIs among 15–19 year olds is on a downward trend across the region, it is still very high in the Republic of Moldova (172.3 new cases per 100,000 average relevant population in 2011), Belarus (82.1) and Russia (57.3) (see Figure 2.1).

Figure 2.1 Incidence of syphilis and gonorrhoea among 15-19 year olds (new cases per 100,000 average relevant population) in Eastern Europe and Central Asia in 2007 and 2011

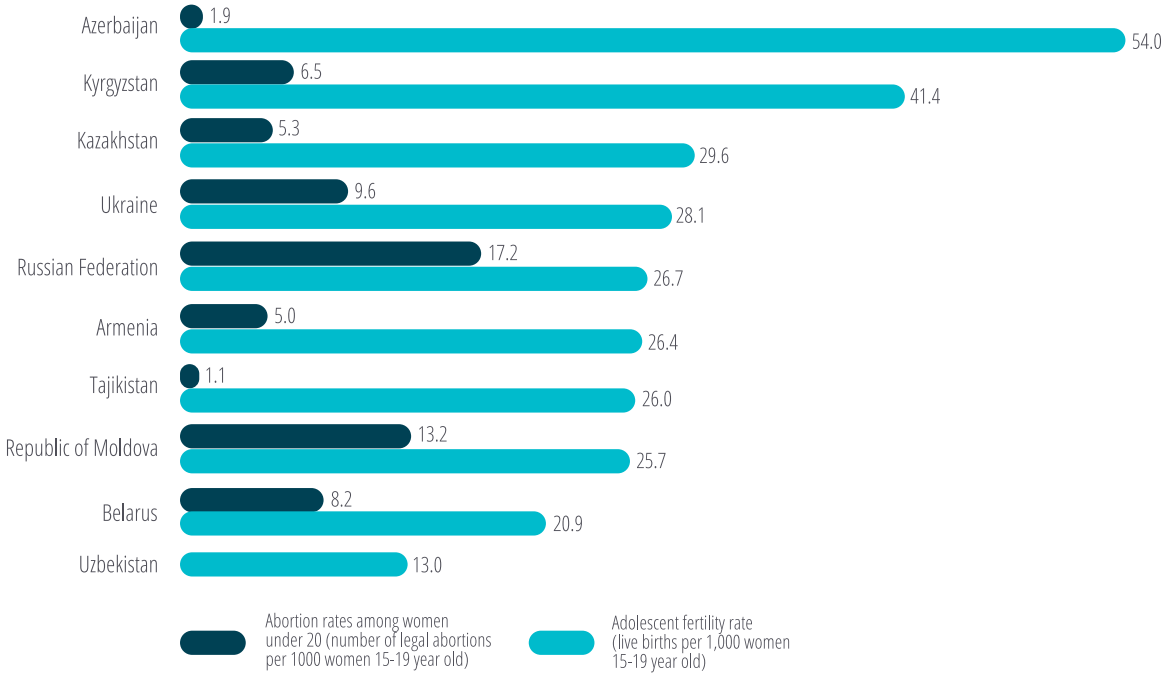


Sources: TransMonEE database 2013, UNICEF (see: http://www.transmonee.org/)

[13] WHO. (2010). Social Determinants of Health and Well-being Among Young People. Health Behaviour in School-Aged Children. http://www.euro.who.int/en/what-we-publish/abstracts/social-determinants-of-health-and-well-being-among-young-people.-health-behaviour-in-school-aged-children-hbsc-study (Accessed 22 July 2013).

Adolescent fertility and abortion rates are on the rise in Armenia, Azerbaijan, Kazakhstan, Kyrgyzstan and the Republic of Moldova, but the trend is downward in Belarus, Russian Federation and Ukraine. (see Figure 2.2).

Figure 2.2 Adolescent fertility and abortion rates (live births and legally induced abortions among women under age 20 per 1,000 women aged 15-19) in Eastern Europe and Central Asia in 2011



Sources: TransMonEE database 2013, UNICEF (see: http://www.transmonee.org/)
World Bank Data Base, World Bank (see: http://data.worldbank.org/indicator/)

Box 2.1
Consequences of adolescent pregnancy

Having babies during adolescence has serious consequences for the health of the girl and her infant, including complications from pregnancy and childbirth, and stillbirths. Infants of adolescent mothers are also more likely to have low birth weight, which can have a long-term impact on their health and development. Adolescent pregnancy is a major contributor to maternal and child mortality, and to the vicious cycle of ill-health and poverty.

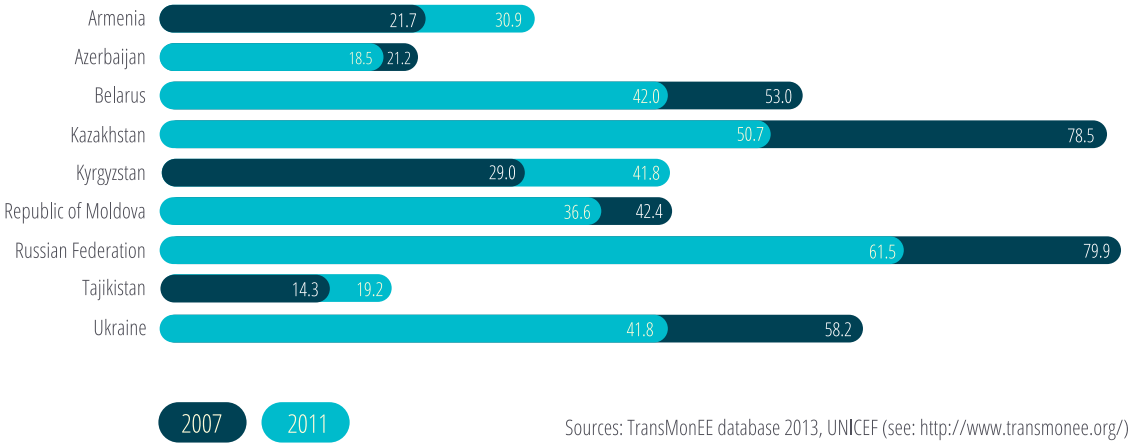
Source: WHO. (2012). Adolescent Pregnancy Fact sheet. http://www.who.int/mediacentre/factsheets/fs364/en/index.html (Accessed 22 July 2013).

A range of cultural and social factors contribute to high adolescent fertility in the region. These include: low SRH knowledge; stigma about seeking SRH services and barriers to accessing them; gender stereotypes (including those that limit girls from negotiating sexual practices, for example, in terms of using condoms); and early marriage.

Consequences of abortions can be detrimental for girls' reproductive health and can limit their ability to have children in future. Adolescent mothers have fewer opportunities to complete or continue education, which makes them less competitive on the labour market. They are often at risk of social isolation from friends and family, economic dependence, depression and stress.

Mental health problems, depression or anxiety are not uncommon among adolescents in EECA. Russia and Kazakhstan stand out in the region and globally, with high rates of adolescent mortality due to external causes, including suicide (see Figure 2.3).

Figure 2.3 Adolescent mortality rates due to external causes of death (including suicide) among 15-19 year olds (death per 100,000 average relevant population) in Eastern Europe and Central Asia in 2007 and 2011



Sources: TransMonEE database 2013, UNICEF (see: http://www.transmonee.org/)

School-based life skills and health education that comprehensively discusses sexual and reproductive health issues can enhance young people's self-esteem and help to develop coping and decision-making skills. Combined with access to hotlines, psycho-social counselling and youth-friendly SRH services, these skills can help to reduce the risk of suicide among young people.

Chapter 3.
Laws, policies and strategies

Most countries in the EECA region have signed up to a range of international conventions that protect the rights of girls and boys, young women and men to equitable access to education and health services, including HIV prevention and SRH education and services. They have also signed a number of declarations, action plans and frameworks that set specific targets to measure progress in upholding these rights including: the 1966 Covenant on Economic, Social and Cultural Rights (ESCR); the 1979 Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW); the 1989 Convention on the Rights of the Child (CRC); the 1990 World Declaration on Education for All (EFA); the 1994 Plan of Action adopted at the International Conference on Population and Development (ICPD); the 2000 Millennium Declaration; the 2000 Dakar Framework for Action, Education for All: Meeting our Collective Commitments; 2001 Declaration of Commitment on HIV/AIDS; the 2004 Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia; and the 2011 Political Declaration on HIV/AIDS.

Accession to these conventions and the adoption of these declarations and action plans obliges countries to translate international commitments into national laws and policies and to enforce their implementation. Over the past 20 years, countries in the EECA region have developed and adopted numerous laws, strategies and policies that promote and protect the reproductive health and rights of adolescents and young people through access to information, education and services. Overall, they provide for the delivery of life skills-based health education with HIV and SRH education at the core. They also provide for friendly and confidential SRH services for young people.

Four categories of laws, policies and strategies were reviewed under this assessment: (1) national HIV laws and strategies/programmes; (2) national health/reproductive laws and strategies; (3) national youth laws and strategies; (4) national education laws and strategies. The list of the documents reviewed is provided in Appendix 19.

HIV laws, policies and strategies

All countries in the region have specific laws on HIV that provide for public awareness-raising about HIV and its prevention, and eight of them mention that this has to happen in educational institutions. The law in Armenia clearly states that moral and sexuality education should be provided to minors, while Russian law suggests the inclusion of moral and sexuality education-related topics in the curriculum without specifying the level of education. The law in Tajikistan emphasizes the obligation of all educational institutions to provide learners with education about healthy lifestyles and HIV. The law in Azerbaijan provides a list of key population groups that are at higher risk of HIV, including young people that are prioritized to recieve HIV prevention education. The law in Kyrgyzstan highlights the integration of HIV education in the school curriculum and so does the law in Azerbaijan, which underscores the importance of rights-based, age-appropriate and scientifically correct messages. The law in the Republic of Moldova indicates that children aged 12 and over should receive HIV prevention education to adopt safe and responsible behaviour and schools should promote non-discrimination and tolerance towards people living with HIV. The law in Ukraine provides HIV prevention through the promotion of a healthy and moral lifestyle, moral values and responsible behaviour in secondary and vocational training schools and in higher education institutions.

Of those ten laws that acknowledge state obligations to provide HIV awareness raising and education, seven laws also protect people living with HIV from discrimination. In other countries, the rights of people living with HIV to education are protected through other laws prohibiting discrimination.

Box 3.1
Azerbaijan: the law on HIV

Any restriction of the right to education of a person or their family members because of HIV infection – including the rejection of admission to educational institutions or imposition of restrictions on their participation in any activities, as well as exclusion from educational institutions – is prohibited. Educational institutions must ensure the confidentiality of information that they have about HIV infection among students or their parents or other close relatives. It is prohibited to make inquiries or conduct investigations in this regard.

Source: The Law of the Republic of Azerbaijan on the Prevention of a Disease Caused by HIV. [Adopted on 11 May 2010]. http://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---ilo_aids/documents/legaldocument/wcms_175318.pdf (Accessed 22 July 2013). (In Russian).

As well as laws, national HIV strategies and programmes in seven of the reviewed countries set specific objectives and provide action plans for school-based HIV education. Examples of those include: teacher training to deliver mandatory health education subjects touching on HIV prevention (Armenia); HIV prevention curriculum development, teacher in-service training, furnishing classrooms with multimedia equipment for interactive training (Belarus); life skills and health education in schools (Ukraine); healthy lifestyle promotion and education at secondary, technical and vocational training schools and tertiary institutions (Republic of Moldova, Tajikistan). The Kyrgyzstan State HIV Programme 2012–2016 includes a bold objective to reduce young people's vulnerability to HIV by providing access to school-based HIV education and SRH services to at least 60 per cent of young people aged 15–24 by 2016.

Many national HIV programmes target adolescents and young key populations at higher risk of HIV exposure, including out-of-school, rural, migrant youth, young people in penitentiary institutions, and young people who inject drugs, as well as those involved in sexual exploitation.

Laws, policies and strategies on reproductive health

National health and reproductive health laws and strategies were assessed in all ten countries. In all these countries, laws and strategies make reference to the state obligation to provide young people with information, education and services to protect their reproductive health. However, requirements for the content of this information and education and how it should be delivered are different across the ten countries.

Armenia, the Republic of Moldova, Kyrgyzstan and Tajikistan clearly acknowledge adolescents' rights to school-based sexuality education and the protection of their sexual and reproductive health. Other countries do not use the term 'sexual' in relation to adolescent education, services or rights. In their laws, these countries recognize minors' right to hygiene education (Russia and Uzbekistan), healthy lifestyle and STI prevention education (Azerbaijan).

Box 3.2
Armenia: the law on reproductive health and rights

Adolescents have a right to: (1) sexuality education and protection of sexual and reproductive health; (2) have knowledge about puberty, sexual and reproductive health, pregnancy termination, and prevention of STIs and HIV; (3) friendly and confidential sexual and reproductive health counselling and care. ... Sexuality education is delivered to adolescents in schools and other educational institutions by specially trained staff in cooperation with parents, health workers and community organizations. ... Sexuality education programmes are developed and implemented by health and education institutions with the involvement of young people; they are value-based, culturally appropriate, age-specific and grounded in evidence and best international practice.

Source: The Law of the Republic of Armenia on Human Reproductive Health and Reproductive Rights. [Adopted on 11 December 2002 (as amended on 21 March 2012)]. http://www.parliament.am/legislation.php?sel=show&ID=1339&lang=rus (Accessed 22 July 2013). (In Russian).

Several laws link sexuality and HIV education with morality education for the protection of minors' reproductive health (Armenia, Kazakhstan and Ukraine). Preparation for marriage, family life and childbearing are highlighted as important goals for reproductive health education in the laws of several countries. Two countries (Kazakhstan and Tajikistan) mention family planning among the topics to be addressed by this kind of education. Many countries have common characteristics for HIV and reproductive health education: cultural appropriateness, age specificity and scientific accuracy.

Box 3.3
Kyrgyzstan and Tajikistan: the laws on reproductive health and rights

Children and adolescents have a right for protection of their reproductive rights as well as to education and training in the area of sexual and reproductive health, preparation for family life.

Source: The Law of the Kyrgyz Republic on the Reproductive Rights and Guarantees of Their Implementation. [Adopted on 10 August 2007]. http://base.spinform.ru/show_doc.fwx?rgn=18263 (Accessed 22 July 2013). (In Russian).

Adolescents and young people have a right to information and services on reproductive health and family planning to protect themselves from unintended pregnancy and sexually transmitted diseases.

Source: The Law on the Reproductive Health and Reproductive Rights of the Republic of Tajikistan. [Adopted in 2002]. http://www.mmk.tj/ru/legislation/legislation-base/2002/ (Accessed 22 July 2013). (In Russian).

Laws, policies and strategies on youth

In eight countries, national youth laws, policies and strategies cite youth health protection as a priority goal and provide for healthy lifestyle promotion and substance abuse prevention (Armenia and Ukraine), family planning and reproductive health education (Azerbaijan), formation of healthy lifestyle (Belarus), family life and sexual education (Kazakhstan).

Youth laws usually underscore youth participation in the planning and implementation of health education programmes and the delivery of SRH and other services to young people. However, most of them do not specify if such educational programmes should be school-based. The National Strategic Programme on Demographic Security 2011–2013 of the Republic of Moldova acknowledges the impact of education on future reproductive behaviour and health and places the responsibility of delivering health education and preparation for family life on secondary and tertiary education institutions.[14]

Education laws, policies and strategies

In general, education laws are less vocal about health education in comparison with health laws. References to health and life skills education were only found in four out of ten country laws that were assessed. In many education laws, health education goals are rather broad and non-specific including skills for healthy living or culture of healthy and safe living.

However, education policies such as national educational standards and curricula establish education level and grade-specific learning and skills outcomes for all educational domains. The standards and curricula define the content and approaches for curriculum-based mandatory and optional life skills and health education.

There is evidence across different countries of the development of strategic plans that address health education and open a window of opportunity to include and strengthen prevention education components in the curricula. In Kazakhstan, the National Plan of Action for Education for All 2015 sets the task of creating an enabling environment for children and parents' education on HIV/STIs and illicit drug use prevention in schools and other educational institutions.[15]

The increase in the number of children born to HIV-positive parents in the region – in particular in the Russian Federation and Ukraine, as well as in Central Asian countries – added another dimension to HIV education: fostering tolerance towards people living with

[14] Government of the Republic of Moldova. The National Programme on Demographic Security in the Republic of Moldova in 2011–2013. [Adopted in 2011]. http://lex.justice.md/viewdoc.php?action=view&view=doc&id=340745&lang=2 (Accessed 22 July 2013). (In Russian).

[15] Ministry of Education and Science of the Republic of Kazakhstan. National Plan of Action for Education for All until 2015. http://www.edu.gov.kz/index.php?id=290 (Accessed 22 July 2013). (In Russian). http://unesdoc.unesco.org/images/0021/002157/215742m.pdf (Accessed 22 July 2013).

HIV and prevention of discrimination against HIV-positive learners in educational institutions. This paved the way for the adoption of national policies on HIV in the educational sector in Belarus, Kyrgyzstan, Russian Federation, Tajikistan, and Ukraine in 2012–2013. Developed with technical assistance from UNESCO, and based on 2012 regional Practical Recommendations on HIV Policy Implementation in the Education Sector from the UNESCO Moscow office and the International Labour Organization (ILO) country office for EECA, these policies provide management and staff of educational institutions with a framework for supporting and protecting learners and educators living with or affected by HIV from discrimination. The references on national policies on HIV in the educational sector are provided in Appendix 19.

Figure 3.1 offers an overview of national laws, strategies and policies that provide a framework for HIV prevention and SRH education for young people.

Figure 3.1 National laws, strategies and policies providing a framework for HIV prevention and SRH education for young people in EECA

	HIV			Health	Youth	Education	
	Strategies	Laws*		Laws, strategies, policies	Laws, strategies, policies	Laws	Strategies, policies, curriculum
		(1)	(2)				
Armenia	+	+	+	+	+	+	+
Azerbaijan	?	+	+	+	+	+	+
Belarus	+	-	-	+	+	+	+
Kazakhstan	-	-	+	+	+	-	+
Kyrgyzstan	+	+	-	+	+	-	+
Republic of Moldova	+	+	+	+	+	-	+
Russian Federation	+	+	+	+	?	+	+
Tajikistan	+	+	-	+	+	-	+
Ukraine	+	+	+	+	+	-	+
Uzbekistan	?	+	+	+	-	-	+

\+ Include references to HIV awareness raising, sexuality education, SRH services for young people and protection of PLHIV from discrimination
\- Do not include such references
? Information not available

*References to (1) HIV prevention education and awareness raising and (2) protection of people living with HIV from discrimination were analyzed in HIV laws separately.

Chapter 4.
Organization, coordination and monitoring

Countries in the region have a centralized education system that is defined by a national law on education and is managed and overseen by a national ministry of education, as well as regional and local departments of education. Education standards and mandatory curricula are developed and approved by the ministries while regional (entity level) and local education authorities and schools are given the autonomy to decide on extracurricular activities and optional (elective) courses. In all countries, some elements of prevention education – including prevention of HIV, STIs and unintended pregnancy – are integrated into mandatory subjects and delivered through optional courses that promote healthy lifestyles and facilitate the prevention of harmful behaviours (smoking, drug and alcohol use).

In many countries, ministries of health – through their public health institutions – assist ministries of education with the development of health education curriculum and information, education and communication materials. Usually there is stronger support for HIV prevention and SRH education among health workers than educators. However, ministries of health lack the mandate and capacity to define, deliver, monitor and assess school-based health education and strengthen the prevention education component.

Box 4.1
Kazakhstan: health promotion and education programmes

In Kazakhstan, the National Healthy Lifestyle Promotion Centre (HLS), which operates under the auspices of the Ministry of Health, is mandated to provide technical support to the development of health promotion and education programmes. Health educators from local HLS promotion centres deliver lectures and participate in extracurricular activities at schools.

Throughout the region, community-based public health centres provide periodic medical checkups and immunizations for children in schools. School nurses and doctors are usually responsible for providing basic health and SRH education to pupils. However, they often miss this opportunity because of work overload and lack of appropriate training and motivation. The level of cooperation between health and education sectors on school-based health education is generally low.

Immense technical and financial support provided by UN agencies such as the United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), UNESCO, World Health Organization (WHO); bilateral agencies such as the United States Agency for International Development (USAID), Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ); and international organizations including the European Commission (EC) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFTAM) gave a strong impetus for countries to develop, pilot and institutionalize HIV prevention and SRH education within health and life skills education programmes.

Box 4.2
Ukraine: rights-based HIV prevention programmes

The All-Ukrainian Association of Teachers and Trainers, together with the Health through Education Fund, have been working to build the capacity of school administrators and teachers in Ukraine to implement high-quality, rights-based HIV prevention programmes and create enabling and discrimination-free environments for learners and educators living with or affected by HIV. More than 600 schools will benefit from this initiative, which is supported by a grant from the EC and GFTAM, with technical assistance from UNESCO.

Acknowledgement of the critical role of the education sector in response to HIV has led to the participation of ministries of education in national AIDS committees and councils that develop and oversee the implementation of national AIDS programmes.

In all countries, ministries of education have membership in the country coordinating mechanism (CCM), which was established according to GFTAM requirements to ensure multi-stakeholder partnerships for accessing funding and using it on priority needs. In six countries (Armenia, Kazakhstan, Kyrgyzstan, Republic of Moldova, Tajikistan and Ukraine), deputy ministers of education are official members of CCMs.[16] A summary of education sector involvement in the national HIV programmes and participation in mechanisms coordinating HIV response is provided in Appendix 16.

In seven countries, national HIV strategies have provisions for HIV education and awareness-raising activities among young people, but only a few countries allocate state funding earmarked for HIV to support school-based education programmes. In many cases, funding for the development of such educational programmes, teacher training and production of educational materials comes from international sources.

Insufficient domestic funding for HIV education reflects the low priority assigned to it, uncertainty about what it should be expected to deliver and how the impact of such education could be measured. This is also applicable to more general prevention education within existing educational programmes.

None of the countries has a strong and sustainable system to measure the effectiveness of comprehensive prevention education in terms of knowledge, attitude and behaviour (KAB) change at a national scale. KAB surveys are conducted periodically, mostly to evaluate donor-funded projects and to collect data for biannual reports submitted by countries to UNAIDS for the monitoring of progress in the national HIV response. For these reports, two relevant youth-specific indicators are measured: (1) the percentage of young women and men aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission; and (2) the percentage of young women and men who have had sexual intercourse before the age of 15. The way in which these indicators are defined limits the extent to which the data collected provide an assessment of the impact of specific HIV prevention and SRH education programmes. Indicators related to comprehensive prevention education are yet to be integrated into national Education Management Information Systems (EMIS).

Civil society organizations have been instrumental in articulating the sexual and reproductive health needs and rights of young people and in implementing peer-led HIV and SRH extracurricular activities in schools and community based services, including youth-friendly health, psycho-social and information services. Supported by UNFPA and other international organizations, several initiatives for the standardization of peer education programming – including the recruitment, training, retention and supervision of peer educators and the monitoring and evaluation of training provided to youth – are underway in several countries in the region. However, non-formal education initiatives are heavily dependent on outside funding and are often delivered on a pilot basis with limited geographic scope.[17] Some NGOs apply innovative approaches to raise young people's awareness about HIV and SRH issues.

Box 4.3
Information technology-based SRH education in EECA countries

The Kazakhstan Association on Sexual and Reproductive Health and the Ukrainian Woman Health and Family Planning Fund support peer-led initiatives and information technology-based SRH education for adolescents and young people via websites.

[16] GFTAM. Grant Portfolio, CCM. http://portfolio.theglobalfund.org/en/Home/Index (Accessed 22 July 2013).
[17] UNFPA EECA Regional Office. (2011). Concluding Document of the EECA regional conference 'Investing in Youth: Path to Accelerated Development'. Istanbul, 2011. http://www.unfpa.org/webdav/site/global/shared/documents/news/2011/RegionalYouthConferenceDocument.pdf (Accessed 22 July 2013).

In order to improve the quality and expand the reach of prevention education, many countries are making efforts to build the capacity of teachers. However, many of them are often limited in scope. They mainly happen through in-service training and short-term cascade-model training, often supported by international organizations. Unfortunately, cascade training has its limitations: after the initial trainers' training, the subsequent dissemination trainings risk losing quality and are not able to prepare teachers adequately for the implementation of interactive approaches.

Box 4.4
In-service teacher training in the EECA countries

In 2008–2011, an in-service training approach was applied to prepare more than 7,000 teachers in Azerbaijan, 3,000 educators in Armenia, and nearly 1,500 teachers in Belarus to deliver life skills and HIV education in schools. Tajikistan reported to have 900 teachers from 322 pilot schools recently trained in life skills and HIV prevention education. Over 32 per cent of schools in Belarus have at least one teacher retrained in HIV education during the last five years. In 2012, more than 8,000 Russian teachers were trained to enhance HIV prevention in schools. This massive teacher training exercise spanned 83 regions and was funded by the state healthcare project run by the Russian Ministry of Health. Teacher training programmes encompassed 36 academic hours.

Source: Armenia, Azerbaijan, Russian Federation and Tajikistan country assessments (Appendices 2, 3, 8, 9) and country progress reports. http://www.unaids.org/ (Accessed 22 July 2013); Federal Child Development Research Centre, Russian Federation. 2012. Project Information. http://hiv.cipv.ru/static.php?mode=page_006 (Accessed 22 July 2013). (In Russian).

In a few countries where health education is mandatory, topics related to HIV and SRH education are integrated into teacher pre-service preparation. In the Republic of Moldova, for example, all trainee teachers have been studying Healthy Lifestyle as a mandatory subject since 2005. In Ukraine, only a few teacher training institutes prepare a limited number of educators to deliver a mandatory subject, Basics of Health. Armenia is on the way to integrating relevant topics into the teacher training curricula. However, most countries in the region rely on the in-service training of teachers who deliver prevention education.

In the absence of a mandatory life skills or health education subject that has fully integrated HIV and SRH education, the demand for teacher pre-service training is low and it is difficult to decide which teachers to train. However, to ensure the quality of prevention education, teachers have to be adequately prepared and have the knowledge and skills to apply participatory, interactive and problem-solving approaches to engage learners. These teachers are not just transmitters of information. Their life experience, personal beliefs and attitudes matter when they teach about sexual and reproductive health. Teachers should be able to engage learners in an open and honest discussion in a way to help them internalize knowledge and form attitudes. They have to feel confident and comfortable about discussing 'sensitive' issues and answering 'difficult' questions. Adequate pre-service training is therefore highly desirable for preparing life skills and health education teachers who will deliver prevention education. It is easier to organize pre-service training, and it has significantly wider reach and thus is more cost effective.

Chapter 5.
Approaches, content, coverage and outcomes

Life skills and health education that touches on HIV prevention and some SRH education topics is delivered in all countries across the EECA region, although significant differences are notable in the approaches, content, levels of education, scale to which it is taught and learning outcomes.

HIV and reproductive health education integrated into mainstream subjects

In most countries, basic information about human reproduction is provided in secondary school (Grades 5–9) within mandatory science subjects such as biology. In three countries (Russia, Belarus and Kazakhstan), HIV is briefly discussed together with other infectious diseases and health threats within a mandatory subject Basics of Life Safety in Grades 7–9. Heavily focused on safety at home and on the road, as well as man-made and natural disasters, this subject teaches students to provide first aid, resolve conflicts, cope with stress, eat a healthy diet and encourages safe living free from alcohol, tobacco, drugs, HIV and other infectious diseases. However, these subjects miss out important topics related to sexual and reproductive health.

In 2010, Kazakhstan introduced into all grades of primary and secondary school a mandatory subject called Knowledge of Oneself, which puts traditional moral values at the centre of life skills education. In the Republic of Moldova, students of upper secondary school (Grades 10–12) study a mandatory subject called Ethics and Psychology of Family Life.

Standalone compulsory subjects

Four countries in the region have developed relatively comprehensive curricula for compulsory SRH education, which is packaged as life skills-based health education in secondary school. In Grades 7–9 in Ukraine, and in Grades 8–11 in Armenia and the Republic of Moldova, students learn not only about romantic relationships, love, marriage, family and parenting, but also discover facts about psychosexual development, puberty, gender, gender-based violence and harassment. They also study topics related to reproductive health, prevention of STIs, HIV and unintended pregnancy, tolerance and non-discrimination of people living with HIV. In Grades 5–9 in Azerbaijan, students are expected to enhance their knowledge about reproductive health, human rights, spiritual excellence, moral maturity and healthy lifestyles.

The standalone subjects Healthy Lifestyle (Armenia), Life and Health (Republic of Moldova) and Basics of Health (Ukraine) apply human rights-based approaches to age-specific, gender responsive and culturally appropriate messages on the whole range of issues covered in the curricula. Basics of Life (Ukraine) is taught both in primary and secondary school. In Azerbaijan, the roll out of Life skills subject began in primary school (Grades 1–4) with plans to teach it in secondary school (Grades 5–9).

Optional courses and extracurricular activities

In many countries, optional courses and extracurricular activities are the main providers of HIV, sexual and reproductive health knowledge in schools. In Kazakhstan, students in Grades 5–9 learn about these topics from a non-mandatory course, Health and Life Skills in School. In Uzbekistan, the same topics are included in a course entitled Basics of Healthy Generation. In Kyrgyzstan, Culture of Health delivered in Grades 1–8 provides knowledge about these issues. The Russian Federation also uses various non-compulsory life skills and health education courses, which touch on some HIV and SRH education themes.

Generally, HIV and SRH education is less integrated into technical and vocational training school curricula than into secondary school programmes. However, some countries – among them Ukraine, Moldova and Kyrgyzstan – have developed and introduced various health and life skills education programmes to vocational

training schools that include elements of SRH. In Kyrgyzstan, for example, 118 technical and vocational training and education schools have been delivering a 24-hour Healthy Lifestyle course since 2006.

Box 5.1
Russian Federation: promoting healthy lifestyles through extracurricular activities

From 2007–2012, more than 400,000 adolescents in 11 Russian regions benefited from Everything that Concerns You – a course developed by an NGO called Health and Development Foundation and endorsed by the Russian Ministry of Sport, Tourism and Youth Policy.

Source: Health and Development Foundation. (2011). Programme on Promoting a Healthy Lifestyle among Adolescents "Everything that concerns you". http://fzr.ru/all4you/ (Accessed 22 July 2013). (In Russian).

In some countries, elements of HIV and SRH education are delivered in tertiary institutions. A focus on tertiary education as the main channel for provision of information on safe and responsible sexual behaviour arguably misses key opportunities, since the initiation of sexual activity tends to start before learners graduate from school. In addition, tertiary education reaches fewer young people than primary and secondary education. Nonetheless, consistent delivery of HIV and SRH education is highly reasonable for trainee teachers.

Subjects that touch on health, HIV and SRH education topics are listed in Appendix 17.

Age and length of study: sensitive issues

Human anatomy and physiology are generally studied in Grades 8–9, when students are 13–15 years old. At this age, they receive the bulk of information about reproductive health, STIs, HIV and substance abuse prevention, as well as learning about communication, decision-making and conflict resolution skills. Compulsory life skills and health education is continued in upper grades (10–11) only in Armenia and the Republic of Moldova. An absence of compulsory subjects that deliver HIV and SRH education in upper secondary school means that certain important aspects of sexual and reproductive health topics that are appropriate for discussion with 16–17-year-old students are missed, as they are not studied in the previous grades.

The number of learning hours dedicated to healthy lifestyle, sexual and reproductive health education varies from country to country and across levels of education. In Belarus, it takes up on average five to seven hours per year; while in Armenia, it takes 14 hours per year; in Ukraine, it takes 35 hours per year in Grades 1–7 and 17 hours per year in Grades 8–9. In a few countries, an evidence-informed approach rooted in human rights is applied to define the content of SRH education. However, other countries avoid discussion of 'sensitive' issues at school. For example, reproductive anatomy and physiology is well represented in biology, but adolescents' psychosexual development and sexual behaviour are barely addressed. Students learn about communication skills and conflict resolution but rarely discuss in the classroom how to make decisions about sexual behaviour and negotiate safer practices. Human rights and gender equality are discussed in many subjects, but reproductive and sexual rights are hardly mentioned; gender diversity is not discussed.

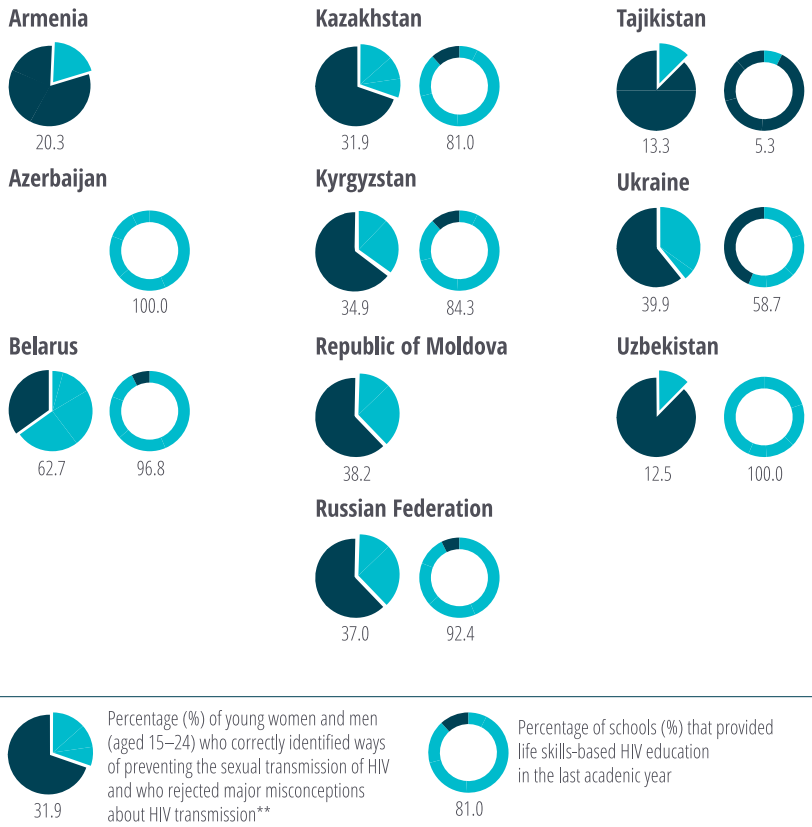
Coverage, learning outcomes, measurement challenges

Four countries (Kazakhstan, Kyrgyzstan, Republic of Moldova and Russian Federation) reported that 81 per cent to 92.4 per cent of schools provide life skills-based HIV education in 2006–2011. However, in the same years, only 31.9 per cent to 38.2 per cent of young people aged 15–24 could correctly identify the means of HIV prevention and dispel the main misconceptions about its transmission in these countries. In Uzbekistan, 100 per cent of schools claimed to teach HIV prevention in 2009, while only 12.5 per cent of surveyed young people displayed correct knowledge about HIV. More coherence between school coverage and learning outcomes is found in Belarus (over 96.8 per cent of low secondary schools covered and 62.7 per cent of young people have good knowledge) and Ukraine (58.7 per cent of schools and 39.9 per cent of young people). [18]

[18] Country progress reports for 2008, 2010, 2012. http://www.unaids.org/ (Accessed 22 July 2013).

Figure 5.1 presents school coverage by country with HIV education and level of young people's knowledge about HIV transmission and prevention in 2007 and 2009/2011.

Figure 5.1 School coverage by country with HIV education (2009, %) and level of young people's knowledge about HIV transmission and prevention (2009/2011, %)



The mismatch between the coverage and learning outcomes may be attributed to data collection limitations and could be explained by irregular and inconsistent teaching, an inadequate number of lessons, and deductive, teacher-centred instruction. It also reflects the complexity of measuring the effectiveness of programmes that address HIV and SRH education. Many of these programmes are currently non-examinable. Making them examinable would definitely make them rank more highly, but would also turn them into another knowledge-based subject that students have to memorize to obtain good grades. Students may demonstrate good knowledge of facts and give socially accepted answers, but may attach little value to their learning and therefore may not apply it.

The education system in the countries under review is designed to impart knowledge at levels included in national curricula and is intended to be assessed through tests and school leaving examinations. A different approach has to be applied to assess the outcomes of school-based HIV and SRH education in order to demonstrate its benefits to teachers, learners and their parents, as well as decision-makers.

Chapter 6.
Challenges, opportunities and recommendations

The EECA region has accumulated extensive and diverse experience in developing educational programmes to protect the health and well-being of adolescents and young people. In most countries under review, elements of HIV and SRH education are delivered through a combination of several approaches: as integrated into one or several compulsory subjects, as an optional course, or as an extracurricular activity.

In all ten countries, elements of HIV and SRH education are found in different compulsory subjects. Four countries have a standalone mandatory subject for health and life skills education, which addresses SRH health issues in a relatively comprehensive manner. Two countries mostly rely on optional courses and extracurricular activities to educate students about SRH, while other countries use this approach to complement compulsory lessons.

Generally, HIV and SRH education is less integrated in technical and vocational education and training schools and tertiary institutions. However, some countries ensure that elements of HIV and SRH education are also delivered in vocational training schools. The quality and coverage of HIV and SRH education in rural areas is often lower than in urban settings.

Acknowledging the importance of high-quality life skills and health education has led countries to take steps to improve the content, approaches and teaching modalities in order to reach a greater number of adolescents and young people. Having made life skills education compulsory in primary school, Azerbaijan now plans to expand it to secondary school to develop "students' respect for rights and freedoms of other people and knowledge about human life and health protection".[19] The Republic of Moldova applies contemporary information and communication technologies to HIV and SRH education. Classroom-based learning is now complemented by self-study of an information technology-based course called Life and Health, available on the Internet (www.viatasisanatatea.md).

Peer education has been implemented across the region to support classroom-based HIV and SRH education and extracurricular activities. Civil society organizations play an important role in promoting peer education and improving its quality and impact.

However, educational institutions are often inadequately supplied with resource. Teachers lack the capacity and motivation for effective teaching. Occasional in-service teacher training cannot fill the gap in systematic pre-service teacher training.

The time allocated for HIV and SRH education in compulsory subjects such as biology, Healthy Lifestyle or Life Safety, as well as in optional courses, is not sufficient for learners to obtain systematic knowledge and to develop the necessary skills to support safe and healthy living. This becomes unachievable particularly when 'sensitive' issues are excluded from classroom discussions, students' textbooks and teachers' manuals. Changes in learners' knowledge, skills and behaviour upon completion of such programmes are not routinely monitored and evaluated. Existing indicators and data collection methods do not always allow for the objective assessment of the coverage and effectiveness of health education programmes.

While the value of life skills and health education in schools is not questioned, in many countries the discussion of sexual and reproductive rights and behaviour is considered to be inappropriate in a classroom context. Parents' objections to sexuality education are often used to explain its absence in schools. However, the most re-

[19] Cabinet of Ministers of the Republic of Azerbaijan. (2010). State General Education Standards and Curricula http://www.kurikulum.az/index.php/en (Accessed 22 July 2013).

cent 2011 Russia's Population Reproductive Health Survey Report revealed that 88 per cent of Russian women aged 15–44 support sexuality education to be delivered in schools in order to provide knowledge about pregnancy, STIs, contraception and other issues.[20] Contentious opinions about the goals and benefits of SRH education hamper the decisions to make it compulsory and to invest sufficient resources to take it to national scale, according to agreed standards.

International commitments made by the countries to halt the spread of HIV were the impetus behind many in-school HIV education programmes. If delivered in isolation from SRH education, HIV education risks becoming relegated to awareness raising only without any impact on learners' attitudes and behaviour. Unless HIV and SRH education is fully integrated into a compulsory curriculum-based subject or several subjects, there is a risk that it will be poorly delivered or not delivered at all without external resources.

The main challenge for EECA countries lies in the development of an evidence-informed, rights-based and gender-responsive approach to HIV and SRH education for all adolescents and young key populations and the allocation of adequate domestic resources for its sustainable implementation at national scale.

While the country assessments present recommendations for improving and expanding HIV prevention and SRH education within their specific contexts, the following action points are relevant for the entire EECA region:

- Ensure access for all adolescents and young people, including key populations, to comprehensive, culturally appropriate, age-sequenced, participatory and inclusive HIV prevention and SRH education.

- Deliver curriculum-based compulsory programmes that provide accurate information about growth and development, sexual anatomy and physiology; reproduction and contraception; pregnancy and childbirth; interpersonal relationships, family life and responsible parenting; HIV and other STIs; human rights, including reproductive and sexual rights and non-discrimination; gender, equality and non-violent relationships.

- Ensure that comprehensive prevention education begins before adolescents become sexually active and allocate sufficient time for classroom learning and extracurricular activities to facilitate the formation of assertive attitudes and responsible behaviour.

- Develop and enforce school policies to protect learners and educators who are living with HIV or affected by the epidemic from stigma and discrimination.

- Strengthen teacher preparation and support; fully integrate HIV prevention and SRH education into pre-service and in-service training programmes for teachers, school nurses and psychologists.

- Develop and expand parent sensitization and orientation programmes to increase their awareness about and support to school-based HIV prevention and SRH education.

- Institutionalize peer education approaches in curriculum-based comprehensive prevention education and extracurricular activities with a special focus on reaching out-of-school, rural and migrant youth, and adolescent and young key populations. Explore opportunities for the development of ICT-based (the Internet and social media networks) comprehensive prevention education and awareness-raising among adolescents and young people.

- Strengthen the national capacities for the systematic collection and analysis of data disaggregated by age and sex on adolescents' and youth sexual and reproductive health-related knowledge, behaviour and health outcomes to inform relevant policy and practice development in health and education sectors.

- Integrate internationally recommended and contextually relevant indicators into national Education Management Information Systems (EMIS) to ensure

[20] UNFPA. (2013). Russia's Population Reproductive Health Survey Report. http://www.unfpa.ru/en/publications/russianpublics/205 (Accessed 22 July 2013).

that changes in learners' knowledge, skills and behaviour are routinely monitored and evaluated.

- Establish and improve linkages and referral mechanisms between educational institutions and SRH services for adolescents and young people, including key populations.

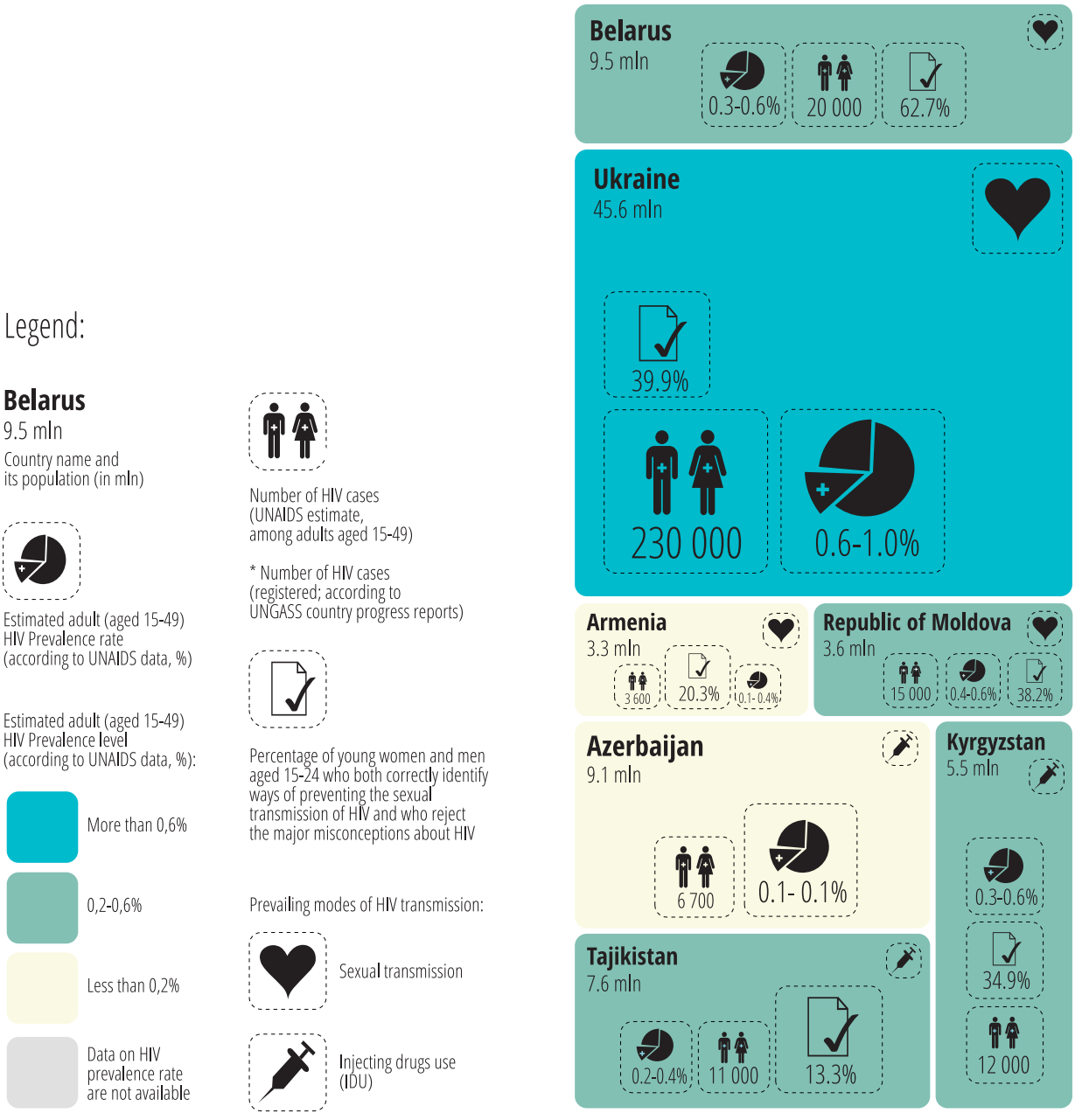
- Ensure access for all adolescents and young people, including key populations, to friendly, confidential and affordable SRH services. Eliminate legal and institutional barriers for young people to accessing high-quality SRH services.

- Strengthen the coordination of international technical and financial support and contributions made by CSOs to the development and delivery of comprehensive HIV prevention and SRH education and services for young people to enhance national ownership.

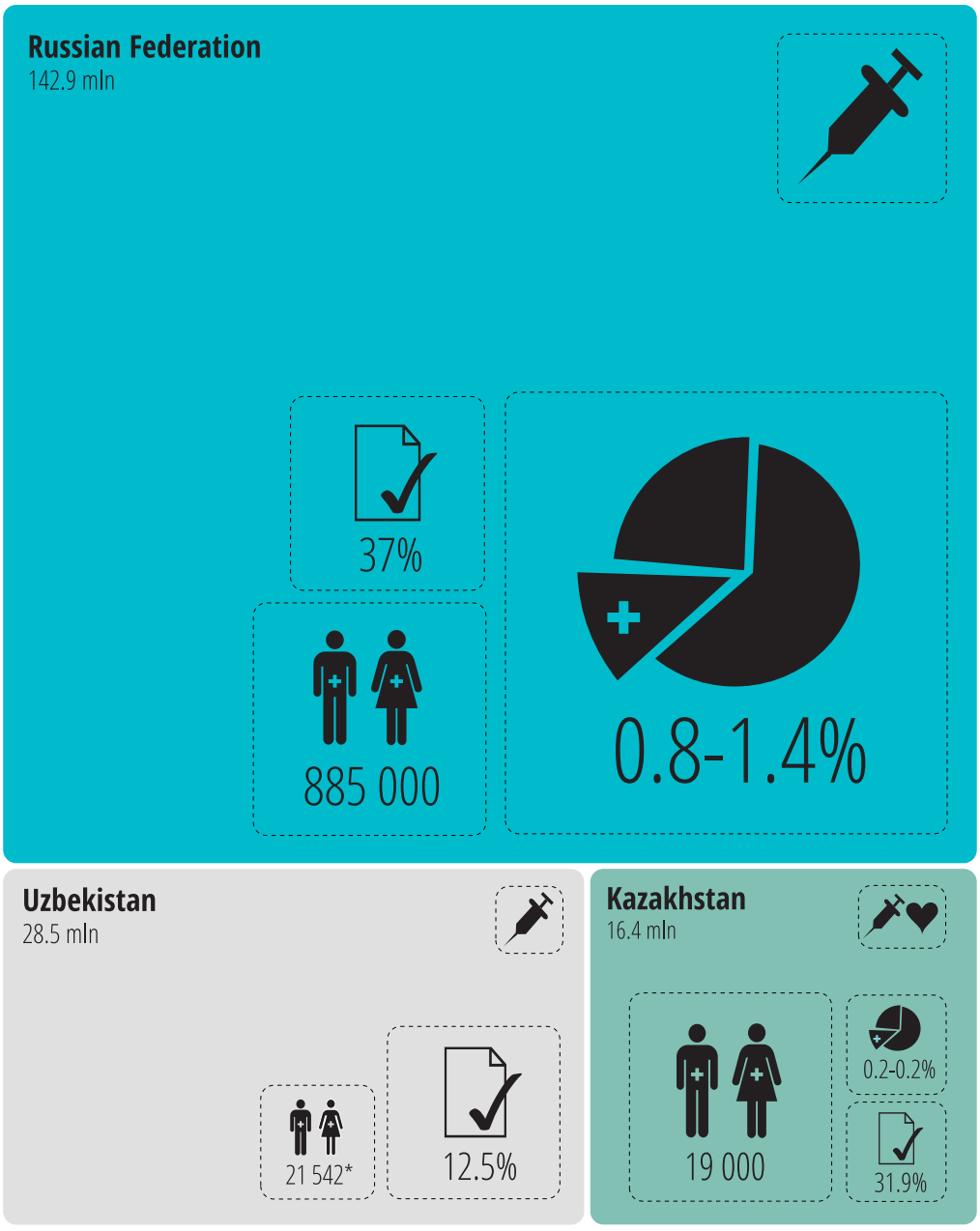
- Ensure sustainable state funding for comprehensive and scaled-up HIV prevention and SRH education and services for adolescents and young people, including key populations.

Appendices

Appendix 1.
Population, HIV prevalence, main routes of transmission and young people's knowledge of HIV in Eastern Europe and Central Asia in 2011



1 - According to UNAIDS data in 2011.


Russian Federation
142.9 mln
37%
885 000
0.8-1.4%
Uzbekistan
28.5 mln
21 542*
12.5%
Kazakhstan
16.4 mln
19 000
0.2-0.2%
31.9%

Appendix 2.
Country Assessment – Armenia

	2007	2011		2007	2011
Total population (in millions)*	3.2	3.3	**Mortality rate due to external causes of death among 15–19 year olds*** (including suicide, deaths per 100,000 average relevant population)	21.7	30.9
Total number of HIV cases:**			**Age-specific fertility rate among women younger than 20 years old*** (live births per 1,000 women aged 15–19)	25.5	26.4
- registered	538	1,153			
- UNAIDS estimate***	3,700	3,600			
HIV prevalance rate among young women and men (aged 15–29), (in % of all people living with HIV)**	-	28.8	**Abortion rate among women under age 20*** (legally induced abortions among women under the age 20 per 1,000 live births to women of the same age)	3.5	5.0
Modes of HIV transmission (%)**			**Incidence of syphilis and gonorrhea among 15–19 year olds*** (new cases per 100,000 average relevant population)	23.9	0.0
- Sexual (heterosexual)	45.3	54.3			
- Sexual (homo-/bisexual)	-	1.7			
- IDU	47.4	37.0			
- Other/unknown	7.3	7.0			
Percentage (%) of young women and men (aged 15–24) who correctly identified ways of preventing the sexual transmission of HIV and who rejected major misconceptions about HIV transmission**	36.4	20.3	**Percentage of schools that provided life skills-based HIV education in the last acadenic year****	-	-

- No data available
* TransMonEE Database, UNICEF (see http://www.transmonee.org/index_ru.html).
** Country progress reports in 2008, 2010 and 2012 (see http://www.unaids.org/ru/dataanalysis/knowyourresponse/countryprogressreports/2012countries/).
*** AIDSinfo Database, UNAIDS (see http://www.unaids.org/en/dataanalysis/datatools/aidsinfo/).

Armenia
3.3 million

Only **1 in 5** young people knows how to protect themselves from HIV

50% of all HIV cases are related to sexual transmission

According to UNAIDS estimates, there are **3,600** people living with HIV in Armenia

Although Armenia is still considered to be a low HIV prevalence country, the number of new HIV infections is growing by 10–15 per cent every year, which makes HIV prevention a national priority. Only one in five young people knows how to protect themselves from HIV. The National Programme on HIV/AIDS Response is prioritizing prevention education for adolescents and young people, as well as treatment and care for people living with HIV.

National policy on prevention education

The National Programme on HIV/AIDS Response in Armenia was launched in 2002 with support from UNAIDS and UNDP. The programme set out key strategic approaches for reducing HIV rates in Armenia during the four-year period from 2002 to 2006. Programme activities were designed to raise awareness about HIV and AIDS and to encourage safer behaviour among different population groups. However, HIV prevention work was not specifically targeted at the key affected populations,

which includes adolescents, young people, people who use drugs, sex workers, men who have sex with men and migrants.

These gaps were addressed by the subsequent National Programme on HIV/AIDS Response in Armenia for 2007–2011, which called for coordinated approaches to HIV prevention, treatment, care and support. One of the programme's main components was a major prevention element with activities for adolescents and young people aged 15–24 years. This included:

- integration of prevention education into school curricula and teacher training courses;
- increasing the number of youth-friendly health, social and information services;
- scaling up access to anonymous counselling and testing; and
- providing access to condoms.

Armenia is currently implementing the country's third National Programme on HIV/AIDS Response, which has been approved by the government for 2013–2016. It focuses on HIV prevention among the general public and among the key populations that are most affected by HIV, as well as providing treatment, care and support for people living with HIV. The programme involves large-scale awareness and prevention campaigns in the mass media; building teachers' capacity to deliver the Healthy Lifestyle subject in schools; expanding outreach work; and carrying out behavioural research among young people.

Health education in Armenia is regulated by the Law of the Republic of Armenia on Education, which rules that "secondary school education should promote healthy lifestyle among students".[21]

The Law of the Republic of Armenia on Health Care provides for "the right of everyone, including minors, to receive information to protect their sexual health and be aware about the complications and consequences of sexually transmitted infections".[22]

Republic of Armenia legislation guarantees the right of adolescents to sexuality education, as well as the protection of sexual and reproductive health among young people.

The Law of the Republic of Armenia on Human Reproductive Health and Reproductive Rights enforces the rights of adolescents to: (1) sexuality education and the protection of sexual and reproductive health; (2) be informed about issues of puberty and sexual and reproductive health; have knowledge about induced termination of pregnancy and sexually transmitted infections, including adequate means of HIV prevention; (3) have access to accurate, comprehensive medical counselling and, whenever necessary, to healthcare services related to puberty and sexual and reproductive health in a supportive and confidential environment. [23]

According to the law, sexuality education for adolescents in schools and other educational institutions should be taught by adequately trained teachers through close collaboration with the family, healthcare services and civil society organizations. At the same time, training on the promotion of sexual and reproductive health among adolescents should be developed and implemented with the involvement of young people. This should take national traditions, moral values and best international practice into account, and should be inclusive of key factors related to age and psychological and physical development in adolescence.

All HIV prevention activities in Armenia that are implemented by governmental, non-governmental and international organizations are coordinated by the Country

[21] The Law of the Republic of Armenia on Education. [Adopted on 14 April 1999 (as amended on 30 April 2013)]. http://www.parliament.am/legislation.php?sel=show&ID=1494&lang=rus (Accessed 22 July 2013). (In Russian).

[22] The Law of the Republic of Armenia on Health Care. [Adopted on 4 March 1996 (as amended on 3 October 2011)]. http://www.parliament.am/legislation.php?sel=show&ID=1688&lang=rus (Accessed 22 July 2013). (In Russian).

[23] The Law of the Republic of Armenia on Human Reproductive Health and Reproductive Rights. [Adopted on 11 December 2002 (as amended on 21 March 2012)]. http://www.parliament.am/legislation.php?sel=show&ID=1339&lang=rus (Accessed 22 July 2013). (In Russian).

Coordination Commission (CCC) on HIV, tuberculosis and malaria. The CCC facilitates the active engagement of civil society organizations and people living with HIV in terms of programme implementation, monitoring and evaluation. CCC members represent governmental structures, including the Ministry of Education and Science and the Ministry of Sports and Youth, academic circles, UN agencies, international and local NGOs and people living with HIV.

Armenia aligns its HIV prevention, diagnostic and treatment activities with the provisions of the Law of the Republic of Armenia on the Prevention of HIV, which was endorsed in 1997. The law addresses activities regarding the moral and sexuality education of minors and measures to protect the rights and freedoms of people living with HIV, including children and their parents. Restriction on the rights and freedoms of people based on their HIV status are not allowed, with the exception of cases prescribed by the law.

Organization, coordination and monitoring of prevention education

The Ministry of Education and Science takes part in the CCC and is actively involved in efforts to tackle the HIV epidemic in the country. The CCC coordinates the planning and implementation of prevention work among young people, ensuring collaboration between various ministries and agencies. The Ministry of Education and Science regulates the development, implementation and monitoring of prevention programmes in educational institutions.

Training programmes are developed by the National Institute of Education, involving a range of experts and non-governmental and international organizations. Healthcare professionals participate in educational activities for schools and higher education institutions, providing students with counselling and information.

Prevention education programmes on HIV and tuberculosis receive the bulk of funding and technical support from the Global Fund to Fight AIDS, Tuberculosis and Malaria. UN agencies such as UNICEF, UNFPA and UNAIDS and other donors – including the European Commission, Open Society Foundations, USAID and GIZ – also support various projects in the field of prevention education. Capitalizing on their longstanding experience, local NGOs provide technical assistance in programme implementation.

Prevention education coverage, formats, content and resourcing

In 2008, the government decided to introduce the training course Healthy Lifestyle into the curriculum for Grades 8 and 9 in general education institutions. In 2010, the course was also added to the curriculum for Grades 10 and 11. The course is part of the general curriculum subject Basics of Safe Living and Physical Training. The Healthy Lifestyle element makes up a total of 14 learning hours per year from the hours designated to this subject area.

For this course, UNICEF and UNFPA collaborated to develop and pilot tutorials, guidance materials and visual aids for the students of Grades 8–11. The course was rolled out with support from the Global Fund and the Armenian Scientific Association of Medical Students, together with the National Institute of Education. A total of 2,800 teachers and 400 lecturers were trained to deliver the subject – armed with interactive tools (case studies, discussions of controversial issues) that encourage everyone's active participation in the learning process.

However, large-scale introduction of the Healthy Lifestyle course into the school curriculum required more qualified specialists. To address this, UNESCO supported a training programme for teachers in 2008. In 2010–2011, with support from the Global Fund and UNFPA, another pool of 2,000 teachers received training on the topic.

Building on recent developments in this field and taking into account national traditions and social, cultural, age-specific and gender-related aspects of the target group, the course covers the following issues: health and healthy living; healthy nutrition; bad habits (smoking, alcohol, drugs); puberty; hygiene and reproductive health; love and relationships; STI/HIV prevention; HIV and AIDS and human rights; avoiding unwanted pregnancy; responsible behaviour and parenting, stress management and decision making, gender roles and stereotypes; gender-based violence and sexual harassment; seeking help.

Issues related to sexual/reproductive anatomy and physiology, puberty and reproductive function are taught as part of biology, which is a compulsory subject. Legal aspects of human rights and gender equality are part of the subject called Social Studies.

At the end of the Healthy Lifestyle course, students take part in knowledge evaluation surveys. The piloting stage showed an increase in students' knowledge of the topic from 40 per cent up to 75–80 per cent. There was no opportunity to organize wider awareness prevention education campaigns among parents of secondary school students, although such events were held in some schools as part of a drug use prevention project. However, limited funding prevented these activities from being replicated in other educational institutions.

Conclusions and recommendations

Since 2010, the Healthy Lifestyle subject has been taught in all general education schools in the Republic of Armenia. The programme was adapted for schools for children with special needs, and in 2011 UNESCO supported the development of a special manual for teachers. Introducing prevention education into secondary professional and higher education institutions is an immediate priority task for the Ministry of Education and Science.

Armenia needs a state system of teacher training for prevention education, as well as monitoring mechanisms to evaluate teaching quality in this area. It is important to organize regular training and re-training programmes for teachers involved in the delivery of Healthy Lifestyle by adding a special methodology course on the subject to the curriculum for pre-service and postgraduate teacher training.

Prevention education should be introduced into all levels of education, including primary, secondary and tertiary, with a compulsory status. It should be consistently and continuously delivered, irrespective of short-term, project-based interventions.

As well as prevention education, the general public should be targeted with awareness messages in the field of HIV/STI/drug use prevention and healthy life skills, through the active engagement of mass media and civil society organizations.

Appendix 3.
Country Assessment – Azerbaijan

	2007	2011		2007	2011
Total population (in millions)*	8.7	9.1	**Mortality rate due to external causes of death among 15–19 year olds*** (including suicide, deaths per 100,000 average relevant population)	21.2	18.5
Total number of HIV cases:			**Age-specific fertility rate among women younger than 20 years old*** (live births per 1,000 women aged 15–19)	38.0	54.0
- registered**	1,379	3,267			
- UNAIDS estimate***	5,400	6,700			
HIV prevalance rate among young women and men (aged 15–29), (in % of all people living with HIV)**	30.4	26.0	**Abortion rate among women under age 20*** (legally induced abortions among women under the age 20 per 1,000 live births to women of the same age)	1.5	1.9
Modes of HIV transmission (%)**			**Incidence of syphilis and gonorrhea among 15–19 year olds*** (new cases per 100,000 average relevant population)	13.8	7.6
- Sexual (heterosexual)	21.3	26.3			
- Sexual (homo-/bisexual)	0.9	0.9			
- IDU	59.8	61.6			
- Other/unknown	18.0	11.2			
Percentage (%) of young women and men (aged 15–24) who correctly identified ways of preventing the sexual transmission of HIV and who rejected major misconceptions about HIV transmission**	F: 4.8 M: 5.3 (2006)	-	**Percentage of schools that provided life skills-based HIV education in the last acadenic year****	18.6	100.0 (2009)

- No data available
* TransMonEE Database, UNICEF (see http://www.transmonee.org/index_ru.html).
** Country progress reports in 2008, 2010 2012 (see http://www.unaids.org/ru/dataanalysis/knowyourresponse/countryprogressreports/2012countries/).
*** AIDSinfo Database, UNAIDS (see http://www.unaids.org/en/dataanalysis/datatools/aidsinfo/).

Azerbaijan
9.1 million

More than **82%** of people living with HIV are **men**

Injecting drug use is the main route of HIV transmission (**62%**)

The number of HIV cases has **tripled** over the last decade

The Republic of Azerbaijan is the only country in the Commonwealth of Independent States (CIS) that has seen the growth of HIV transmission through injecting drug use. Efforts to control the HIV epidemic are therefore high on the agenda in Azerbaijan. The country consistently implements activities of the national strategy for universal access to HIV prevention, treatment, care and support.

National policy on prevention education

Activities in the field of HIV prevention and universal access to treatment, care and support in the Republic of Azerbaijan are regulated by the following documents: the Constitution of Azerbaijan; the Law of the Republic of Azerbaijan on the Prevention of a Disease Caused by HIV; the Action Plan on HIV/AIDS Response for 2009–2013; the HIV response programme supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria; and Azerbaijani laws on Health Care, on the Rights of the

Child, on Sanitary and Epidemiological Welfare, on Gender Equality, on the Prevention of Juvenile Neglect and Offences, as well as by other relevant documents.

The general policy and strategy in the field of HIV in Azerbaijan is rooted in principles set forth in the Declaration of Commitment on HIV/AIDS 'Global crisis – global action', which was adopted by the United Nations General Assembly Special Session on HIV/AIDS in June 2001. This is implemented across three levels: local, regional and national.

In 2010, Azerbaijan endorsed a new law on HIV prevention. Unlike previous legislation, this emphasized the state's commitment towards HIV prevention and defined more clearly the rights (including employment-related rights) and responsibilities of people living with HIV. This included testing procedures, social guarantees for people living with HIV and their families, liability for HIV exposure and breaching confidentiality, and efforts to counteract stigma and discrimination against people living with HIV in educational and social welfare institutions.

The existing Azerbaijani strategy on interagency collaboration in the field of HIV (in force since 1997) laid the groundwork for the 2009–2013 Action Plan on HIV/AIDS Response approved by the Ministry of Health – a state agency that also chairs the Country Coordination Committee (CCC) to Fight HIV/AIDS, Tuberculosis and Malaria.

In its HIV prevention strategy, Azerbaijan focuses on two key components:

- developing a system of information and promotion of HIV and drug use prevention knowledge among the general public and young people in particular;
- introducing sections on HIV, drug use and STI prevention into the healthy lifestyle curricula for students and youth.

The national HIV strategy and action plan were developed with the active participation of civil society, which is equally represented on the CCC by members of the Harm Reduction Network and people living with HIV.

To boost the HIV response, the CCC working group – supported by UNAIDS – developed a new National Action Plan on HIV/AIDS Response for 2013–2017.

Organization, coordination and monitoring of prevention education

The Republic of Azerbaijan CCC was established in 2004 to coordinate and consolidate the HIV prevention efforts of governmental, international and non-governmental organizations. In 2010, CCC renewed its composition and expanded civil society representation.

CCC leadership played a key role in the effective implementation of a project supported by the Global Fund – 'Scaling up the Response to HIV/AIDS in Azerbaijan'. The Global Fund subsequently approved the country's proposal for another five-year programme (2010–2015), issuing a grant of 21.6 million euros.

Owing to increases in state funding and active political support, the government managed to strengthen its HIV prevention mechanisms and expand the reach of HIV prevention programmes to the general public and key populations.

In 2009–2013, to raise HIV and AIDS awareness among the population of Azerbaijan, the country stepped up prevention work among various target groups, primarily children and young people.

The Commissioner for Human Rights (Ombudsman) of the Republic of Azerbaijan is responsible for maintaining the human rights of people living with HIV. His administration was engaged in developing strategies around HIV and drug use prevention, monitoring the legislative framework, promoting healthy lifestyles and conducting HIV awareness campaigns. The rights of adults and children affected by HIV is also emphasized through the national-level commemoration of Human Rights Day and Children's Day.

Prevention education coverage, formats, content and resourcing

As part of the Global Fund-supported project 'Scaling up the Response to HIV/AIDS in Azerbaijan', the Ministry of Education approved a decision that, from September

2007, all primary and secondary schools should deliver an optional course called Life Skills-Based Education. This course covers four topics: individual development; interpersonal relations; social development; and health. Students build up knowledge about healthy lifestyles and develop/improve skills related to safer behaviour, health-conscious relationships and a healthy environment.

The course helps children and adolescents to develop interpersonal skills that reinforce their coping abilities to withstand health risks, avoid damage to their reproductive health and build healthy relationships. Special guidance materials for teachers were created to facilitate delivery of this course. The goal and topic of each particular lesson defines its focus on different life skills, taking into account national traditions and ways of thinking. Different approaches are used for instruction: lectures, discussions and role-play games.

From 2010, life skills education was introduced into the curriculum for primary (Grades 1–4) and secondary (Grades 5–9) schools as part of the compulsory subject Life Skills. This was in accordance with the new Concept (National Curriculum) of the General Education, and the State Standards and Programme for General Education. Life Skills teaching in secondary school will commence in 2013–2014.

The National Curriculum specifies that children in Grades 1–4 should "receive relevant information about human rights and freedoms, moral and spiritual values and safe living". Pupils in Grades 5–9 should "enhance their knowledge about reproductive health, human rights, spiritual excellence, moral maturity, freedom of conscience and healthy lifestyle, as well as means of protection in case of calamities and natural disasters". [24]

The compulsory subject Life Skills consists of four thematic blocks: people and nature; individuals and society; public morals; and health and safety. Upon completion of the health and safety component, each primary school student should know about bad habits undermining healthy lifestyles, traffic rules and life safety risks – and should be able to apply this knowledge in their daily lives. By the end of Grade 8, students should demonstrate the knowledge and ability to lead healthy lives, view reproductive health as the main factor for one's health protection, and, upon finishing Grade 9, value the importance of a healthy lifestyle for starting a family. Students should also be informed about safety precautions at home or in public places, and have a good knowledge of traffic rules. They should also know how to behave in case of emergencies. [25]

In 2008, as part of the Global Fund project, the Life Skills Education programme ran in 4,511 schools, reaching more than 1.4 million students. In 2009, the programme reached over 1.3 million students in 4,499 schools. Programme developers also conducted training sessions for teachers – reaching 6,205 specialists in 2,323 schools in 2008, and 1,495 teachers in 785 schools in 2009. Teacher training continued during 2011, reaching 1,615 teachers from 817 schools in Azerbaijan.

A total of 135 lectures on the prevention of HIV, other STIs and drug use were held in higher education institutions, vocational and technical schools, colleges and general education schools. Higher education students took part in peer education trainings and roundtables on stigma and discrimination against people living with HIV. During 2011–2012 and until the present day, there have been intensive prevention activities for different population groups, primarily targeting young people.

In the run-up to World AIDS Day and the International AIDS Candlelight Memorial Day, the Ombudsman's Administration and other agencies organize roundtables with participants from governmental, international and civil society organizations. These events receive wide press coverage, with experts highlighting current challenges on central and regional television channels and radio stations. In 2010, a disco and a flash mob were held for young people, as well as a youth rally. For the

[24] Cabinet of Ministers of Republic of Azerbaijan. State Standards and Programmes (curricula) for the General Education. [Adopted on 3 June 2010]. http://www.kurikulum.az/index.php/ru/kurrikulumi (Accessed 22 July 2013). (In Russian).

[25] Cabinet of Ministers of Republic of Azerbaijan. State Standards and Programmes (curricula) for the General Education. [Adopted on 3 June 2010]. http://www.kurikulum.az/index.php/ru/kurrikulumi (Accessed 22 July 2013). (In Russian).

2011 World AIDS Day, a rock concert was organized and two performances were piloted: 'The lost life' and 'Incident'.

For the International AIDS Candlelight Memorial in May 2010, an exhibition of drawings, posters and embroidery was held under the slogan 'Education, time and people'; students took part in a national essay competition; and a folk music evening was organized in the Azerbaijani Mugham Theatre.

A television marathon was held for the International Day Against Drug Abuse and Illicit Trafficking, alongside a public campaign called 'Young people unite against bad habits'. More than 50 different information materials were produced with information on HIV and AIDS including brochures, booklets, calendars, posters and notebooks. These were distributed in secondary schools, higher education institutions, meeting places for young people and Civil Registry Offices. There were 55 projects led by civil society youth organizations that included youth-focused HIV prevention activities.

Appendix 4.
Country Assessment – Belarus

	2007	2011		2007	2011
Total population (in millions)*	9.6	9.5	**Mortality rate due to external causes of death among 15–19 year olds*** (including suicide, deaths per 100,000 average relevant population)	53.0	42.0
Total number of HIV cases:			**Age-specific fertility rate among women younger than 20 years old*** (live births per 1,000 women aged 15–19)	22.1	20.9
- registered**	8,737	12,955			
- UNAIDS estimate***	17,000	20,000			
HIV prevalance rate among young women and men (aged 15–29), (in % of all people living with HIV)**	48.3	61.6	**Abortion rate among women under age 20*** (legally induced abortions among women under the age 20 per 1,000 live births to women of the same age)	12.5	8.2
Modes of HIV transmission (%)**			**Incidence of syphilis and gonorrhea among 15–19 year olds*** (new cases per 100,000 average relevant population)	145.6	82.1
- Sexual (heterosexual)	66.8	76.1			
- Sexual (homo-/bisexual)	-	-			
- IDU	30.1	21.2			
- Other/unknown	3.1	2.7			
Percentage (%) of young women and men (aged 15–24) who correctly identified ways of preventing the sexual transmission of HIV and who rejected major misconceptions about HIV transmission**	67.7 F: 64.8 M:70.1	62.7 F: 61.2 M: 64.6	**Percentage of schools that provided life skills-based HIV education in the last academic year****	in primary school: 78.2; in low secondary school: 82.5	in primary school: 82.2; in low secondary school: 96.8; in upper secondary school: 93.9

- No data available
* TransMonEE Database, UNICEF (see http://www.transmonee.org/index_ru.html).
** Country progress reports in 2008, 2010 and 2012 (see http://www.unaids.org/ru/dataanalysis/knowyourresponse/countryprogressreports/2012countries/).
*** AIDSinfo Database, UNAIDS (see http://www.unaids.org/en/dataanalysis/datatools/aidsinfo/).

Belarus
9.5 million

About **13,000** people are living with HIV

Over **60%** of people living with HIV are aged 15–29

The main route of HIV transmission is heterosexual (**76%** in 2011)

Belarus has a well-developed education system that is financed to the tune of at least five per cent of Gross Domestic Product (GDP) – which is comparable to education spending by governments of the developed EU countries. The country has more than 10,000 educational institutions delivering education to more than two million pupils and students, who make up one-fifth of the total population.

Over the last few years, the percentage of young people under the age of 19 in the Republic of Belarus as a proportion of people living with HIV has been declining. However, 60 per cent of people living with HIV in Belarus are aged 15–29. Heterosexual transmission of HIV is also on the rise, which makes HIV prevention as important as ever, especially among young people.

National policy on prevention education

Key principles of state policy on HIV related to achieving the goals set out in the Declaration of Commitment on HIV/AIDS are provided in the State Programme on HIV Prevention for 2011–2015. One of its tasks is to ensure prevention among key affected populations, including young people aged 15–24. The programme includes: teacher training; prevention work in secondary education institutions and provision of necessary equipment and tools; volunteer movement development; and implementation of a joint communication strategy, including awareness-raising through mass media. The Ministry of Education is responsible for implementing these tasks.

The Law of the Republic of Belarus on Prevention of Diseases that Pose a Risk to Public Health, HIV (2012) prioritizes prevention measures, in particular raising awareness about HIV and promoting healthy lifestyles.

According to the Education Code of the Republic of Belarus, schools should encourage and build skills for healthy living, preventing bad habits such as smoking, alcohol and drug abuse, and developing a sporting culture.

The system and approaches of prevention education were significantly improved after Belarus, in collaboration with UNESCO, developed the Concept of HIV Prevention in the Educational Institutions of the Republic of Belarus (2007). In 2012, the Ministry of Education issued a guidance document entitled 'Implementation of HIV Policy in Educational Institutions of the Republic of Belarus', which was put into practice by the regional education authorities to create an enabling environment for the prevention of HIV and AIDS and to reduce discrimination against students and teachers living with HIV.

Organization, coordination and monitoring of prevention education

Activities of the state governing bodies and local executive and administrative structures responsible for HIV control are coordinated by the Republican Interagency Council on the Prevention of HIV and STIs, and by the Country Coordination Committee (CCC). An official from the Ministry of Education takes part in CCC activities.

The education sector has developed a system for HIV prevention and skills development for safe and responsible behaviour among students. It includes designing relevant educational programmes, training teachers to use interactive methods for prevention activities, issuing guidance materials and expanding the network of best practice schools to pilot HIV prevention approaches. HIV and AIDS issues take up an average of 2–10 hours per year for each category of students.

Belarus prioritizes issues of children's health: the National Programme on Demographic Security for 2011–2015 has a special sub-programme called Promoting health and increasing life expectancy. As part of various initiatives to create sustainable mechanisms to encourage healthy lifestyles and facilitate responsible behaviour among children and adolescents, the Ministry of Education has developed the Concept of Promoting a Healthy Lifestyle among Students of Educational Institutions of the Republic of Belarus and the Concept of the Implementation of the 'Peer to Peer' Principle in the Educational Institutions of the Republic of Belarus, as well as action plans for their implementation.

As part of the national system for HIV monitoring and evaluation, special surveys are carried out every two years to assess the proportion of educational institutions:

- that deliver HIV prevention and life skills education;
- that employ peer education approaches in HIV prevention;
- with teachers trained in delivering HIV prevention and life skills education.

Prevention education coverage, formats, content and resourcing

Components of HIV and healthy lifestyle education have been integrated into school curricula at all levels – from primary school to higher education institutions. In primary school (Grades 1–4) pupils study a mandatory subject People and the World which includes a section People and Health. In the second level (Grades 5–9) and third level (Grades 10–11) of general secondary education, topics such as protection of health, healthy

lifestyle, moral and sexual development, negative consequences of bad habits and approaches to their prevention were advanced and streamlined as part of the following school subjects: biology (section on People and Health); social sciences; and initial military and health training.

Since 2012/2013, the life skills subject Basics of Life Safety (BLS) became compulsory for students in Grades 2–9. The Protecting Life and Health section takes two hours per year in primary school, seven hours in Grades 5–7 and five hours in Grades 8–9. The section covers issues such as: family; parent-child relationships; friendship; relationships and gender differences; violence and seeking help; feelings, emotions and self-control; fear, stress, depression and how to withstand them; conflict situations and solutions; influence of mass media, advertisement, significant others and peers; decision-making; health and life values; nutrition, sports and hygiene; bad habits (smoking, alcohol and drug abuse) and related consequences; safety of online communication. BLS classes are delivered in the form of trainings, role-play games and situation games.

HIV prevention education has also been integrated into other mandatory subjects. A special guide on HIV prevention in general education schools for Grades 5–11 was developed for teachers to use in their daily teaching.

Vocational, technical, specialized secondary and higher education institutions are also delivering sessions on HIV and healthy lifestyle. They have special guidance materials designed to support them in preparing lectures, training-based classes and business games.

Every educational institution also has a plan of extracurricular activities related to HIV prevention. Belarus has developed a system of traditional prevention activities that includes HIV prevention days and health campaigns offering lectures, consultations, conferences and discussions; meetings with researchers, doctors and sportsmen; and distribution of information materials (booklets and leaflets).

Prevention education is based on approaches that help to improve knowledge, beliefs, opinions and ideas about HIV, not just as a disease but also as a social phenomenon. Parents are informed about prevention activities delivered in schools.

Teachers are given sufficient training and support. As part of the Global Fund grant, during 2010–2011 the Academy of Postgraduate Education and the regional education development institutes trained more than 1,500 teachers, who completed a 42-hour prevention education course and studied the current approaches to developing a moral identity in students, healthy lifestyle skills, safe behaviour and responsible attitude to one's own health. Every third school (32.1 per cent) has a teacher who has been trained in HIV and life skills in the last five years.

The network of best practice schools that deliver in-service teacher training on life skills, HIV and healthy lifestyle education was initially created as part of an experimental project. Their formats and approaches were replicated on a wider scale, and currently more than 1,500 general secondary education schools have the status of 'health schools'.

Extension education institutions for children and young people are encouraging active learning by organizing leisure activities and working on the prevention of negative trends in youth culture. Annually, they deliver classes to more than 400,000 students.

The Concept of the Implementation of the Principle 'Peer to Peer' in the Educational Institutions of the Republic of Belarus was developed in 2010 in collaboration with UNFPA and UNICEF and approved by the Ministry of Education. It provided for systematic training and extensive involvement of volunteer instructors in the implementation of prevention programmes in secondary schools. Pupils from Grades 9–10 take part in a 32-hour training to become volunteer peer instructors.

Multiple NGOs (Belarusian Association of UNESCO Clubs, Association of Belarusian Guides, Belarusian Red Cross Society, Young Men's Christian Association, Amrita, etc.) are collaborating with education institutions, including boarding schools, social training centres and orphanages. They are using approaches that facilitate young

people's participation in the planning, implementation and evaluation of prevention work among their peers. Peer-led HIV prevention activities are held in 53.3 per cent of schools, 66.8 per cent of technical vocational schools, 74.2 per cent of specialized secondary schools and 75.4 per cent of higher education institutions in Belarus.

UNFPA supported the development of the information resource www.ypeer.by, which offers information on sexual and reproductive health issues and serves as a communication platform for young people. Through active support from UNICEF, special youth-friendly centres were established in healthcare institutions to deliver medical and psychological support, including in crisis situations and with the possibility of remaining anonymous. Fourteen centres for HIV information and education have been created across Belarus.

Conclusions and recommendations

Despite expanded coverage and improved quality of awareness-raising activities, the level of HIV knowledge among young people has fallen slightly. According to the national progress reports on achieving the global HIV and AIDS targets, the percentage of correct answers about means of HIV prevention and ways of transmission given by young men and women aged 15–24 decreased from 67.7 per cent in 2007 to 62.7 per cent in 2011. Meanwhile, the share of schools delivering HIV prevention education in lower secondary grades increased from 82.5 per cent in 2007 to 96.8 per cent in 2010.

Research carried out in 2009 and 2011 showed the tendency towards an earlier debut for sexual activity in Belarus: 10 per cent of young men and 1.8 per cent of young women in the 15–24 age group had sexual contact before the age of 15. This data demonstrates the need for increased information and education efforts, not just in the field of HIV, but also on SRH issues and ways to motivate young people and adolescents to work towards a healthier lifestyle.

Appendix 5.
Country Assessment – Kazakhstan

	2007	2011		2007	2011
Total population (in millions)*	15.4	16.4	**Mortality rate due to external causes of death among 15–19 year olds*** (including suicide, deaths per 100,000 average relevant population)	78.5	50.7
Total number of HIV cases:			**Age-specific fertility rate among women younger than 20 years old*** (live births per 1,000 women aged 15–19)	29.3	29.4
- registered**	9,378	17,763			
- UNAIDS estimate***	14,000	19,000			
HIV prevalance rate among young women and men (aged 15–29), (in % of all people living with HIV)**	-	-	**Abortion rate among women under age 20*** (legally induced abortions among women under the age 20 per 1,000 live births to women of the same age)	10.1	5.3
Modes of HIV transmission (%)**			**Incidence of syphilis and gonorrhea among 15–19 year olds*** (new cases per 100,000 average relevant population)	36.1	18.1
- Sexual (heterosexual)	25.0	50.7			
- Sexual (homo-/bisexual)	-	-			
- IDU	64.0	47.3			
- Other/unknown	11.0	2.0			
Percentage (%) of young women and men (aged 15–24) who correctly identified ways of preventing the sexual transmission of HIV and who rejected major misconceptions about HIV transmission**	19.4	31.9	**Percentage of schools that provided life skills-based HIV education in the last academic year****	72.0	81.0 (2009)

- No data available
* TransMonEE Database, UNICEF (see http://www.transmonee.org/index_ru.html).
** Country progress reports in 2008, 2010 and 2012 (see http://www.unaids.org/ru/dataanalysis/knowyourresponse/countryprogressreports/2012countries/).
*** AIDSinfo Database, UNAIDS (see http://www.unaids.org/en/dataanalysis/datatools/aidsinfo/).

Kazakhstan
16.4 million

The number of people living with HIV increased more than **five-fold** in 10 years, almost reaching **18,000** people

The main routes of HIV transmission are heterosexual (**51%**) and injecting drug use (**47%**)

The share of women and men living with HIV is **40%** and **60%** respectively

Over the last few years, the Republic of Kazakhstan has seen a fall in new HIV infections in the 15–29 age group. However, young people are still in the centre of the HIV epidemic that has seen the number of infections increase more than five-fold in 10 years. Only one-third of young people aged 15–24 can correctly identify ways of preventing the sexual transmission of HIV or reject misconceptions about HIV transmission.

National policy on prevention education

The national HIV policy is streamlined in the Strategic Development Plan of the Republic of Kazakhstan to 2020 and the Strategic Plan of the Ministry of Public Health of the Republic of Kazakhstan 2011–2015. The State Programme on Health Care Development in the Republic of Kazakhstan 'Salamatty Kazakstan' 2011–2015 sets out the long-term task of containing HIV prevalence in the adult population aged 15–49 at the 0.2–0.6 per cent level.

The Public Health and Health Care System Code of the Republic of Kazakhstan calls for various HIV prevention measures, including the implementation of education programmes targeting different populations. The code prohibits discrimination of individuals based on their health status, including people living with HIV. It also provides for the rights of children and adolescents to protect their reproductive health and to receive education on morality and sexuality.

The Strategic Plan of the Ministry of Public Health of the Republic of Kazakhstan 2011–2015 tasks schools with encouraging healthy lifestyles among students. Approved by a governmental decree in 2007, the national Healthy Lifestyle programme 2008–2016 supports the implementation of programmes that aim to inform the general public, including key populations, about safer behaviour, HIV prevention and life skills. According to this programme, the National Centre for the Development of Healthy Lifestyles is responsible for coordinating the state policy on healthy lifestyle promotion, particularly on HIV prevention education among adolescents and young people.

Organization, coordination and monitoring of prevention education

The government-based National Coordination Council (NCC) on healthcare is in charge of the development and advancement of the national HIV policy. NCC is chaired by the Minister of Health of the Republic of Kazakhstan. Its secretariat is based in the Republican Centre for AIDS Prevention and Control. NCC includes representatives from the Ministry of Health and Ministry of Education and Science, mass media, expert organizations, and local NGOs, including communities of people living with HIV and tuberculosis.

Kazakhstan also has a Country Coordination Committee (CCC), which works with international organizations that are active in the sphere of HIV and AIDS prevention. Key partners that collaborate in the HIV field by providing both financial and technical support are the Global Fund to Fight AIDS, Tuberculosis and Malaria, EurAsEC, UNICEF, UNFPA, UNAIDS, UNESCO, USAID and other agencies.

The Ministry of Education and Science coordinates HIV activities through its Department for Preschool and Secondary Education and Department for Upbringing and Youth Policy. The regional and municipal departments of education (in Astana and Almaty) have subdepartments that are responsible for the prevention of HIV and drug, alcohol and tobacco abuse.

Prevention components of the mandatory and optional curricula of school education, as well as in-service training for teaching staff delivering prevention education, are supported from the general budget allocated for education. International organizations help to run training workshops for teachers, develop guides and information materials and implement pilot projects on HIV prevention and healthy lifestyle promotion.

Prevention education coverage, formats, content and resourcing

In line with the Compulsory State Standards for Secondary Education approved in 2012, topics related to life skills development and healthy lifestyle are delivered as part of the mandatory subject Basics of Life Safety.

In primary school (Grades 1–4) this course is integrated into Learning the World with an annual teaching time of 6–10 hours. In Grades 5–9, it is delivered under Physical Training – covering 15 hours per year. Some issues – such as creating a family, interpersonal relations, gender relations and rejecting violence – are taught in Grades 10–11 under Knowledge of Oneself (subject taught in Grades 1–11). Biological aspects of HIV are studied at biology lessons.

More information about sexual and reproductive health and HIV prevention is offered as part of the elective subjects on valeology (the science of health) and healthy lifestyle. Students studying the course HIV/AIDS and how to prevent it learn about the HIV epidemic at the global and country levels and build knowledge about means of HIV transmission, protection and treatment, and how to counter stigma and discrimination against people living with HIV.

In addition to this, according to the National Plan of Action for Education for All, a unified 34-hour training programme Health and life skills at school, which includes HIV prevention topics, has been developed for Grades 5–9 (annual teaching time: 2–3 hours).

Prevention education is delivered to Grade 1–11 students, taking account of psychological and age-specific differences, level of training and national and regional traditions. Teachers use interactive learning techniques that build up knowledge and help to develop pupils' skills. Parents and representatives from governmental structures and NGOs are also involved in educational activities.

HIV prevention is also part of out-of-school and extra-curricular programmes for students. Every year health campaigns are held for World AIDS Day with round-tables, training sessions and meetings with experts from AIDS centres and healthy lifestyle centres.

Volunteers are engaged in prevention education activities using a peer education approach. Developed in partnership with GIZ, an interactive exhibition called Safety Route is used to train senior school students to become peer instructors.

Educational institutions engage parents by organizing training sessions and meetings devoted to the challenges of parenting. In 2009, with support from UNESCO, the Kazakhstan Association on Sexual and Reproductive Health (KMPA) developed its first manual for parents on family-based prevention education.

The www.kmpakaz.org website provides useful information on the issue – both for adolescents and their parents.

More than 10 different toolkits on the prevention of HIV, substance abuse and smoking are available in educational institutions in Kazakhstan. They are used by educators in secondary schools, vocational training centres and colleges and higher education institutions. These resource materials (available in Russian and Kazakh) have been developed with financial and technical support from UNESCO, UNICEF, EurAsEC and other organizations. They are being distributed through the system of in-service training for administrators and teaching staff of educational institutions.

The Republican Institute for In-Service Teacher Training and 16 similar institutes at the regional level are building teaching capacities by offering training programmes to more than 60,000 teachers every year. In the last four years, the number of teachers responsible for HIV prevention education who benefited from in-service training increased two-fold.

The number of educational institutions that deliver HIV prevention programmes continues to grow, as does the number of students and parents reached by HIV prevention programmes. According to the UNGASS country progress reports submitted by Kazakhstan for 2008 and 2010, the percentage of schools delivering life skills-based HIV education grew by 9 per cent in the 2007–2009 period: from 72 per cent in 2006 to 81 per cent in 2009. This positive dynamic is attributed to the scale-up of the Healthy Lifestyle 2008–2016 programme. The UNGASS country progress reports for 2008 and 2012 show that the share of young men and women aged 15–24 who correctly identified ways of preventing sexual transmission of HIV and rejected misconceptions about HIV transmission increased from 19.4 per cent to 31.9 per cent. Young people in urban areas are significantly more knowledgeable about HIV than their rural counterparts.

Conclusions and recommendations

The key challenges of prevention education in Kazakhstan include the following:

- lack of a mandatory unified school subject on HIV, life skills, healthy lifestyle and sexual and reproductive health;
- lack of guides and training materials for both teachers and students;
- insufficient professional training of teachers and inadequate skills for using interactive teaching methods;

- low parental involvement in prevention education processes, lack of competency in family education among parents;
- insufficient attention to national traditions and social, cultural and gender-specific issues in prevention education;
- lack of scientific research in the sphere of prevention education for children and young people, and a lack of publications on best practices.

To address these challenges, the following objectives should be set:

- consistently work on the introduction of a new mandatory subject aimed at strengthening and preserving general and reproductive health and preventing HIV, STIs, drug and solvent abuse, alcoholism and smoking;
- develop guides/toolkits for teachers and textbooks for students and produce them in sufficient numbers to make them available to all educational institutions;
- improve professional training of teachers, collect and disseminate best practice in prevention education;
- train students of teacher colleges and higher education institutions in working with students across all aspects of prevention education;
- include family-based prevention education in parent education activities;
- develop guides for teachers with recommendations about how to respect national traditions and social, cultural and gender-specific factors in delivering moral, spiritual and prevention education;
- organize research on prevention education to inform future educational practices.

Appendix 6.
Country Assessment – Kyrgyzstan

	2007	2011		2007	2011
Total population (in millions)*	5.2	5.5	**Mortality rate due to external causes of death among 15–19 year olds*** (including suicide, deaths per 100,000 average relevant population)	29.0	41.8
Total number of HIV cases:			**Age-specific fertility rate among women younger than 20 years old*** (live births per 1,000 women aged 15–19)	28.2	41.4
- registered**	1,479	3,887			
- UNAIDS estimate***	4,300	12,000			
HIV prevalance rate among young women and men (aged 15–29), (in % of all people living with HIV)**	77.4 (aged 20–39)	69.7 (aged 20–39)	**Abortion rate among women under age 20*** (legally induced abortions among women under the age 20 per 1,000 live births to women of the same age)	6.3	6.5
Modes of HIV transmission (%)**			**Incidence of syphilis and gonorrhea among 15–19 year olds*** (new cases per 100,000 average relevant population)	29.8	20.6
- Sexual (heterosexual)	23.6	30.3			
- Sexual (homo-/bisexual)	0.1	-			
- IDU	72.0	60.2			
- Other/unknown	4.3	9.5			
Percentage (%) of young women and men (aged 15–24) who correctly identified ways of preventing the sexual transmission of HIV and who rejected major misconceptions about HIV transmission**	31.8 F: 33.4 M: 31.1	34.9 (2009)	**Percentage of schools that provided life skills-based HIV education in the last academic year****	55.3 (2006)	84.3 (2009)

- No data available
* TransMonEE Database, UNICEF (see http://www.transmonee.org/index_ru.html).
** Country progress reports in 2008, 2010 and 2012 (see http://www.unaids.org/ru/dataanalysis/knowyourresponse/countryprogressreports/2012countries/).
*** AIDSinfo Database, UNAIDS (see http://www.unaids.org/en/dataanalysis/datatools/aidsinfo/).

Kyrgyzstan
5.5 million

The estimated number of people living with HIV exceeds the registered cases **3-fold**

Men account for more than **70%** of all HIV cases

Only **one in three** young people knows how to protect themselves from HIV

Kyrgyzstan is one of nine countries in the world where the incidence of HIV infection among adults aged 15–49 years has increased by more than 25 per cent during the 10 years from 2001–2011. The country is located on one of the major drug trafficking routes from Afghanistan to Russia and Europe, which fuels the HIV and drug use epidemics in the country. Fifteen out of 100 people who use drugs are infected with HIV.

National policy on prevention education

In its healthcare agenda, the Kyrgyz Republic Government is committed to stemming the HIV and AIDS epidemic and minimizing its socio-economic impact. The national HIV policies enable collaboration between governmental and civil society sectors, including people living with HIV, as well as partnerships with international organizations.

The protection of the rights of people affected by the epidemic is one of the pillars of the national HIV policy.

The rights and responsibilities of people living with HIV, including students and educators, are anchored in the Law on HIV/AIDS in the Kyrgyz Republic (2005), which prohibits stigma and discrimination against people living with HIV and impairment of their interests, freedoms and rights, including the rights to education and labour. In 2012, the Ministry of Education and Science endorsed the Practical Recommendations on Implementation of HIV Policy in the Education Sector of the Kyrgyz Republic.

Protection of the lives and health of minors, preserving their reproductive health and preventing HIV and drug use among children and young people are areas regulated by several national laws. For example, the Law on Health Care of the Kyrgyz Republic guarantees hygiene education for minors; and the Law on the Reproductive Rights and Guarantees of their Implementation warrants the right of children and adolescents to "protection of their reproductive right, as well as the right to education in the spheres of sexual and reproductive health and preparation for family life".[26] The Law on HIV/AIDS shapes up state guarantees, including those related to the introduction of thematic sections on HIV and AIDS into educational curricula.

The State Programme of the Kyrgyz Republic on the Stabilization of the HIV Epidemic in the Kyrgyz Republic 2012–2016 prioritizes actions aimed at reducing the vulnerability of young people to HIV and STIs, including the following:

- introduce thematic sections on the prevention of HIV, STIs and drug use in curricula of all educational institutions, and facilitate prevention work with out-of-school youth;
- encourage participation of youth leaders, mass media, local communities, religious workers, parents and students of teacher training institutions in prevention programmes; implement peer education projects and provide youth-friendly services critical for the protection of reproductive health, and means of protection against HIV;
- create conditions for the embodiment of rights and equal opportunities of children and young people living with HIV; provide them with access to education and health services; promote tolerant attitudes towards HIV-positive children and young people.

By 2016, prevention programmes are expected to reach out to 60 per cent of 15–24 year olds. The Ministry of Education and Science will play the leading role in setting up a comprehensive mechanism of prevention measures among young people. However, the 2012 approved Concept of Education Development in the Kyrgyz Republic to 2020 does not mention the development of prevention education aimed at protecting health and building life skills.

Organization, coordination and monitoring of prevention education

Partner collaboration in the field of HIV is coordinated by the Multi-Sector Country Coordination Committee (MSCCC) on Socially Dangerous Diseases established by the government. This body enables equal engagement of all sectors – both governmental and civil society; people living with HIV, tuberculosis and malaria; mass media and donor organizations. An official from the Ministry of Education and Science takes part in MSCCC activities, which are regulated by a special governmental provision.

To implement the state programme on HIV, the Ministry of Education and Science has developed a set of approaches to deliver prevention programmes across institutions of general education, vocational training and higher education, and to the development of out-of-school and youth-led activities in this field. Work is underway to introduce youth-specific healthy lifestyle education into state standards of teacher training.

In the field of HIV prevention, the Ministry of Education and Science is collaborating with international organizations including the World Bank, European Union, UN agencies (UNESCO, UNFPA, UNICEF, UNAIDS and UNODC), the BOMCA/CADAP programme, GIZ, as well as with various NGOs.

[26] The Law of the Kyrgyz Republic on the Reproductive Rights and Guarantees of their Implementation. [Adopted on 10 August 2007]. http://base.spinform.ru/show_doc.fwx?rgn=18263 (Accessed 22 July 2013). (In Russian).

To support implementation of the state HIV programme in the education system, the Global Fund to Fight AIDS, Tuberculosis and Malaria is financing a project called Healthy Generation. Technical support received from this and other projects and partners in the last few years was used to develop the skills of interactive HIV and drug use prevention education among 1,500 teachers of general and higher education institutions in all regions. The Healthy Generation project also supported the development and publication of guides and information materials (5,000 copies), including a CD-based e-learning course called Improving knowledge on HIV and AIDS in Kyrgyz and Russian developed with UNESCO's technical assistance. Every guide includes sections about anatomy, physiology and the mental development of adolescents, as well as sexual and reproductive health, life skills and responsible behaviour, human rights and rights of people living with HIV, gender-specific aspects of HIV and drug use prevention.

The previous state programme on HIV for 2006–2011 did not allocate financial resources to HIV prevention education. However, through the Healthy Generation project, the Ministry of Education and Science managed to attract funding from the Global Fund, UNESCO, Central Asia AIDS Control Project and GIZ. From 2005 to 2012, HIV and drug use prevention activities for students were financed from international sources totalling 10 cents per student annually (Kyrgyzstan has a total of 1.3 million schoolchildren and students). However, due to the lack of funds committed to youth-oriented education programmes, the country has not been able to manage a breakthrough in reducing the vulnerability of young people to HIV.

Prevention education coverage, formats, content and resourcing

General education schools in Kyrgyzstan deliver education on HIV, STI, drug use prevention, health promotion and SRH issues through special lessons outside the mandatory curricula. Every year, these lessons reach up to 85 per cent of students with prevention education in the form of homerooms, out-of-school campaigns (such as dance4life), discussions and training sessions (such as Safety Route). However, these events and trainings are not systematic. They cover only selected regions and are not funded by the state. They often fail to reach young people living in rural areas and children in orphanages and boarding schools.

The Ministry of Education and Science has approved activities and the timeframe of the WHO Healthy Schools project, which is gradually being introduced in general secondary schools across the country. Participating schools deliver the Culture of Health subject in Grades 1–8.

In 2006, a 24-hour course on health promotion was integrated into the curricula of all 118 vocational training schools in the country. For secondary school, an optional course as part of the Healthy Lifestyle subject has been developed that also addresses SRH, family planning and HIV/STI prevention. To support prevention activity, Knowledge Centres and Healthy Lifestyle Rooms have been established in schools and higher education institutions. Higher education students benefit from special courses on HIV prevention.

A four-hour training course on the culture of health and HIV prevention has been introduced into the in-service training programme for administrators and teaching staff of educational institutions, as well as general education teachers. UNESCO supported the development and delivery of an e-learning teacher training course on HIV and AIDS. The curriculum of the Biology Department of the Arabaev Kyrgyz State University has been modified to include a course on the Integration of prevention education into schooling, which has sections on the prevention of HIV, drug use and unwanted pregnancies.

According to the UNGASS country progress report submitted by Kyrgyzstan for 2008–2009, the percentage of schools delivering life skills-based HIV education increased from 55.3 per cent in 2006 to 84.2 per cent in 2009. However, in 2009 only 34.9 per cent of young men and women aged 15–24 correctly identified ways of preventing the sexual transmission of HIV or rejected misconceptions about HIV transmission.

Conclusions and recommendations

Analysis of the current system for HIV prevention education in Kyrgyzstan shows that its effectiveness is hindered by several factors:

- cultural barriers and gender stereotypes that stifle open discussion of sexuality, sexual relations and ways of preventing infections;
- low capacities and motivation for prevention education among teachers;
- lack of youth-friendly counselling and psychological support services;
- and poor participation of parents in prevention education for children and adolescents.

To address this, the following is necessary:

- overcome cultural barriers and stereotypes in informing adolescents and young people about HIV, STIs and drug use and motivate them towards safer behaviour;
- inform and involve parents in prevention programmes;
- strengthen the system of higher and postgraduate education for teachers in general schools, orphanages and boarding schools to deliver prevention education in an interactive manner;
- reserve funds in the budget of the Ministry of Education and Science for teachers to deliver at least 10-hour HIV, STI and drug use prevention programmes to students in Grades 7–11.

To expand the coverage of prevention programmes, it is recommended to:

- improve regulatory frameworks;
- streamline resources and procedures;
- build human resource capacities in health care, education, social welfare, migration and youth services;
- introduce HIV, STI and drug use prevention in educational activities in all educational institutions, including orphanages and boarding schools.

Appendix 7.
Country Assessment – Republic of Moldova

	2007	2011		2007	2011
Total population (in millions)*	3.6	3.6	**Mortality rate due to external causes of death among 15–19 year olds*** (including suicide, deaths per 100,000 average relevant population)	42.4	36.6
Total number of HIV cases:			**Age-specific fertility rate among women younger than 20 years old*** (live births per 1,000 women aged 15–19)	26.0	25.7
- registered**	4,131	7,125			
- UNAIDS estimate***	12,000	15,000			
HIV prevalance rate among young women and men (aged 15–29), (in % of all people living with HIV)**	-	72.8 (aged 15-39)	**Abortion rate among women under age 20*** (legally induced abortions among women under the age 20 per 1,000 live births to women of the same age)	6.3	13.2
Modes of HIV transmission (%)**			**Incidence of syphilis and gonorrhea among 15–19 year olds*** (new cases per 100,000 average relevant population)	184.2	172.3
- Sexual (heterosexual)	63.2	86.0			
- Sexual (homo-/bisexual)	-	-			
- IDU	36.2	9.0			
- Other/unknown	0.6	5.0			
Percentage (%) of young women and men (aged 15–24) who correctly identified ways of preventing the sexual transmission of HIV and who rejected major misconceptions about HIV transmission**	26.3 F: 26.5 M: 26.0	38.2 F: 41.0 M: 35.0	**Percentage of schools that provided life skills-based HIV education in the last acadenic year****	92.7	-

- No data available
* TransMonEE Database, UNICEF (see http://www.transmonee.org/index_ru.html).
** Country progress reports in 2008, 2010 and 2012 (see http://www.unaids.org/ru/dataanalysis/knowyourresponse/countryprogressreports/2012countries/).
*** AIDSinfo Database, UNAIDS (see http://www.unaids.org/en/dataanalysis/datatools/aidsinfo/).

Republic of Moldova
3.6 million

In 2011, **86%** of HIV cases were attributed to heterosexual transmission

In the last 4 years the number of people living with HIV has increased by **73%**, reaching **7,125** people

Figures show almost **equal** number of men and women being HIV-positive

In the Republic of Moldova, HIV primarily affects young, sexually active people: 73 out of 100 HIV cases are registered among young people aged 15–39. Heterosexual transmission of HIV is on the rise, as is the number of new infections in rural populations and among migrants.

National policy on prevention education

Priority HIV response measures in the Republic of Moldova are defined in the National Health Care Policy for the years 2007–2021, developed in compliance with international treaties and conventions that Moldova has signed: Convention on the Rights of the Child; Convention to Eliminate All Forms of Discrimination Against Women; International Conference on Population and Development Programme of Action; Millennium

Development Goals; Declaration of Commitment on HIV/AIDS.

In line with the 2009 Law on State Surveillance of Public Health and the 2007 Law on HIV/AIDS Prevention, the government endorsed the National Programme on HIV/AIDS and STI Response in the Republic of Moldova 2011–2015 in December 2010. Programme activities and provisions are implemented with technical and financial support from international donors, including the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Building on the previous 2006–2010 programme, the current national programme aims to promote healthy lifestyles, encourage safer behaviour and prevent bad habits among the general population, including mobile populations and people in rural areas. It also aims to scale up access to health services (voluntary counselling and testing; treatment, care and support). The programme's two main objectives are to hold HIV prevalence and incidence at a low level as a concentrated epidemic and to reduce mortality among people living with HIV. The programme prioritizes HIV and STI prevention activities among young people and adolescents, and among children who do not attend school.

Moldova's education system sets the task of promoting healthy lifestyles and responsible behaviour to protect the sexual and reproductive health of students. This is reflected in the National Programme on Demographic Security in the Republic of Moldova in 2011–2013. According to this programme, Moldova expects to introduce various forms of life skills-based education, including optional courses and mandatory subjects, in general, secondary special and vocational education institutions.

The following documents constitute the legal and regulatory framework for the implementation of activities promoting healthy lifestyles, including HIV prevention: the Republic of Moldova Constitution; the Law on HIV/AIDS Prevention; the Law on State Surveillance of Public Health; the Law on Sanitary and Epidemiological Welfare; the Law on Patients' Rights and Responsibilities; the Law on the Reproductive Health and Family Planning; the Law on Mandatory Health Insurance; the Law on Education; as well as international treaties signed by the Republic of Moldova.

The current regulatory framework has been developed and adapted according to international standards. It is premised on the human rights principles, prohibits discrimination against people living with or affected by HIV, and lays the foundation for the implementation of comprehensive intersectoral activities.

Organization, coordination and monitoring of prevention education

National health promotion strategies and programmes, including those responding to HIV and other STIs, are put into practice through intersectoral partnerships between healthcare, education, social protection and local administration structures, as well as other agencies working in this field.

The Ministry of Health has overall responsibility for the provision of publicly funded health services, including programmes to prevent HIV and other infectious diseases, and awareness-raising activities to promote healthy lifestyles.

The Ministry of Education defines the main strategic directions for prevention education, ensures pre- and in-service teacher training on healthy lifestyle among children and young people, and monitors training and prevention programmes in educational institutions.

The Ministry of Youth and Sports contributes to the primary prevention of risky behaviours by encouraging young people's participation in social, economic and cultural activities. As well as promoting physical culture and sports, and engaging young people in sporting events, the ministry also finances projects run by NGOs to involve young people in training opportunities and cultural activities.

To expand young people's access to health services, 12 youth centres have been created that serve as focal points for reproductive health issues and HIV counselling and testing. In partnership with mass media and international, national and local NGOs, the government conducts awareness-raising events, including during

summer camps for children and adolescents. Most educational campaigns are funded by international sources, including UNDP, UNFPA, UNICEF, UNESCO, Peace Corps and Soros Foundations.

Moldova's government-based National Coordination Council (NCC) for National HIV/AIDS/STI Prevention and Control coordinates interagency activities and monitors project implementation in this area. NCC is represented by governmental structures, including the Ministry of Education (the Deputy Minister of Education acts as Deputy Chairman of NCC), international organizations, NGOs and people living with HIV. The government has developed and approved the National Plan for Monitoring and Evaluation of the National Programme on HIV/AIDS/STI Prophylaxis and Control for 2011–2015. The functional system of monitoring helps to evaluate progress achieved by partners and to analyse the situation and introduce corrective measures, if necessary.

Prevention education coverage, formats, content and resourcing

HIV and STI prevention education is viewed as part of broader efforts to promote healthy lifestyle among children and young people, provisioned by state requirements for mandatory general education. Specific health issues as part of healthy lifestyle education in general schools are included in the following mandatory subjects: Spiritual and Moral Upbringing and People and Nature in Grades 1–4 (primary school); Biology, Physical Training and Civic Education in Grades 5–9 (gymnasium level) and Grades 10–12 in lycea and colleges (secondary education, primary and secondary vocational training). An optional course called Ethics and Psychology of Family Life is available for Grades 10–12 (one hour per week).

In 2005–2006, in response to the increased levels of HIV infection, STIs and drug use among young people, the Ministry of Education attempted to introduce a mandatory Life Skills training programme into the curricula of general schools. Developed with support from UNICEF and NGOs, this course was intended for Grades 1–12, including one hour per week (delivered over 30 hours per year). Special teacher manuals and student workbooks were created for this course, and more than 3,000 teachers were trained to deliver it. However, its implementation on a wider scale met with resistance and demands from some religious confessions to remove it from the curricula of general schools. The Ministry of Education subsequently downgraded the course from mandatory to an optional subject (chosen by students with parental consent).

In 2007, the curriculum of the mandatory subject, Civic Education, was supplemented by a module called Life and Health: a Personal and Social Issue. Its teaching time is 44 hours for eight years (around 5.5 hours per year). Nine of these hours are devoted to HIV and AIDS (including general information, means of transmission and prevention, solidarity with people living with HIV).

In 2012, to enhance the healthy lifestyle education, an e-learning programme was developed for Grades 5–12: Life and Health. To take part in the course, students can register at www.viatasisanatatea.md, get access codes, study all topics and take tests. The course covers the following topics: health and healthy lifestyle; healthy nutrition; health and beauty; personal hygiene; bad habits; environment and health; managing emotions; violence and abuse; personal safety; protection from bullying; harassment and blackmail; human rights; the right to health; values; bioethics; solidarity with people living with HIV, people with disabilities and crime victims; sexual exploitation and its consequences. In Grade 7, students learn about HIV, tuberculosis and ways to protect themselves from infection; in Grade 8, they study topics related to sexuality education including: friendship and love; sexual relations; unwanted pregnancy; HIV, STIs and means of protection; sexual debut and abstinence from sexual relations.

With support from GIZ, an optional course called Decisions for Healthy Lifestyle was developed for primary and secondary vocational students. It aims to strengthen competencies (knowledge, skills and relationships) that are essential for adolescents to make a conscious decision to follow a healthy lifestyle. The course includes the following topics: healthy

lifestyle; nutrition and physical activity; personal hygiene; smoking, alcohol and drugs; puberty related changes; sexual and reproductive health; HIV/STIs and ways of prevention; HIV-related stigma and discrimination; decision-making; coping with stress; gender stereotypes; values; violence (including sexual); seeking medical and legal assistance and information. This one-year course (covering 35 hours) is recommended for first-year students at vocational training school, and includes a teacher's guide and workbook.

Since 2005, an optional course called Healthy Lifestyle has been part of the higher education curricula (first stage). Covering topics on HIV and STI prevention, this course is mandatory for students of teacher training and medical higher education institutions.

Conclusions and recommendations

Moldova's general education and primary/secondary vocational training institutions are successfully delivering HIV/STI prevention and the promotion of healthy lifestyles to students in the form of mandatory subjects and optional courses. However, in spite of this, the level of HIV knowledge among young people in Moldova remains low. In a 2010 survey, only 38.2 per cent of respondents aged 15–24 correctly answered questions about means of transmission and prevention of HIV. The proportion of girls who gave correct answers was 41 per cent, while among male respondents this figure was not higher than 35 per cent. Young people aged 20–24 were better informed about HIV than 15–19 year olds.

With this in mind, programmes delivering education about HIV and healthy lifestyle among young people should be continued; health services should be engaged in the implementation of these programmes, as well as NGOs and parents; the network of health centres for young people should be expanded; and prevention efforts should be taken to scale, including through peer education and targeted projects for key populations (including rural population, migrants, girls and women).

State security and sustainable development in Moldova are directly linked to measures aimed at preserving and strengthening the health of the country's younger generations. This requires a system of coordinated activities that raise awareness, improve the availability and quality of family planning services, and provide easy access to information about sexual and reproductive health for young people.

Appendix 8.
Country Assessment – Russian Federation

	2007	2011		2007	2011
Total population (in millions)*	142.9	142.9	**Mortality rate due to external causes of death among 15–19 year olds*** (including suicide, deaths per 100,000 average relevant population)	79.9	61.5
Total number of HIV cases (in thousands):		(2009)	**Age-specific fertility rate among women younger than 20 years old*** (live births per 1,000 women aged 15–19)	29.1	26.7
- registered**	416.1	529.8			
- UNAIDS estimate***	865.0	885.0			
HIV prevalance rate among young women and men (aged 15–29), (in % of all people living with HIV)**	75.0	49.2 (2009)	**Abortion rate among women under age 20*** (legally induced abortions among women under the age 20 per 1,000 live births to women of the same age)	26.7	17.2
Modes of HIV transmission (%)**			**Incidence of syphilis and gonorrhea among 15–19 year olds*** (new cases per 100,000 average relevant population)	195.1	57.3
- Sexual (heterosexual)	34.1	35.8			
- Sexual (homo-/bisexual)	-	1.4			
- IDU	64.5	61.3			
- Other/unknown	1.4	1.5			
Percentage (%) of young women and men (aged 15–24) who correctly identified ways of preventing the sexual transmission of HIV and who rejected major misconceptions about HIV transmission**	33.7 (2006)	37.0 (2009)	**Percentage of schools that provided life skills-based HIV education in the last acadenic year****	82.2 (2006)	92.4 (2009)

- No data available
* TransMonEE Database, UNICEF (see http://www.transmonee.org/index_ru.html).
** Country progress reports in 2008, 2010 and 2012 (see http://www.unaids.org/ru/dataanalysis/knowyourresponse/countryprogressreports/2012countries/).
*** AIDSinfo Database, UNAIDS (see http://www.unaids.org/en/dataanalysis/datatools/aidsinfo/).

Russian Federation
142.9 million

Every day, **150** people are infected with HIV

According to the Russian Federal AIDS Center the number of people living with HIV has increased **three-fold** in 10 years

Over **60%** of all HIV cases are related to intravenous drug use

According to the Federal AIDS Centre, there were more than 700,000 cases of HIV in Russia at the end of 2012. About 30,000 new cases are registered every six months, which is equivalent to the annual incidence for all the countries of Western and Central Europe combined. HIV disproportionately affects young people in Russia. At the same time, the percentage of young people aged 15–20 among newly diagnosed infections went down from 24.7 per cent to 2.9 per cent in ten years (2000–2009). To some extent, this data demonstrates the effectiveness of prevention education among young people. However, HIV is increasingly being diagnosed at a late stage, which means that people may have been infected at a younger age and were not aware of their HIV status.

National policy on prevention education

Russian Federation legislations regulates the response in the areas of HIV prevention, treatment and the rights of people living with HIV. According to the Federal Law on the Prevention of the Disease Caused by the Human Immunodeficiency Virus (HIV infection) in the Russian Federation, the state guarantees the "introduction of moral and sexuality education into curricula of educational institutions" and prohibits schools from refusing attendance to HIV-positive pupils.[27] The Federal Law on Education of the Russian Federation ensures that all children, regardless of their health status, have access to education and opportunities for comprehensive development and integration into educational and social environments. The law also includes provisions about protecting the health of students, including "promotion of and education on healthy lifestyle".[28] The right of minors to hygiene education is also anchored in the Federal Law on Health Care of the Russian Federation.

HIV prevention among children and young people is a priority issue for the Russian Federation Ministry of Education and Science, regional and municipal educational administrations and all types of schools. The state-level HIV response is blueprinted in the National Priority Health Project and the federal targeted Programme of Prevention and Control of Social Diseases.

Together with the Federal Service on Consumer Rights and Human Well-Being (Rospotrebnadzor), the Ministry of Education and Science has developed a Concept of Preventive Education in the Sphere of HIV/AIDS Prevention. Its basic principles involve working with young people to promote the values of family life, healthy lifestyle, obeying laws and respecting people, the state and the environment. The Ministry of Education and Science has also developed a Concept of Prevention of the Use of Psychoactive Substance in the Educational Environment.

Organization, coordination and monitoring of prevention education

The Russian government implements HIV prevention measures across the country through relevant ministries and agencies. In July 2012, the government abolished the Commission on HIV Prevention, Diagnosis and Treatment. To facilitate public control over the activities of NGOs working in the field of HIV, an advisory body was established in the Ministry of Health: the Coordination Council on HIV/AIDS. A representative from the Ministry of Education is expected to take part in the council's activities.

The state-level HIV response is based on collaboration between the federal executive bodies – primarily the Ministry of Health and the Ministry of Education and Science. HIV prevention programmes in the regions are jointly implemented by executive authorities, public health and educational administrations, AIDS centres and civil society organizations. In educational institutions, the staff responsible for prevention activities are psychologists, social pedagogues, homeroom teachers, other teachers and healthcare workers.

The Ministry of Education and Science supervises the work of the Federal Child Development Research Centre, which is responsible for research around challenges in the field of raising children, promotion of healthy lifestyle, prevention of drug use, and social and educational support for children and young people. It is also responsible for finding solutions to addressing these issues, improving scientific evidence and coordinating the relevant activities across educational institutions in Russia. On the grounds of social partnership, the centre provides research-based support to educational institutions in order to improve their educational psychology and teaching processes. It also organizes applied research events to disseminate best practice and innovative technologies, as well as delivers in-service training programmes.

[27] Federal Assembly of the Russian Federation. The Federal Law on the Prevention of the Disease Caused by the Human Immunodeficiency Virus (HIV) Infection in the Russian Federation. [Adopted on 30 March 1995 (as amended on 18 July 2011)]. http://base.consultant.ru/cons/cgi/online.cgi?req=doc;base=LAW;n=117095 (Accessed 22 July 2013). (In Russian).

[28] Federal Assembly of the Russian Federation. The Federal Law on Education of the Russian Federation. [Adopted on 21 December 2012]. http://base.consultant.ru/cons/cgi/online.cgi?req=doc;base=LAW;n=140174 (Accessed 22 July 2013). (In Russian).

Prevention education coverage, formats, content and resourcing

The state ensures that prevention education on socially significant diseases and the moral and sexual upbringing of young people is included in the national curricula. Sections on HIV prevention and reproductive health have been officially integrated into the current federal state educational standards (FSES) as important components of community and individual health for primary level (Grades 1–4) and basic general education (Grades 1–9), as well as secondary general (complete) education (Grades 1–11) and curricula for school subjects such as biology, Basics of Life Safety and Physical Training.

In line with FSES, the mandatory curriculum for primary general education includes a section called Promoting a culture based on healthy and safe lifestyle, which aims to strengthen young people's knowledge about risk factors and to develop their skills in terms of avoiding risky practices. The main curriculum for secondary general education has a programme on ecological culture, healthy and safe lifestyles and the prevention of socially significant diseases. These sections are also included in the curriculum for the secondary (complete) general education, which is expected to bring about personal achievements such as acceptance and actualization of the healthy and safe lifestyle values and rejection of bad habits: smoking and using alcohol and drugs. The model mandatory curriculum for general education (Grades 1–9) and its subject Basics of Life Safety informs students about "potentially dangerous health-related factors (bad habits, early initiation of sexual relations, etc.)" and is meant to "systemize knowledge about reproductive health as an integral element of community and individual health; and develop personal qualities essential for young people entering into marriage".[29]

In 2008, following the UNESCO initiative and with support from the Russian Ministry of Education and Science, an HIV prevention programme was developed and piloted in general education institutions. The programme integrates HIV and drug use prevention issues into various subject areas.

HIV prevention is also included as part of optional classes within the curriculum. These programmes – which vary in duration from two to 144 hours – include discussions, role-playing and training sessions. NGOs and charity foundations are often engaged in delivering these programmes. In 2007–2012, the Health and Development Foundation supported implementation of an optional interactive prevention programme called Everything that concerns you for general and vocational school students. Built on the principles of life skills education, the 36-hour programmes cover issues such as communication, conflict resolution, behaviour in stressful situations, human values, resisting pressure, critical thinking, gender, prevention of HIV and other STIs, smoking, alcohol and drug use.

In 2012, as part of the National Priority Health Project, an 18-hour Programme for Primary HIV Prevention in the Educational System and Promoting Tolerance Towards PLHIV and their Immediate Environment was developed. The programme is adapted for middle school-aged children (Grades 8–9: Health as a Lifestyle) and senior school-aged children (Grades 10–11: Responsible Behaviour as a Health Resource) in general education and vocational training institutions. Its topics include: being an individual; effective communication; managing feelings; problem resolution and decision-making; youth icons and significant others; needs and dependencies (including psychoactive substances); HIV and AIDS; tolerant attitudes towards people living with HIV; HIV volunteer movement; value of health and healthy lifestyle (abstinence from bad habits, healthy nutrition, physical activity, hygiene); ethics and morality; values and meaning of life; life perspectives; family and gender roles.

In 2012, the programme reached more than 160,000 students across all regions of Russia, with sessions (18 learning hours) held as part of extracurricular activities for groups of not more than 20 students. The programme's strength was active parental engage-

[29] Savinov, E. (2011). Sample basic general curriculum for an educational institution. General education school. Moscow. http://standart.edu.ru/catalog.aspx?CatalogId=6400 (Accessed 22 July 2013). (In Russian).

ment: prior to participation, parents were informed about the goal, aims and content of the training course. Parental consent was required for students under 18 to take part in extracurricular lessons. More than 85,000 parents participated in special information sessions (a total of 18 hours) on adolescent psychology, family relationships and how they affect children, approaches to prevention of risky behaviours, raising responsible children, critical thinking and basic information about HIV. Information sessions were held for groups of 10–20 parents, following a recommended schedule of three classes per week.

In order to train a cadre of teachers specializing in the field of HIV and drug abuse prevention education, a number of curricula have been developed and implemented across teacher training institutions and facilities for in-service education of teaching staff. In 2012, as part of the National Priority Health Project, more than 8,500 teachers were trained in 83 regions of Russia to implement the Programme for Primary HIV Prevention in the Educational System.

Conclusions and recommendations

Prevention of HIV and other socially significant diseases in the Russian educational system is hindered by barriers such as: a lack of funding for prevention events; negative attitudes among some parents and teachers towards the prevention of HIV, STIs and drug use, as well as sexuality education; insufficient support and motivation of teachers in establishing a system of prevention education.

Although Russia reached significant numbers of teachers, students and parents in 2012 with HIV prevention activities as part of the National Priority Health Project, it has not yet achieved sufficient impact on young people. The effectiveness of the existing HIV prevention programmes are sometimes questioned by some experts. The debate mostly centres around the approaches used to deliver prevention education. Sceptics include both teachers and parents. It is important to raise awareness among parents on issues related to HIV and sexuality education, and to strengthen their motivation to preserve the reproductive health of adolescents and young people through education.

The findings detailed above emphasize the need to continue working on the following: organizing teacher training; engaging parents in prevention education; developing guidance materials and conducting regular educational events for teachers, students and their parents; drawing the attention of federal and regional administration authorities to prevention needs; strengthening collaboration mechanisms between different structures responsible for prevention education among children and young people, including NGOs; and raising additional funds to support these programmes.

Appendix 9.
Country Assessment – Tajikistan

	2007	2011		2007	2011
Total population (in millions)*	7.1	7.6	**Mortality rate due to external causes of death among 15–19 year olds*** (including suicide, deaths per 100,000 average relevant population)	14.3	19.2
Total number of HIV cases:			**Age-specific fertility rate among women younger than 20 years old****** (live births per 1,000 women aged 15–19)	28	26
- registered**	1,049	3,846			
- UNAIDS estimate***	8,200	11,000			
HIV prevalance rate among young women and men (aged 15-29), (in % of all people living with HIV)**	-	28.9	**Abortion rate among women under age 20*** (legally induced abortions among women under the age 20 per 1,000 live births to women of the same age)	1.2	1.1
Modes of HIV transmission (%)**			**Incidence of syphilis and gonorrhea among 15-19 year olds*** (new cases per 100,000 average relevant population)	10.0	7.0
- Sexual (heterosexual)	21.5	29.8			
- Sexual (homo-/bisexual)	-	-			
- IDU	57.9	52.6			
- Other/unknown	20.6	17.6			
Percentage (%) of young women and men (aged 15–24) who correctly identified ways of preventing the sexual transmission of HIV and who rejected major misconceptions about HIV transmission**	11.0	13.3	**Percentage of schools that provided life skills-based HIV education in the last acadenic year****	-	5.3 (2009)

- No data available
* TransMonEE Database, UNICEF (see http://www.transmonee.org/index_ru.html).
** Country progress reports in 2008, 2010 and 2012 (see http://www.unaids.org/ru/dataanalysis/knowyourresponse/countryprogressreports/2012countries/).
*** AIDSinfo Database, UNAIDS (see http://www.unaids.org/en/dataanalysis/datatools/aidsinfo/).
**** World Bank Database (see http://data.worldbank.org/indicator).

Tajikistan
7.6 million

Men account for more than **70%** of all HIV cases

The number of people living with HIV has increased more than **3-fold** in last 4 years

Less than **15%** of young people know how to protect themselves from HIV

The HIV epidemic in Tajikistan is mostly associated with unsafe drug use, which accounts for more than 50 per cent of all HIV cases. However, heterosexual transmission is on rise and accounts for 29.8 per cent of HIV cases. In 2011, 28.5 per cent of all new infections were registered among women. Young people aged 15–29 make up 28.9 per cent of HIV cases.

National policy on prevention education

Responding to HIV is acknowledged by the Republic of Tajikistan government as a priority issue that has an impact on the health of a significant proportion of the population. In 2005, the country adopted the Law on HIV/AIDS Response in the Republic of Tajikistan. In 2010, it endorsed the fourth state Programme on HIV/AIDS Response in the Republic of Tajikistan in 2011–2015. Measures to contain the HIV epidemic are prominent in the National Programme of Development

of the Republic of Tajikistan up to 2015 and the National Health Strategy of the Republic of Tajikistan for 2010–2020.

The Strategic Plan on Reproductive Health for the Period up to 2014, which was approved by the government in 2004, set the objectives of raising awareness and improving the knowledge of adolescents in all aspects of sexual and reproductive health, enabling their life skills development and expanding access to youth-friendly SRH services.

According to the Law on HIV/AIDS Response, all educational institutions should integrate healthy lifestyle education into their curricula and educational activities, and they should provide students with complete, high-quality and accessible information about routes of HIV transmission and ways of prevention. They should also contribute to the development and implementation of prevention programmes for unsupervised children and adolescents. State law guarantees the observance of rights and freedoms of people living with HIV and their families, including their protection from discrimination and measures against firing employees, refusing employment or preventing their attendance at an educational institution because of their HIV status.

The 2010 Programme on HIV/AIDS Response in the Republic of Tajikistan 2011–2015 maps out HIV prevention activities in general education and vocational training institutions and colleges, including peer-based interventions. It also lays the ground for the development and publication of teacher guides and student workbooks, and involves prevention work among young people who are out of school and those in rural areas. The programme includes provisions to support youth-friendly informational and counselling centres. Its objective is to integrate healthy lifestyle education into mandatory and optional school subjects, and to deliver them across all schools in Tajikistan by 2015. The goal is that at least 60 per cent of young people aged 15–24 are able to "correctly identify three effective ways to reduce the risk of HIV transmission".[30] The programme also plans for teacher training on HIV and AIDS in at least 20 per cent of general education schools.

Organization, coordination and monitoring of prevention education

All HIV-related activities in Tajikistan are supervised by the National Coordination Committee (NCC), which represents multiple sectors, including governmental institutions (the Ministry of Education, among others), international and civil society organizations and UN agencies. The committee is chaired by the Deputy Prime Minister of the Republic of Tajikistan.

The Ministry of Education is responsible for the implementation of a comprehensive HIV response in the educational system. Financial and technical support in this area comes from international organizations such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, GIZ, USAID, as well as UNICEF, UNFPA, UNESCO and other agencies. Due to economic problems in Tajikistan, HIV prevention programmes are mostly funded through external sources.

To supervise activities in the field of prevention education, the Ministry of Education has appointed a special coordinator.

Prevention education coverage, formats, content and resourcing

HIV awareness education for young people is mostly delivered by general education institutions. Curricula and training courses for various subjects include topics on healthy lifestyles and relationships with peers and parents.

In 2006, the Collegium of the Ministry of Education approved a Healthy Lifestyle prevention programme for Grade 1–11 students. In 2008, 200 pilot schools were selected to deliver the programme to children and adolescents, following a directive from the Minister of Education. During the 2010/2011 school year, 400 more schools joined the programme, which is now being taught in Grades 7–9 (eight learning hours, extracurri-

[30] Government of the Republic of Tajikistan. The Programme on HIV/AIDS Response in the Republic of Tajikistan 2011–2015. [Adopted on 30 October 2010]. http://www.ecuo.org/media/filer_public/2013/01/13/nac_programma_tajikistan2011-2015.pdf (Accessed 22 July 2013). (In Russian).

cular time, usually during homerooms). As part of this course, a textbook for Grades 7–9 was developed, as well as a teacher's guide. Every year, peer education training sessions are held in summer camps for students from pilot schools.

According to the 2012 National Report on the Progress of Measures in Response to AIDS in Tajikistan (country progress report), more than 72,000 young men and 78,000 young women aged 15–24 in rural areas were reached with information campaigns and peer education on HIV and AIDS in 2010–2011.[31]

In 2006, UNESCO provided support for the adaptation of the informational reader HIV and AIDS and Education, which was reviewed by a working group of national experts guided by the Ministry of Education. UNESCO also supported the adaptation of a manual HIV Prevention and Youth for teachers in higher education institutions in 2010. By the end of 2011, 900 teachers from 322 pilot schools had undergone training on interactive methods in prevention education. This approach to educating young people and adolescents is designed to improve their knowledge, develop skills and attitudes essential for adopting healthy lifestyle, and prevent STIs, HIV and unwanted pregnancy.

50.6 per cent of young people responding to a national survey recognize the right of people living with HIV to employment. However, more than 30 per cent think that people with HIV should not work in the education system. Only 25 per cent of respondents think that children living with HIV should attend schools together with other children. On the other hand, 53.7 per cent of the teachers surveyed agree that HIV-positive people can work in education institutions, and 78.3 per cent are not opposed to teaching children living with HIV.

National Research on Identifying Forms of Stigma and Discrimination against People Living with HIV, Dushanbe, 2012

In 2012, Practical Guidelines for the Implementation of HIV Policy in the Education System of Tajikistan were developed, again with support from UNESCO. This document is particularly relevant in terms of the actions required to foster tolerant attitudes towards children and adolescents living with HIV – both within society at large, and among parents and educators.

However, in spite of these measures, in 2011 only 13.3 per cent of young women and men aged 15–24 could correctly identify ways to prevent the sexual transmission of HIV and reject misconceptions about HIV transmission.[32] This rate had only increased by 2.3 per cent, compared to similar data gathered in 2007.

Conclusions and recommendations

Young people make up more than half of new HIV cases in Tajikistan, which is partly attributable to their lack of knowledge about HIV. At the same time, schools are not making full use of opportunities to inform young people about HIV and how to prevent infection.

Prevention education should be tailored to the mentality, culture and traditions of Tajik people, and should include evidence-based information that is passed on to young people by means of adequate education techniques.

Increased migration is also contributing to the HIV epidemic in Tajikistan. According to recent data from the International Organization for Migration office in Tajikistan, around 750,000 migrant workers are seeking employment in other countries. Most of these countries have higher HIV prevalence rates (in particular, the Russian Federation). Away from home, migrants tend to practice unprotected sex, risking exposure to HIV and other STIs, and may infect their spouses back home.

Fear of stigma, discrimination and judgemental attitudes from society all pose barriers for key populations to access essential prevention and treatment services. Key populations have limited access to HIV information,

[31] Tajikistan. 2012. Country progress report. http://www.unaids.org/ru/dataanalysis/knowyourresponse/countryprogressreports/2012countries/file,68430,ru..pdf (Accessed 22 July 2013). (In Russian).

[32] Tajikistan. 2012. Country progress report. http://www.unaids.org/ru/dataanalysis/knowyourresponse/countryprogressreports/2012countries/file,68430,ru..pdf (Accessed 22 July 2013). (In Russian).

prevention and testing. The system of voluntary counselling and testing in Tajikistan is underdeveloped.

It is important to scale up activities that raise the awareness of the general population, key affected populations and young people about HIV transmission and prevention, and continue to work to reduce stigma and discrimination against people living with HIV.

A policy framework is required to integrate HIV and life skills-based education into mandatory subjects taught in schools and vocational training institutions. Training programmes should make better use of peer education, which calls for a broad rollout of relevant volunteer training across the country.

Appendix 10.
Country Assessment – Ukraine

	2007	2011		2007	2011
Total population (in millions)*	46.5	45.6	**Mortality rate due to external causes of death among 15–19 year olds*** (including suicide, deaths per 100,000 average relevant population)	58.2	41.8 (2010)
Total number of HIV cases (in thousands):			**Age-specific fertility rate among women younger than 20 years old*** (live births per 1,000 women aged 15–19)	30.1	28.1
- registered**	122.3	202.7			
- UNAIDS estimate***	320.0	230.0			
HIV prevalance rate among young women and men (aged 15–29), (in % of all people living with HIV)**	15.0 (aged 15–24)	9.0	**Abortion rate among women under age 20*** (legally induced abortions among women under the age 20 per 1,000 live births to women of the same age)	12.3	9.6 (2010)
Modes of HIV transmission (%)**			**Incidence of syphilis and gonorrhea among 15–19 year olds*** (new cases per 100,000 average relevant population)	75.9	42.6 (2010)
- Sexual (heterosexual)	38.4	49.0			
- Sexual (homo-/bisexual)	-	-			
- IDU	40.1	31.0			
- Other/unknown	21.5	20.0			
Percentage (%) of young women and men (aged 15–24) who correctly identified ways of preventing the sexual transmission of HIV and who rejected major misconceptions about HIV transmission**	40.0	39.9 F: 37.7 M: 42.0	**Percentage of schools that provided life skills-based HIV education in the last academic year****	57.0 (2006)	58.7 (2009)

- No data available
* TransMonEE Database, UNICEF (see http://www.transmonee.org/index_ru.html).
** Country progress reports in 2008, 2010 и 2012 (see http://www.unaids.org/ru/dataanalysis/knowyourresponse/countryprogressreports/2012countries/).
*** AIDSinfo Database, UNAIDS (see http://www.unaids.org/en/dataanalysis/datatools/aidsinfo/).

Ukraine
45.6 million

49% of HIV cases are attributed to heterosexual transmission

Every day, **58** people are infected with HIV

Figures show almost equal number of HIV-positive **men** and **women**

At 0.9 per cent, HIV prevalence (UNAIDS estimate in 2011–2012) among the adult population (aged 15–49) in Ukraine is the highest in Eastern Europe and Central Asia. However, the share of new infections among 15–24 year olds has decreased 1.5-fold in the last five years (from 15 per cent in 2007 to 9 per cent in 2011 and 8 per cent in 2012). This appears to demonstrate the effectiveness of prevention education and awareness programmes for adolescents and young people.[33]

National policy on prevention education

In 2007, a National Council to Fight Tuberculosis and HIV/AIDS was created under the Cabinet of Ministers of Ukraine to facilitate consolidated decision-making in the development of state policy, programmes and measures to fight HIV and other socially significant diseases.

[33] Ukraine. 2012. Country Progress Report. http://www.unaids.org.ua/files/Ukraine_Harmonized_AIDS_Response_Progress_Report_2012.pdf (Accessed 22 July 2013).

The council involves representatives from the Ministry of Education and Science. Daily activities of the National Council are coordinated by its secretariat. In 2010, the State Service of Ukraine on HIV/AIDS and other socially significant diseases was established, coordinated by the Cabinet of Ministers through the Ministry of Health.

The national HIV strategy is reflected in the State Programme on HIV Prevention, Treatment, Care and Support to HIV-Infected and Patients with AIDS 2009–2013. One of its priorities is to roll out primary HIV prevention that targets the general public, primarily young people. The programme includes school lessons on HIV and healthy lifestyle, teacher training and thematic public service announcements to be circulated in various media. However, in 2009–2011 these activities mostly depended on international funding, as the state did not provide budget allocations for this work. In addition, the programme did not cover vocational and higher education institutions.

"Ukraine is no longer the world's example of problems – it has become an example of effective solutions. This year Ukraine saw the first signs of HIV incidence stabilizing across the country. The number of new infections has decreased by 1.6 per cent, and there is a tendency towards reduced HIV rates among young people."

Kostyantyn Gryshchenko,
Vice Prime Minister of Ukraine, 2013

Currently, a new policy framework is being drafted: the National Targeted Social Programme for HIV and AIDS Response 2014–2018. The programme will pursue the previously established goals of promoting tolerant attitudes towards people living with HIV, and developing programmes for gender-specific sexuality education, reproductive health and HIV prevention.

The role of the educational sector in HIV prevention is defined by the Law on HIV/AIDS Prevention and Social Protection of People Living with HIV of Ukraine. The law prioritizes primary prevention, the promotion of healthy lifestyles and the compulsory introduction of prevention programmes into general, vocational and higher education institutions as key components of state policy.

The legislation contains essential provisions to prohibit discrimination against people living with HIV, their friends and family members, and to protect their legal rights and freedoms, including the right to employment, health and education. In 2012, the Ministry of Education and Science of Ukraine published Recommendations on HIV Policy Implementation in Educational Institutions of Ukraine, which suggest mechanisms for the delivery of appropriate education and employment programmes for people living with HIV, and their protection against discrimination. With support from the Global Fund to Fight AIDS, Tuberculosis and Malaria and the European Commission, training sessions are held across the country for education system administrators and teachers to enable optimal use of the recommendations.

Organization, coordination and monitoring of prevention education

State policy on health education and HIV prevention among students is implemented by the Ministry of Education and Science. The ministry is also responsible for the functioning of the Coordination Council on Healthy Lifestyle, Prevention of HIV, TB and Other Socially Significant Diseases among Young People, which was established to coordinate decision-making on key issues related to prevention education. The council is made up of representatives from state ministries and international and non-governmental organizations. It is chaired by the First Deputy Minister, who coordinates routine activities and ensures intersectoral collaboration.

To implement the State Programme on HIV Prevention, the Ministry of Education adopted an Action Plan that corresponds with the general strategy for the development of prevention education in Ukraine. This strategy maps out a step-by-step delivery of life skills-based education programmes in general, secondary vocational and higher education institutions. The introduction of these prevention programmes (as part of the mandatory subject Basics of Health and optional courses Useful Habits and School against AIDS, etc.) in the curricula of general education institutions was highly appreciated by

international experts, who conducted a comprehensive external evaluation of the national HIV response in Ukraine in 2009.

Research demonstrates the effectiveness of the above-mentioned programmes: among Grade 8–10 students who completed the optional course School against AIDS, the share of young people intending to postpone their first sexual involvement until marriage or older age increased by 13 per cent (from 72 per cent to 85 per cent). At the same time, the number of students demonstrating tolerant attitudes towards people living with HIV increased three-fold (from 16 per cent to 52 per cent).[34]

The development and implementation of prevention programmes for primary, secondary and upper secondary schools would not be possible without contributions from the following international organizations and national NGOs: UNICEF, the Global Fund, the International HIV/AIDS Alliance in Ukraine, the All-Ukrainian Network of People Living with HIV and GIZ; and civil society organizations including Children's Fund Health through Education, the All-Ukrainian Association of Teachers and Trainers, and regional institutes for postgraduate teacher training. All components of the systematic and effective school-based prevention work were developed in partnership with these organizations.

In 2012, supported by the Global Fund and the European Commission, the Ministry of Education and Science, together with the All-Ukrainian NGO Children's Fund Health Through Education, launched a large-scale project with the purpose of expanding the reach and improving the quality of prevention education in schools and vocational training institutions. The project aims to advocate for prevention education targeting school administration and parents, to create a sustainable system of training for teachers delivering prevention subjects and courses, and to reduce stigma and discrimination against people living with HIV. As the project's associate partner, UNESCO provides expertise and technical support for its implementation.

Funds allocated from the state budget are mostly used for the occasional publication of textbooks, while disbursements from local budgets cover salaries for teachers delivering the mandatory subject Basics of Health. Financial support for optional prevention courses is not provided. Costs of postgraduate teacher training are only partly covered by the budget.

Prevention education coverage, formats, content and resourcing

HIV prevention education in Ukrainian schools is delivered through mandatory subjects: biology and Basics of Health, as well as various optional courses and out-of-class/extracurricular activities. Basics of Health, which is compulsory for Grades 1–9 (one hour per week), integrates topics related to healthy lifestyles and safe living, promotes responsible attitudes towards life and health, and develops essential social and psychological skills. In 2009, the first generation of children who studied Basics of Health from Grades 1–9 graduated from Ukrainian schools.

Optional components of prevention education are delivered as part of the Protect Yourself from HIV course (an adapted version of School against AIDS) for 15–18 year old students. The course objectives are to increase the level of personal protection from HIV and to promote tolerant attitudes to people living with HIV. Out-of-school/extracurricular education is delivered through a popular programme called Youth for Healthy Lifestyle for Grades 5–11. One of its modules was developed to inform adolescents about means of transmission and the consequences of STIs and HIV. With support from UNFPA, a new optional programme called Growing Up Healthy was developed for vocational training and secondary schools, which covers topics including reproductive health, gender equality and responsible parenthood.

Basics of Health subject offers the most comprehensive and thorough study of issues related to sexual and reproductive health and behaviour. The course covers the following topics: family, friendship, love and marriage; puberty and reproductive health; prevention of HIV, STIs

[34] Vorontsova, T., Orzhekhovskaya, V., Ponomarenko, V. (2013). Healthy Lifestyle Promotion and HIV Prevention: Training Curriculum. Kiev.

and unwanted pregnancies; abstinence; fidelity; means of protection; sex and gender; harassment and violence; human rights; human values; social norms and stereotypes; communication skills, conflict resolution and decision-making; promoting tolerance towards people living with HIV; ecological competence, security problems and sustainable development.

Prevention classes are conducted with the help of trained volunteers on the basis of peer education approaches and interactive training. UNFPA and GIZ provide substantial support for the development of a volunteer movement and peer education. The Elena Pinchuk ANTIAIDS Foundation, UNESCO, UNFPA and the Women's Health and Family Planning Foundation offer support for the development of internet resources on HIV prevention and reproductive health for adolescents and young people.

Conclusions and recommendations

To enable the universal delivery of quality health education and HIV prevention to Ukrainian adolescent and young people, it is essential to meet the funding demands and to fully finance educational activities highlighted in the State Programme on HIV Prevention, Treatment, Care and Support to HIV-Infected and Patients with AIDS 2009–2013 and, looking ahead, in the National Targeted Social Programme for HIV and AIDS Response 2014–2018. These programmes should also include:

- training of teaching staff for the general, vocational and higher education levels to deliver HIV prevention education and promote healthy lifestyles and tolerant attitudes towards people living with HIV;
- training courses on healthy lifestyles and tolerant attitudes towards people living with HIV for students in the general, vocational and higher education institutions;
- provision of relevant printed and electronic guides and instruction materials for teaching staff;
- creation and maintenance of an integrated informational resource platform to support prevention education among youth;
- development and approval of quality standards for prevention education among adolescents and young people.

Appendix 11.
Country Assessment – Uzbekistan

	2007	2011		2007	2011
Total population (in millions)*	26.7	28.5	**Mortality rate due to external causes of death among 15–19 year olds*** (including suicide, deaths per 100,000 average relevant population)	-	-
Total number of HIV cases:**			**Age-specific fertility rate among women younger than 20 years old****** (live births per 1,000 women aged 15–19)	14.0	13.0
- registered	3,169	21,542			
- UNAIDS estimate***	-	-			
HIV prevalance rate among young women and men (aged 15–29), (in % of all people living with HIV)**	-	-	**Abortion rate among women under age 20*** (legally induced abortions among women under the age 20 per 1,000 live births to women of the same age)	-	-
Modes of HIV transmission (%)**			**Incidence of syphilis and gonorrhea among 15–19 year olds*** (new cases per 100,000 average relevant population)	-	-
- Sexual (heterosexual)	22.1	37.2			
- Sexual (homo-/bisexual)	-	-			
- IDU	57.3	44.6			
- Other/unknown	20.6	18.2			
Percentage (%) of young women and men (aged 15–24) who correctly identified ways of preventing the sexual transmission of HIV and who rejected major misconceptions about HIV transmission**	-	12.5 (2009)	**Percentage of schools that provided life skills-based HIV education in the last acadenic year****	-	100.0 (2009)

- No data available
* TransMonEE Database, UNICEF (see http://www.transmonee.org/index_ru.html).
** Country progress reports in 2008, 2010 and 2012 (see http://www.unaids.org/ru/dataanalysis/knowyourresponse/countryprogressreports/2012countries/).
*** AIDSinfo Database, UNAIDS (see http://www.unaids.org/en/dataanalysis/datatools/aidsinfo/).
**** World Bank Database (see http://data.worldbank.org/indicator).

Uzbekistan
28.5 million

According to UNAIDS, in the last two decades the number of people living with HIV has increased **20-fold**

Figures show almost **equal** number of HIV-positive men and women

Less than **15%** of young people know how to protect themselves from HIV

The HIV epidemic in Uzbekistan is mostly concentrated among key affected populations. In 2010–2011, Uzbekistan saw a reduction in new HIV infections compared to previous years. However, the number of new infections associated with heterosexual transmission increased from 22.1 per cent in 2007 to 37.2 per cent in 2011, and the proportion of new HIV cases among women increased from 34.1 per cent in 2007 to 47.6 per cent in 2011.

National policy on prevention education

Children under 15 represent about one-third (32.7 per cent) of Uzbekistan's total population of nearly 30 million, and the share of 15–29 year olds is 29 per cent. This high proportion of young people means that the sphere of education is of strategic importance for Uzbekistan. Public spending on education exceeds 10.5 per cent of Gross Domestic Product (GDP), which indicates the high priority the government attaches to this area. The educational system has the task of

promoting the principles of healthy lifestyle and preventing HIV infection, drug use and other threats among children and young people.

According to the Law on Health Care of Uzbekistan (1996), all minors have the right to hygiene education. The Law on HIV Prevention of Uzbekistan (1999) reflects the country's commitment to informing the population about HIV prevention and prohibiting discrimination against students and teachers affected by HIV.

From 2007–2011, HIV awareness activities among the general public and young people were part of educational and informational programmes and campaigns held within the framework of the state Strategic Programme for HIV Response. In 2012, this programme ended, and the new Strategic Programme for 2013–2017 was developed, mapping out epidemiological measures and HIV prevention activities, including those delivered through schools and the mass media. These measures take account of moral values and national traditions in Uzbekistan; they are based on close collaboration and the coordination of plans with NGOs, international organizations and other organizations. Substantial attention is paid to promoting tolerance towards people living with HIV and those affected by the epidemic.

Wide-scale HIV prevention activities are implemented in local communities (mahalla) with support from local NGOs: the Mahalla Foundation, Women's Committee of Uzbekistan, the Republican Children's Fund Sen Yolg'iz Emassan and the Kamolot civic youth movement.

Organization, coordination and monitoring of prevention education

The Ministry of Public Education (MPE) – which is responsible for pre-school and secondary general education, and the Ministry of Higher and Secondary Specialized Education (MHSSE) – which is in charge of vocational and higher education – jointly contribute to the implementation of the Strategic Programme for HIV Response. They are guided by their sectoral HIV prevention plans.

Representatives from these and other ministries and agencies, as well as civil society, take part in activities of the Republican Commission on Coordination of HIV Response, which is chaired by the Prime Minister of the Republic of Uzbekistan.

Objectives of prevention education and healthy lifestyle promotion overlap with the goals of moral and spiritual upbringing of young people. Therefore prevention education is coordinated by the MPE Department for Moral and Spiritual Education and the MHSSE Centre for Spirituality and Enlightenment.

In several regions of Uzbekistan (including the city of Tashkent and Karakalpak Republic), public education administrations have appointed deputy school principals who are responsible for spiritual enlightenment as coordinators of HIV and drug use prevention activities. Every higher education institution has a vice principal in charge of prevention education.

Funding for prevention programmes comes from the MPE and MHSSE budgets, supplemented by additional project grants from international organizations, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, GIZ, European Commission (the CADAP-MEDISSA project), UN agencies and other structures.

In higher education and vocational training institutions, for instance, extracurricular HIV prevention activities are implemented by the local representative offices of the Kamolot civic youth movement – one of the Global Fund grantees and a partner of GIZ.

Prevention education coverage, formats, content and resourcing

In 2010, the government approved state standards for general education that involve the promotion of healthy lifestyle among students and the delivery of large-scale prevention education to safeguard children and adolescents from dangerous diseases, bad habits and related consequences.

Schools commit 17 hours per year to healthy lifestyle education. In primary school (Grades 1–4), the Health Lessons subject is taught as part of the curriculum. In Grades 5–9, optional courses are offered under Basics of Healthy Generation. In Grade 8, the subject People

and Health is part of the mandatory programme, and Grades 10–11 study subjects Basics of Healthy Lifestyle and Basics of Family. The latter covers topics such as reproductive health, puberty and related changes, physiological health and hygiene for parents and children, life skills (communication, decision-making, self-knowledge and responsible behaviour) and the prevention of HIV, STIs, tuberculosis and drug use. Issues of HIV and drug use prevention take up four learning hours as part of the People and Health subject.

Guides, textbooks and workbooks were developed to enhance the implementation of these courses, and classes are usually taught by staff who have taken part in relevant training. Apart from the usual lessons, students can participate in round tables, meetings with health workers, educational lessons, campaigns such as We are against drugs and AIDS, essay competitions, poster competitions on healthy lifestyles, and other events.

Mandatory HIV prevention education is also part of the curricula for vocational training schools (lycea and colleges) and higher education institutions. In particular, lycea and colleges deliver two compulsory subjects: Basics of Healthy Lifestyle, covering topics including HIV, STIs and drug use; and Basics of Family, including issues such as starting a family, having children and preserving reproductive health. Higher education institutions teach mandatory subjects including Basics of Valeology, Age-Specific Physiology and Hygiene and Basics of Life Safety. In Basics of Valeology, 10 out of 40 learning hours are devoted to HIV prevention.

In the 2011/2012 academic years, 60 per cent of educational institutions under the MHSSE (lycea, colleges and higher education institutions) delivered HIV prevention education.

Training teachers to deliver prevention programmes is carried out at two levels: in higher education institutions and through postgraduate in-service training. In the last two or three years, more than 200 teachers were trained to deliver HIV prevention education in secondary vocational and higher education institutions, and 10,000 teachers – in schools. A guide for higher education-level instructors called HIV Prevention among Youth was developed and published in Uzbek and Russian.

Currently, more than half of all educational institutions in Uzbekistan have teaching staff who are trained to raise HIV awareness among students. The teachers have access to guidance materials and other resources. However, these are not always available in large enough quantities. Information materials for students are often published in small print runs of 1,000–5,000 copies. Not all materials provide practical information about means of HIV prevention or useful addresses for services where students could get tested, undergo treatment for HIV/STIs or access means of protection.

Conclusions and recommendations

According to the 2010 State Progress Report on the Implementation of the Declaration of Commitment on HIV/AIDS, 100 per cent of Uzbek schools "delivered life skills-based HIV education in the previous academic year". However, the level of HIV knowledge (including means of transmission and prevention) among young people remains low. A study carried out in 2009 by the Republican AIDS Centre and the Ijtimoiy Fikr Centre, with support from the Global Fund, revealed that just 12.5 per cent of 15–24 year olds (175 out of 1,400 respondents) correctly answered all five questions about ways of HIV transmission.[35]

Effective implementation of prevention education in Uzbekistan is hindered by:

- insufficient numbers of learning hours devoted to HIV prevention;
- lack of motivation among teachers to deliver prevention classes, since it is not always their direct responsibility;
- lack of motivation among students to attend prevention classes, which is associated with the insufficient

[35] Uzbekistan.2010. Country Progress Report. http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2010countries/uzbekistan_2010_country_progress_report_ru.pdf (Accessed 22 July 2013). (In Russian).

quality of teaching and the fact that the level of knowledge and skills related to prevention does not impact on their general academic achievements;

- language and terminology used at prevention classes is not always adapted for young people; interactive education methods are not always applied; young people (volunteers) are not always involved in delivering education sessions or sharing information among their schoolmates.

Therefore, it is necessary to:

- increase the number of hours devoted to HIV prevention education;
- adapt the existing curricula to the current requirements, needs and interests of adolescents and young people;
- develop a new generation of guidance materials on healthy lifestyle and HIV prevention for schools, lycea, colleges and higher education institutions;
- improve the system of monitoring and evaluation of prevention programming;
- review the content of and methodologies for extracurricular awareness-raising activities; implement new techniques and teaching methods that take into account age-specific and psychological factors;
- improve the quality of in-service training for teachers responsible for the delivery of prevention education;
- promote healthy lifestyles among parents as individuals who play an important role in the development of the initial life skills in their children, including those related to healthy lifestyle;
- promote tolerant attitudes towards people living with HIV among students to prevent stigma and discrimination;
- conduct regular evaluations of HIV-related knowledge, attitudes, behaviour and practices among young people and teachers, including knowledge and behaviour associated with stigma and discrimination based on HIV status.

Appendix 12.
Country population and HIV cases in EECA in 2007 and 2011

	Total population (in millions at the beginnig of the year)*			2007		2011	
	2007	2011	change	Registered	UNAIDS Estimate	Registered	UNAIDS Estimate
Armenia	3.2	3.3	↗	538	3,700	1,153	3,600
Azerbaijan	8.7	9.1	↗	1,379	5,400	3,267	6,700
Belarus	9.6	9.5	↘	8,737	17,000	12,955	20,000
Kazakhstan	15.4	16.4	↗	9,378	14,000	17,763	19,000
Kyrgyzstan	5.2	5.5	↗	1,479	4,300	3,887	12,000
Republic of Moldova	3.6	3.6	=	4,131	12,000	7,125	15,000
Russian Federation	142.9	142.9	=	416,113	865,000	529,828[1]	885,000[1]
Tajikistan	7.1	7.6	↗	1,049	8,200	3,846	11,000
Ukraine	46.5	45.6	↘	122,314	320,000	202,787	230,000
Uzbekistan	26.7	28.5	↗	3,169	-	21,542	-

* Source: TransMonEE database 2013, UNICEF (see: http://www.transmonee.org/)

** Sources: Country progress reports - for registered figures; AIDSinfo - for estimate figures (see: http://www.unaids.org/)

[1] 2009 data based on the Country progress report submitted in 2010

Appendix 13.
Main routes of HIV transmission in EECA in 2007 and 2011

	Routes of HIV Transmission*										
	Hetero-sexual			Homo/bi-sexual			IDU			Other or unknown	
	2007	2011	change	2007	2011	change	2007	2011	change	2007	2011
Armenia	45.3%	54.3%	↗	-	1.7%	-	47.4%	37.0%	↘	7.3%	7.0%
Azerbaijan	21.3%	26.3%	↗	0.9%	0.9%	=	59.8%	61.6%	↗	18.0%	11.2%
Belarus	66.8%	76.1%	↗	-	-	-	30.1%	21.2%	↘	3.1%	2.7%
Kazakhstan	25.0%[2]	50.7%	↗	-	-	-	64.0%[2]	47.3%	↘	11.0%[2]	2.0%
Kyrgyzstan	23.6%	30.3%	↗	0.1%	-	-	72.0%	60.2%	↘	4.3%	9.5%
Republic of Moldova	63.2%	86.0%	↗	-	-	-	36.2%	9.0%	↘	0.6%	5.0%
Russian Federation	34.1%	35.8%[1]	↗	-	1.4%[1]	-	64.5%	61.3%[1]	↘	1.4%	1.5%[1]
Tajikistan	21.5%	29.8%	↗	-	-	-	57.9%	52.6%	↘	20.6%	17.6%
Ukraine	38.4%	49.0%	↗	-	-	-	40.1%	31.0%	↘	21.5%	20.0%
Uzbekistan	22.1%	37.2%	↗	-	-	-	57.3%	44.6%	↘	20.6%	18.2%

* Sources: Country progress reports (see: http://www.unaids.org/)

[1] 2009 data based on the Country progress report submitted in 2010
[2] 2007 data based on the Country progress report submitted in 2010

Appendix 14.
Young people's sexual and reproductive health behaviour and outcomes in EECA in 2007 and 2011

	Percentage (%) of young women and men aged 15-24 who had sexual intercourse before the age of 15**				Age specific fertility rate among younger than 20 year olds (live births per 1,000 women aged 15-19)*			Abortion rate among women under age 20 (legally induced abortions among women under age 20 per 1,000 women aged 15-19)*			Incidence of syphilis and gonorrhoea among 15-19 year olds (new cases per 100,000 average relevant population)*		
	2007	Additional information (2007)	2011	Additional information (2011)	2007	2011	change	2007	2011	change	2007	2011	change
Armenia	-	-	2.7%	-	25.5	26.4	↗	3.5	5.0	↗	23.9	0.0	↘
Azerbaijan	-	-	-	F: 0.5% M: 0.6%	38.0	54.0	↗	1.5	1.9	↗	13.8	7.6	↘
Belarus	5.4%	F: 3.7% M: 7.6%	5.5%	F: 1.8% M: 10.0%	22.1	20.9	↘	12.5	8.2	↘	145.6	82.1	↘
Kazakhstan	6.8%	-	2.9%	-	29.3	29.4	↗	10.1	5.3	↘	36.1	18.1	↘
Kyrgyzstan	4.7%	-	11.0%	-	28.2	41.4	↗	6.3	6.5	↗	29.8	20.6	↘
Republic of Moldova	3.6%	-	5.6%	F: 1.1% M: 10.6%	26.0	25.7	↘	6.3	13.2	↗	184.2	172.3	↘
Russian Federation	7.4%	-	6.2%	-	29.1	26.7	↘	26.7	17.2	↘	195.1	57.3	↘
Tajikistan	0.7%	-	2.0%	-	28.0[2]	26.0[2]	↘	1.2	1.1	↘	10.0	7.0	↘
Ukraine	5.0%	-	6.7%	F: 3.0% M: 10.2%	30.1	28.1	↘	12.3	9.6[3]	↘	75.9	42.6[3]	↘
Uzbekistan	-	-	-	-	14.0[2]	13.0[2]	↘	-	-	-	-	-	-

* Source: TransMonEE database 2013, UNICEF (see: http://www.transmonee.org/).
** Source: Country progress reports (see: http://www.unaids.org/).

[1] in 2006
[2] World Bank Database (see: http://data.worldbank.org/indicator)
[3] in 2010

Appendix 15.
Adolescent mortality rates in EECA in 2007 and 2011

	Mortality rate due to external causes of death (including suicide) among 15-19 year olds (deaths per 100,000 average relevant population)*		
	2007	2011	change
Armenia	21.7	30.9	↗
Azerbaijan	21.2	18.5	↘
Belarus	53.0	42.0	↘
Kazakhstan	78.5	50.7	↘
Kyrgyzstan	29.0	41.8	↗
Republic of Moldova	42.4	36.6	↘
Russian Federation	79.9	61.5	↘
Tajikistan	14.3	19.2	↗
Ukraine	58.2	41.8[1]	↘
Uzbekistan	-	-	-

* Source: TransMonEE database 2013, UNICEF (see: http://www.transmonee.org/)

[1] in 2010

Appendix 16.
Education sector involvement in the national HIV programmes and participation in HIV response coordinating mechanisms in EECA

	Education sector involvement in the national HIV programmes	Education sector participation in the country coordinating mechanisms (CCM)
Armenia	+ National Programme on HIV/AIDS Response in the Republic of Armenia 2013–2016 pursues HIV prevention among general and key populations and teachers' preparation to deliver school-based HIV education.	+ The Ministry of Education and Science is represented in the Country Coordination Commission.
Azerbaijan	+ Action plan on HIV/AIDS response in the Republic of Azerbaijan 2009–2013 provides framework for integration of HIV/STI/drug use prevention into school-based health education programmes and HIV awareness raising among youth and general population.	+ The Ministry of Education participates in the Country Coordination Committee meetings.
Belarus	+ The State HIV Prevention Programme 2011–2015 pursues HIV prevention among key populations vulnerable to HIV, including young people aged 15–24.	+ The Ministry of Education is represented in the Country Coordination Committee.
Kazakhstan	- National Healthcare Development Programme "Salamatty Kazakhstan" 2011–2015 aims to contain adult HIV prevalence at the level of 0.2–0.6%.	+ The Ministry of Education and Science participates in the National Coordination Council on Health Care established by the government.
Kyrgyzstan	+ The State Programme on the Stabilization of the HIV Epidemic in the Kyrgyz Republic 2012–2016 aims to reduce young people's vulnerability to HIV through a range of interventions, including educational programmes.	+ The Ministry of Education and Science participates in the Multi-Sector Country Coordination Committee on Socially Dangerous Diseases established by the government.
Republic of Moldova	+ National Programme on HIV/AIDS and STI Response 2011–2015 pursues promotion of healthy lifestyle and HIV prevention among general population including rural, migrants and youth in- and out-of-school.	+ The Ministry of Education is represented in the National Coordination Council for National HIV/AIDS/STI Prevention and Control.

	Education sector involvement in the national HIV programmes	Education sector participation in the country coordinating mechanisms (CCM)
Russian Federation	- National HIV Programme 2007–2012 (a sub-programme of the Federal Targeted Programme of Prevention and Control of Socially Significant Diseases) aimed to contain the epidemic, increase coverage for prevention of mother-to-child transmission and reduce new HIV cases in correctional institutions. National Healthcare Project provided funding for HIV prevention in education sector in 2012.	+ In lieu of the dissolved Government Commission on HIV Prevention, Diagnosis and Treatment a Coordination Council on HIV and AIDS is established under the Ministry of Health which is an advisory body. The Ministry of Education and Science participates in the Council.
Tajikistan	+ National HIV/AIDS Response Programme 2011–2015 aims to ensure universal access to prevention, treatment, care and support and supports HIV prevention in educational institutions: schools and vocational training schools.	+ The Ministry of Education is represented in the National Coordination Committee on HIV/AIDS, TB and Malaria prevention.
Ukraine	+ The State Programme on HIV Prevention, Treatment, Care and Support to HIV-infected and Patients with AIDS 2009–2013 aims to contain the epidemic, reduce HIV and AIDS morbidity and mortality through ensuring population's access to large-scale prevention and treatment activities, as well as ensuring care and support for HIV-positive people and patients with AIDS. The new National Targeted Social Programme for HIV and AIDS Response 2014–2018 pursues to promote sexuality education and tolerance towards people living with HIV.	+ The Ministry of Education and Science is represented in the National Council to Counteract TB and HIV-infection/AIDS established by the Cabinet of Ministers of Ukraine. The State Service of Ukraine on HIV/AIDS and Other Socially Dangerous Diseases is responsible for the implementation of the National AIDS Programme.
Uzbekistan	+ Strategic Programme on fighting HIV infection in the Republic of Uzbekistan in 2013–2017 was adopted in 2013.	+ The Ministry of Public Education and the Ministry of Higher and Secondary Special Education are represented in the Republican Commission on Coordination of HIV Response.

Appendix 17.
Subjects delivering or touching upon health, HIV and SRH education in EECA

	Subject status*	Subjects and the number of hours on health, HIV and SRH education	Education levels and grades**		
			Primary*** (1–4)	Lower secondary (5–9)	Upper secondary (10 –11/12)
Armenia	+	Me and the surrounding world	2–4		
	o	Healthy lifestyle (14 hours per year)		8–9	10–11
	+	Biology		7–9	10–11
Azerbaijan	o	Life skills	1–4	5–9	
	+	Biology		6–9	10–11
Belarus	+	People and the world	1–4		
	+	Biology		7–9	10–11
	+	Basics of life safety (2-7 hours per year)	2–4	5–9	
	x	Specific courses on HIV prevention for secondary and TVET schools		5–9	10–11
Kazakhstan	+	Knowledge of oneself	1–4	5–9	10–11
	+	Basics of life safety (6-10 hours per year within Learning the World in primary school and 15 hours per year within Physical training in secondary school)	1–4	5–9	
	+	Biology		6–9	10–11
	x	Health and life skills in school, Valeology, other courses		5–9	
Kyrgyzstan	x	Culture of health	1–4	5–8	
	+	Biology		6–9	10–11
	x	Healthy lifestyle and other HIV prevention courses		5–9	10–11
	o	Healthy lifestyle (24 hours per year)			TVET
Republic of Moldova	+	People and nature	1–4		
	o	Life and health (5.5 hours per year integrated into Civic education)		5–9 (gymnasiums)	10–12 (lyceums)
	+	Biology		6–9 (gymnasiums)	10–12 (lyceums)
	x	Ethics and psychology of family life (35 hours per year) Decisions for healthy lifestyle (35 hours per year)			10–12 (lyceums) TVET

	Subject status*	Subjects and the number of hours on health, HIV and SRH education	Education levels and grades**		
			Primary*** (1–4)	Lower secondary (5–9)	Upper secondary (10 –11/12)
Russian Federation	+	The world around us	1–4		
	+	Biology		5–9	10–11
	+	Basics of life safety	1–4	5–9	10–11
	x	Health as a lifestyle, Responsible behaviour as a health resource, Everything that concerns you, other courses		8–9	10–11
Tajikistan	x	Healthy lifestyle		7–9	
	+	(to be introduced in 1-11)	1–4	5–9	10–11
	x	HIV prevention extracurricular courses and activities			TVET
Ukraine	o	Basics of health (17-35 hours per years)	1–4	5–9	
	+	Biology		7–9	10–11
	x	Protect yourself from HIV, other courses		7–9	10–11
Uzbekistan	x	Health lessons (17 hours per year)	1–4		
	x	Basics of healthy generation (17 hours per year)		5–9	
	+	People and health (4 hours per year)		8	
	x	Basics of healthy lifestyle and Basics of family			10–12 (lyceums & colleges)

* Subject status

- o Mandatory life skills-based subject that delivers HIV and SRH education within the wider context of health education.
- + Mandatory mainstream subject that touches upon some health, HIV and SRH education issues.
- x Optional course or extracurricular activity that delivers health, HIV and SRH education or touches upon some of these issues.

** Grades are provided for the whole span of teaching of a given subject or course.

Levels and grades for general (primary and secondary) education are provided according to The International Standard Classification of Education (ISCED), UNESCO, 2011 (see: http://www.uis.unesco.org/Education/Documents/UNESCO_GC_36C-19_ISCED_EN.pdf).

*** HIV, sexuality and reproductive health issues are not necessarily discussed in primary school.

Appendix 18.
School coverage with HIV education and young people's knowledge about HIV transmission and prevention in EECA in 2007 and 2011

	Percentage of schools that provided life skills-based HIV education in the last academic year*				Percentage of (%) young women and men aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and reject the major misconceptions about HIV transmission*			
	2007	by level of education (2007)	2009**	by level of education (2009)	2007	by gender/sex (2007)	2011	by gender/sex (2011)
Armenia	-	-	-	-	36.4%	-	20.3%	-
Azerbaijan	18.6%	In primary school: 9.5%	100.0%	-	-	F: 4.8% M: 5.3%[1]	-	-
Belarus	79.0%	In primary school: 78.2%; In low secondary school: 82.5%	-	In primary school: 82.2%; In low secondary school: 96.8%; In upper secondary school: 93.9%	67.7%	F: 64.8%; M: 70.1%	62.7%	F: 61.2% M: 64.6%
Kazakhstan	72.0%	-	81.0%	-	19.4%	-	31.9%	-
Kyrgyzstan	-	-	84.3%	-	31.8%	F: 33.4% M: 31.1%	34.9%	-
Republic of Moldova	92.7%	-	-	-	26.3%	F: 26.5% M: 26.0%	38.2%	F: 41.0% M: 35.0%
Russian Federation	82.2%[1]	-	92.4%	-	33.7%	-	37.0%	-
Tajikistan	-	-	5.3%	-	11.0%	-	13.3%	-
Ukraine	57.0%[1]	-	58.7%	-	40.0%	-	39.9%	F: 37.7% M: 42.0%
Uzbekistan	-	-	100.0%	-	-	-	12.5%[2]	-

* Sources: Country progress reports (see: http://www.unaids.org/)

** Last time this indicator was measured in 2009 and reported in 2010 country progress reports

[1] in 2006
[2] in 2009

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For notes

Prevention Education in Eastern Europe and Central Asia: A review of policies and practices

Education empowers people with the knowledge, skills and values they need for a healthy and meaningful life. Children and young people have the right to education and, specifically to education and information that enables them to stay healthy. Addressing the health of learners is critical for meeting national targets for health and education.

This review was commissioned by the UNESCO Moscow office to improve understanding of the situation related to HIV and reproductive health education in Eastern Europe and Central Asia, analyse achievements and gaps, and inform discussions among multiple stakeholders about how to enhance the quality and expand the reach of these educational programmes, as well as strengthen their linkages with SRH services for young people.

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