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DRAFT

Policy Framework for
Promotion of HIV and AIDS Prevention Education in Pakistan

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1. Background and Rationale

HIV/AIDS epidemic is one of the deadliest public health pandemics of the 21st century because it primarily affects men and women in the prime of their economic productivity and human potential with tremendous psychological, social and health implications for individuals, their families and society as a whole. Four decades into the AIDS epidemic, 30 million people have already died and 33 million are currently infected with HIV – with many countries in Sub-Saharan Africa facing reversal of development gains as a result of HIV. The challenges posed by HIV have progressed inexorably during the past
decades, especially for young people in developing countries. (Young people are defined in this document as those aged 10–24 years; this group combines adolescents – aged 10–19 years – and youth – aged 15–24 years). At the same time, many lessons have been learnt about developing and implementing programs for young people's health and development, including programs to prevent the spread of HIV.

Adolescents in the world face many challenges during this transition period from childhood into adulthood, which is even more so for girls- in terms of access to education and information, early marriages, involvement in decision making, employment opportunities, limited mobility, experimentation with risky behaviors, and poverty related exploitation (UNICEF 2009 Report). Youth in Pakistan are further socially disadvantaged by low literacy rates and poverty; only one-third of young people in Pakistan have literate father and less than ten percent have literate mothers (Adolescents and Youth In Pakistan Survey 2002). This has serious bearings on the lives of young people and their parents, including policy makers on how best to provide and respond to the emerging information needs of the new generation.

At the policy framework level a clear understanding of the informational needs and linking this to age appropriate HIV prevention education within schools is required to successfully control the spread of HIV infection among young people. Governments must strategically target their resources to cost effective preventive intervention strategies that empower both in-school and out of school youth to become well informed and safe citizens of today and tomorrow. In Pakistan, some sporadic efforts have been made in the health sector (via National AIDS Control Program, Ministry of Health) to introduce prevention programs including a ***"National Strategic Framework for HIV Treatment, Care and Support in Pakistan 2007***", along with some provisions in the National Education Policies for inclusion of HIV and AIDS in curricula and learning materials, Teacher Training Manuals. However, there is a significant need for an integrated HIV preventive health component within school education curricula – defining the modes of transmission and prevention - to ensure that the maximum success is achieved for the well being of students, their communities and the overall national HIV response.

The purpose of this Policy Framework is to help decision makers (and other key stakeholders) understand the situation in Pakistan, and an overview of what needs to be

implemented, based on the latest global evidence drawn from mainly Muslim countries on effective interventions for young people. The Framework does not present in any depth with "how to" implement the prevention education interventions within specific settings, although broad outlines of successful modalities are listed to provide
guidance to provinces for adaptations to their specific needs. The Policy Framework attempts to take into account cultural, institutional and structural specificities and factors that confront decision makers in Pakistan and the social norms of our society. In the end this is a work in progress for policy makers to develop a clear road map for future course of action, develop effective policies, governance structures and monitoring mechanisms, to define roles and responsibilities of different actors and to ensure availability of required resources for making the whole HIV prevention program a real success.

2. The Global HIV Epidemic

Four decades into the AIDS epidemic, with nearly 30 million already dead, the world is still struggling to halt the spread of HIV. While, globally, the overall number of new infections has fallen by 19%, this is offset by the alarming increases in the number of new infections among women and young people, and in countries of Central Asia and Eastern Europe - highlighting the urgency of prevention as the best modality. In 2009, an estimated 2.6 million people were newly infected, and nearly one-third were young people between 15-24 years of age, and half were women. The commonest drivers of the epidemic remain sexual transmission (mainly heterosexual and commercial sex) followed by injecting drug use.

In South and South-East Asia there are an estimated 12% of all people living with HIV – 4.1 million cases – with majority of the cases present in India. The countries of the South Asia Region are Pakistan, Afghanistan, Bangladesh, Bhutan, India, the Maldives, Nepal, and Sri Lanka. As a large and diverse region, it has a complex, heterogeneous (i.e different) HIV epidemics, with considerable variation within and between countries. The first set of AIDS cases appeared in the region during the early 1980s, and by the end of the decade, national health authorities of most countries had received reports of AIDS
cases. Despite similar times of HIV introduction, the epidemics in the various countries have played out in remarkably different ways – once again highlighting the need for understanding the country epidemic and targeting responses accordingly. In South Asia the dominant mode of spread is via sexual transmission (Asian Epidemic Model) through commercial sex workers. In several large cities/clusters of India, Bangladesh, Pakistan injecting drug use (needle and syringe sharing) is also fuelling the spread of the HIV epidemic within high risk groups and their sexual contacts.

3. HIV Epidemic in Pakistan

In Pakistan, HIV epidemic is well established (i.e. defined as concentrated epidemic meaning that the prevalence in traditional risk groups has exceeded 5%) and expanding among injecting drug users (20% prevalence) and their sexual contacts, including male (2-3%) and transgender (Hijra 4%) sex workers[1]. Of the estimated 150,000 injecting drug users nationwide, national surveillance data shows rates of infection ranging from 15% to 50% in most major cities of Pakistan (Sarghoda, Faisalabad, Peshawar, Quetta, Karachi, Larkana, Hyderabad, Mandi Bahauddin, Lahore etc). In addition, there have been "mini-outbreaks of HIV epidemics" in rural communities like Jalal Pur Jatta, district Gujrat as a results of overlap

[1] National AIDS Control Program (NACP) Surveillance Data 2008-2009

between injecting drug use, unsafe hospital infection control practices/therapeutic injections, and commercial sex.

The NACP, UNAIDS estimate around 94,000 HIV + cases in Pakistan with an overall general population prevalence of <0.05%. Since the onset of the 1st case in 1987 in Lahore, the spread has been progressive albeit slower than its neighboring countries (perhaps as a result of predominance of male circumcision in the population which has a somewhat protective effect against transmission) over the last 2 decades – from low prevalence to a more concentrated epidemic in the high risk groups. However, there are some significant risk factors that raise concern for a wider spread of HIV in the country, once a critical mass is reached in the population. For example, in Lahore, 13% of internally migrant men reported extramarital sex with an average of 8 partners (38% non-commercial) in the past year[2]. In another study, 30% of men from the general population reported some non-marital sex in their lives and 11% in the past 3 months. Only 16% used condoms and 4% had an STI.[3] Another significant concern is the fact that Pakistan has high rates of unscreened blood transfusions[4] and a very high demand for therapeutic injections and poor infection control practices in hospitals and clinics nationwide.

3.1 Specific vulnerabilities and risks of adolescents and youth- what does the data show

The world is home to 1.2 billion individuals' defined as adolescents aged 10–19 years[5]. 85% of adolescents live in developing countries[7]. Pakistan is the sixth most populous country in the world and currently has one of the largest and growing cohorts of young people in its history, with approximately 39.5 million (2007-8) between the ages brackets of 10-19 years[6]. Adolescents comprise approximately 25% (approximately 34 million) of all population in Pakistan· This transition period is the most vulnerable period of a person's life. A young person in this age is maturing physically, sexually, and psychologically and faces many health vulnerabilities, particularly related to sexual and reproductive health (SRH)[7] and the need to experiment with independence and risk taking.

Among Pakistani youth these vulnerabilities are further exacerbated by an overall low literacy levels in the society and a general lack of access to information and engagement, at the family or at societal level, of adolescents in decision making. [9,10, 11] Furthermore, adolescents living in economically deprived and marginalized communities face the additional barriers and isolation to accessing information including lack of educational opportunities or availability of sexual health services. Numerous studies from Pakistan show that adolescents, particularly boys are likely to engage in sexual activity (often commercial) and experiment with inhalational drugs, tobacco and injecting illicit substances (UNICEF 2007 Study Adolescents Attitudes, Khan Ayesha et al 2010 RHIA Study). This risk is further compounded by the low levels of HIV prevention knowledge or safe behaviors, and prevailing misconceptions among boys and girls (UNESCO 2010 Adolescents Learning Needs of HIV/AIDS Study). For example, only 30% of boys and 23% girls knew that using condoms, screening blood, and using new syringes could safely prevent HIV. Less than half (44% boys and 29% girls) knew correct modes of transmission.

[2] Migrant Men: a priority for HIV control in Pakistan (A Faisel et al 2006 STI)
[3] Study of Sexually Transmitted Infections: Men in the General Population 2007 (Population Council)
[4] NACP 2006
[5] UNICEF 2010
[6] Pakistan Census Data 1998
[7] Reproductive Health Matters 2006 Young People in Pakistan get Poor Information on Sexual Development

Despite comprising the fastest growing segments of the population, there is little evidence on the development issues and health behaviors and needs of adolescents in Pakistan. There are even less policies, programs or services that engage or cater specifically to them. The common perception being that they are too young for specific services – unfortunately missing a crucial opportunity for dialogue with tomorrows adults; to create enabling environments within their socio-cultural contexts; maximize their development potential; ensure adequate mechanisms for protection from physical/sexual abuse, unsafe sexual practices and risks; and produce informed decision makers.

Information is the first step to empowering (giving them the necessary tools/skills) adolescents to make safer decisions. Evidence from Pakistan, shows that knowledge about HIV is quite limited on the part of both girls and boys, and the issues involved and reasons for this lack of knowledge differ for boys and girls. A UNICEF survey (2007) of 3869 adolescents ages 13-19 years in 14 districts across Pakistan[12] showed that less than 15% of 13 year olds knew about HIV or a sexually transmitted infection and this knowledge increased to 45% by age 19. 84% of the out-of school respondents did not know about STIs including HIV/AIDS or factors influencing (or preventing) its spread, and more recently validated by a rigorous study undertaken by UNESCO (2011) among 5336 youth in 9 districts highlights the "urgent need" voiced by adolescents for this HIV prevention information and acceptance within adolescents to incorporate this information during education process starting class eight.

3.2 Socio-cultural Appropriateness and Information Needs for Safer Adolescents

In conservative societies, there is a fine balance between provision of critical and age appropriate HIV prevention education to adolescents and respecting social norms. Generally any community, whether urban or rural, when exposed to new ideas and changing information needs of the next generation, often voices strong reservations and reluctance to embrace change. Experience from other Muslim countries[14] (Bangladesh, Indonesia, Malaysia etc) shows that negotiating the trust of key stakeholders (i.e parents, teachers, adolescents, and governmental agencies) requires clear and consistent policies, ongoing support of opinion leaders in ways that the community understands, along with delivery of services/information that are of true benefit to the community. Without doubt the evidence conclusively shows that provisions of HIV information makes adolescents safer individuals and avoid risk taking behaviors.

3.3 Informed young people - Benefits and implications for the country and young people

A good basic education itself is a strong protective factor for preventing HIV risk behavior among young people. For example, girls' education contributes to a number of factors that are thought to decrease vulnerability to HIV infection, such as female economic independence, delayed marriage, use of family planning and work outside the home. Studies have also shown that girls who have completed secondary education have a lower risk of HIV infection and are more likely to practice safer sex than girls who have only finished primary education.

AIDS education for young people plays a vital role in global efforts to end the AIDS epidemic. Despite the fact that HIV transmission can be prevented by very simple measures,

each year hundreds of thousands of young people become infected with the virus. In 2009 alone, there were 890,000 new HIV infections amongst young people aged 15-24 (UNAIDS 2010 Fifth Stock Taking Report). In countries with high rates of literacy, HIV prevention efforts have had greater success and uptake from implementation of government policies to effective educational programs and outreach that control the spread of HIV among adolescents and young people (Bangladesh Scaling Up 2009).

Providing young people with basic AIDS education enables them to protect themselves from becoming infected. Young people are often particularly vulnerable to sexually transmitted HIV, and to HIV infection as a result of injection drug-use. Acquiring knowledge and skills encourages young people to avoid or reduce behaviors that carry a risk of HIV infection (UNESCO 2009 A Strategic Approach to HIV and AIDS Education). Even for young people who are not yet engaging in risky behaviors, AIDS education is important for ensuring that they are prepared for situations that will put them at risk as they grow older.

AIDS education also helps to reduce stigma and discrimination, by dispelling false information that can lead to fear and blame. This is crucial for prevention, as stigma often makes people reluctant to be tested for HIV and individuals that are unaware of their HIV infection are more likely to pass the virus on to others

Young people that are well informed about HIV risk behaviors are also better empowered to protect themselves from the risks of Hepatitis, unintended pregnancy, and to become safer adults of tomorrow. Sufficient evidence exists of the effectiveness of specific interventions to prevent HIV among young people. There are four core areas of action that target both risk and vulnerability reduction and result in promoting in global goals for HIV prevention, treatment, care and support among young people. These core action areas are: 1) creation of a safe and supportive environment, 2) access to information to acquire knowledge, 3) opportunities to develop life skills, and 4) availability of appropriate health services for young people.

AIDS Education at School – Why Is it Crucial

Schools play a pivotal role in providing AIDS education for young people. Not only do schools have the capacity to reach a large number of young people, but school students are particularly receptive to learning new information. Therefore schools, even within the constraints of conservative social norms, are a well-established point of contact through which young people can receive age appropriate AIDS education.

For countries with low level epidemics and a still present window of opportunity it is a poignant lesson to learn from the experience of countries with widely prevalent HIV epidemics – where HIV has markedly weakened the capacity of the education sector, and much greater investment in education is vital for the provision of effective HIV prevention for young people (UNESCO 2009 Overcoming Inequality why Governance Matters, UNESCO 2006 Good Policy and Practice in HIV and AIDS an Overview).

A UNESCO study in 2009 found that in Eastern and Southern Africa, children had 'low levels of knowledge' regarding HIV/AIDS which was attributed to, among other factors, lack of teacher training, lack of examination for students on the topic (and therefore little incentive to teach it) and unease teaching the subject resulting from embarrassment (The Fifth Stock Taking Report UNAIDS/UNICEF 2010)

Making AIDS Education Age Appropriate and Effective - When Should Young People Be Taught

There is no set age at which AIDS education should start, and different countries (Bangladesh, India, Kenya, Indonesia) have different regulations and recommendations. Often young people are denied life-saving AIDS education because adults consider the information to be too 'adult' for young people. These attitudes hinder HIV prevention, as it is crucial that young people know about HIV and how it is transmitted before they are exposed to situations that carry a risk of HIV infection.

AIDS education should begin as early as possible, preferably by class 7 - 8. Information can be adapted so that awareness of AIDS can begin from an early age whilst still ensuring that topics are age-appropriate and culturally acceptable. For example, UNESCO guidelines advise that basic education on human body/biology begin as early as age ten. This information provides the foundation on which children can build HIV specific knowledge and skills – both the physical and social aspects of transmission- as they develop; including education about condoms and how they can protect from HIV infection can be introduced from around class 8 onwards. It is important that AIDS education is delivered to young people during early adolescence (10-14 years) as it is likely that the risk of HIV infection will become increasingly higher as they progress into late adolescence (15-19 years).This is particularly true for young people, notably young women who may be exposed to the associated risks of poverty and coercion/sexual exploitation. (UNICEF 2011 Report). Some simple country realities have to be kept in mind:

1) Active learning

Simply providing young people with information about HIV and AIDS is not enough to ensure that they will absorb and retain that information. Effective AIDS education encourages young people to participate and engage with the information that is being presented to them by offering them the opportunity to apply it (UNESCO 2008 – Effective Learning). Group-work and role-play are particularly important methods in which students might discover the practical aspects of the information they are given. These methods also allow pupils an opportunity to practise and build skills – saying "No" to sex and unsafe injections, for example.

Active learning approaches are widely considered to be the most effective way for young people to learn health-related and social skills (UNICEF 2009 Child Friendly Development Manual). Furthermore, active learning offers an opportunity to make AIDS education lessons fun. AIDS education classes can be constructed to involve quizzes, games, or drama, for example – and can still be very effective learning sessions.

II) Making it cross-curricular

Effective AIDS education encompasses both scientific and social aspects of HIV and AIDS. Knowledge of the basic science of HIV and AIDS is important for understanding how the virus is passed on and how it affects the body, for example. But AIDS education that deals only with medical and biological facts, and not with the real-life situations that young people find themselves in, does not provide young people with adequate AIDS awareness (Campbell C et al 2002). Developing life skills and discussing matters such as relationships,

sexuality and drug use, are fundamental to AIDS education. Knowing how HIV reproduces won't help a young person to negotiate safe practices (i.e clean injections or condoms etc) for example.

What needs to be considered?

When planning an AIDS education lesson or curriculum, it is important to be aware of local guidelines, as many places have legislation that dictates what sex or AIDS education can or should be given. Local cultures also need to be taken into consideration, as views between cultures differ on issues that are a necessary part of AIDS education, for example human sexuality. Awareness of cultural and religious beliefs enables AIDS education to sensitively, yet effectively, deal with issues in a way that does not conflict with the values of young learners.

When educating a group of young people, the personal circumstances of students need to be taken into account particularly socio-economic status, expectations of parents, and educational backgrounds of teachers and students home environment

The best place to start when planning AIDS education for young people is to talk to young people themselves. Allowing learners to ask questions and encouraging their input will enable young people to express what they want from their AIDS education. Speaking to the class also ensures that educators are aware of the current knowledge of the students, so that AIDS education can be more effectively targeted towards areas of informational need.

4. National Commitments for HIV and AIDS Prevention Education- Education is Essential for HIV Prevention

The Global Campaign for Education has estimated that universal primary education would prevent 700,000 new HIV cases per year and the World Bank states that education is an effective "social vaccine" against HIV. Education is cost-effective and the most powerful tool to change the destiny and life of people. There are several key elements for an education sector-wide response to have maximum effect. From the Government's Education perspective these include a supportive policy environment, educator training and curriculum development. Broadly these have been:

- Providing education within enabling and protective learning environments that are healthy and safe for all children to participate
- Providing an education that is child- participatory, and equalizes some of the discrimination faced by girls in Pakistan
- Is socially and culturally acceptable to parents, communities, and teachers

4.1 Concerns and Initiatives of world community

Key Initiatives:

- "Convention on the Rights of the Child 1989" the States Parties recognized that every child has the inherent right to life and shall ensure to the maximum extent possible the survival and development of the child *(Article 6)*. The States Parties also agreed that the education of the child shall be directed to the development of the child's personality, talents and mental and physical abilities to their fullest potential *(Article 29)*.

- The World Declaration on Education for All (EFA) 1990 stressed the need for enhancing the environment for learning as "Learning does not take place in isolation. Societies, therefore, must ensure that all learners receive the nutrition, health care, and general physical and emotional support they need in order to participate actively in and benefit from their education".

- The Millennium Development Goals 2000 have a specific goal to **"**Combat HIV and AIDS, malaria and other diseases" by halting and beginning to reverse the spread of HIV and AIDS, the incidence of malaria and other major diseases" *(Goal 6)*. UNGASS Declaration of Commitment on HIV AND AIDS 2001 declared that **"**By 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent of young men and women aged 15 to 24 have access to the information, education, including peer education and youth-specific HIV education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection, in full partnership with young persons, parents, families, educators and health-care providers" *(Serial 53)*.

- UNGASS Political Declaration on HIV and AIDS 2006 also committed "to addressing the rising rates of HIV infection among young people to ensure ad HIV-free future generation through the implementation of comprehensive, evidence-based prevention strategies, responsible sexual behaviour, including the use of condoms, evidence- and skill-based, youth specific HIV education**,** mass media interventions and the provision of youth-friendly health services *(Serial 56)*.
- In the World Education Forum held in Dakar, Senegal from 26 to 28 April, 2000 the governments, organizations, agencies, groups and associations represented at the World Education Forum committed to the achievement of Education for All (EFA) goals and targets for all children, adolescents, and adults. In addition to the promotion of basic education and literacy, the world nations also pledged to combat HIV and AIDS epidemic . Their committmen is envisaged in following Article of Dakar Framework of Action: "Implement as a matter of urgency education programmes and actions to combat the HIV/AIDS pandemic
  (Article 8 vii of Dakar Framework of Action 2000)

4.2 Pakistan's Commitments

Following the commitments made in the World Education Forum, Pakistan developed its "National Plan of Action for Education for All 2001-2015" wherein it was admitted that the curriculum was not in harmony with the needs and cognitive abilities of the children and that the curriculum lacks relevance to the needs of the community. It was, therefore, planned that for quality improvement a more relevant, learner-centred curriculum linked with the development of high quality textbooks and teacher training will be developed. Specifically with regard to HIV and AIDS, the National Plan of Action for EFA recognized that,

- "HIV/AIDS is becoming a major issue which needs to be addressed urgently. It is estimated that 70,000 to 80,000 persons (0.1 per cent) of the adult population in Pakistan) are infected with the HIV virus. Prevalence is higher among vulnerable groups, including drug users and commercial sex workers who have insufficient access to information about HIV and STDs (sexually-transmitted diseases)".*(Article 4.3.9 HIV-AIDS of the National Plan of Action for EFA 2001-2015)*

Considering the gravity of the situation, the National Plan of Action for EFA suggested following course of action:

- "Pakistan has developed a National HIV/AIDS Strategic Framework which will require intensification and scaling up if it is to effectively combat a widespread incidence of HIV/AIDS in the country. On a more wider level, this menace may be effectively checked through a comprehensive advocacy strategy using media and educational interventions. In the context of education, HIV/AIDS issues will be addressed through information/awareness about preventive methods in the adult literacy curriculum as well as in the course curriculum for technical and vocational training". *(Article 4.3.9 HIV-AIDS of the National Plan of Action for EFA 2001-2015)*

- The Strategic Framework promised "**to develop and enact a law on HIV policy and framework to secure rights of PLWHA to receive the care they deserve as citizens of Pakistan"** and a comprehensive package for Care and Support for HIV and AIDS.

(National Strategic Framework for HIV Treatment, Care and Support in Pakistan 2007)

- Pakistan being the member state of UN has committed itself to UN Conventions and Declarations on literacy, quality education, rights of the child, education sector response to HIV and AIDS and has made provisions in its Constitution and Policies which make the State and its organs responsible for taking all measures necessary to provide knowledge and awareness about prevention and reducing the spread of HIV and AIDS infection. *Article 37 (b)* of the Constitution of the Islamic Republic of Pakistan 1973 states that **"**The State shall remove illiteracy and provide free and compulsory secondary education within minimum possible period". *Article 25 A* further stipulates that "The State shall provide free and compulsory education to all children of the age of five to sixteen years as may be determined by law.

- All policies and action plans emanates from these provisions of the Constitution. The National Education Policy 1998-2010 had specific provision to prepare curricula for emerging key issues including HIV and AIDS education as follows:

  "Emerging key issues such as, computer literacy, population and environmental education, health education, AIDS Education and Value Education, etc. shall be introduced and integrated in curricula".

(Chapter 5 Elementary Education: 5.5.4 Curricula: serial iv of National Education Policy 1998-2010)

Progress to Date - The implementation of this provision remained ineffective as curricula and learning materials were not made an integral part. Some resource books and training materials for teachers were developed, disseminated and trainings were conducted. Salient developments include:

National Education Policy 2009 has more elaborate provisions to infuse Prevention Education against HIV and AIDS and other infectious diseases, Life Skills Based Education, School Health, etc in school curricula as under:

"Curriculum development shall be objective driven and outcome based. It shall focus on learning outcomes rather than content. It shall closely reflect important social issues; provide more room for developing the capacity for self-directed learning, the spirit of inquiry, critical thinking, problem-solving and team-work".

(*Chapter 6 Raising the Quality of Education 6.2 Curriculum Reform Serial No.1)*

"Environmental education shall be made an integral part of education".

(*Chapter 6 Raising the Quality of Education 6.2 Curriculum Reform Serial No.5)*

"Emerging trends and concepts such as School Health, Prevention Education against HIV and AIDS and other infectious diseases, Life Skills Based Education, Environmental Education, Population and Development Education, Human Rights Education, School Safety and Disaster and Risk Management, Peace Education and inter-faith harmony, detection and prevention of child abuse, etc shall be infused in the curricula and awareness and training materials shall be developed for students and teachers in this context, keeping in view cultural values and sensitivities".

(*Chapter 6 Raising the Quality of Education 6.2 Curriculum Reform Serial No.9)*

"School Health Education and School Safety shall be infused within the curricula and learning materials with focus on improving school environment, enriching health education content, instituting regular mechanisms for health screening and health services of students and nutritional support to needy children in coordination with the Departments of Health, Environment and Population at the Federal, Provincial and District levels.

(*Chapter 6 Raising the Quality of Education 6.2 Curriculum Reform Serial No.10)*

National Curricula 2006 which subsequently got the support of National Education Policy 2009 have some health related concepts in the subjects of General Knowledge I-III, General Science IV-VIII, English I-XII, Islamiyat IV-XII and Biology IX-XII. English Curriculum stresses more on English language teaching rather than providing comprehensive information on HIV and AIDS Prevention Education and Life Skills Education and Biology Curriculum discusses AIDS as a virus only. This state of affairs requires that the National Curriculum 2006 is reviewed and the Provincial authorities while preparing their own curricula under the devolved authority consider infusing HIV and AIDS related concepts in curricula, learning materials and teacher education and training curricula.

4.3 Efforts of UN agencies

UNESCO Pakistan has played a key role in promoting integration of HIV prevention education within policies and programs in education and health. Garnering support and coordination from UNICEF, UNFPA, UNAIDS, WHO for HIV and AIDS Prevention Education, it aims to make universal education and within it HIV prevention education a cornerstone in Pakistan. UNESCO specifically provided financial and technical support to Ministry of Education to develop following documents:

1. Need and Significance of HIV/AIDS Preventive Education in Pakistan (in English and Urdu), Curriculum Wing, Ministry of Education

2. Reducing HIV/AIDS Vulnerability among students in the School Setting, (a Teacher Training Manual) Curriculum Wing, Ministry of Education

3. Resource Book/Manual on Physical and Emotional/Social Health of Adolescents (in Urdu).

Teacher Training Workshops UNESCO also supported more than 60 training and capacity building workshops throughout Pakistan to build the capacity of teacher educators, curriculum developers, textbook writers, assessment specialists, policy makers and administrators in addressing the problems and issues related with HIV and AIDS.

4.4 EDUCAIDS

EDUCAIDS is a multi-country initiative to support the implementation of comprehensive national education sector responses to HIV and AIDS epidemic – a UNAIDS initiative led by UNESCO with the collaboration of key stakeholders. EDUCAIDS has two primary aims: (1) to prevent the spread of HIV and AIDS through education and (2) to protect the core functions of the education system from the worst effects of the epidemic. EDUCAIDS provides a framework for action for the education sector:

- To understand the need for strong engagement in HIV and AIDS in order to achieve EFA and education related MDGs; and
- To provide a unique and critical contribution to national responses to HIV and AIDS, in the context of universal access to prevention programmes, treatment, care and support, and efforts to improve coordination and cooperation.

EDUCAIDS has adopted following strategies to ensure a comprehensive education sector response at the country level to HIV and AIDS:

1. Provision of quality education which promotes the involvement of people living with HIV and AIDS.

2. Developing contents, curriculum and learning materials focused on prevention, support and care.
3. Provision of education training and support complemented by appropriate learning and teaching materials.
4. Inclusion of HIV and AIDS in national education policies and plans.
5. Monitoring, evaluating and assessing outcomes and impact.

4.5 Challenges

The forgoing discussion reveals that although efforts have been made by Pakistan with the support of UNESCO and other UN agencies but these have not yielded the desired outcomes. Reasons may be many but prominent among these are:

1. Absence or lack of a clear vision to address issues and problems associated with HIV and AIDS.
2. Non-existence of national and policies to provide for legal framework and administrative structures to address HIV and AIDS related and for ensuring a supportive and non-discriminatory environment.

3. Lack of a right-based comprehensive Prevention Education Plan for HIV and AIDS to ensure mainstreaming of HIV and AIDS into curricula and textbooks.
4. Absence of coordination between various stakeholders/organizations and non-existence of monitoring mechanisms.

5. Objectives of the Policy Framework

1) HIV and AIDS is a global issue and need to be addressed by every country including Pakistan effectively and comprehensively keeping in view its social norms and cultural values.

2) A clear vision needs to be evolved to address the looming threat of HIV and AIDS on adolescents and youth and to build their capacities and skills to combat the menace.

3) Appropriate legislation is to be ensured to enable every stakeholder especially education and health sectors to work for the prevention and protection from HIV and AIDS without any fear and coercion.

4) Integration of HIV and AIDS Prevention Education in education sector cannot take place without a policy level initiative. It is, therefore, important and essential that a policy on HIV and AIDS Prevention Education is formulated and widely disseminated with a national commitment for implementation.

5) Comprehensive action plans are developed by the Federal and Provincial Governments, in line with the policy provisions, for a well-coordinated multi-sectoral intervention and in close collaboration with all segments of the society.

6) Since the youth and adolescents are most vulnerable to HIV and AIDS, it is imperative that HIV and AIDS Prevention Education is integrated into curricula and textbooks sequenced from primary upto tertiary levels. The integration of HIV and AIDS Prevention Education messages into curricula and textbooks aims to foster students' understanding of the magnitude and intensity of the problem and to develop in them the attitudes and skills which are conducive to the achievement of desired outcomes of raising knowledge and awareness. When HIV and AIDS Prevention Education messages are incorporated into curricula and textbooks, the students learn about the problems and issues associated with the epidemic, develop skills to investigate and solve these problems and issues, acquire attitudes of care and concern for those infected and adopt behaviours and practices which protect them from the deadly infection.

7) HIV and AIDS Prevention Education needs a very careful treatment in the classroom. The teachers are to be fully equipped to deliver the messages of HIV and AIDS. As such HIV and AIDS Prevention Education messages are incorporated in teacher education and training curricula for pre-service and in-service or CPD programmes. Effective training is vital for success of the whole programme.

8) Governments should take the ownership of the whole program and commit themselves to develop proper structures and mechanisms for building up a critical

mass of human resources who have the necessary professional expertise to deliver the messages of HIV and AIDS Prevention Education.

9) No intervention or programme can make a success unless required financial resources are made available. Since HIV and AIDS is a development issue, the Governments should take on the responsibility of allocating required financial resources in their budgets and also access funds from the donors for HIV and AIDS prevention.

In brief, the objectives of the Policy Framework is to

1. To define a set of actions to be undertaken by key stakeholders to institutionalize the process and promote long term ownership – government departments particularly health and education, non-government partners, donors, civil society, communities (parents and youth)
2. To identify the roles and responsibilities of each stakeholder and who best to coordinate them
3. To elicit legislative support and endorsements – have they worked and how can we effectively enforce them going forward
4. To ensure presence of management and administrative structures – how can coordination amongst various organizations within a province be ensured
5. To do advocacy

5.1 Target audience for Policy Framework

- Government decision makers – national, provincial, district
- Political leadership/policy makers – national, provincial
- Programme implementers/programme managers
- School administrators
- Teachers
- Parents
- Communities
- Adolescents
- Civil society activists/NGOs

5.2 Emphasis of Policy Framework

The Policy Framework may emphasize four priority areas to achieve greatest impact:

1) **Mainstreaming**
   Integrate HIV and AIDS Prevention Education within or along with life skills education and school health education with the aim of teaching adolescents skills to engage in safe behaviors and informed decision making

2) **Institutionalization**
   Define the type of approach to be used i.e. stand alone subject, one main subject, cross curricular, or infused throughout the curriculum

3) **Sustainability**
   Allocation of government/public sector funds, ownership, continuation, consistent with the demands of the HIV epidemic

4) **Effectiveness**

Continuous quality and monitoring – what aspects will this entail? Who and how will this be undertaken.

6. Monitoring Mechanisms and Implementation Schedule

The Policy framework should be closely linked to and coordinated with the provincial "Implementation and Action Plans" for Education and Health. The plans will detail who will do M&E, how will it be done, the resource requirements, institutional/organizational infrastructure needs (at different levels), competencies and capacities available, indicators to review, and the specific timelines for achieving results and ensuring performance.

6.1 Standards to objectively measure what has been achieved and its impact

Some indicators of effectiveness/impact

- Adolescents had adequate knowledge/information on modes of HIV spread (safer behaviors)
- Adolescents had adequate knowledge on modes of protecting oneself from HIV infection (safer behaviors)
- Teachers had sufficient knowledge to impart reproductive health education (competency skills)
- Teachers could explain contents of the RH curriculum clearly (acceptance and changes in attitude)
- Non-judgmental and positive changes in attitude (communication skills and attitude)
- Questions on RH in student examinations (institutionalization of the process)
- RH information in multiple subject textbooks (institutionalization of the process)
- Parental involvement – through oversight committees and parent teacher associations
- Mass media on adolescent issues

6.2 Implementation Schedule

Decision on tentative time frame for implementation