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Positive Learning

How the education sector can meet the needs of learners living with HIV

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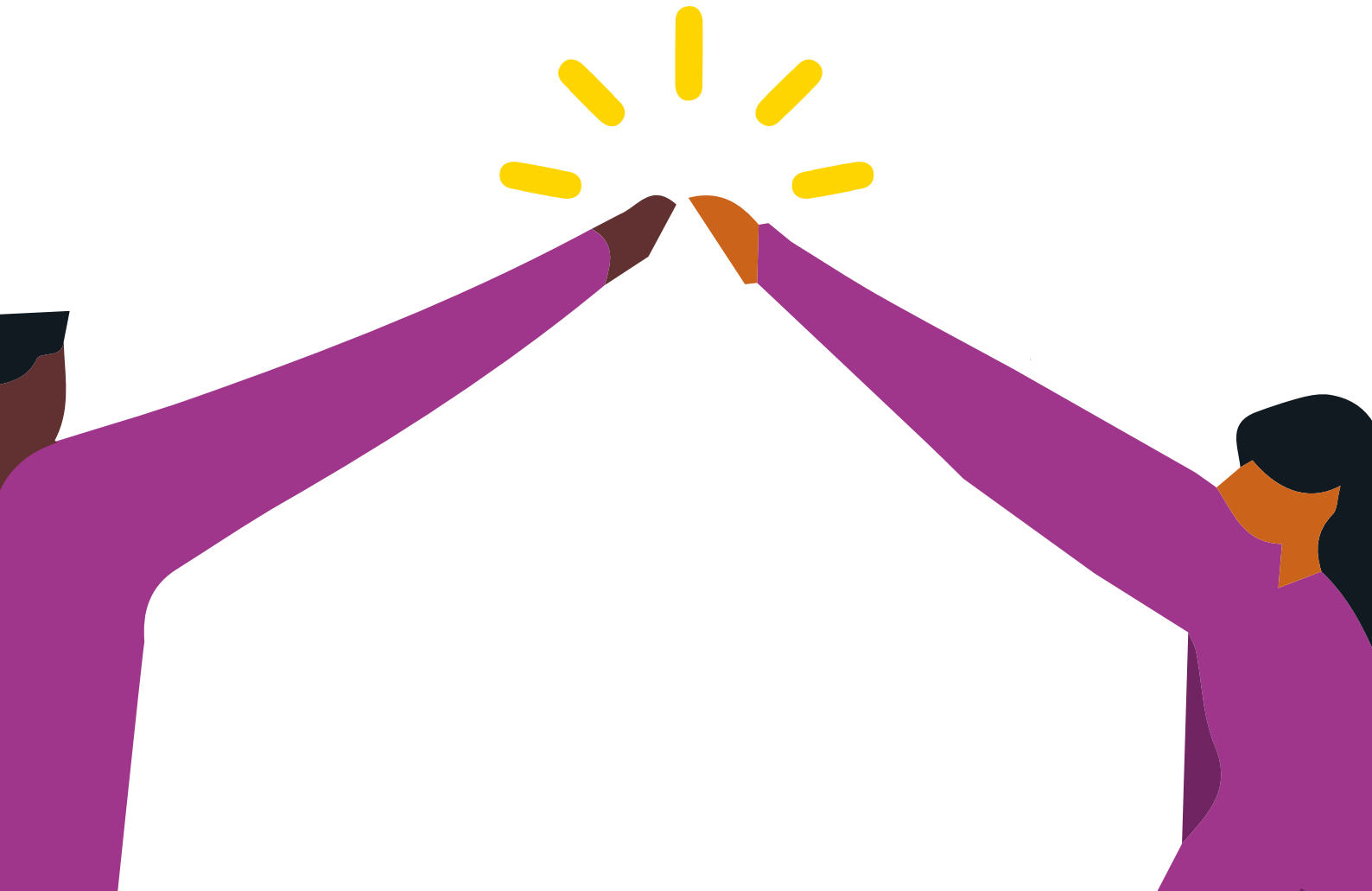

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Acronyms and abbreviations

AYPLHIV	Adolescents and young people living with HIV
CSE	Comprehensive sexuality education
GIPA	Greater Involvement of People Living with HIV/AIDS
GNP+	Global Network of People Living with HIV
HIV	Human immunodeficiency virus
HPV	Human papillomavirus
LGBTIQ	Lesbian, gay, bisexual, trans, intersex, queer
PEP	Post-exposure prophylaxis
PrEP	Pre-exposure prophylaxis
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
STI	Sexually transmitted infection
U=U	Undetectable equals untransmittable
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organisation
Y+ Global	Global Network of Young People Living with HIV
YPLHIV	Young people living with HIV

Introduction

"School should be a safe space in general! Everyone should feel that regardless of their health status, they are all well respected and treated as equals."

– Participant in the Positive Learning youth consultations (Eastern Europe and Central Asia)

In the past decade, the landscape for adolescents and young people living with HIV (AYPLHIV)[1] has changed dramatically, with many advances in prevention and treatment options. However, when it comes to receiving timely diagnosis, accessing new prevention technologies and treatment, making the often difficult transition from paediatric to adult care, and dealing with ongoing stigma and discrimination based on not only their HIV status but a range of intersecting inequalities, adolescents and young people with HIV continue to face major challenges.[2]

The education sector, both formal and informal, has a key role to play in supporting learners living with HIV to fulfil their right to education in a safe, supportive, inclusive and enabling learning environment, through the following:

- Providing them with the knowledge and skills they need to navigate their HIV status, advocate for their well-being, know their rights and build healthy and gender-equitable relationships
- Sensitising school managers, teachers, staff, students, parents/caregivers and other education providers in the community about the rights of learners living with HIV, including with respect to their choices and decisions around treatment and sharing information about their HIV status
- Delivering quality comprehensive sexuality education (CSE) that includes scientifically accurate information on HIV prevention, treatment, care and support, as well as covering knowledge, skills and attitudes on gender equality, sexual and reproductive health and rights, relationships, pleasure, diversity, inclusiveness and human rights
- Providing students with referrals and linkages to health and social protection services, including for gender-based violence, sexual and reproductive health, social welfare and psychosocial support, and linkages to HIV-specific support networks and community/youth-led services
- Ensuring safe, inclusive, healthy learning environments through policies to prevent and address all forms of violence and bullying, including stigma, discrimination and gender-based violence.

The recommendations in this briefing document build on the original *Positive Learning* publication developed in 2011 by UNESCO and the Global Network of People Living with HIV (GNP+). With significant changes in both the international education sector and the global HIV response over the past decade, it is now timely to update and 'reboot' *Positive Learning* to address the current daily realities for adolescents and young people living with HIV as they navigate issues such as sexuality, relationships, gender identity and expression, treatment access and adherence. This revised and updated version is the result of a partnership between UNESCO, GNP+ and the Global Network of Young People Living with HIV (Y+ Global).

The revision and updating process has been inclusive, multisectoral and youth-led, underpinned by the principle of the Greater Involvement of People Living with HIV/AIDS (GIPA). Based on a review and synthesis of evidence from the past decade on issues relevant to learners with HIV, Y+ Global undertook six regional consultations with young people living with HIV, young people from key populations (see box below) and young people affected by HIV, to document their experiences in school and other learning environments and their proposals for improvement.

1. A note about language: we respect the right of all people to define for themselves how they wish to be identified or referred to. While we occasionally use acronyms such as AYPLHIV, we also recognise that some people living with or affected by HIV prefer not to do so. Please see Dilmitis et al. (2012) for a useful summary of the issues around HIV, language and identity (https://doi.org/10.7448/IAS.15.4.17990), and UNAIDS guidance on terminology (2015).
2. Our main focus is on 10-24 year olds, aligning with the definition of young people used by WHO and other UN agencies, which includes adolescents (10-19). However, in many countries, there is a useful foundation of existing work on HIV and education for children under the age of 10, while programming for young people often extends beyond the age of 24. Many of the recommendations will be relevant outside of the 10-24 years range, and can serve to improve the educational experience and outcomes of all learners living with HIV.

Key populations:

Groups who are particularly vulnerable to or disproportionately affected by HIV are known as key populations. They frequently suffer from punitive laws or stigmatising policies and lack adequate access to services. UNAIDS considers the five main key population groups to be gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs and prisoners and other incarcerated people. **Young key populations specifically refers to young people who are members of** key populations.

The pioneering work of key populations to organise their communities/peers has led the way to improving HIV prevention, treatment, care and support, and their role is central to achieving success in ending HIV as a public health threat by 2030.

The youth consultations were followed by a joint consultative meeting across two days (held in English, French, Spanish and Russian) that brought together over 60 young people, teachers, representatives of ministries of education and health, UN agency staff and civil society from all world regions. Youth leadership was central in organizing and running the meeting, with young people actively engaged during the consultation, including as panellists, facilitators and rapporteurs. A small consultative group, with young people making up over half the membership, has been closely involved with the development, review and validation of the Positive Learning Brief.

Overview & guiding principles

These recommendations seek to inform a broad range of stakeholders. They can serve, for example, as a tool to inform the review and update of national policies and curricula, as a guide for schools or teachers looking to build a more inclusive and supportive environment for learners, or as an advocacy tool for civil society organisations and youth activists. A suite of practical online resources targeted at different stakeholder groups, including examples of good practice, will complement this briefing document.

The recommendations are grouped into seven main areas or themes:

1. Comprehensive sexuality education
2. Confidentiality and sharing information about HIV status
3. Ending HIV-related stigma, discrimination, bullying and violence
4. HIV treatment and care
5. Sexual and reproductive health and rights
6. Mental health and psychosocial well-being
7. Creating an inclusive and health-promoting learning environment.

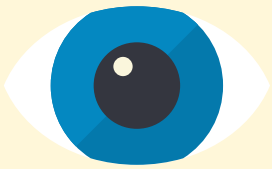
This updated set of recommendations reflects an enhanced focus on mental health and well-being, and aligns with recent guidance, including the revised UN international technical guidance on sexuality education in both school and out-of-school settings. There is also recognition of the evolving role of the digital space as a source of information and support to adolescents and young people living with HIV. In addition, as well as recognising the intersection of different identities and improving the inclusiveness of language, the recommendations aim to reflect the inequalities lens of the Global AIDS Strategy 2022-2026 and the commitments made in the 2021 Political Declaration on HIV and AIDS.

Guiding principles

Three key principles have underpinned the development and revision of these recommendations.

Meaningful and ethical involvement of people living with HIV:
Based on the original GIPA Principle, reinforced by the 2016 Political Declaration and the more recent Global Consensus Statement on Meaningful Youth Engagement,[3] the recommendations seek to empower adolescents and young people living with HIV and highlight the importance of their involvement and leadership in policy framing, programme design, implementation, monitoring and evaluation as well as holding authorities to account. The watchword is "Nothing for us or about us without us." This principle also calls for recognition of the value of teachers, staff, parents and community members living with HIV and their involvement in the response.

Respect for human rights and gender equality:
All adolescents and young people everywhere have a right to education. No one should be deprived of their right to education because of HIV status, gender, disability, poverty, sexual orientation, gender identity or expression, pregnancy or parenthood. The education sector should promote gender equality by implementing tailored measures to address the gender-related needs of all young learners in their diversity, including the specific needs and rights of adolescent girls and young women. Both formal and informal education settings should enforce a strong response to counter HIV-related and key population-related stigma and discrimination.



Recognition of diversity and inequalities:
Putting learners at the centre means acknowledging the diversity of adolescents and young people living with HIV and recognising them as individuals, with the right to define their own needs, choices and priorities based on their circumstances and context. Multiple and intersecting inequalities (gender, socio-economic status, disability, race/ethnicity/indigenous identity, migratory status, geographical and language barriers, etc.), along with associated stigma and discrimination, continue to drive the AIDS epidemic. Using an intersectional approach, without isolating any one aspect of an adolescent's or young person's identity, helps them to be seen and responded to holistically. At the same time, recognising cultural diversity entails adapting to local contexts and engaging local communities, including traditional and religious leaders, to create effective responses.

3. See https://www.who.int/pmnch/media/news/2018/meaningful-adolescent-and-youth/en/ and https://www.who.int/pmnch/mye-statement.pdf

The Recommendations

Area 1: Comprehensive sexuality education

"The way the lesson was introduced got me in a form of self-stigmatisation, especially when the teacher mentioned that he feared being around HIV-positive people."
– Participant in the Positive Learning youth consultations (East and Southern Africa)

The UN's *International Technical Guidance on Sexuality Education* underwent a major revision and update in 2018,[4] to take account of recent evidence and lessons learned from the implementation of CSE in a range of settings. Of particular relevance to adolescents and young people living with HIV is section 8.2, 'HIV and AIDS Stigma, Treatment, Care and Support.' Its objectives include the responsibility for all learners to contribute to the creation of safe and supportive environments for people living with HIV, and to respect and protect their rights to equal love, respect, support, care, timely treatment and fulfilling relationships.

As noted in the original *Positive Learning*, much sexuality education has had a strong focus on HIV prevention, but has not addressed or met the needs of adolescents and young people already living with HIV. In recent years, there has been greater recognition that a prevention-only emphasis in relation to HIV is misguided and potentially stigmatising. Schools and teachers have a duty of care to ensure that information about HIV and HIV prevention is provided without perpetuating stigma and prejudice against those living with HIV.[5] No school or learning space, even in low-prevalence settings, should assume that all learners are HIV-negative, or are unaffected by HIV. When teaching about HIV, there should also be an emphasis on people living with HIV as valuable in their own right, not just in relation to how they can prevent transmission to others.

In-school and out-of-school provision are equally important – and complementary – routes to achieving CSE quality and uptake. The UN's recent guidance on out-of-school CSE[6] includes specific recommendations for programme development, implementation, teaching and learning methods to meet the needs of adolescents and young people living with HIV, recognising that they may have many diverse identities and affiliations. Out-of-school CSE is especially significant for adolescents and young people who are not in school; in contexts where CSE is not included in the school curriculum, or where in-school CSE is not comprehensive or of high quality; and where in-school CSE is not tailored to the needs of specific groups of adolescents and young people. The digital space is also an increasingly important source of information and support to adolescents and young people living with HIV, where different media can be used to reach out to diverse audiences and where adolescents and young people themselves can create and share content.

In preparing teachers to provide CSE, the quality and relevance of both teacher training and curriculum are key. There is a direct parallel with findings about what makes CSE effective for adolescents and young people; teachers, too, learn best about HIV when the content is context-specific and embedded in lived experiences, and when teaching methods are participative, actively engaging and encourage personal reflection. Otherwise it becomes much more difficult for teachers to translate their training into effective delivery in the classroom. It is important for the education sector to hold schools and teachers accountable for the quality of the CSE sessions they deliver.

CSE programmes that address issues of gender and power have been shown to be five times as effective as those that do not, being associated with a significantly lower rate of sexually transmitted infections and unintended pregnancy.[7] CSE also has greatest impact when it is actively linked with local adolescent- and youth-friendly services, including access to commodities such as condoms.

4. UNESCO (2018) *International Technical Guidance on Sexuality Education*.
5. Conway, M. (2015) *HIV in Schools: A good practice guide to supporting children living with and affected by HIV. Children's HIV Association and National Children's Bureau.*
6. UNFPA (2020) *International Technical and Programmatic Guidance on Out-of-School Comprehensive Sexuality Education*.
7. Haberland, N. (2015) 'The case for addressing gender and power in sexuality and HIV education: A comprehensive review of evaluation studies', *International Perspectives on Sexual and Reproductive Health*, 41, 1. Available at: https://doi.org/10.1363/4103115

Area 1 Recommendations

1.1 Provide good quality, comprehensive sexuality education for all learners. CSE should include not just information on HIV prevention, but accurate and non-judgemental information to eliminate HIV-related misconceptions, reduce HIV-related stigma, and increase knowledge and understanding of HIV treatment, care, support and rights.

1.2 Deliver CSE within a framework of gender equality and shared responsibility and respect for sexual and reproductive health and rights, with an emphasis on communication skills, social and emotional learning, self-confidence, self-worth, resilience, consent and pleasure. This should include the development of skills, attitudes and behaviours that prevent and address gender-based violence against adolescent girls, women and gender-diverse communities.

1.3 Ensure that sexuality education covers the rights of people living with HIV to have fulfilling relationships and sexual lives, and that all teachers and learners understand that being on effective antiretroviral treatment with an undetectable viral load means HIV cannot be passed on to sexual partners (undetectable equals untransmittable, or 'U=U' – see box on page 10).

1.4 Supplement in-school and out-of-school CSE with multiple sources of information on HIV, sexuality, sexual and reproductive health and rights, and harm reduction, that can be accessed discreetly, either in the community or through trusted digital resources such as smartphone apps, chatbots, or other online resources and platforms.

1.5 Work with parents/caregivers, community members, traditional and religious leaders to combat misconceptions around CSE and help them better understand the realities, rights and sexual and reproductive health needs of adolescents and young people living with HIV.

1.6 Ensure that sexuality education addresses the specific needs and rights of adolescents and young people in all their diversity, including young men who have sex with men and young transgender people, and covers issues around sexual orientation, gender identity and expression in an evidence-based and non-discriminatory way.

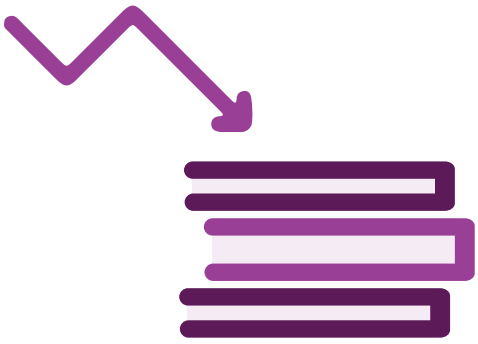
1.7 CSE should use trauma-informed approaches, recognising that some adolescents and young people may have experienced trauma, individually or as members of a group, based on discrimination, violence (including sexual violence), familial conflict or humanitarian crisis.

Area 2: Confidentiality & sharing information about HIV status

> **"I received my diagnosis within my faculty and there was no discretion at the time of delivering the result by the nurse, breaking my confidentiality and exposing me to those present. As a consequence, I was excluded by my classmates and teachers, they never had the information and understanding to protect my emotional integrity."**
>
> – Participant in the Positive Learning youth consultations (Latin America and the Caribbean)

The term 'disclosure' has been widely used to refer to the process of telling others about one's own or someone else's HIV status; however, this is no longer considered appropriate because of its negative connotations. 'Sharing information about HIV status' or 'being open about HIV status' are alternatives that allow for the possibility of beneficial aspects of the process, if and when it is done with appropriate preparation and consent. Adolescents and young people have the right to decide when, how and with whom they share information about their HIV status. This also means that they reserve the right not to share this information and to judge when it is safe to do so.

In education settings, learners' rights to privacy and confidentiality must be paramount whenever sharing of information about HIV status takes place. In addition, in an increasingly online world, schools will need to take action to ensure that their systems for receiving, storing and transmitting personal data are secure. Schools also have a responsibility for helping learners to protect their own privacy online, and to understand the potential short and long term consequences of sharing personal information about themselves or others on social media or other platforms.



Area 2 Recommendations

2.1 Ensure that no policy or practice requires sharing information about HIV status for access to education.

2.2 Protect adolescents' and young people's right to privacy, dignity and safe sharing of HIV status through a robust confidentiality policy and awareness-raising for education staff and learners on their rights and responsibilities.

2.3 Establish clear protocols, guidelines and secure systems to avoid forced, intentional or accidental sharing of HIV status in the school environment or when the school interacts with the wider community.

2.4 Actively engage with health service providers and others involved in supporting, protecting and managing the process of sharing information about HIV status. This includes ensuring safety from gender-based violence, for example, supporting adolescent girls and young women in intimate partner relationships or who are married if they decide to share information about their HIV status with their partners.

2.5 Work with parents/caregivers to improve their communication and information-sharing about HIV with adolescents and young people living with HIV who are in their care.

2.6 Actively encourage creation of and access to sources of peer support, both within the school and in the community (e.g. health clubs, peer educators, peer counsellors).

Area 3: Ending HIV-related stigma, discrimination, bullying & violence

"At the university where I study, there was a student who was denied the right to do practical work with others simply because he was HIV positive."

– Participant in the Positive Learning youth consultations (Western and Central Africa)

The Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination includes a targeted focus on ending stigma and discrimination in education settings. There continue to be major issues facing learners living with HIV, whether self-stigma (especially post-diagnosis), or stigma and discrimination from their peers, healthcare professionals or teachers. HIV-related stigma and discrimination can also intersect with other forms, such as those related to sexual orientation, gender identity, socio-economic status, disability, race/ethnicity/indigenous identity, mental health or substance use.

Stigma and discrimination can manifest themselves in many ways, ranging from hurtful remarks and exclusion from activities to violent attacks. Educational institutions must provide staff as well as learners with accurate information about HIV that supplants ignorance, misunderstanding and fear, along with opportunities for them to reflect on their own attitudes, values and behaviours that perpetuate the problem. This includes attitudes, values and behaviours in relation to key populations. In addition to directly tackling external stigma and discrimination, it is important to support learners who are living with or affected by HIV to overcome internalised stigma, as a key contribution to building their resilience and sense of self-worth.

It is worth remembering that the education sector, particularly in generalised epidemics or settings where HIV prevalence is relatively high (see box on page 15), includes many teachers and other staff who are themselves living with or affected by HIV. They also experience social exclusion, stigmatisation and discrimination, inadequate care and support, physical debilitation, psychological stress and depression, and may themselves be subject to intimate partner violence or gender-based violence, all of which may result in them being unable to perform at optimal level in school. When teachers are struggling with HIV-related issues in their own lives, it is difficult for them to provide effective support to adolescents and young people. Providing an inclusive and supportive environment for teachers and other staff living with HIV is an essential part of positive learning.

Area 3 Recommendations

3.1 Develop and enforce a specific sector-wide policy on ending HIV-related stigma, discrimination, bullying (including cyber-bullying) and violence or, in settings where prevalence is relatively low, ensure that HIV is integrated into non-discrimination and anti-bullying policies. This should include workplace protection and support for teachers and other staff living with HIV.

3.2 As part of such policies, develop and implement codes of behaviour with a specific focus on preventing and addressing bullying and violence based on health status, gender, sexual orientation, gender identity and expression.

3.3 Establish safe reporting mechanisms for instances of stigma, discrimination, bullying and violence (not just about HIV, but also other types that adolescents and young people living with HIV may face), whether perpetrated by students or by school staff. Mechanisms must be easily accessible and confidential, with the best interests of the victim/survivor at the centre, and must ensure that perpetrators are held accountable.

3.4 Establish or strengthen linkages with the health sector to ensure timely access to services, especially those preventing/addressing gender-based violence and providing mental health support, including helping adolescents and young people living with HIV to deal with internalised self-stigma.

3.5 Head teachers and school staff should promote a school culture of inclusion, non-discrimination and support, and actively engage parents/caregivers, teachers' unions and community members in stigma reduction and promoting inclusive, gender-transformative education.

3.6 Promote legal literacy for adolescents and young people living with HIV and young key populations, in school or through linkages to out-of-school programmes, to help them know their rights and understand the policies and legal context in their locality and country.

3.7 Offer role models: invite people living with HIV who are open about their status to talk with learners and the wider school community, and promote media (television and radio programmes, soap operas, talk shows, podcasts) that present role models who are living with HIV and that provide accurate, inclusive, rights-based information about HIV.

Area 4: HIV treatment & care

> **"The mere fact that we are taking medications is enough to affect our learning – the side effects, the pill burden and more."**
> – Participant in the Positive Learning youth consultations (Eastern and Southern Africa)

Major advances in HIV prevention and treatment have transformed the landscape for adolescents and young people living with and affected by HIV – though their access to these advances remains challenging in many settings. Perhaps the biggest global 'game-changer' for people living with HIV in recent years has been the unequivocal confirmation through rigorous scientific studies that being on effective antiretroviral treatment (ART) with an undetectable viral load means HIV cannot be passed on to sexual partners. While originally referred to as 'treatment as prevention', it has been more widely publicised by affected communities through the campaigning slogan 'U=U': undetectable equals untransmittable.

U=U:

'Undetectable' means that a person's viral load, or level of virus in the blood, is extremely low (below 200 copies per millilitre of blood measured). This level is achieved by being on effective HIV treatment and taking it as prescribed. 'Untransmittable' means that the virus cannot be passed on through sex.

Improved paediatric formulations and a wider range of treatment options, including the prospect of long-acting injectables that can aid adherence, are also notable developments. Likewise, the increased availability of self-testing, new pre-exposure prophylaxis (PrEP) options such as the recently approved dapivirine ring, and the growth of differentiated service delivery to meet the specific needs and priorities of different groups all have the potential for significant impact on the lives of learners living with and affected by HIV. However, access to these technologies is not always a reality for adolescents and young people, whether due to parental consent barriers or to normative social, legal or market contexts which do not encourage or allow them to be supplied.

Despite these advances, the latest available data reveal that huge challenges remain for children, adolescents and young people. Globally, the world has failed to diagnose and start treatment for almost half the children living with HIV; only 950,000 children aged 0–14 years (53%) were receiving antiretroviral therapy as of December 2019. Delayed HIV diagnosis and treatment can have major impacts on their cognitive development and educational performance. In 2020 there were an estimated 1.7 million adolescents living with HIV globally, and approximately 150,000 new HIV infections among adolescents aged 10–19 years. There are around 3.3 million young people aged 15–24 living with HIV, and approximately 28% of all new infections occur among young people.

The shift from paediatric or adolescent care to adult care can be a complex transition for young people where they risk being left behind, especially in lower resource settings. This is a time when their adherence – their willingness and ability to continue taking treatment as prescribed – can falter. In parallel, learners living with HIV may also be making the transition from primary to secondary, or secondary to tertiary education (including technical and vocational institutions). If there are periods when the learner may technically be a student of no institution, support networks based in education settings may collapse.

Area 4 Recommendations

4.1 Identify focal person(s) in each school (ideally more than one trusted adult, so that learners have a choice) who can provide HIV-specific support, including adherence support. Linkages with peer-led and community-led support groups, such as teen clubs and buddy programmes, are also important.

4.2 Put in place a system that allows learners living with HIV, as well as learners with other specific health needs, to take medications according to their treatment schedule, in a private and safe space that accords dignity and confidentiality, without having to share information about their status or condition.

4.3 Engage with learners and their parents/caregivers and healthcare professionals to develop a specific plan for their treatment needs, recognising that parent/caregiver sensitisation and engagement are important to achieve effectiveness, while ensuring that they are not positioned as gatekeepers to consent.

4.4 Facilitate access to treatment and care services, including mental health support, by making formal linkages with and active referrals to youth-friendly and peer-led service providers.

4.5 Enable learners to attend medical care without having to share information about their HIV status, and support them to catch up when they have missed classes.

4.6 Work with learners living with HIV and, if they consent, engage their parents/caregivers, to develop a plan for an effective and efficient transition from paediatric to adolescent care or from adolescent to adult care as appropriate.

Area 5: Sexual & reproductive health & rights

"The schools are not coordinating with local health facilities to provide a safe and friendly environment for young people living with HIV, this needs to change."

– Participant in the Positive Learning youth consultations (Asia and the Pacific)

Evidence shows that when HIV policies and programmes are linked with SRHR, such linkages result in better HIV testing outcomes, more consistent condom use, improved quality of care, reduced HIV-related stigma and discrimination, and improved coverage, access to, and uptake of both SRHR and HIV services.[8]

Sexual and reproductive health and rights are also an integral part of gender equality and the empowerment of women and girls, and are closely linked to keeping girls in school and preventing dropout. SRHR includes bodily autonomy (control over one's own body), safety from STIs and sexual/gender-based violence, the ability to decide when, how and with whom to express sexuality, and the right to decide when and whether to have children.

The Guttmacher-*Lancet Commission on Sexual and Reproductive Health and Rights*[9] includes the following in its expanded definition of SRHR: contraceptive services; maternal and newborn care; prevention and treatment of HIV and AIDS; care for sexually transmitted infections (STIs); comprehensive sexuality education; safe abortion care; prevention, detection and counselling for gender-based violence; prevention, detection, and treatment of infertility and cervical cancer; and counselling and care for sexual health and well-being.

Involving adolescents and young people living with HIV in the design, implementation, monitoring and evaluation of services leads to significant improvements in service quality, accessibility and acceptability. Requirements for parental consent, for example, can be a significant barrier for accessing services. A wider programme of family and community engagement can help to change norms around adolescents' and young people's sexuality and SRHR, as long as this is done in a way that does not compromise confidentiality or undermine adolescents' and young people's autonomy.

Area 5 Recommendations

5.1 Consult with local PLHIV and youth networks to identify a roster of accessible, efficient and effective adolescent- and youth-friendly SRH service providers to which learners or their parents/caregivers can be referred.

5.2 Ensure that the school addresses the specific SRH needs and rights of adolescent girls and young women, including by ensuring that learners have access to quality menstrual products, sanitation facilities and clean water, and that they know where to access contraception and – where safe and legal – abortion services and post-abortion care.

5.3 Provide support for pregnant adolescents and young parents to fulfil their right to education by providing linkages to antenatal and postnatal care, or where possible integrating these into existing school health services. Provide (or link to) supportive services such as child care, and offer flexible arrangements/schedules so that they can continue their studies and school attendance. Support treatment adherence for pregnant and breastfeeding learners to protect their own health and prevent parent-to-child transmission of HIV.

5.4 Promote learner and parent/caregiver information on the human papillomavirus (HPV) vaccination, and linkages to services, recognising that adolescent girls and young women living with HIV are at increased risk of HPV and cervical cancer.

5.5 Encourage positive, health-seeking behaviours amongst all adolescents and young people, including young key populations. For adolescent boys and young men, this includes ensuring that they have information on and access to condoms, HIV and STI testing (including HIV self-testing) and treatment, voluntary medical male circumcision services (where applicable), and linkages to specialised services for men who have sex with men (where safe and available). Ensure that education and counselling promote stigma-free environments, gender-equitable norms, and positive masculinities (referring to transforming socially constructed norms of masculinity to be less harmful).

5.6 Ensure that learners know what pre- and post-exposure prophylaxis (PrEP and PEP) are, under what circumstances they can be taken and how they or their partners can access them. Ensure that both teachers and learners understand 'undetectable equals untransmittable' (U=U): that being on effective antiretroviral treatment with an undetectable viral load means HIV cannot be passed on to sexual partners (see box on page 10).

8. See https://www.who.int/reproductivehealth/topics/linkages/srhr-hiv/en/
9. See https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(18)30293-9.pdf

Area 6: Mental health & psychosocial well-being

"There are shocking situations that often happen to me, things that can affect me and I have no one to share with.... I would like to have someone of confidence who can accompany me and console me, someone with whom to let off steam."

– Participant in the Positive Learning youth consultations (Western and Central Africa)

The World Health Organisation estimates that up to 50 per cent of mental health disorders start by the age of 14. Worldwide, 10 per cent of children and adolescents experience a mental disorder, but the majority do not seek help or receive care.[10] According to the International Community of Women Living with HIV, "Supporting mental health and emotional well-being is one of the most overlooked aspects of treatment, care and support within the HIV response."[11]

Adolescents and young people living with HIV face particular challenges in dealing with HIV-related trauma including abuse, ridicule, rejection, exclusion and denial of services.[12] The high burden of trauma from a range of stressors, including experiences at the time of HIV diagnosis or when information about HIV status is shared, the loss of parents or other family members, enacted stigma and physical or sexual violence, isolation and lack of family and social support, can lead to hopelessness and depression among learners living with HIV. Self-stigma among adolescents and young people living with HIV and among young key populations is common. These factors compound each other, and result in complex mental health burdens, poor antiretroviral adherence and disengagement from care.[13] WHO recommends providing psychosocial support and interventions to all adolescents and young people living with HIV as part of an integrated package of services.[14]

A full spectrum harm reduction approach to substance use (see box below), promoting evidence-based, non-punitive responses, is also increasingly seen as an important component of supporting learners' mental health and well-being.

Harm reduction:

This refers to evidence-based policies, programmes and practices that aim to keep people who use drugs safe and minimise the negative health, social and legal impacts associated with drug use and drug laws. It focuses on working with people without judgement, coercion, discrimination, or requiring that they stop using drugs as a precondition of support. While harm reduction has often focused mainly on injecting drug users, full spectrum harm reduction incorporates all of the people who use drugs, and all of the methods with which they use them, taking into account the diversity of political, social, and environmental contexts globally.

10. https://www.who.int/activities/improving-the-mental-and-brain-health-of-children-and-adolescents
11. See *An Overlooked Epidemic: Mental Health and HIV [Video] at* https://www.wlhiv.org/knowledge-generation-and-sharing
12. Preliminary findings from research by Youth Stop AIDS and Newcastle University, in partnership with Fundación Chile Positivo, Teenergizer & Y+ Global. See https://youthstopaids.org/mental-health/
13. Enane, L. et al. (2021) "'I just keep quiet about it and act as if everything is alright" – The cascade from trauma to disengagement among adolescents living with HIV in western Kenya', *Journal of the International AIDS Society, 24: e25695.* Available at: https://doi.org/10.1002/jia2.25695
14. WHO (2021) Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: Recommendations for a public health approach

Area 6 Recommendations

6.1 Provide training and support for educational personnel to recognise early warning signs relating to learners' mental health and well-being.

6.2 Anticipate and respond to mental health difficulties experienced by adolescents and young people living with HIV and young key populations, including depression, anxiety, self-stigma, and trauma related to family rejection.

6.3 Anticipate and respond to stress and trauma for learners coming from households affected by HIV, including burden of care, financial insecurity and grief.

6.4 In addition to providing support for individual learners, consider involving parents/caregivers and siblings for overall family strengthening, where consent for this is given by the adolescent or young person concerned. While confidentiality is paramount, family engagement is also important for overcoming stigma and changing norms around adolescents' and young people's mental health.

6.5 Establish links with, and make referrals to, adolescent and youth-friendly mental health services and other sources of support in the community, including peer support. Provide information about effective, confidential digital mental health support tools and services, telephone hotlines, or chatbots that learners can access, while ensuring that learners are educated about cyber-bullying, protection of personal data and prevention of online violence.

6.6 Provide training for educational personnel to prevent and address substance use, through evidence-based, non-punitive approaches that transform incidents into health-promoting opportunities by using counselling, referral, cessation support and other support mechanisms.

Area 7: Creating an inclusive & health-promoting learning environment

> **"HIV is a normal disease and the more it is addressed in schools, the greater the positive impact will be, as it will help to reduce stigma and discrimination. It also promotes inclusion and equality between people."**
> – Young woman participant in Positive Learning regional consultation (Latin America and Hispanic Caribbean)

The Coalition for Children Affected by AIDS notes: "Tackling HIV goes hand in hand with addressing gender-based violence and violence against children, poverty, stigma and discrimination, poor mental health, gender inequality, and access to education…. This has the dual benefit of providing vulnerable children and adolescents with the support they need, whilst simultaneously tackling the underlying drivers of HIV."[15]

Therefore, in addition to HIV-specific action, measures taken by schools and other learning institutions to promote and protect the overall health, safety and well-being of all learners will also be of benefit to learners living with HIV and young key populations. As well as being an important way of addressing the social determinants of HIV, such measures are also part of normalising it. Many learners need protection and support for all kinds of reasons, of which HIV is just one – for example, they may be dealing with poverty or the burden of care for others in their household. It is therefore important to differentiate and address the specific needs of individual adolescents and young people, based on their particular circumstances and priorities.

15. See https://childrenandhiv.org/blog/act-now-pepfars-consultation-on-its-new-strategy-is-an-opportunity-to-champion-children-and-adolescents-lets-use-it/

Area 7 Recommendations

7.1 Establish and implement a comprehensive child protection policy that respects the rights of adolescents and young people living with HIV. This includes recognising that HIV in and of itself is not a safeguarding concern or a risk to others, and no report should be made based on a learner's HIV status alone.

7.2 Be an active part of the local 'social safety net' by identifying and supporting learners with specific needs (financial, nutritional, emotional, etc.) and referring them to services as appropriate.

7.3 Consider cash or social transfer programmes that promote learner retention in education and positive health behaviour, without excluding or stigmatising learners living with or affected by HIV.

7.4 Provide access to career guidance, technical and vocational education and apprenticeship opportunities, and support adolescents and young people to identify revenue-generating activities that provide an alternative to sex work or transactional sex.

7.5 Bans on pregnant learners should be overturned, and policies that support pregnant or parenting learners to continue their education should be developed, implemented and monitored.

7.6 Provide linkages to accessible and effective youth-friendly harm reduction services for adolescents and young people who use drugs, and referrals to health and legal services for those who are arrested or detained. Identify policies to support adolescents and young people in detention to resume their education.

7.7 Where possible, provide free school meals to all learners, or establish school feeding programmes that reach the most in need, without requiring information about HIV status.

Adapting to local & national context

"Schools have failed to adapt to the fact that there are young people who belong to the LGBTIQ community, sex workers, drug users who are in schools and need to attain education. In most cases they are expelled from school instead of providing them with support systems."

– Participant in the Positive Learning youth consultations (Eastern and Southern Africa)

HIV-related action taken by the education sector must be responsive to the local and national realities of the epidemic, including up-to-date evidence about HIV prevalence (see box below) and about the groups most affected. A good understanding of the current situation in the community, district and country, and the prevailing social, cultural and legal environments, is fundamental to creating effective policies and responses.

HIV prevalence:

Usually given as a percentage, prevalence quantifies the proportion of individuals in a population who are living with HIV at a specific point in time.

Concentrated epidemic:

When HIV prevalence is consistently over five percent in at least one defined sub-population, but is not well-established in the general population, the epidemic is known as concentrated.

Generalised epidemic:

When HIV is firmly established in the general population, with prevalence consistently over one percent in pregnant women nationwide, the epidemic is considered generalised.

In generalised epidemics or settings where HIV prevalence is relatively high, a targeted set of HIV-specific measures will be needed, including the following:

- Ensuring that Education Management Information Systems integrate HIV-sensitive indicators
- Providing education on treatment literacy, stigma and discrimination, gender, gender-equitable norms and positive masculinities for all learners as part of good quality CSE
- Training teachers and other school staff to understand HIV treatment regimens (e.g. side effects, the need for good nutrition, etc.) and how to support young people on treatment
- Developing formal linkages with local youth-friendly service providers to facilitate access to treatment and care services
- Building linkages with and facilitating access to networks, clubs and other support systems for adolescents and young people living with HIV and young key populations
- Publicly acknowledging the value of teachers, staff, parents and community members living with HIV as part of the response and liaising with their organisations and networks
- In settings where HIV prevalence is relatively low, efforts to meet the needs of learners living with HIV may be integrated as part of broader school health strengthening
- Ensuring that HIV-related topics and learning content, including stigma and discrimination, gender, gender-equitable norms and positive masculinities, do not fall off the CSE agenda, and that teachers are trained to deliver HIV prevention information in a non-judgemental way
- Ensuring that at least one member of school staff (counsellor, nurse, principal or teacher) is designated as a focal point/resource person on HIV-related matters and provided with training, resources and support to perform this role effectively and in a non-discriminatory manner
- Taking HIV out of isolation and addressing it as part of the range of chronic, manageable health issues for which learners may need support.

In concentrated epidemics, it may be advisable to develop specialised support for children and young people living with HIV who are from key populations, or whose parents/caregivers are from key populations. An example would be a country or district where there is widespread injecting drug use, or large numbers of young people selling sex. Young people in these circumstances experience issues that are often complex, and are affected by the specific legal and policy environment in which they live. It may be necessary to create or strengthen links between the education sector and the legal/justice/police system to advocate for learners and defend their right to education.

Further information & resources

The websites and resources below provide a range of useful information, advice and tools relating to adolescents and young people living with HIV.

- UNESCO Health and Education Resource Centre
- Global Network of Young People Living with HIV (Y+ Global)
- Global Network of People Living with HIV (GNP+)
- *International Technical Guidance on Sexuality Education* (UNESCO, 2018)
- *International Technical and Programmatic Guidance on Out-of-School Comprehensive Sexuality Education (UNFPA, 2020)*
- *iCAN Package: A Comprehensive Life Skills Package Focusing on HIV, Sexuality, and Sexual & Reproductive Health for Young People Living with HIV and Their Circles of Care – Facilitator's Manual and Workbook* (SAfAIDS & UNFPA, 2016)
- *READY to Care (READY+, 2018)* and *READY to Learn (Frontline AIDS, 2020)*
- *Updated recommendations on service delivery for the treatment and care of people living with HIV (WHO, 2021)*

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Positive Learning

How the education sector can meet the needs of learners living with HIV

"With access to treatment and care, young people growing up with HIV live long, healthy lives, and build families and relationships just like their peers. Despite this, the over 1.7 million adolescents and young people living with HIV continue to face unacceptable stigma and discrimination in school settings."
– Audrey Azoulay, UNESCO Director-General, World AIDS Day Statement 2021

The education sector, both formal and informal, has a key role to play in supporting learners living with HIV to fulfil their right to education in a safe, supportive, inclusive and enabling learning environment. Building on the original Positive Learning publication developed in 2011 by UNESCO and the Global Network of People Living with HIV (GNP+), the revised Positive Learning recommendations have been updated to address the current daily realities for adolescents and young people living with HIV. It provides simple, practical and feasible recommendations intended to give guidance to educators, policy- and decision-makers as well as activists and civil society. This revised and updated version is the result of a partnership between UNESCO, GNP+ and the Global Network of Young People Living with HIV (Y+ Global). It was developed through an inclusive, multisectoral and youth-led process, underpinned by the principle of the Greater Involvement of People Living with HIV/AIDS (GIPA).

In partnership with:

GLOBAL NETWORK OF YOUNG PEOPLE LIVING WITH HIV

GNP+ GLOBAL NETWORK OF PEOPLE LIVING WITH HIV

Stay in Contact

Section of Health and Education
Education Sector
UNESCO
7, place de Fontenoy
75007 Paris, France

HealthEducation@UNESCO.org
@UNESCO
UNESCO
https://en.unesco.org/themes/health-education

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