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Review of Policies and Strategies to Implement and Scale Up  
**Sexuality Education**  
in Asia and the Pacific





Review of Policies and Strategies to Implement and Scale Up

# Sexuality Education in Asia and the Pacific

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## LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CSE	Comprehensive Sexuality Education
HIV	Human Immunodeficiency Virus
HP2	HIV Prevention and Health Promotion Unit, UNESCO Bangkok
MARYP	Most-at-risk young people
MoE	Ministry of Education
NAC	National AIDS Council
NCPI	National Composite Policy Index
NYP	National Youth Policy
PNG	Papua New Guinea
RH	Reproductive Health
SHN	School Health and Nutrition
SRA	Situation and Response Analysis
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children’s Fund
YKAP	Young Key Affected Population

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## EXECUTIVE SUMMARY

Evidence demonstrates that sexuality education provides young people with the knowledge and skills to make healthy choices about the initiation of sex and sexual behaviours, can prevent negative sexual and reproductive health outcomes, and may provide an important platform for addressing gender issues and promoting mutually respectful and non-violent relationships. With over 60 percent of people under 25 years of age living in the developing world, ensuring access to sexuality education has become increasingly important. National policies and strategies are a critical framework to guide and implement the scale-up of sexuality education.

This study, which was commissioned by UNESCO Bangkok, focuses on national policies and strategies in 28 countries<sup>1</sup> in the Asia-Pacific region. The study builds on and expands two earlier analyses, and seeks to:

- Assess the status of policy and strategic frameworks for sexuality education;
- Document the relevant content in existing policy and strategic frameworks; and
- Analyse the policy and strategic documents, identifying gaps and opportunities.

The study was conducted through a desk review. Documentation on the following three broad themes was identified and analysed through a systematic scan of relevant databases:

1. National laws and policies (relating to HIV and AIDS; population and reproductive health; youth; and education).
2. National strategies and plans (including national HIV and AIDS strategies and plans; population and reproductive health strategies and plans; and education sector strategies and plans).

---

<sup>1</sup> Afghanistan, Bangladesh, Bhutan, Brunei Darussalam, Cambodia, People's Republic of China, DPR Korea, Fiji, India, Indonesia, Islamic Republic of Iran, Lao PDR, Malaysia, Maldives, Mongolia, Myanmar, Nepal, Pakistan, Papua New Guinea, Philippines, Republic of Korea, Samoa, Singapore, Solomon Islands, Sri Lanka, Thailand, Timor-Leste, Viet Nam.

3. Integration of sexuality education into curricula and training (at different levels).

The study analyzed more than 335 national policies, laws, strategic plans and related documents. Results were recorded in thematic tables and relevant documents were content-analysed. A broad definition of sexuality education was employed for the study, encompassing a range of programmes and approaches such as life skills education, family life education, and adolescent development education, which in the region may not specifically be designated as sexuality education.

### Findings related to laws and policies

This review examined national laws and/or policies on HIV, population and reproductive health, youth, and education. The study finds considerable variation in terms of the type of laws and policies in place. Of the 28 countries, 15 were found to have a full set of laws and policies under all of the categories.

Twenty countries have national HIV laws and/or policies, of which 13 explicitly mention education. However, the level of detail with which the role of education is discussed varies considerably. Only six countries were found to have included a detailed discussion of sexuality education in national HIV laws and/or policies (e.g. Cambodia, People's Republic of China, Indonesia, Nepal, Papua New Guinea and Viet Nam).

National population and reproductive health laws and policies, and national youth policies, exist in 79 percent and 75 percent of all countries, respectively. Both categories of laws and policies accord a more prominent and explicit role to education (formal and non-formal), establishing clear priorities and identifying target groups.

Of all of types of policy documents, education policies and laws were least likely to include content on sexuality education. Some countries had specific education sector policies on health or HIV (e.g. Cambodia, China, Indonesia, Lao PDR, Papua New Guinea and Viet Nam).

## Findings related to strategies and plans

Overall, the analysis shows that strategies and plans are more common than the aforementioned laws and policies. All but three of the 28 countries have a national HIV strategy or plan and nearly two-thirds have a national population and reproductive health strategy/plan. However, only a minority of education sector strategies/plans (nine out of 27 countries have education sector strategies/plans, have specific strategies to address HIV/sexual reproductive health.

The education sector is identified as a key partner and/or target in over four-fifths (84 percent) of the HIV strategies/plans, but is less frequently identified in national population and reproductive health strategies and plans. By comparison, only 63 percent of the education sector strategies/plans included specific reference to sexuality education. The level of detail in these documents ranges from a general statement of intent to a detailed discussion of strategies and targets.

A number of national HIV strategies/plans included detailed sexuality education interventions for the education sector focusing on areas such as: curricula, approaches, capacity-building and teacher training. A number of potentially important interventions are found to be consistently underrepresented across the strategies and plans. These include: promotion of youth activities, conducting/promoting research, strengthening and enforcing policy and/or legislation, sensitisation of policy makers, monitoring and evaluation, and mainstreaming of HIV in the education sector.

## Findings with respect to curricula

The curriculum component of this study was deliberately light touch, as a more in-depth curriculum scan of selected countries is expected to take place at a later date in a number of countries in the region. Nonetheless, some key findings are evident from this limited review:

- Important progress has been made, with a number of countries adopting sexuality education into formal curricula, and expanding coverage in schools.

- However, sexuality education is mainly being delivered at secondary level. Only 43 percent of the countries have integrated sexuality education at primary level. Information on curriculum integration at tertiary level is scarce.
- While over half of the countries include sexuality education elements in teacher training, it is often not clear how many teachers are reached, and whether this includes pre- and in-service teacher training. In addition, review of documentation highlights important challenges in ensuring that teachers cover the more sensitive content in classroom settings.
- Actions for informal and out-of-school sexuality education are reportedly in place in three out of five countries (17 out of 28), but the scope and nature of these activities is unclear. The documentation consulted provides little information on the coverage of sexuality education for out-of-school populations.
- There are considerable differences in the approach and content of sexuality education curricula across countries, and across levels of education. The approaches range from a focus on imparting selected areas of knowledge through one or more (often non-compulsory or extra-curricular) subjects, to comprehensive approaches focusing on knowledge and skills-building and on addressing underlying issues such as gender inequality and poverty.

## Areas of emerging recommendations

The study finds that there are still significant gaps across the region in terms of legal and policy frameworks. Given that laws and policies provide the legal basis for action, addressing these should receive urgent priority. The education sector emerges as relatively weak in terms of integration of sexuality education in its legal and policy frameworks. **Advocacy efforts as well as technical support to countries should be prioritised to address this gap.**

Strategies and frameworks are often in place even in countries where the corresponding legal and policy frameworks do not exist. This underscores that **while laws and policies are important, they are not necessarily a requirement for action.** A number of countries score highly on the different categories examined in this study. They have reasonably strong policies and laws, strategies/plans are in place, and they have made progress in implementation. Cambodia, India and Papua New Guinea are examples of this. On the other hand, policies are not a guarantee of implementation, as there are also countries with policies in place where implementation is weak.

The fact that a majority of national HIV strategies/plans include a focus on sexuality education represents a key opportunity, especially as the priorities and strategies outlined in national HIV strategies/plans often correspond closely to those that are outlined in education sector plans. However, **support needs to be given to education sectors to ensure that their education sector strategies also consistently include sexuality education,** as this is currently not the case.

The study underscores that most of the focus of sexuality education is at secondary level. This means that opportunities are being missed to work with young people before their attitudes are formed (and before they become sexually active). **More efforts need to be made to share experience of integrating age-appropriate comprehensive sexuality education in primary curricula, and to support ministries of education in expanding sexuality education to this level. This study found little information or focus on sexuality education at tertiary level. This is an important gap that should be addressed from a policy and implementation perspective.**

Where curricula are in place and are being implemented the approach to sexuality ranges widely, in some cases being limited to knowledge dissemination only. The national policies documents reviewed highlight considerable challenges in terms of teacher training and delivery of content. **Guidance on the delivery of sexuality education needs to be disseminated. Greater emphasis also needs to be placed on pre- and in-service training and support for teachers if sexuality education is to be successful.**

Monitoring and evaluation and research get little attention in policies and strategies. **More systematic monitoring and research across the region on the outcomes of different approaches to sexuality education, while not without challenges, could be very helpful.**



# CHAPTER 1: BACKGROUND AND PURPOSE OF THE STUDY

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The number of young people in the developing world is the highest it has ever been, at 1.8 billion young people between the ages of 10 to 24 years<sup>2</sup>. In the least developed countries, some 60 percent of the population is under 25 years of age. Without access to sexuality education and sexual and reproductive health (SRH) services, adolescents and youth face daunting reproductive and sexual health problems. These include: unintended pregnancy, unsafe abortion, maternal mortality and morbidity, violence, sexually transmitted infections (STIs) including HIV, exploitation (such as exchanging sex for food or money), and discrimination on the basis of gender or sexual orientation.

Evidence shows that sexuality education programmes have a positive effect on initiation of sex, frequency of sex, number of sexual partners, condom use and other sexual behaviours that can prevent negative sexual and reproductive health outcomes.<sup>3</sup> Sexuality education also provides an important platform to discuss gender issues in order to promote mutually respectful and nonviolent relationships. Sexuality education can make a positive impact on the lives of adolescents beyond these important sexual and reproductive health outcomes. It can also play a role in shaping their life prospects and their social, health and economic potential.

National policies and strategies provide a critical framework to guide and ensure the implementation and scale-up of sexuality education. In the Asia-Pacific region, analyses of these frameworks were first undertaken in 11 countries in 2000<sup>4</sup> and more recently in 13 Asian countries in 2010.<sup>5</sup> This review builds on the findings from these studies and expands the earlier

2 UNFPA, Statement at the 44<sup>th</sup> Session of the UN Commission on Population and Development. New York, 11 April 2011.

3 UNESCO, UNFPA, UNICEF, UNAIDS, WHO. 2009. *International Technical Guidance on Sexuality Education, Vol. 1*. Paris, UNESCO.

4 Smith, G. *et al.* 2000. *HIV and sexual health education in primary and secondary schools. Findings from selected Asia-Pacific countries*. Monograph 10/2000. Sydney, University of South Wales.

5 Clarke, D. 2010. *Sexuality Education in Asia: Are We Delivering?* Bangkok, Plan International.

analysis of a selection of countries to cover 28 countries in the Asia-Pacific region.<sup>6</sup>

In the context of this study sexuality education is understood to refer to a broad range of programmes and approaches that are used in the region, and which may not be specifically designated as sexuality education in the relevant documentation. This includes life skills education, family life education, HIV prevention, and adolescent development education, as well as other approaches and curricula which deal with issues related to puberty, adolescent health, sexually transmitted infections (including HIV), and reproductive health.

The review sought to:

1. Assess the status of policy and strategic frameworks for sexuality education.
2. Document the relevant content in existing policy and strategic frameworks.
3. Analyse the policy and strategic documents, identifying gaps and opportunities.

This report is divided into seven chapters. This introductory chapter is followed in Chapter 2 by a brief overview of the methodology used for the study. Chapter 3 discusses findings with respect to laws and policies, and is subdivided to discuss different types of laws and policies. Chapter 4 presents and reflects on the findings with respect to strategies and frameworks. This is followed by a discussion of the integration of sexuality education into curricula and training in Chapter 5. Each of the three chapters that present key findings ends with a summary. Chapter 6 discusses the findings and

6 Afghanistan, Bangladesh\*, Bhutan, Brunei Darussalam, Cambodia\*, People's Republic of China\*, DPR Korea, Fiji, India\*, Indonesia\*, Islamic Republic of Iran, Lao PDR\*, Malaysia, Maldives, Mongolia, Myanmar, Nepal\*, Pakistan\*, Papua New Guinea, Philippines\*, Republic of Korea, Samoa, Singapore, Solomon Islands, Sri Lanka\*, Thailand\*, Timor-Leste\*, Viet Nam\*. \* indicates that some analysis has already been undertaken through the 13-country Plan International report (see note 5 above).

presents areas of emerging recommendations. Chapter 7 outlines some issues for reflection. The report includes a detailed bibliography and a number of annexes which provide more detail on the analyses that were carried out.

The draft findings of this report were presented and discussed at an Asia-Pacific regional consultation on sexuality education and gender which took place in July 2011. This meeting was hosted by the UN Population Fund (UNFPA), the UN Educational, Scientific and Cultural Organisation (UNESCO), and the UN Children's Fund (UNICEF). This report has been updated based on input received from this meeting.



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# CHAPTER 2: METHODOLOGY AND LIMITATIONS



This review is based on a desk study of documents identified through a systematic scan of relevant databases, including the UNESCO HIV and AIDS Education Clearinghouse<sup>7</sup>, Planipolis<sup>8</sup>, HIV Policy.org (online database of HIV and AIDS policies for the Asia-Pacific region<sup>9</sup>), AIDS Star One Promising Practices Database<sup>10</sup>, Reproductive Health Gateway and HIVLine<sup>11</sup>, Youth Policy<sup>12</sup>, HIV and AIDS Data Hub<sup>13</sup>, Schools and Health database<sup>14</sup>, as well as general internet searches using search engines such as Google Scholar. Situation and response assessments of the education sector's response to HIV were also consulted<sup>15</sup>, as were available reports for the UN General Assembly Session on HIV/AIDS (UNGASS) including the reports for the National Composite Policy Index (NCPI). A list of documents analysed (by country) can be found in Annex 1.

A total of 493 documents were identified from the search. The documentation was categorised according to country and type of document (e.g. by national laws and policies; national strategies; and curriculum/training materials) and analysed for relevance. In the first stage of the analysis of the documentation keywords were used to search the documentation. The keywords included: action/strategic plan, adolescent, children, curriculum, education, extra/co-curricular, guidelines, law, life skills, NCPI, peer education, policy, plan, HIV, AIDS, sexually transmitted infection (STI), sexual health, sexual and reproductive health, rights, school, sexuality, strategy, UNGASS, young people, youth, skills, sex, knowledge and strategy. After assessment, 335 documents were retained and used for the more detailed analysis (see stage 2 below).

7 <http://hivaidseducationclearinghouse.unesco.org>

8 <http://planipolis.iiep.unesco.org>

9 <http://www.hivpolicy.org>

10 <http://www.aidstar-one.com>

11 <http://www.k4health.org/resources/rhgateway> and <http://www.k4health.org/hivline>, respectively

12 <http://www.aidsdatahub.org>

13 <http://www.youth-policy.com>

14 <http://www.schoolsandhealth.org>

15 Available for Brunei Darussalam (draft), Indonesia, Malaysia (draft), Mongolia, Nepal, Papua New Guinea (2009 and 2011 draft) Philippines (draft), Thailand, Timor-Leste (draft).

The information relative to sexuality education that was identified in each of the documents was summarised in a series of thematic tables covering the three broad themes of the study:

1. National laws and policies (those relating to HIV and AIDS; population and reproductive health; youth; and education).
2. National strategies and plans (including national HIV strategies, population and reproductive health strategies, education plans, and HIV strategies for the education sector).
3. Integration of sexuality education into curricula and training (at different levels).

Each theme had a set of tables. The cover table summarised the existence of the relevant documents, and an annex reproduced the relevant content from the documents. Once the tables were constituted and completed based on the content analysis, they were circulated to UNESCO HIV focal points for verification and confirmation. Due to the Cluster Office system at UNESCO, focal points were able to comment on 20 countries included in the analysis.<sup>16</sup> This input resulted in several corrections, modifications and additions to the assessment made by the researchers, and also generated additional documentation for the analysis.

In the second stage of the study, the content of the annex tables was analysed using a content analysis approach. Themes for the content analysis were generated through an iterative process of reading the content, identifying the themes, and then scoring how many countries included references to these themes in their laws, policies, strategies, plans and curricula.

16 Countries reviewed by the UNESCO HIV focal points included: Afghanistan, Bangladesh, Bhutan, Brunei Darussalam, Cambodia, China, India, Indonesia, Iran, Malaysia, Mongolia, Nepal, Papua New Guinea, the Philippines, Samoa, Solomon Islands, Sri Lanka, Thailand, Timor-Leste and Viet Nam.

This study has a number of limitations which need to be kept in mind in using the findings:

- An important limitation of this study is that the existence of policies, strategies and plans does not constitute any guarantee that these are enforced or implemented.
- In the same vein, there are likely initiatives and activities ongoing at country level to address certain priorities and gaps in policy and strategy, but that are not captured in this study as the focus here is essentially on national level legislative, policy and strategic planning documentation.
- It should also be noted that laws, policies and strategies are not necessarily easily comparable across countries as the meaning and legal status of these can be context-specific.
- The documentation search for the systematic review was limited to documentation available in English. In a number of cases the UNESCO HIV focal points were of assistance in translating relevant content of documentation in other languages, however this could not be systematically carried out in the available time<sup>17</sup> and was limited to countries in which UNESCO HIV focal points are in place<sup>18</sup>. For a number of countries geo-political issues made documentation particularly hard to locate. The data is particularly thin on DPR Korea and the Republic of Korea.
- The study did not cover internal circulars and other implementation level documentation which may include more specific guidance on the implementation of sexuality education.

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17 The study was conducted over a one month period in preparation for the Asia-Pacific regional consultation on sexuality education and gender which was hosted by the UN Population Fund (UNFPA), the UN Educational, Scientific and Cultural Organisation (UNESCO), and the UN Children's Fund (UNICEF) and which took place in Thailand in July 2011. Further consultations were undertaken on the draft with country counterparts over a one month period in August 2011.

18 For example, documents from Cambodia, China, Indonesia and Thailand were reviewed in local languages by country staff.

- The curriculum component of the study (see Chapter 5) was deliberately light touch – it was not an in-depth review of curricula as this is expected to be undertaken at a later date through curricula scans in the region.
- This study compared groups of countries on key dimensions. However in the time available it was not possible to do a comprehensive assessment of the coherence of laws, policies, strategies, plans and curricula for each of the countries.
- Finally, it should be noted that the definition of youth varies across countries in terms of the age range covered.

The next three chapters of the report will discuss the findings of the study. For the 28 countries included the chapters will review in turn: laws and policies (Chapter 3), strategies and plans (Chapter 4), and curricula (Chapter 5).



# CHAPTER 3: FINDINGS PART 1 – LAWS AND POLICIES



The study sought to identify what laws and policies are in place in the 28 countries. Four categories of laws/policies were identified: i) national HIV laws and/or policies; ii) population/reproductive health (RH) laws and/or policies; iii) national youth laws and/or policies<sup>19</sup>; and, iv) national education sector laws and/or policies.

Figure 1 below provides a detailed overview of the laws and policies in place in the countries covered by this study. ‘\*’ indicates that the document included relevant content on sexuality education (see next section).

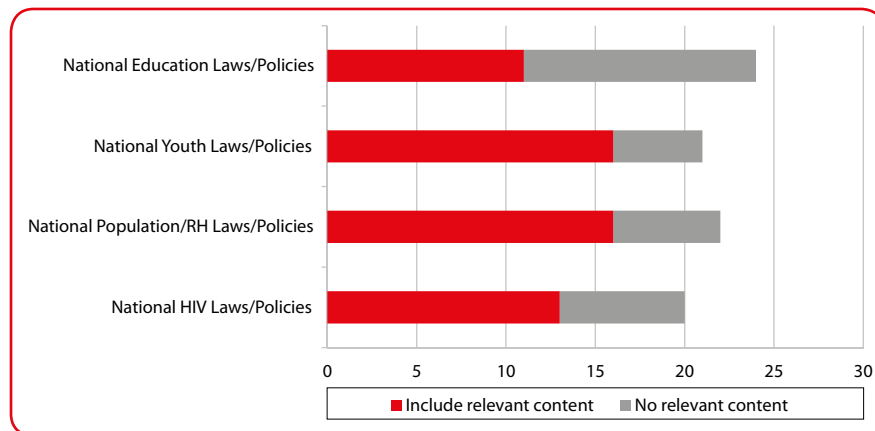
**Figure 1: Number of countries with laws and policies in the categories identified for this study**

Country	National HIV Policies and Laws	National Population & Reproductive Health Policies and Laws	National Youth Policies and Laws	National Education Policies and Laws
Afghanistan	Yes (TB & HIV)	Yes		Yes
Bangladesh	Yes*	Yes*	Yes*	Yes*
Bhutan			Yes*	Yes
Brunei Darussalam			Yes	
Cambodia	Yes*	Yes*	Yes*	Yes*
China	Yes*	Yes*	Yes*	Yes*
DPR Korea				
Fiji	Yes	Yes*	Yes*	Yes
India	Yes*	Yes*	Yes*	Yes
Indonesia	Yes	Yes*	Yes*	Yes*
Iran	(In draft)	Yes*		
Lao PDR	Yes*	Yes*	Yes	Yes*
Malaysia		Yes	Yes	Yes
Maldives		Yes*	Yes	Yes (draft)
Mongolia	Yes	Yes*	Yes*	Yes
Myanmar				Yes
Nepal	Yes*	Yes*	Yes*	Yes*
Pakistan	(In draft)*	Yes	Yes*	Yes*
Papua New Guinea	Yes*	Yes*	Yes*	Yes*
Philippines	Yes*	Yes*	Yes*	Yes*
Republic of Korea	Yes		Yes	
Samoa	Yes*	Yes	Yes*	Yes
Singapore	Yes			Yes
Solomon Islands	Yes*	Yes	Yes*	Yes
Sri Lanka	Yes*	Yes*		Yes (draft)
Thailand		Yes*	Yes	Yes*
Timor-Leste		Yes	Yes*	Yes
Viet Nam	Yes*	Yes*	Yes*	Yes*

<sup>19</sup> Some policies referred to children (e.g. in China, India, Lao PDR, Mongolia) while DPRK’s policy referred to “juveniles.”

Figure 2 summarises the availability of laws and policies related to these four categories.

**Figure 2: Summary of frequencies of laws and policies in place in the 28 countries**



The data shows that there is some variation in terms of the coverage of laws and/or policies across the countries that are part of this study. Of the 28 countries, 15 countries (54 percent) were found to have a full set of laws and policies (all four categories covered). These include Bangladesh, Cambodia, China, Fiji, India, Indonesia, Lao PDR, Mongolia, Nepal, Pakistan, Papua New Guinea (PNG), Philippines, Samoa, Solomon Islands and Viet Nam. While the presence of a full legal/policy framework is not necessarily (as noted in the methodology section of this report) a guarantee that these will be enforced and implemented, it does denote a commitment on the part of the government and can often be a powerful means of galvanising action.

The data show that education and population and reproductive health laws and policies exist in 86 and 79 percent of the countries, respectively. Youth laws and policies and HIV laws and policies were also relatively abundant, found in 21 and 20 countries, respectively.<sup>20</sup>

<sup>20</sup> Please note that the count for national HIV policies and laws in the section includes those that are still in draft form as noted in Figure 1.

The next section discusses to what extent the laws and policies on HIV identified in this study include content related to sexuality education.

## Sexuality education in national HIV laws and policies<sup>21</sup>

Of the 20 countries with a law or policy on HIV, 13 (Bangladesh, Cambodia, China, India, Lao PDR, Nepal, Pakistan, PNG, Philippines, Samoa, Solomon Islands, Sri Lanka, and Viet Nam) include specific reference to education. Further analysis showed that the scope and coverage of the content vary substantially between countries.

Out of 20 countries with a law or policy on HIV, 13 countries include specific reference to education.

Content analysis was used to identify themes that were present in the education content of HIV laws and policies including:

- Scope of the curricular approach (information, behaviour, life skills, etc.)
- The levels of education targeted (primary, secondary, etc.)
- The approach of content delivery (in-school, peer education, community/parental involvement)
- The target groups for the interventions (in-school and/or out-of-school youths)
- Whether there was a specific focus on issues related to girls, and/or to gender
- Whether there was a specific focus on issues of rights/stigma/discrimination (related to HIV and AIDS and/or more generally).<sup>22</sup>

<sup>21</sup> As the study discusses different kinds of policy and strategy documents, which are themselves not always consistent in terms of their statements, nor fully complementary, some apparent 'factual inconsistencies' may be seen in the text. However, these reflect the lack of streamlining and coherence in the documentation, rather than problems with the analysis.

<sup>22</sup> This category was collapsed as there were insufficient scores to warrant having multiple stand-alone categories.

It should be noted that some categories were collapsed – such as the rights/stigma/discrimination one – as there were insufficient scores to warrant having multiple stand-alone categories. The next paragraphs discuss the key findings from this analysis. A table was generated to record to what extent each of the countries covered the themes identified (see Annex 2).

Of the 13 countries that have laws or policies on HIV that mention education in relation to SRH or sexuality education, the majority were found not to specifically indicate what levels of education are being targeted. Only eight countries specify the levels of education at which such content should be taught. For Bangladesh, India, PNG, Samoa, and Sri Lanka this includes primary level and upwards. China, Lao PDR and the Philippines target secondary and beyond, with Lao PDR being the only country that mentions vocational and higher education specifically. The other countries refer to the importance of sexuality education in their laws and policies on HIV but do not indicate at what levels this should be addressed.

Only a small number of countries specifically identify target populations. Providing sexuality education to out-of-school youth is specifically mentioned in laws/policies from India, PNG and the Solomon Islands. Girls are identified as a priority target group in laws/policies in Cambodia, PNG and the Solomon Islands. In this context, the PNG National Gender Policy and Plan on HIV and AIDS (2006-2010) seeks to reach *“male and female in-school and out-of-school youth with safer sex education that promotes gender equality, human rights and violence-free sex”* and the Solomon Islands National HIV Policy and Multisectoral Strategic Plan (2005-2010) highlights the importance of *“sexual education and appropriate services as many young people especially girls (need to) have more awareness”*.

**The Papua New Guinea Gender Policy and Plan on HIV and AIDS (2006-2010) seeks to reach “male and female in-school and out-of-school youth with safer sex education that promotes gender equality, human rights and violence-free sex”.**

The specific purpose or outcome of the target is not always clear. Cambodia specifies that *“the State shall organise special educational programmes on HIV/AIDS targeting teenage girls and women-headed households to address the role of women in society and gender issues”*. This leaves room for interpretation in terms of what is meant by ‘addressing the role of women in society and gender issues’, although it is possible that a specific interpretation has been further specified in other legislation or implementing documents not reviewed by this study. Rights, stigma and discrimination are clearly identified as priorities in the laws/policies of Bangladesh, India, Lao PDR, PNG, Sri Lanka, and Viet Nam.

Interestingly, of the 13 countries, seven (Cambodia, China, India, Nepal, the Philippines, the Solomon Islands and Sri Lanka) include a specific reference to non-formal education as a priority. Nepal’s National Policy on HIV and STI which was revised in 2011 and endorsed by the cabinet, for example, specifies that *“information on HIV/AIDS shall be included in formal and non-formal education curriculum in a systematic manner”*. The Philippines focus on integrating *“instruction ... in subjects taught in public and private schools ... including non-formal and indigenous learning systems”*. Lao PDR is the only country which specifically mentions vocational education.

This analysis shows that a small, but important number of countries have relatively comprehensive laws/policies on HIV from the perspective of the coverage of sexuality education. These include Bangladesh, Cambodia, India, Lao PDR PNG, Samoa and Sri Lanka. The HIV laws and/or policies in these countries target all levels of education, and specifically highlight the importance of addressing knowledge and behaviour. They also include a specific reference to promoting open communication, and to using a life skills approach in education. This contrasts with other countries which in their law/policies on HIV have a more narrow approach, focusing mainly on knowledge dissemination. This difference in

**Bangladesh, Cambodia, India, Lao PDR, PNG, Samoa and Sri Lanka HIV policies target all levels of education and highlight the importance of addressing knowledge and behaviours.**



the scope of the policies can be illustrated by two examples. The Philippines AIDS prevention and Control Act of 1998 specifically states that *"integration of HIV/AIDS education ... shall not be used as an excuse to propagate birth control or the sale or distribution of birth control devices: Provided, finally that it does not utilise sexually explicit materials"*. This stands in contrast to Sri Lanka's National HIV/AIDS Policy (2005) which underscores that *"It is the policy of the government to openly discuss issues related to sexuality and safety. Both the print and electronic media are encouraged to include sexuality issues in their publications and productions. There will be no editorial restrictions or censorship on the use of scientific terms ... teachers may ... use explicit language when necessary"*. The Sri Lankan policy specifies that content should be age-appropriate, but specifies that *"Children in high school will be supported to have open discussions on sex and sexuality"*. The difference in approach likely reflects cultural/religious/ political sensitivities and may also be due to the different moments in time that these documents were drafted.

## Sexuality education in national population and reproductive health laws and policies

Twenty-two out of the 28 countries in the study have a population or reproductive health policy or law in place. Of these, 16 were found to include some mention of elements of sexuality education. No evidence was found that sexuality education is a priority in these laws and policies in the other six countries, although it may be that specific guidance exists at more operational levels in documents that were not consulted in this review.

Content analysis was used to identify dominant themes in the policies and laws related to population and RH. In this manner, the content analysis examined the following broad themes:

- The extent to which population and RH laws and policies accord a role to education
- The levels and types of education that are evoked (formal, non-formal)
- The extent to which specific target groups are identified

- The focus - knowledge, skills, services, counselling and the specific areas targeted (e.g. HIV, STI, early pregnancy)
- The extent to which other stakeholders are mentioned
- Involvement of community and/or parents
- Involvement of youth in programme planning/design.

The analysis carried out in this manner is presented in detail in Annex 3 and highlights the following:

More than half of the country population and RH policies and laws accord a prominent and explicit role to the education sector in providing sexuality education. In most cases this includes both formal and non-formal education. For example, the Indonesia National Policy and Strategy for Reproductive Health (2004-2009) states that Adolescent Reproductive Health education must be provided through both the formal and non-formal education system, and goes on to emphasise the specific target groups and strategies (discussed further

**Five countries have population and reproductive health policies that specify that sexuality education should be provided from the primary level up.**



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below). Five countries specify that sexuality education should be provided from the primary level up (Bangladesh, Maldives, PNG, Philippines and Viet Nam). The National Population Policy in PNG emphasises that “*population issues will be incorporated in to the formal education curriculum from grade 3 to grade 12*” with a focus on “*substantially increasing knowledge and understanding of population issues among youth (both within and outside the formal system)*”. In the case of PNG the actual policy document dates back over a decade but most of the other countries which refer to a strong role for education do so in policies that are dated 2004 or later. Only a relatively small number of countries were found to specifically refer to the importance of a multisectoral and multistakeholder approach. This is the case in Indonesia, the Philippines, PNG, Thailand and Viet Nam.

In addition, two country policy documents on population and RH (Bangladesh and India) highlight the indirect overarching role of education in promoting development and well-being, and therefore the importance of promoting educational expansion, education completion and gender equality through education as a means for addressing development in general, and population and reproductive health issues in particular.

As might be expected, the focus on population and RH laws and policies is on sexual and reproductive health (SRH), including specific reference in many cases to education playing a role in STIs and HIV prevention. Addressing sexual abuse and early pregnancy are themes for the education sector in a smaller number of country laws and plans (Fiji and the Philippines). Life skills education is mentioned more frequently for its importance in knowledge and skills building through education (Bangladesh, Fiji, Indonesia, the Philippines and Viet Nam).

A number of population and RH policies/laws include specific target groups, such as young key affected populations (YKAPs) as is the case for Fiji, sensitisation of males (Maldives, Nepal and Pakistan), out-of-school youth in PNG, and street youth, young urban men and ethnic women in the case of Viet Nam. In addition to SRH in general, gender awareness is a theme that emerges prominently in the population and RH laws/policies in a majority of the countries. Bangladesh’s National Population Policy (2004) refers to expansion of programmes encouraging gender equity in

education, the National Population Policy of Cambodia (2003) prioritises introducing gender awareness in school curricula, and Nepal highlights that reproductive health programmes: “*must both educate and enable men to share more equally in family planning and in domestic and childbearing responsibilities and also help in avoiding transmission of sexually transmitted diseases*”.

A formal commitment to involving youth in the planning of activities appears in documentation for only two of the countries identified (Indonesia and the Philippines). It is of course possible, that other countries have on an *ad hoc* or systematic basis included youth in planning even though it is not an official part of policy of national population and RH laws and policies.

## Sexuality education in national youth policies

This study found that 21 out of 28 countries have a national youth policy.<sup>23</sup> Of these countries, 16 include some reference to sexuality education. The NYPs from Bangladesh, China, Indonesia, the Philippines, Samoa and Viet Nam all refer to sexuality education but without much detail. For example, Bangladesh’s national youth policy (2003) simply states that “*A special initiative will be undertaken to give concrete ideas to adolescents and related people on adolescence reproductive health*”. This statement does not specifically refer to education and no further guidance is given in the policy. A statement along similar lines, this time with reference to education, is made in the China Law on the Protection of the Rights and Interests of Children (2007) which says that “*school should provide guidance to children on their social life, psychological health and puberty education, in line with their development needs at different stages*”, again without further details.<sup>24</sup>

<sup>23</sup> This analysis included child policies for three countries: China, India and PNG. Broader child protection policies were not included in the analysis. Viet Nam is counted among these countries, although its Youth Development Strategy is still in draft form.

<sup>24</sup> It should be noted, however, that the newly released Women’s Development Guidelines for China (which was released in August 2011 after the analysis carried out for this study) is more detailed and highlights specific priorities including prevention of unwanted pregnancy and abortion as a key health objectives, as well as strategies such as provision of RH information and services for women and the integration of gender equality contents and processes in education.

A number of NYP documents provide comprehensive guidance on sexuality education. This includes the policies from India and PNG, countries which as noted earlier, were also found to have a comprehensive set of laws and policies on HIV in place, as well as Timor-Leste which provides detailed guidance on sexuality education. The NYP in these countries underscore the importance of sexuality education, including life skills, to promote sexual and reproductive health, reduce STIs, including HIV, and reduce unwanted pregnancies. They also highlight the need for comprehensive information, and access to services and support, including counselling for young people. The NYP policies from India and PNG identify specific groups as priority targets. The Indian policy addresses the needs of young people aged 13-35 but specifically recognises adolescents (aged 13-19) as a special group requiring different strategies from those that might be used to target young adults. Strategies identified in the NYP include counselling, services and information to encourage safe behaviours and marriage at a later age. Both the India and PNG youth policies also underscore the need for strong involvement of communities in addressing youth issues. Education is given a prominent role in the NYP in these two countries. In India: *"this policy strongly recommends introduction of health education in the curricula of regular formal education in higher classes of schools and colleges, in non-formal education centres and in every other organised interaction with youth."*

**National Youth Policies in India, PNG and Timor-Leste underscore the importance of sexuality education, including life skills, to promote sexual and reproductive health, reduce STIs, including HIV, and reduce unwanted pregnancies.**

Other specific findings from the content analysis of the NYP include (see also Annex 4):

- The role of the education sector (formal and/or informal) in sexuality education is mentioned in 43 percent of the NYPs (seven out of 16 countries).
- Five out of the 15 countries with a specific reference to sexuality education in their NYP highlight the importance of combining information and

awareness with counselling and access to services. In the case of Cambodia this includes a focus on social safety nets *"to ensure that the poorest youth have access to health services and continue to prioritise interventions including prevention, treatment and care for most at risk youth"*.

- Four NYPs identify specific priority groups. In addition to the young people between 13 and 19 in the case of India, this includes the poorest youth in Cambodia, and a somewhat longer list for the Solomon Islands covering: young people with disabilities, rural youth, young school learners, students, alcohol and drug users, young offenders, unemployed young women and men, street children, and young women in general. Timor-Leste's National Youth Policy (2007) specifically mentions those persons that *"have difficulties in accessing essential services such as education and health or are more at risk of poverty such as illiterate young people"*.
- Sexual abuse and violence are highlighted as specific issues to be addressed in four country-level youth policies, namely Cambodia, Nepal, the Philippines, and Timor-Leste.

## Sexuality education in national education sector policies

Of the 11 countries with reference to HIV or sexuality education in their education sector policies, six were very detailed, namely those for Cambodia, China, Indonesia, Nepal, PNG, and Viet Nam.

In some countries more than one policy document might exist covering HIV and sexuality education. For example, Cambodia has a comprehensive school health policy (2006) which covers content related to SRH, HIV, and issues such as stigma and discrimination. Cambodia also has an education sector HIV and AIDS Workplace Policy (2008) which includes, among others, provisions about the content of educational programmes for students and staff. China has a number of guiding documents for its education sector which establish age-appropriate prevention content and how many hours are expected to be devoted to HIV prevention education at different levels. A 2003 guideline initially establishes a target of two hours per academic year

at high school level. However a follow-up 2008 guideline is more ambitious with all schools (primary, secondary and higher) being required to “offer 6 to 7 hours of health education each semester in various formats that suit different school situations, such as through class on ‘PE and health’, ‘Social and Morality Education’ and ‘Biology’”. Other efforts outside of the school setting are also recognised in the guideline, including those delivered through localised curricula and comprehensive practical activities to deliver content that cannot be integrated into the formal curriculum.

A more detailed analysis of relevant documentation is summarised in Figure 3.

A number of common areas emerge from this figure:

- Most policies include a focus on curricula for formal and non-formal education
- Policies usually specify the age and level at which HIV education can be provided
- Teacher training and capacity-building are frequently highlighted as priorities

- While knowledge and behaviour change are considered priorities in most of the policies, access to counselling is only included in the case of Cambodia, Indonesia and PNG
- Only two policies highlight the need for monitoring implementation (Cambodia and Nepal)
- Stigma, discrimination and rights are topics that are mentioned in four out of the six policies
- Gender issues receive insufficient attention across the different education sector policies. Exceptions to this are Cambodia and PNG.

**Figure 3: Focus on sexuality education within national education sector policies**

Education policy specifies...	Cambodia	China	Indonesia	Nepal	PNG	Viet Nam
That HIV/sexuality education/life skills content must be included in formal curricula	x	x	x	x	x	x
That HIV/sexuality education/life skills content must be included in non-formal education	x		x	x	x	x
That content must be adjusted to age and/or level of education	x	x	x	x	x	x
The number of hours of instruction		x				
Teacher training and capacity-building	x	x	x	x	x	x
That the content must focus on knowledge	x	x	x	x	x	x
That the content must focus on behaviour change	x	x	x	x	x	
That access to counselling is important	x		x		x	
That implementation must be monitored	x		x	x		
That school committees, parents and/or communities must be involved	x		x		x	
The need to address rights, stigma and/or discrimination	x	x		x		x
The need for attention to gender issues	x				x	

## Chapter summary

This chapter has examined HIV laws and policies across the 28 countries and found that:

- 20 countries have national HIV laws and/or policies, of which 13 explicitly mention education.
- National population and RH laws and policies and national youth policies are in existence in 79 percent and 75 percent of all countries, respectively.
- Of these two categories it is the national population and RH laws/policies which accord a more prominent and explicit role to education (formal and non-formal), establishing clear priorities and identifying target groups. NYPs are somewhat less consistent in highlighting education. However the NYPs that do refer to education also provide important guidance on priorities.
- Of all of the policy types, education policies and laws were least likely to include relevant content on HIV/sexuality education/life skills. Some countries had specific education sector policies on health or HIV (e.g. Cambodia, China, Indonesia, Lao PDR, PNG and Viet Nam.)
- Within those education policies that include a focus on sexuality education a number of issues appear to be underrepresented. These include key areas such as access to counselling, monitoring of implementation, involvement of parents and communities in sexuality education, and gender issues.



**CHAPTER 4:  
FINDINGS PART 2  
– STRATEGIES AND  
FRAMEWORKS**



This chapter examines the availability of: i) HIV strategies and/or plans; ii) population and RH strategies and/or plans; and iii) education sector strategies and/or plans. For each of these types of plans, the analysis considers to what extent and how sexuality education is addressed. Figure 4 below summarises the findings of the assessment for each of the countries. The '\*' indicates that the document was found to include relevant content (see next section).

**Figure 4: Country assessment of national strategies and plans**

Country	National strategy/plan on HIV	National strategy/plan on population/RH	National strategy/plan on education
Afghanistan	Yes	Yes*	Yes*
Bangladesh	Yes*	Yes*	Yes
Bhutan	Yes*		Yes
Brunei Darussalam			Yes
Cambodia	Yes*	Yes*	Yes*
China	Yes*	Yes	Yes*
DPR Korea	Yes		Yes
Fiji	Yes	In progress	Yes*
India	Yes*	Yes*	Yes*
Indonesia	Yes*	Yes	Yes*
Iran	Yes*		Yes
Lao PDR	Yes*	Yes	Yes*
Malaysia	Yes*	Yes	Yes
Maldives	Yes*	Yes	
Mongolia	Yes*	Yes	Yes*
Myanmar	Yes*	Yes	Yes*
Nepal	Yes*	Yes*	Yes*
Pakistan	Yes*	Yes	Yes*
Papua New Guinea	Yes*		Yes*
Philippines	Yes*	Yes	Yes*
Republic of Korea			Yes
Samoa	Yes	Yes	Yes
Singapore			Yes
Solomon Islands	Yes*	In progress	Yes*
Sri Lanka	Yes*		Yes*
Thailand	Yes*	Yes*	Yes
Timor-Leste	Yes*	Yes*	Yes*
Viet Nam	Yes*	Yes*	Yes*

Overall, the analysis shows that strategies and frameworks on HIV were far more common in the 28 countries than laws and policies. Thus:

- Ninety percent (25 out of 28) countries have a national HIV strategy or plan in place. The countries for which a HIV strategy/plan was not identified were Brunei Darussalam, the Republic of Korea, and Singapore. 21 of these countries include relevant content on sexuality education.
- Nearly two-thirds (64 percent) of countries have a population or RH strategy or plan in place.
- General education sector strategies were identified for all countries, except the Maldives. Only a minority of education sectors appear to have specific sector strategies on HIV/SRH. Such strategies are in place in Bhutan, Cambodia, India, Indonesia, Iran, Mongolia, PNG, the Philippines and Viet Nam (data not shown in table). Three other countries (Fiji, Malaysia and Myanmar) are reportedly in the process of drafting specific education strategies on HIV/SRH. Only two countries (India and Indonesia) were found to have specified multisectoral strategies/plans on HIV/SRH in education.

The next sections examine some of the specifics around the content of these strategies.

## Sexuality education in national HIV strategies and plans

The analysis found that the majority of national HIV strategies and plans include a focus on education. Thus of the 25 countries that have either an HIV strategy or plan, 21 (corresponding to four out of every five countries) include some reference to the role of education and sexuality education.

The national HIV strategies and plans most often cover strategies that the education sector is expected to be responsible for implementing. These include actions in such areas as curriculum revision or the integration of HIV and AIDS related content, and training of teachers (see Annex 5 for more details).



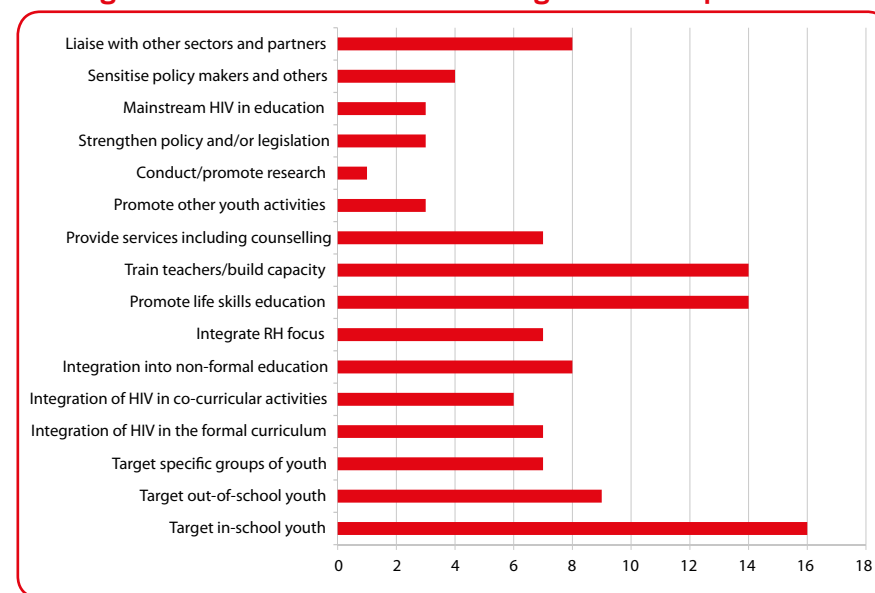
The education sector is also identified as a target sector for advocacy by National AIDS Councils (NAC) in a number of national HIV strategies and plans. Some HIV strategies/plans, for example, highlight the need for developing a strong partnership with the Ministry of Education (MoE). This is the case in Pakistan and Indonesia, where the need to advocate and lobby education sector policy makers to enhance buy-in for the integration of HIV and RH curricula is also identified as priority. Other strategies and plans underscore the need for advocacy with parents and communities to enhance acceptance of plans around HIV and sexuality education; in the case of Indonesia, for example, focusing on reducing *“taboo perspectives on reproductive health, sex education, HIV and AIDS”*. Still other strategies/plans target the MoE in terms of capacity-building e.g. Pakistan identifies the need to *“train education departments on SRH education and HIV/AIDS”*; and PNG underscores the importance of *“build(ing) capacity of 14 National Department of Education Learning Centres to extend the reach of their services and programmes and provide increased coverage to vulnerable children”*. In Indonesia, the Strategic Communication Plan for HIV and AIDS in Indonesia (2008) specifies that one of the key objectives is to *“advocate with education policy makers that reproductive health and drug prevention must be a comprehensive curriculum within schools”*.

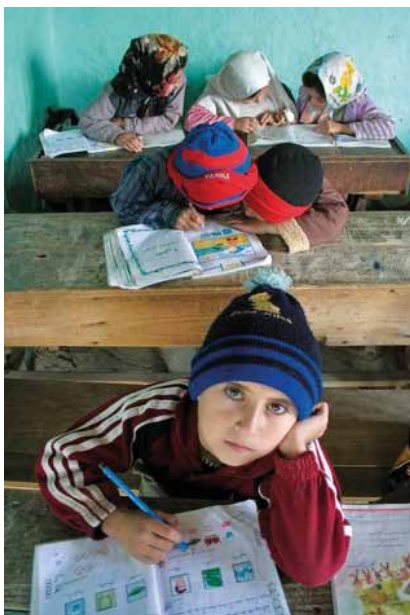
The level of detail on the involvement of the education sector varies greatly across the various national HIV strategies and plans that were reviewed. In some cases the strategies include a general statement of intent with a minimal indication in the document on how the intent may be translated into strategies for implementation. This is the case, for example, of the Solomon Islands National HIV Policy and Multisectoral Strategic Plan for 2005-2010 where one of the strategies under *“reduc(ing) risk behaviour and vulnerability to HIV and STIs”* is to *“implement sex education (formal & informal) in schools”*. However, how this will be achieved is not further outlined in this document.

In many other cases, the national HIV strategies/plans include a detailed overview of key strategies. This is the case for Pakistan which refers to engaging multiple stakeholders, revising the curriculum, developing

teaching and learning materials, training of staff, training of teachers, services for out-of-school youth, and promotion of extra-curricular activities for young people. India has a similarly detailed set of strategies targeting formal and non-formal curricular as well as co-curricular activities including teacher training, counselling, HIV mainstreaming, liaising with other partners and specific actions aimed at strengthening the gender focus of HIV prevention activities. Other countries’ national HIV strategies/plans which have a similar level of detail are those of Cambodia and PNG. In some cases countries are specific in terms of the strategies, but closer examination of these shows them to be limited in scope. This is the case in China. The various country strategy documents consulted for China in the context of this study are detailed but only include strategies related to in-school children, with a focus on knowledge about prevention and treatment, and on establishing quantitative targets in terms of number of hours of intervention and number of schools/pupils covered.

**Figure 5: Number of countries mentioning specific education strategies in their national HIV strategies and/or plans**





Using content analysis, this study sought to identify the range of strategies for the education sector that are included in national HIV strategies and plans. Figure 5 provides an overview of the main strategies for the education sector that were identified. The graph shows how many countries specifically mentioned these strategies in the documentation of their national HIV strategies and plans.

As can be seen, curriculum-related strategies get significant attention in national HIV strategies and plans. Life skills education is predominantly mentioned as a key means of providing HIV and AIDS information to

young people. Given the observed tendency for sexuality issues, including HIV, to disappear in implementation of life skills curricula, this does raise the concern that relevant content may not – in practice – get sufficient attention. Quite a number of countries focus on both formal and informal education, and give attention to co-curricular activities. The importance of capacity-building and teacher training is also given emphasis in a substantial number of these documents. However, as noted earlier the fact that these priorities are included in a national strategy is not necessarily a guarantee of implementation.

A number of quite important strategies is mentioned only by a few countries. This includes sensitisation of policy makers, which is identified in Iran's Third National Strategic Plan for HIV/AIDS Control and Prevention (2010-2014) as a strategic priority: *"policy makers, planner, clerics, other key groups, and the general public must be sensitised in this regard and their support must be gained particularly to conduct life skills trainings among youths and the general public and also safer sex promotion for all high risk and at-risk groups"* and

Indonesia's Strategic Communication Plan for HIV and AIDS (2008): which includes *"advocat[ing] with education policy makers that reproductive health and drug prevention must be a comprehensive curriculum with schools"*. The latter strategy is also an example of the education sector as a target of advocacy.

A number of other areas stand out from the above Figure. National HIV strategies and plans give little emphasis to the importance of conducting research and studies as part of the education sector approach, although it may be that research on education is subsumed in other national studies on HIV and AIDS. Only Bangladesh specifically mentions *"encouraging young researchers to research on HIV"* in education as part of the National Strategic Plan for HIV/AIDS (2004-2010). The National HIV strategies and plans reviewed in this analysis also do not appear to give much importance to monitoring of outcomes and impact which could be an important input into programming and revision of curricula, although it is possible that monitoring for education is incorporated in general monitoring activities around HIV and AIDS, and specifically mentioned. Strengthening policy and legislation also receives little attention. Finally, mainstreaming of HIV and education is only explicitly mentioned in the case of Cambodia, India and Sri Lanka. The fact that these quite critical areas get relatively little attention could absolve education sectors in many countries in the region of some of their responsibility for these important areas of focus and reduce the effectiveness of interventions.

Finally a number of strategies and plans highlight specific target groups for the education sector:

- Young people most at risk and especially vulnerable (Cambodia)
- Vulnerable women and young people (India)
- High-risk and at-risk groups (Iran)
- Most-at-risk adolescents (Lao PDR, Nepal)
- Most-at-risk children and children and young people living with or affected by HIV (Philippines)
- *"Children most vulnerable to violence, abuse, exploitation and neglect"* and *"girls and orphans"* (PNG)

## Sexuality education in national population and reproductive health strategies and plans

A total of 18 countries were identified as having population and RH strategies/plans in place. Documentation was located and analysed for 13 of these countries (Afghanistan, Bangladesh, Cambodia, India, Indonesia, Mongolia, Nepal, Pakistan, PNG, Philippines, Thailand, Timor-Leste, and Viet Nam). Two countries reportedly had draft strategies/plans (Fiji and the Solomon Islands) but were not included in this analysis. The documentation consulted included both specific population and RH strategies and plans as well as other plans and strategies (for example from the health sector) that included a substantive and important section on population and RH.

Out of the 13 countries for which documentation was identified, six (just under half) countries had national population and RH strategies or plans that made direct reference to the education sector (Afghanistan, Bangladesh, Indonesia, Nepal, Thailand, and Timor-Leste). A number of other population and RH strategies or plans included education related activities – such is the case in Indonesia’s National Strategy for Adolescent Health (2004) which includes *“improvement of skills of health personnel in adolescent counselling, life skills education, prevention and detection as well as HIV/AIDS management”*. However, these education activities are not being carried out by the education sector and the strategies/plans did not foresee a direct link with education.

Of the six countries with population and RH strategies and plans that directly mentioned education, the overwhelming focus is on working with the Ministry of Education to include relevant content in the curriculum, often in a multistakeholder context with other ministries (e.g. Health, Social Affairs, Women and Gender). Only a few of the strategies/plans specify at what levels the integration is to take place (primary, secondary) and whether the intervention covers both formal and non-formal education.

The actions to be carried out generally encompass identification of appropriate content, teacher training, and in a smaller number of cases

promoting access to services. Five out of the six country population and RH strategies/plans specifically mentioned that both the formal and non-formal sectors need to be targeted (Indonesia, Nepal, Thailand, Timor-Leste, and Viet Nam). Three of the national population and RH strategies/plans provide details on the kind of content that should be prioritised (Indonesia, Nepal, and Thailand). For example Indonesia’s Policy and National Strategy of Reproductive Health (2005) emphasises that *“ARH education should be provided through formal and non-formal education systems”* and that it should emphasise *“prevention of teenage marriage and pre-marital sex”*. Nepal’s National Adolescent Health and Development Strategy (2000) provides a very detailed list of topics including *“information education and counselling on ...”* *“human sexuality regarding puberty, marriage, the reproductive process, sexual relationships, and responsible parenthood for adolescents”* ... *“counselling and services about contraception”* ... *“prevention and management of RTIs, STDs, HIV/AIDS and other reproductive health conditions”* ... *“information about life skills, career development and employment opportunities”*.

In some cases, a specific strategy is outlined in the documentation for achieving integration into the curriculum. In Afghanistan, the National Reproductive Health Strategy (2003-2005) specifically foresees a pilot on family life education and life skills in schools which will be *“tested sensitively in the first phase in the appropriate age group of secondary students”*. Nepal’s aforementioned Adolescent Health Strategy (2000) specifies that adolescent health and life skills will initially be integrated at extra-curricular level and *“eventually in the regular curriculum”*. Such strategising may also include advocacy type activities of the kind that were highlighted in the discussion of national HIV strategies and plans in the preceding section of this report. Nepal is an example of this. Its national Health Sector Plan II for 2010-2015, which includes a substantial section on population and reproductive health, states that *“The Ministry will also work with the Ministry of Education to advocate for retaining reproductive health issues within the school curriculum”*.

The final section of this chapter will examine how sexuality education is included in education sector strategies.

## Sexuality education in national education sector strategies and plans

Education sector strategies and/or plans were identified for 27 out of the 28 countries covered by this study. Both plans that cover the entire sector and those that focus on a specific level of education were included in this analysis. This included such documents as national education strategies (for the entire sector or parts of the sector), national education action plans, and Education for All (EFA) action plans.

For ten out of the 27 countries the documentation on education sector strategies or plans did not include specific reference to sexuality education. These countries included Bangladesh, Bhutan, Brunei Darussalam, DPR Korea, Iran, Malaysia, the Republic of Korea, Samoa, Singapore, and Thailand.<sup>25</sup> As is the case for other areas of this study, and as was noted before, there may be other documentation not accessed by this study which covers the operational and implementation aspects and which includes specific guidelines for sexuality education. However, it is clear that these issues are not reflected in some of the key national strategic documents from these countries.

For a number of countries, multiple documents were identified and therefore included in the review. Countries with multiple documents allowed for an interesting insight into the extent to which (if at all) sexuality education is consistently taken up in the various strategic and planning documents of a single country. From this analysis, Cambodia stands out

**Cambodia stands out as the country which integrates issues on sexuality and HIV and AIDS in the majority of its strategic and planning documents. PNG also shows consistent mainstreaming of sexuality and HIV and AIDS education in the various policy documents.**

<sup>25</sup> For Singapore the only document obtained was the MoE Holistic Health Framework. For the other nine countries national education plans and strategies were reviewed. The Maldives is not included as no national strategy/plan on education was identified for this country.

as the country which most consistently integrates relevant issues in its strategic and planning documents. A total of six strategy documents covering various years over the past decade were identified.<sup>26</sup> All six included a focus on sexuality education and HIV and AIDS, and shared strategies such as: curriculum revision, capacity-building, and integration of life skills. A review of four key PNG education strategy and planning documents similarly shows consistent mainstreaming of sexuality and HIV and AIDS education.<sup>27</sup>

Other countries with multiple documents do not necessarily have the same kind of consistent approach. For example, Mongolia's Master Plan to Develop Education (2006-2015) does not mention sexuality education, which does however get outlined in some detail in the 2010-2015 Education Sector Strategic Plan on School Health Education for that country. This 'inconsistency' should not necessarily be considered in a negative light as it may also be indicative of an evolution in terms of policies and corresponding strategies over time. However, this would not apply to the case of China. While four documents related to sexuality education were identified, of which three included detailed instructions on the delivery of content related to HIV and AIDS and sexuality education, the more recent and rather important National Plan for Medium and Long Term Education Reform and Development (2010-2020) does not include strategies related to this topic. India shows similar inconsistencies with only its Adolescence Education Programme (2009-2012) detailing relevant strategies while two other sectoral documents – the Eleventh Five Year Plan (2007-2012) and the EFA National Plan of Action (2003-2015) – do not.

Content analysis identified what specific interventions are outlined in relevant documents, as seen in Figure 6. Details of this analysis can be found in Annex 6. These findings follow a similar pattern as that found for national

<sup>26</sup> This included the Education Strategic Plan (2006-2010), the Ministry of Education Youth and Sports Strategic Plan and Operational Plan for HIV (2008-2012), the Education Strategic Plan (2009-2013), the Child Friendly Schools (CFS) Master Plan (2007-2011), the EFA National Action Plan, and the Education Support Programme (2006-2010).

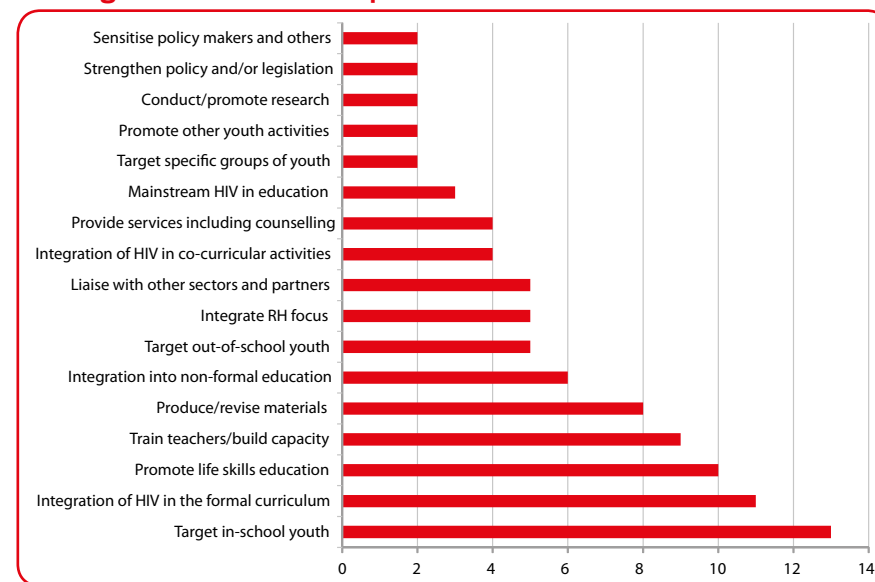
<sup>27</sup> The documents reviewed for PNG include the National Education Plan (2005-2014), the Universal Basic Education Plan (2010-2019), and the Universal Capacity-Building Programme (ECBP) with Implementation Plan (2007-2012).

AIDS documents. Targeting in-school youth is mentioned more frequently than out-of-school youth although both figure quite prominently, and promoting life skills is identified as an important strategy, as is teacher training and capacity-building. A number of strategies that were not very prominent in the national HIV strategies/plans also score low in this analysis including conducting/promoting research, strengthening and enforcing legislation, mainstreaming HIV in education, and sensitising policy makers and others.

Nonetheless a couple of differences with the data from national HIV strategies and plans also emerge:

- Integration of HIV and AIDS in the formal curriculum is given more prominence in the education sector strategies and plans than is the case in national HIV strategies and plans. This may reflect what the education sector considers its main role to be.
- Producing and revising materials is prominently mentioned in education strategies and plans (mentioned by eight countries in total – Afghanistan, Cambodia, China, Fiji, Lao PDR, Mongolia, PNG and the Philippines) while it did not emerge as a separate category in the earlier content analysis of national HIV strategies and plans. For this reason, this particular area of activity is included in Figure 6.
- A number of strategies which were not identified in national HIV strategy/plan analysis were mentioned in the education strategies/plans by a smaller number of countries, such as :
  - Increasing coverage and quality of HIV education – one country (Cambodia).
  - Conducting awareness programmes for the education sector – three countries (Cambodia, PNG, and the Philippines). Thus the PNG HIV/AIDS/STIs Implementation Plan for the National Education System prioritises “awareness training ... for communities, parents and other family members”.
  - Establishing a specific number of hours per semester/academic year for HIV and AIDS and sexuality education – two countries (China and India).

**Figure 6: Number of countries mentioning specific sexuality education interventions in their education sector strategic documents and plans**



- Creating conditions for monitoring and evaluation – three countries (Mongolia, PNG and Viet Nam). Mongolia’s Education Sector Strategic Plan on School Health Education (2010-2015) underscores the importance of “develop(ing) methodologies for assessing level of health education and patterns of behaviours in adolescents and youth, to regulate monitoring and evaluation and to expand scope of scientific research and inquiry”.
- Including gender equality and gender sensitivity in education approaches – two countries (PNG and Viet Nam).

Finally a number of education strategies and plans include phased approaches to sexuality education. For example, China identifies five age groups with progressive health education objectives for students at

different levels, and an overall requirement of six to seven hours of health education each semester, through various formats that suit the school situation, including through classes on physical education and health, social and morality education and biology. Extra-curricular activities are also encouraged to address health content that is not integrated into the formal curriculum.

## Chapter summary

The analysis shows that strategies and plans are more common than laws and policies.

The education sector is identified as a key partner and/or target in 84 percent (four out of every five) of HIV strategies/plans, but is less frequently identified in the national population and RH strategies and plans. By comparison, only 60 percent of the education sector strategies/plans included specific reference to sexuality education. The level of detail in these documents may range from a general statement of intent to a detailed discussion of strategies and targets.

A number of national HIV strategies/plans as well as education sector strategies include detailed areas of action for the education sector focusing on areas such as: curricula approaches, capacity-building and teacher training. Nonetheless, differences between national HIV strategies and plans and education strategies/plans also emerge:

- Integration of HIV in the formal curriculum is given more emphasis in the education sector strategies and plans than in corresponding national AIDS documents. The latter have a somewhat stronger focus on non-formal education.
- Producing and revising materials is prominently mentioned in education strategies and plans but gets little attention in national HIV strategies.
- A number of potentially important strategies are found to be consistently underrepresented across strategies and plans. These include: promotion of youth activities, conducting/promoting research, strengthening and enforcing policy and/or legislation, sensitisation of policy makers, monitoring and evaluation, and mainstreaming of HIV in the education sector.

# CHAPTER 5: FINDINGS PART 3 – CURRICULA



This chapter reviews the implementation of curricula in the 28 countries that are part of this study, providing an indication of overall trends and areas of weakness. However, as noted in the Introduction, these findings should

be seen as indicative only of trends, as this study was not equipped (or designed) to do a complete curricula scan for the region.

Figure 7 provides a country by country overview.<sup>28</sup>

**Figure 7: Status of sexuality education curricula in countries**

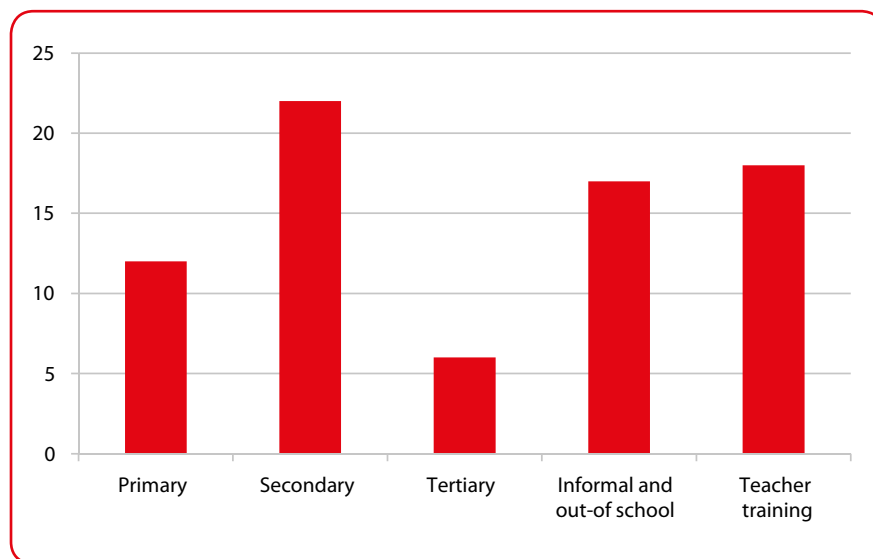
Country	National Curriculum: Primary	National Curriculum: Secondary	National Curriculum: Tertiary	Actions for Informal/ Out-of School Education on SRH & HIV	Teacher Training
Afghanistan	No	Yes		Yes	No
Bangladesh	Planned for 2011	Yes		Yes	Yes
Bhutan	Yes	Yes		Yes	Planned
Brunei	No	Limited		Limited	Limited
Cambodia	Yes	Yes	No	Yes	Yes
China	No	Yes	Yes	Yes	Yes
DPR Korea	No	No	Limited		No
Fiji	Yes	Yes	Yes	Yes	Yes
India	No	Yes		Yes	Yes
Indonesia	Yes	Yes	Yes	Yes	Yes
Iran	No	No	No	No	Yes
Lao PDR	Yes	Yes		Yes	Yes
Malaysia	Yes	Yes		Yes	Yes
Maldives	No	Yes			Yes
Mongolia	No	Yes	No	Limited	Limited
Myanmar	Yes	Yes			Yes
Nepal	No	Yes		No	Yes
Pakistan	No	No		No	No
PNG	Yes	Yes	No	Yes	Yes
Philippines	No	Yes		Yes	Yes
DR Korea	No	No	No	No	No
Samoa	No	Yes	Yes	Yes	No
Singapore	Yes	Yes			No
Solomon Islands	Planned	Planned	Yes	Yes	Limited
Sri Lanka	No	Yes		Yes	Yes
Thailand	Yes	Yes	Yes	Yes	Yes
Timor-Leste	Yes	Yes		No	Yes
Viet Nam	Yes	Yes	Limited	Yes	Yes

<sup>28</sup> Data for this table was extracted mostly from NCPI and UNGASS reporting and from selected country level reports.



Figure 8 summarises the information from Figure 7 and provides an overview of the number of countries in the region that have reportedly integrated HIV and AIDS and sexuality into their curricula.

**Figure 8: Number of countries which offer sexuality education at various levels**



A number of findings emerge from this analysis:

- Just over 40 percent of the countries (12 out of 28) report integrating/addressing HIV and AIDS and SRH content at primary level. A further two countries (Bangladesh and Solomon Islands) are planning the introduction of such content for the near future.
- Over three-quarters of the countries (22 out of 28) report integrating/addressing HIV and AIDS and SRH content in education at secondary level.
- Information on curriculum integration at tertiary level is scarce. Positive information was only identified for six countries (China, Fiji, Indonesia, Samoa, Solomon Islands and Thailand).

- Just under two-thirds of the countries report including HIV and AIDS and SRH content in teacher training. However it is often not clear whether this covers all teachers or just selected groups and geographical areas.
- Actions for informal and out-of school education on SRH and HIV are reportedly in place in over two-thirds of the countries (17 out of 28). However, a more detailed analysis would be needed to establish how comprehensive these programmes are in terms of scope and coverage.

In general the documentation suggests that there is considerable variation in success at integrating and extending sexuality education across the region. There are some countries which report having integrated sexuality education across most of the primary, secondary and non-formal education system, as well as in teacher training, although the exact scope and coverage likely requires further verification. These include Cambodia, Fiji, Indonesia, Lao PDR, Malaysia, PNG, Thailand and Viet Nam. And there are also countries where much remains to be done (including Brunei Darussalam, DPR Korea, Iran, Pakistan, and the Republic of Korea). Documentary evidence gathered for the countries underscores a number of challenges and limitations. A more detailed analysis table of the curriculum information can be found in Annex 7. A selection of the main issues is discussed below.

## Coverage

While integration of sexuality education into curricula is an important step, the extent to which such actions are effective will depend on whether and to what extent these curricula are actually implemented. The analysis done in the context of this study highlights that while countries may have integrated sexuality education content into curricula, the actual coverage (in terms of number of pupils and schools) in each of the countries reviewed varies substantially. A recent assessment of the Philippines' Education Sector Response (2011) notes in this context that *"HIV and AIDS education in schools is still very limited"*. This document identifies the lack of training of teachers in life education as a major limitation *"although the life skills to be emphasised in basic education have been identified as early as 2000"*. Similarly UNGASS

reporting for Iran notes that no schools provided life skills based HIV education in the last academic year, although anecdotal evidence suggests that selected private schools in the country provide sexuality education (with a focus on reproductive health as an extra-curricular activity).

More progress has, however, been made in a number of other countries. In Bangladesh Life Skills education has recently been integrated at secondary level, and is also planned for primary level. This should mean that from 2011 “a total of approximately 6.8 million students will be receiving information on HIV and AIDS through classroom education” (UNGASS 2010). In Cambodia – where the response to HIV

was launched 12 years ago – in 2010, 65 percent of primary schools and 23 percent of secondary schools reported implementing the Life Skills HIV Education (LSHE) curriculum. LSHE in this country started in 2006 for primary education, to be expanded in the subsequent year to secondary and later to non-formal education. Over time – as reported in the country’s Situation Response Assessment of the Education Sector Response (2007) “the response has evolved towards putting in place a comprehensive set of policies and interventions which address social vulnerability through increasing education, participation in safe schools, risk reduction through HIV education integrated in the national curriculum and through the LSHE programme”. In Fiji, the 2010 annual UNGASS report indicates that 95 percent of secondary schools include Life Skills Education, representing a substantial improvement in two years, but that none of the primary schools does so. This illustrates a point raised earlier, namely that integration into the curriculum does not necessarily guarantee implementation, as in the case of Fiji sexuality education is reported as having been integrated at primary level

**Percentage of schools that provided life skills-based HIV education in the last academic year (UNGASS indicator 13) as reported in 2010 UNGASS national reports**

	Primary	Secondary
Cambodia	65%	23%
Fiji	0%	95%
India	0%	79%
Iran	0%	0%
PNG	100%	100%
Viet Nam	N/A	34.3%

(see Figure 7). Moreover, national counterparts indicate that this reporting likely includes a mixture of schools implementing an earlier version of the Family Life Education curriculum and a smaller number of schools addressing a revised and piloted curriculum with more comprehensive content on sexuality issues. In the Maldives, the MoE has recently approved integrating life skills and HIV education in the core curriculum for upper primary and secondary school students. Further country statistics are summarised in the text box.

## Approaches

Approaches to the delivery of HIV and SRH content vary considerably from country to country. In some countries the focus (at certain levels of the education system) is predominantly on knowledge. Other countries have adopted much more comprehensive approaches focusing on skills and behaviour change, and made them compulsory. For example, in PNG all primary and secondary schools have to offer Personal Development as a subject (see text box).

Documentation highlights the knowledge focused content of HIV and AIDS and SRH education in countries such as Brunei, China, and Indonesia. In Indonesia, “sexuality education is generally taught in school as early as primary level ... (however)... the focus ... is merely on the biology of sexual reproduction” (UNESCO Jakarta, 2010) and reports indicate that materials and approaches are frequently not coherent,

**PNG’s approach to Life Skills Education**

**At primary level:**

- Grade 3-5: Health (90 min/ week)
- Grade 6-8: Personal Development (240 min/ week)

**At secondary level:**

Grade 9-10: Personal Development (180 min/ week)

**Content:**

This life skills based subject includes outcomes on HIV and AIDS, reproductive sexual health, sexuality, family planning, puberty, relationships, social justice and drugs and alcohol

with variable quality. According to the latest UNGASS reporting for this country *“The Ministry of Education has still not adopted the Comprehensive Sexuality Education (CSE) approach into the formal curriculum”*. Nonetheless, Indonesia NCPI reports that HIV and AIDS and SRH is included in primary, secondary and tertiary education and in teacher training. For Brunei the Situation and Response Analysis (SRA) reports that *“topics on HIV, drugs and sexuality have been taught in schools at different levels ... However, the interest is more in informing students regarding the knowledge (e.g. anatomy of the body)”*. A similar situation is found in Viet Nam where despite having been integrated into many school subjects, the reproductive health and HIV and AIDS control has focused too much on theory and lacked life skills education for students.

While HIV and SRH issues may be integrated in the curriculum, the content is not always compulsory. In Sri Lanka the 2010 UNGASS report notes that even though HIV education is integrated in the national school curriculum in the subjects of health and physical education, these subjects are only compulsory in grades 6-9 and not in grades 10-11. As a result a large number of students do not benefit from this intervention.

The data presented here shows that most of the efforts to integrate sexuality education are taking place at secondary level. This relative emphasis on secondary level in terms of curricular integration means that important opportunities may be missed to reach pupils and influence their choices before they drop out of school (early marriages being a reality in a number of countries in the region) and before they become sexually active.

## Teacher training and capacity

Many countries report efforts on teacher training, as can be seen from Figure 8. However, teacher training itself receives only limited attention in the documentation that was reviewed, and covers only a few countries. From these reports it emerges that key challenges relate to:

- The status of the curriculum (and the extent to which it is compulsory and implementation is monitored)

- The scope, quality and focus of teacher training and the degree of support provided in the delivery of the content.
- Availability of resources (time and materials)
- Supervision and monitoring of implementation
- (Perceived degree of) receptiveness by communities and parents.

The challenges related to the status of the curriculum is referenced among others by reporting from Indonesia (UNGASS, 2010) which highlights that *“the curriculum is still mostly used as guidance and it is up to the discretion of the teacher whether and how to apply it”*. A UNESCO report on the Education Sector Response to HIV, Drugs and Sexuality in Indonesia (2010) underscores that a further challenge for teachers lies in the fact that the guidelines for school textbook writers and teachers are not coherent, and exhibit varying levels of quality, making them of limited use to teachers.

There appear to be considerable challenges to providing teacher training on the scale that is required for an effective implementation of sexuality education. In Viet Nam in 2008 only 13.5 percent of teachers were found to have implemented a life skills-based HIV education curriculum (UNGASS, 2010).

The 2010 Viet Nam UNGASS report is also helpful in providing further details on the specific challenges related to scope and coverage of teacher training. The report includes findings from a 2008 survey of over 650 secondary schools. The study reports that only one in five secondary schools have one or more teachers *“trained to some degree in life skills-based HIV education”*. Other schools have no teachers trained to deliver this content. The study also found that only 4.7 percent of secondary school teachers had the kind of training that is required for them to be able to deliver comprehensive life skills-based HIV education which focuses on knowledge, behaviour and attitudes (defined as which including five required skills: communication, refusal, decision-making, setting objectives and problem solving). In Indonesia too: *“only limited numbers of teachers have received comprehensive in-service training in ... an interesting and engaging manner”* (UNESCO, 2010). The report underscores that as a result *“many students were not satisfied with what they learned”*.

Cultural sensitivities and personal beliefs, combined with a lack of confidence and skills, reportedly result in low levels of implementation in schools even when the curriculum is in place. Sri Lanka reports (UNGASS, 2010) that “*teachers were not comfortable in carrying out this work*” (referring to addressing HIV as part of the reproductive health content in the subjects of health and physical education). Estimates from the Department of Education in PNG suggest that as many as 30 percent of teachers skip key parts of the curriculum containing explicit or sensitive content (UNESCO Apia, forthcoming 2011). However, teachers who received pre-service training in this area were found to be more likely to deliver related content (Kaleva, forthcoming 2011). As, to date, there is limited monitoring of teaching practice and learning outcomes. This is a critical area that requires more attention and review.

## Other challenges

Finally it should be noted that some of the countries report challenges to the implementation of sexuality education curricula which relate to other contextual issues, such as opposition by certain groups as well as cultural reservations. This issue was highlighted earlier in this report in the discussion on sexuality education in national HIV strategies and plans, some of which have included the advocacy activities at various levels (government, community, etc.) to enhance acceptability of sexuality education.

Reports consulted in the context of the curriculum review outline challenges of this nature in a number of countries. This is the case in Malaysia, for example, where the NCPI reports that “*the issue of providing comprehensive sexual reproductive health education, including information on HIV for children in school continues to be at an impasse. Though it has been under discussion by various levels of government, implementation of this policy has been erratic due to opposition from various parties on moral and religious grounds*” (NCPI, 2010). In the same vein in Indonesia political reforms in 1999 reportedly reduced the role of education (UNESCO 2010), although subsequent events including the publication of an HIV/AIDS Prevention Strategy through education and the 2008 MoE Decree on Guidance and Supervision of Student Activities -

which has made teaching on HIV and drug abuse mandatory - have opened up opportunities to implementing HIV prevention activities.

## Chapter summary

This chapter used the documentation identified to examine curricula coverage and content across the 28 countries. A mixed picture emerged from the analysis:

- Important progress exists with a number of countries adopting SRH and HIV and AIDS into formal curricula, and expanding coverage to a majority of schools.
- However, HIV and AIDS and SRH content is predominantly included at secondary level. Only 43 percent of the countries address this content at primary level. Information on curriculum integration at tertiary level is scarce.
- While over half of the countries report including HIV and SRH content in teacher training, it is not clear how many teachers are covered, and whether pre-service teacher training is included. There are challenges in ensuring that teachers cover sensitive content in classroom settings.
- Actions for informal and out-of school education on HIV and SRH are reportedly in place in under two-thirds of the countries (17 out of 28), but the scope and nature of these activities is unclear. There is little data on out-of school populations.
- There are considerable differences in the approach and content of HIV and SRH curricula across countries, and across levels of education. The approaches range from a focus on imparting selected areas of knowledge through one or more (often non compulsory or extra-curricular) subjects to comprehensive approaches focusing on knowledge and skills building and on addressing underlying issues such as gender equality and poverty.
- Other challenges raised in the documentation reviewed include resistance within education systems themselves as well as more general barriers to acceptance around HIV and SRH content of curricula.

# CHAPTER 6: REFLECTION AND EMERGING RECOMMENDATIONS



A first area of this review focused on laws and policies of relevance to sexuality education in the 28 countries covered by this study. From a legal and policy perspective, the analysis found that **national education laws/policies and population and reproductive health laws/policies are the most common forms of relevant laws/policies across the region. However, it is also clear that there are still significant gaps across the region in terms of legal and policy frameworks.** Although national education laws/policies are the most common legal/policy framework (present in four-fifths of the countries), a small majority of these do not include relevant content on sexuality education (55 percent).

National laws and policies on population and reproductive health, on youth, and on HIV, are found to more consistently integrate sexuality education. More than three-quarters of the countries have national laws and policies on population and RH, and/or on youth, that integrate sexuality education. Two-thirds of national HIV laws/policies include sexuality education. **The inclusion of sexuality education in population and reproductive health, youth, and HIV laws and policies constitutes an important support for sexuality education in the countries concerned.**

This analysis underscores **the need for a greater focus on sexuality education in education laws/policies**, and notes that the education sector can learn lessons from other related legal and policy areas in this respect. Where legal and policy frameworks do not exist, political and public support will be weaker, and action and commitment at sector level may have less legitimacy and support. Addressing these legal and policy gaps will likely require major advocacy efforts as well as a consistent work in terms of making available the evidence that provides the basis for policy changes.

The review also examined the extent to which sexuality education is present in relevant national strategies frameworks. The analysis shows that strategies and frameworks on HIV and on population and RH are in place even in countries where corresponding legal and policy frameworks do not exist. This means laws and policies are not necessarily a requirement for action.

**A number of countries emerge from the study as having made progress across the various dimensions examined by this study – these countries have strong laws/policies, coherent strategic frameworks, and also show significant progress in terms of implementation.** Cambodia, India and PNG are key examples of this. In all these countries a number of the key laws and policies on HIV, on population and RH, and on youth are in place. These countries also have particularly comprehensive strategies and plans on HIV, RH and population and on education, with clearly defined areas of strategic action which are consistently presented in the different documents. And these are countries that stand out for having a strong curriculum-driven comprehensive response in place which covers relatively large numbers of pupils and young people. Lessons learned from countries with a comprehensive set of policies, strategies, and curricula should be disseminated in the region along with further analysis on the process and outcomes of establishing such frameworks.

The majority of **national HIV strategies/plans integrate a focus on sexuality education.** The priorities and strategies outlined in national HIV strategies/plans often correspond closely to those that are outlined in education sector plans. This represents an important strength. At the same time, national HIV strategies and plans do highlight weaknesses in the response by the education sector, in terms of areas such as commitment and capacity. More information on the costing elements including available financing through HIV and other strategies and plans is required to determine also the sector's ability to implement identified priorities in the area of sexuality education.

**Education sector strategies do not always consistently include reference to their sexuality education initiatives.** This may be a reflection of a weak legal and policy framework, but is in any case a shortcoming that needs to be addressed. Conducting and disseminating research on sexuality education, as well as documenting the experience of countries that have made progress, should be a priority, together with high-level advocacy (for example to ensure that sexuality education is part of EFA action plans). Support needs to be given to education sectors to ensure that their education sector strategies also consistently include reference to this

support. Building capacity in this area is likely another important area of attention.

The data collected on curricula point to a number of issues, which should be further explored in more detailed curricula scans. Firstly, and clearly, **progress has been made in integrating sexuality education in curricula.** This progress needs to be acknowledged and applauded, and relevant lessons learned. Particularly important is the number of countries which are not only focusing on sexuality education in formal education, but are also including sexuality issues in non-formal education, targeting out-of-school youth and other specifically vulnerable groups.

However, this study underscores that most of the **focus of sexuality education is at secondary level**, with significant gaps in terms of coverage even in those countries that are most advanced. The focus on secondary level could imply that **opportunities are being missed to work with young people before their attitudes are formed (and before they become sexually active).** In countries where access to secondary level is limited and where early marriages or other factors result in certain groups of pupils leaving the school system, this also raises issues of equity.

**Life skills education emerges as the common thread through most of the curricula. However, the manner in which life skills education, and curricula overall are implemented, differs greatly.** The fact that a number of countries focus heavily on knowledge is a concern and will likely have an impact on outcomes. More systematic monitoring and research across the region on the outcomes of different approaches to sexuality education, while not without challenges, could be very helpful. More efforts need to be made to share experiences of integrating age-appropriate comprehensive sexuality education in primary curricula in the region, and to support ministries of education in expanding sexuality education to this level. The documents reviewed also highlight considerable challenges in terms of teacher training and delivery of content. Guidance on delivery of sexuality education needs to be disseminated. Greater emphasis also needs to be placed on pre- and in-service teacher training in sexuality education, and on support of teachers.

**There are also some areas in the curriculum response that appear to be particularly weak;** this includes capacity-building, monitoring and evaluation, and research. Efforts should be made to more systematically include these areas in policies and strategies.

Finally, **efforts are also required to strengthen linkages across sectors to put policy and strategic frameworks into practice.** Cooperative approaches that involve relevant stakeholders (e.g. ministries of education, ministries of health, national AIDS councils, and ministries of youth) in the development and implementation of policy initiatives and priority activities identified in national strategies and plans appeared to be the exception rather than the rule in this review.



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# CHAPTER 7: ISSUES FOR FURTHER REFLECTION



This report has reviewed sexuality education in 28 countries through documentary analysis of laws, policies, strategies, plans and curricula. The review shows that in many countries strategies and plans are being put in place to guide sexuality education. Some countries have clearly made considerable progress. Others still have some way to go.

The previous chapter has reflected on the overall findings. This chapter puts forward a number of additional areas of reflection for decision makers and practitioners working in the area of sexuality education:

1. Across the countries reviewed HIV strategies and plans consistently identify education as an important area of focus. How can this be further used to strengthen the approach to sexuality education, in particular in those countries which still have to make further progress?
2. With some countries making more headway than others, are there any common barriers or challenges in implementing sexuality education that could be addressed through cross-country collaboration? How could this best be achieved?
3. With such a variety in terms of coverage and scope of laws, policies, strategies and plans, is there a need for better guidance on sexuality education from a legal, policy, strategic and/or implementation perspective? If so, of what kind and based on what criteria?
4. This study identifies a number of areas that do not get much attention in strategies and plans. This includes monitoring and evaluation, mainstreaming of HIV and sexuality education across education systems, advocacy, strengthening of policy and legislation, and the promotion of youth activities. Does the lack of attention to these issues reflect overall weaknesses in education systems? What can be done to strengthen education policies and plans to ensure that these areas get sufficient attention?
5. The study finds little evidence of consistent youth involvement in policy- and strategy-making. What can be done to strengthen this?
6. Only a very small number of countries highlight the importance of research, and include this in their policy and/or strategy. Is there a need for a priority research agenda for the region? How could this be put in place?
7. Monitoring and evaluation is similarly an area of weakness. How can this be strengthened?

# ANNEXES

## Annex 1: Number and list of documents reviewed

Country	# of Documents Used	# of Documents Identified
Afghanistan	10	18
Bangladesh	13	28
Bhutan	7	11
Brunei	6	7
Cambodia	21	36
China	19	25
DPR Korea	2	6
Fiji	10	13
India	21	35
Indonesia	18	25
Iran	4	6
Lao PDR	13	22
Malaysia	13	14
Maldives	7	8
Mongolia	15	18
Myanmar	5	12
Nepal	21	29
Pakistan	12	20
Papua New Guinea	15	18
Philippines	23	37
Republic of Korea	6	6
Samoa	9	12
Singapore	5	7
Solomon Islands	10	12
Sri Lanka	8	10
Thailand	7	14
Timor-Leste	16	18
Viet Nam	19	34
Total	335	501

## Key resources

- Clarke, D. 2010. *Sexuality Education in Asia: Are We Delivering?* Bangkok: PLAN International.
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## Country documents

### Afghanistan

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## Annex 2: Content analysis of main themes in national HIV laws and policies

	Bangladesh	Cambodia	China	India	Lao PDR	Nepal	Pakistan	PNG	Philippines	Samoa	Solomon Islands	Sri Lanka	Viet Nam
Adolescents	x										x		
Knowledge/information	x	x	x	x	x	x	x	x	x	x	x	x	x
Life skills	x	x		x				x		x	x	x	
Behaviour/safe sex	x	x		x				x		x			x
Communication skills	x											x	
Prevention generally	x	x	x	x	x			x		x	x		x
Prevention, specific strategy									x			x	
Treatment			x	x	x							x	x
Care and support				x	x			x				x	x
Peer education	x			x									
Identification/ support/ counselling for affected				x	x			x			x		
Specific levels of education mentioned	x (all)		x (from middle level onward)	x (all)	x (secondary, vocational, higher education)			x (all)	x (from middle level onward)	x (all)		x (all)	
Includes reference to non- formal/extra-curricular		x	x	x		x			x		x	x	
Out-of-school youth				x				x			x		
Teacher training		x		x			x					x	
Focus on specific girls (teenage, young mothers)		x			x			x			x		
Community/parental involvement		x		x				x					
Rights/stigma/discrimination	x			x	x			x				x	x
Explicit about targeting before sexually active										x			



## Annex 3: Content analysis of main themes in national population and reproductive health laws and policies

	Bangladesh	Cambodia	China	Fiji	India	Indonesia	Iran	Lao PDR	Maldives	Nepal	PNG	Philippines	Sri Lanka	Viet Nam
Assigns a key role to education in delivery of SRH content	x	x		x	x		x		x		x	x		
Assigns a key role to education in raising general level of development	x				x									
Refers to levels of education referred to	x (all)						x (higher ed. only)		x (all)		x (>grade 3)	x > grade 5)	x (vocational, higher ed.)	x (primary)
Life skills approach	x			x		x						x		
Includes ref. to non-formal education	x	x		x		x			x	x	x	x	x (vocational, higher ed.)	
Targets specific groups	x	x		x (MARYP)	x			x	x (males)	x (males)	x (out of school)			x
Emphasizes knowledge				x	x	x				x	x	x		x
Emphasizes need for services				x	x	x				x				x
Includes peer education as strategy	x			x		x					x			
Focuses on gender awareness/sensitivity	x	x		x					x	x		x		x
Focuses specifically on sexual abuse				x								x		
Includes counselling					x								x	
Focuses on pregnancy				x	x					x		x		
Focuses on RH or sexual health	x	x	x	x	x			x	x			x	x	x
Focuses on STI				x						x	x	x	x	
Focuses on HIV				x						x	x	x	x	
Refers to the role of different sectors/actors						x					x	x		
Includes link with community and/or parents											x			
Refers to the involvement of youth in programme planning/design						x						x		

## Annex 4: Content analysis of national youth policies

	Bangladesh	Bhutan	Cambodia	China	Fiji	India	Indonesia	Mongolia	Nepal	Pakistan	PNG	Philippines	Samoa	Solomon Islands	Timor-Leste	Viet Nam
Puberty education/family life education				x												
Sexual education		x	x		x	x			x	x					x	x
Pregnancy prevention						x					x		x	x	x	
HIV and AIDS		x			x	x	x	x	x		x			x	x	x
STIs					x	x		x			x		x	x	x	
Reproductive Health	x	x	x			x		x		x	x	x			x	x
Gender issues, including sexual abuse			x						x		x				x	
Information/knowledge		x	x			x		x			x	x			x	x
Counselling			x			x			x		x				x	
Services		x	x			x			x		x			x	x	x
Safety nets			x													
Role for education				x	x	x			x (all levels)		x			x	x	
Life skills						x			x	x	x			x		
Community involvement			x			x					x				x	x
Specific groups		x	x			x (13-19)								x		
Stigma/discrimination									x						x	

## Annex 5: Content analysis of national HIV strategies and plans

	Bangladesh	Bhutan	Cambodia	China	India	Indonesia	Iran	Lao PDR	Maldives	Mongolia	Myanmar	Nepal	Pakistan	PNG	Philippines	Solomon	Sri Lanka	Thailand	Timor-Leste	Viet Nam
Target in-school youth	x	x	x	x	x	x	x	x	x	x		x		x	x			x	x	x
Target out-of-school youth		x	x		x	x						x		x	x			x	x	
Target specific groups of youth			x		x	x						x		x	x				x	
Integration of HIV in the formal curriculum	x		x	x	x		x	x	x	x		x	x	x	x	x	x	x	x	x
Integration of HIV in co-curricular activities			x	x	x			x		x									x	
Integration into non-formal education			x		x			x		x			x	x	x	x				
Integrate RH focus		x	x			x		x		x							x			x
Promote life skills education		x	x			x	x	x	x	x	x	x	x		x		x		x	x
Train teachers/build capacity	x		x		x	x		x	x		x	x	x	x	x		x	x		x
Provide services including counselling		x	x					x				x	x	x				x		
Promote other youth activities		x	x		x															
Conduct/promote research	x																			
Strengthen policy and/or legislation			x		x															x
Mainstream HIV in education			x		x												x			
Sensitise policy makers and others					x	x	x						x							
Liaise with other sectors and partners			x		x	x	x						x	x	x			x		x

## Annex 6: Content analysis of national education sector strategies and plans

	Afghanistan	Cambodia	China	Fiji	India	Indonesia	Lao PDR	Mongolia	Myanmar	Nepal	Pakistan	PNG	Philippines	Solomon	Sri Lanka	Thailand	Viet Nam
Target in-school youth		x	x		x	x	x	x	x		x	x	x		x	x	x
Target out-of-school youth		x			x	x		x				x					
Target specific groups of youth		x										x					
Integration of HIV in the formal curriculum	x	x	x	x	x	x		x	x			x	x				x
Integration of HIV in co-curricular activities		x			x	x											x
Integration into non-formal education		x			x	x		x			x		x				
Integrate RH focus					x		x	x				x			x		
Promote life skills education		x	x		x	x	x	x		x		x	x				x
Train teachers/build capacity		x	x	x	x	x		x				x	x				x
Provide services incl counselling		x		x		x						x					
Promote other youth activities		x										x					
Conduct/promote research		x						x									
Strengthen policy and/or legislation		x						x									
Mainstream HIV in education		x										x					x
Sensitise policy makers and others								x					x				
Liaise with other sectors and partners				x				x		x		x	x				
Produce/revise materials	x	x	x	x			x	x				x	x				

## Annex 7: Content analysis of curricula

Country	Afghanistan	Bangladesh	Bhutan	Brunei	Cambodia	China	Fiji	India	Indonesia	Iran	Lao PDR	Malaysia	Maldives	Mongolia	Nepal	PNG	Philippines	Samoa	Sri Lanka	Thailand	
In curriculum	o	x		x	x		x	x	x		x	x	o	x	x	x	x	x	x	x	
Extra-curricular			x		x	x				x						x				x	
Non-formal					x									x		x				x	
Out-of-school					x									x						x	
Level	Sec.	G 6-12		G 8-12	All	Univ.	Sec.	x	Sec.		Prim. & Sec.	Sec.	Upper prim. & sec.	Prim. & Sec.	Sec.	Prim. & Sec.		Sec.	Upper prim. & sec.	G 7-12	
Coverage					65% prim 23% sec		0% prim 95% sec	79% sec	Patchy	Patchy		Patchy				100% of schools	No impl in practice		Not always compulsory		
Since	Planned	2010			2000							Pending political support		Planned	2007						2000
<b>Approach</b>																					
Knowledge mostly				x		x			x												
Life skills		x			x		x	x					x	x			x				
RH focus								x			x										
<b>Content</b>																					
Other (sanitation, etc)			x																		
HIV/AIDS/STI	x	x	x	x			x	x			x	x		x	x	x					
Sexual health				x		x	x	x	x	x	x			x	x	x					
RH			x				x		x	x		x				x		x			
Drugs	x		x	x				x			x					x					

Please note: As mentioned in the main text of the study, the curriculum component of this study was deliberately light touch, as a more in-depth curriculum scan of selected countries is expected to take place at a later date in a number of countries in the region. The information presented here is based on secondary analysis through the NCPI policy reviews, situation and response assessments, and other analyses.

## Annex 8: Extracted content of policies/laws/strategies/plans

National HIV Policies and Laws		
Country	Name of Policy/Law	Relevant content for sexuality education
Afghanistan	<i>Tuberculosis and HIV Policy, Strategy, and Practical Guidelines 2007-2010</i> (2007)	None
Bangladesh	<i>National Policy on HIV/AIDS and STD Related Issues</i> (1997)	"Access to correct and relevant information about sexual health and safer sex practices should be provided to adolescent through peer awareness and education programmes." "All levels of educational institutes should have HIV/AIDS/STD in their curriculum." "School health education on AIDS/STD aims to develop in the students the knowledge and skills needed for healthy human relationships, effective communication, and responsible decision- making behaviour that will protect themselves and others from HIV/STD infection and optimise health. The goals of such a programme include promoting behaviour that prevents the transmission of HIV/STD, fostering attitudes and behaviour that will prevent discrimination against those who are infected with HIV/STD, and promoting solidarity with them." "The programme must be specific to the target group and aimed particularly at the grade level or age group before that in which risk behaviour is likely to occur."
Cambodia	<i>Law on the Prevention and Control of HIV/AIDS</i> (2002)	"Article 3: The State shall stimulate some practices as hereunder"  1. "Integrate the knowledge on HIV/AIDS in subjects taught in schools. This subject shall include the causes, modes of transmission, means of prevention, consequences of HIV and AIDS and facts about STDs, especially focusing on life skills, in accordance with promoting social value through the introduction into the curriculum of all educational establishments, including non-formal education systems."  2. Organize workshops and the training of trainers on HIV prevention and AIDS control for teachers and other instructors who will be assigned to teach on the subject.  3. Mobilize communities, associations, and organizations for their involvement in the design and implementation of HIV/AIDS education and information dissemination programs."  "Article 6: The State shall organize special educational programs on HIV/AIDS targeting teenage- girls and women-headed-household to address role of women in the society and gender issues."
China	<i>Regulations on AIDS Prevention and Treatment</i> (2006)	"Article 13. The competent educational administrative department of the people's governments at or above the county level shall supervise and monitor the educational activities on AIDS prevention and treatment, including in-class educational courses and out-class educational activities, in universities, colleges, multi-technical schools, and middle schools. Universities, colleges, multi-technical schools and middle schools shall organize their students to learn relevant knowledge about AIDS prevention and treatment."
Fiji	<i>HIV/AIDS Decree</i> (2011)	None
	<i>HIV/TB Surveillance Policy</i> (2006)	None

National HIV Policies and Laws		
Country	Name of Policy/Law	Relevant content for sexuality education
India	<i>National AIDS Prevention and Control Policy (2000)</i>	"In educational institutions AIDS education should be imparted through curricular and extracurricular approach. The programme of AIDS education in schools and the 'Universities Talk AIDS' (UTA) programme should have universal applicability throughout the country in order to mobilise large sections of the student community to bring in awareness among themselves and as peer educators to the rest of the community. Non-student youth should also be addressed through the large network of youth organizations, sports clubs, National Service Scheme (NSS) and Nehru Yuvak Kendras spread across the country. AIDS prevention education should also be integrated into the programmes of workers education and schemes of social development."
	<i>HIV/AIDS Prevention Bill (2007)</i>	<ul style="list-style-type: none"> <li>• "The State shall ensure access to child-friendly information about preventive and health-promoting behaviour and support to families and communities in implementing these practices."</li> <li>• "The Appropriate Government shall ensure that children affected by HIV/AIDS can access educational institutions and shall formulate and implement programmes to address barriers to education including school fees and other costs."</li> <li>• "The State shall provide a safe and supportive environment for young persons, that ensures the opportunity to participate in decisions affecting their health, to build life-skills, to acquire appropriate information, to receive counselling and to negotiate the health- behaviour choices they make."</li> <li>• "Without prejudice to the generality of sub-section (1), the State shall ensure: ...age-appropriate HIV/AIDS-related IEC forms part of, and is integrated into, all aspects of the curriculum for all learners and students, including information on HIV/AIDS, stigma and discrimination related to HIV/AIDS, modes of transmission, prevention, care, support and treatment available for HIV; and the proper and ongoing training of all educators in relation to HIV/AIDS-related IEC and its dissemination takes place..."</li> </ul>
Indonesia	<i>Presidential Regulation No 75/(2006)</i>	None
Lao PDR	<i>Law on HIV/AIDS Prevention and Control (2010)</i>	<ul style="list-style-type: none"> <li>• "Article 6...HIV/AIDS control and prevention should be carried out on the following core principles: 1. Prevention through education and treatment, as well as care and psychological support..."</li> <li>• "Article 14: Control by Advocacy and education on HIV/AIDS Advocacy and education on HIV/AIDS are as the following: 1. Improve advocacy and education on HIV/AIDS for a wide understanding throughout the society mainly at secondary schools, vocational schools, universities, factories, detention centres (closed settings), correctional institutions, and among the most at risk populations; 2. Undertake various means of advocacy and education through mass media; 3. Provide information on harms of HIV/AIDS, modes of transmission, ways of prevention, treatment, care and living in harmony without stigmatization and discrimination against people living with HIV and AIDS."</li> </ul>
	<i>National Policy on HIV/AIDS/STIs (2001)</i>	None
Mongolia	<i>Law on Prevention of and Response to HIV and AIDS (ratified in 1994, amended in 2004 and 2010)</i>	None
Nepal	<i>National AIDS/STI Policy (unofficial translation) (2011)</i>	"Information on HIV/AIDS shall be included in formal and non-formal education curriculum in a systematic manner."
	HIV and AIDS Bill (2011 draft)	The file was unable to be accessed by the review team.
Pakistan	<i>The HIV &amp; AIDS Prevention and Treatment Act (2007)</i>	None
	<i>National HIV and AIDS Policy (2007) (Draft)</i>	"Appropriate HIV and AIDS information will be included in curricula and teachers' trainings for schools, graduate teaching programs including those for medical and paramedical schools."

National HIV Policies and Laws		
Country	Name of Policy/Law	Relevant content for sexuality education
Papua New Guinea	<i>National Gender Policy and Plan on HIV and AIDS (2006-2010)</i>	<ul style="list-style-type: none"> <li>• “Target male and female in-school and out-of school youth with safer sex education that promotes gender equality, human rights and violence-free sex.”</li> <li>• “Ensure that materials and trainings support the equal rights of women and girls to sexual and reproductive health and to make their own choices about protecting themselves from HIV.”</li> <li>• “Target male and female in-school and out-of school youth with safer sex education that promotes gender equality, human rights and violence-free sex.”</li> <li>• “Build capacity of CBOs (including women’s organisations) and school teachers to identify and register OVCs in their communities, and to address the increased risk of sexual exploitation of children, especially girls, in HIV affected families.”</li> <li>• “Conduct awareness and provide practical support to prevent children, particularly girls, in HIV affected families from being withdrawn from school.”</li> <li>• “Provide life-skills training for male and female youth that supports the development of self-esteem and the creation of sustainable livelihoods.”</li> </ul>
	<i>Policy for Managing HIV/AIDS in the Workplace (2005)</i>	None
	<i>HIV/AIDS Management and Prevention Act (2003)</i>	None
Philippines	<i>Philippines AIDS Prevention and Control Act of 1998</i>	“The Department of Education, Culture and Sports (DECS), the Commission on Higher Education and the Technical Education and Skills Development Authority (TESDA), utilising official information provided by the Department of Health, to integrate instruction on the causes, modes of transmission and ways of preventing HIV and other sexually transmitted diseases in subjects taught in public and private schools at intermediate grades and at secondary and tertiary levels, including non-formal and indigenous learning systems: Provided, that if the integration of HIV/AIDS education is not appropriate or feasible, the DECS and TESDA shall design special modules on HIV/AIDS prevention and control: Provided, further, that it shall not be used as an excuse to propagate birth control or the sale or distribution of birth control devices: Provided, finally, that it does not utilize sexually explicit materials.”
	<i>Policies and Guidelines in the Collaborative Approach of TB and HIV Prevention and Control (2008)</i>	None
Republic of Korea	<i>Prevention of Acquired Immune Deficiency Syndrome Act (1987)</i>	The file was unable to be accessed by the review team.
	<i>Communicable Diseases Prevention Act (1987)</i>	The file was unable to be accessed by the review team.
Samoa	<i>National HIV &amp; AIDS Policy (2011-2016) (2011)</i>	“The Ministry of Education, Sports and Culture and other public and private institutions of higher learning in collaboration with the National AIDS Council, Ministry of Health shall develop appropriate intervention strategies to accelerate AIDS information in schools. These include provision of non-examinable HIV/AIDS information in primary and secondary schools. HIV/AIDS information should be introduced early enough so as to protect the children who are not yet sexually active before they are exposed to sexual practices so as to equip the youth with knowledge and skills to protect themselves and others from HIV transmission. Reproductive and sexual health should be incorporated in the school curricula.”
Singapore	<i>HIV Law as part of Infectious Disease Amendment Act 2008</i>	None



National HIV Policies and Laws		
Country	Name of Policy/Law	Relevant content for sexuality education
Solomon Islands	<i>The National HIV Policy and Multisectoral Strategic Plan 2005-10 (2005)</i>	<p>Health Education and Promotion included among awareness and advocacy activities for prevention.</p> <ul style="list-style-type: none"> <li>• “To ensure people make informed decisions in regards to risk behaviour and safe sex practices by providing appropriate information of (ABC), and increase availability of condoms.” Strategies include to: “support HIV prevention initiatives in youths+ ARH/ sexual education + family life”... with a key action/activity to be to “implement sex education (formal &amp; informal) [in] schools.”</li> <li>• To reduce risk and vulnerability among women and girls, the plan indicates that “Adolescents need sexual education and appropriate services as many young people especially girls have poor awareness.” To address this, the plan calls to “expand adolescence and sexual health for young women to all provinces”.</li> <li>• “Develop appropriate IEC for BCI in ARH education in schools; curriculum review and development, ARH Training for teachers/educators.”</li> </ul>
Sri Lanka	<i>National Policy on HIV and AIDS in the World of Work in Sri Lanka (2010)</i>	None
Viet Nam	<i>Law on HIV/AIDS Prevention and Control (2006)</i>	“The Ministry of Education and Training shall assume the prime responsibility for, and coordinate with the Ministry of Health, the Ministry of Labor, War Invalids and Social Affairs and concerned ministries and branches in, developing curricula and teaching contents on HIV/AIDS prevention and control; to combine HIV/AIDS prevention and control education with sex and reproductive health education; and direct education establishments within the national education system to provide education on HIV/AIDS prevention and control.”

National Population and Reproductive Health Policies and Laws		
Country	Name of Policy	Relevant content for sexuality education
Afghanistan	<i>National Population Policy (under development)</i>	The file was unable to be accessed by the review team.
	<i>National Reproductive Strategy (2006-2009) (2006)</i>	None
	<i>National Child and Adolescent Health Policy (2009-2013) (2009)</i>	None
Bangladesh	<i>National Population Policy (2005)</i>	"Ministry of Primary and Mass Education and Ministry of Education, in keeping with the education policy, may ensure improved quality and completion of primary and secondary education levels. The existing programmes of encouraging gender equity in education may be continued and strengthened. In addition, the Ministries are urged to update their curricula on population, health sciences and life skills education through formal and informal schooling systems. Likewise, the universities may take the necessary steps to modify demographic/population and reproductive health courses."
	<i>Adolescent Reproductive Health Strategy (2006)</i>	"Adolescents often lack the relevant reproductive health information and are thus unaware about their choices, how to make responsible decisions, and how to negotiate sexual relationships." "Effective Dissemination of ARH Knowledge and Information Through Curricula" is identified as one of the strategies. Recognition is made that "ARH is included in the curricula of secondary and higher secondary schools and Lbetdayee and Dakhil courses. However the teaching of the contents remains weak, with teachers often skipping the chapters, or asking students to read them at home. Information contained in the chapters does not cover all aspects of reproductive health, neither does it generate a complete understanding of the issue." To address this, the strategy identifies the following priority activities to make the curricula more effective: "a) Review and revise existing curricula based on needs assessment; b) Training of teachers on the revised curricula; c) Implementing monitoring systems to ensure classroom teaching of the curricula." The strategy also recognises that "special efforts will have to be made to reach adolescents who are out of school, married adolescent girls, those in various kinds of employment, street children and disabled. ..." and that peer-based approaches, training (especially life skills training and vocational training) are promoted to address these groups.
	<i>National Health Policy (2011)</i>	The file was unable to be accessed by the review team.
Cambodia	<i>National Population Policy (2003)</i>	<ul style="list-style-type: none"> <li>• "Encourage the provision of reproductive health education in school curricula and through out-of-school programmes targeting adolescents and less-educated women (6.1)."</li> <li>• "Introduce gender awareness into school curricula (6.4)."</li> </ul>
China	<i>The Population and Family Planning Law of the People's Republic of China (2002)</i>	"Schools in a manner suited to the characteristics of the receivers and, in a planned way, conduct among pupils education in physiology and health, puberty or sexual health." (from Article 13).
	<i>Law on Maternal and Infant Health Care</i>	"Medical and health institutions shall provide citizens with pre-marital health care services, including pre-marital health instruction: education in sex, human reproduction and genetic disease." (Chapter II, article 7)
Fiji	<i>Draft Reproductive Health Policy (2009)</i>	<p>Policy Statement: "Young people inclusive of adolescents and youth have access to and make use of youth-friendly services to help them make responsible choices that protect and safeguard their health, with particular reference to prevention of unplanned early pregnancy, STIs/HIV and sexual abuse."</p> <ul style="list-style-type: none"> <li>• Strategic Area 1: "Development of a formal youth-friendly ASRH educational programme that offer school-based and teacher-facilitated information for different age groups, including younger adolescents and the most at risk young people (MARYP). The delivery of educational packages should be gender-sensitive and apply a life skills based approach."</li> <li>• Strategic Area 2: "Development of a non-formal youth-friendly Peer Education programme that offer gender-sensitive and life skills based ASRH information in a non-formal setting, that target most-at-risk young people, both in-school and out-of-school."</li> <li>• Strategic Area 3: "Development of youth-friendly services that address the needs of young people."</li> </ul>

National Population and Reproductive Health Policies and Laws		
Country	Name of Policy	Relevant content for sexuality education
India	<i>National Health Policy (2002)</i>	"4.14.2 NHP-2002 envisages giving priority to school health programmes which aim at preventive-health education, providing regular health check-ups, and promotion of health-seeking behaviour among children. The school health programmes can gainfully adopt specially designed modules in order to disseminate information relating to 'health' and 'family life'. This is expected to be the most cost-effective intervention as it improves the level of awareness, not only of the extended family, but the future generation as well."
	<i>National Population Policy (2002)</i>	Adolescents are identified as an "under-served population". "The needs of adolescents, including protection from unwanted pregnancies and sexually transmitted diseases (STD), have not been specifically addressed in the past. Programmes should encourage delayed marriage and child-bearing, and education of adolescents about the risks of unprotected sex. Reproductive health services for adolescent girls and boys is especially significant in rural India, where adolescent marriage and pregnancy are widely prevalent. Their special requirements comprise information, counseling, population education, and making contraceptive services accessible and affordable, providing food supplements and nutritional services through the ICDS, and enforcing the Child Marriage Restraint Act, 1976."
Indonesia	<i>National Policy and Strategy for Reproductive Health in Indonesia (2004-2009)</i>	"The policy and strategy was signed by Ministry of Health, National Coordinating Board for Family Planning, Ministry of Social Affairs, Ministry of Women Empowerment and Child's Protection and Ministry of National Education. This national policy and strategy was part of the follow up of ICPD implementation and ARH was included as one of main subjects."  1. "The Government and community have to support and create conducive environment for ARH so young people could have access to get information and services for ARH. ARH education should be provided through formal and non formal education system. It needs coordination and continuous support and partnership with multi-sectors. The youth involvement should be conducted in these processes."  2. ARH strategy: a. Emphasizing the prevention of teenage marriage and pre-marital sex; b. Involving multi sectors, private sectors and NGOs. The coordination will be facilitated through the Working Group for National Commission for Reproduction Health; c. The ARH education uses the peer counselor approach and should target young people in formal and non formal school and young people in out of school; d. The ARH education is integrated into relevant subjects and extra-curricular activities such as guidance and counseling, Healthy Life Skills Education and School Health Enterprise; e. The ARH services should apply the youth friendly service approach and involving young people in every activity."
	<i>Law No. 36/2009 on Health</i>	Article 79 (1): "School Health Program establishes to improve quality of life of the student . . . . .become qualified human resources."  Article 136 (1): "Improvement of Adolescent Health (include reproductive health) objective is to provide adolescent become healthy adult which are healthy reproductive, social and economic." Analysis was provided by the UNESCO national HIV focal point.
	<i>Law No. 52/2009 on Population Development and the Development of the Family [updates Law No.10/1992]</i>	Article 5 assures that every citizen has the right to obtain information and get education related to his/her reproductive rights. Chapter 2, articles 20 to 29 states that the government is responsible for providing information, services, and technology for family planning including IEC materials on reproductive health for (prospective) married couples and adolescents. Analysis was provided by the UNESCO national HIV focal point.
Iran	<i>National Family Planning Law (1993)</i>	"Article 2. The Ministries of Education; Culture and Higher Education; Health and Medical Education and Islamic Culture and Guidance are entrusted with the task to implement following programs: A. The Ministry of Education is assigned with the task of effectively incorporating the educational materials regarding population and mother and child health care in the curriculum texts; B. The Ministry of Culture and Higher Education and the Ministry of Health and Medical Education are entrusted with the task [of including] the subject of population and family planning in all educational curriculums."
Lao PDR	<i>National Population and Development Policy (1999)</i>	"Provide adolescents with reproductive health and sexuality education. Take effective measures to reduce unwanted and early pregnancies for women under 18 years of age. At the same time, promote education of adolescent and young adults about preventing the transmission of Sexually Transmitted Diseases (STDs); including HIV/AIDS."
	<i>Decree on Hygiene, Disease Prevention and Health Promotion (2001)</i>	<ul style="list-style-type: none"> <li>• "Hygiene in relation to schools and educational institutions refers to maintaining clean, beautiful and orderly schools and educational institutions. Schools and educational institutions shall be established at locations safe from communicable diseases, accidents and hazards, and shall be equipped with sports grounds and resting places."</li> <li>• "Health education shall be included in the school curriculum."</li> </ul>

National Population and Reproductive Health Policies and Laws		
Country	Name of Policy	Relevant content for sexuality education
Malaysia	<i>National Adolescent Health Policy (2001)</i>	The file was unable to be accessed by the review team.
	<i>National Policy on Reproductive Health and Social Education (2011)</i>	[Statements made by the Secretary General, Ministry of Women, Family and Community Development at the 44 <sup>th</sup> Session of the Commission on Population and Development in April 2011 indicate that the Policy and accompanying Plan of Action will “further pave the way for more accessible reproductive, sexual and social health information and services for in-school, out-of-school and most at risk youths. Information and skills on adolescent sexual and reproductive health (ASRH) would also be integrated into the National Service Program curriculum which covers more than 100,000 school leavers each year.”]  (The file was unable to be accessed by the review team. Analysis was provided by the UNESCO national HIV focal point.)
Maldives	<i>National Population Policy (2004)</i>	Population education has been integrated in the school curriculum at primary and secondary levels and a population education unit established in the MoE covering in- and out-of-school youth. The focus for males is on advocacy and awareness-raising around gender sensitivity, population issues and reproductive health.
Mongolia	<i>National Population Policy (1996)</i>	“In the context of overall education of the population on reproductive health and health lifestyle, information and medical services will be provided in accordance with national specifics to prevent early or inappropriately (closely) spaced births.”
Nepal	<i>Population Policy and Reproductive Health (2003)</i>	<ul style="list-style-type: none"> <li>• “Special programme will be carried out by targeting adolescent and youth (10-24 years) groups.”</li> <li>• “Undertaking adolescent friendly and youth-oriented programmes.”</li> <li>• “Develop appropriate Adolescent RH program.”</li> <li>• “Innovative programmes must be developed to make information, counseling and services for reproductive health accessible to adolescents and adult men. Such programmes must both educate and enable men to share more equally in family planning and in domestic and child bearing responsibilities and also to help in avoiding transmission of sexually transmitted diseases.”</li> <li>• “In particular, information, education, services should be made available to adolescents to help them understand their sexuality and protect them from unwanted pregnancies, sexually transmitted diseases including HIV/AIDS and subsequent risk of infertility.”</li> <li>• “To conduct informational and educational programmes concerning various aspects of population management as well as safe motherhood, family planning and additional programmes which encourage control in the prevention of AIDS and diseases concerning reproductive and venereal diseases.”</li> <li>• “To promote population education both in formal and non-formal education.”</li> </ul>
	<i>National Health Policy (1991)</i>	None
	<i>National Nutrition Policy and Strategy (2004)</i>	“Develop school curriculum on reproductive health.”--Note that in this case the objective is “to reduce the cases of early pregnancy.”
	<i>Population Policy Draft 2010</i>	None
	<i>National Health Policy (2009)</i>	None
Papua New Guinea	<i>National Population Policy (2000-2010)</i>	<ul style="list-style-type: none"> <li>• “Population education (including sexual and reproductive health) for youth and adolescents must address two groups: (1) those within the formal education system from grade 3 to university level; (2) out-of-school youth.”</li> <li>• “Population issues will be incorporated into the formal education curriculum from grade 3 to grade 12 Integrate population issues into teacher training programs.”</li> </ul> <p>Develop a population education curriculum framework.</p> <p>Mobilise support for population education among parents, teachers and school boards.</p> <p>Expand and further develop peer education programme in tertiary institutions. Policy objectives include to: “substantially increase the knowledge and understanding of population issues among the youth (both within and outside the formal system) by 2002.”</p> <ul style="list-style-type: none"> <li>• “Utilize public awareness and advocacy events, education systems and the media to educate and inform specific groups about STDs and HIV/AIDS.”</li> <li>• “Prepare awareness and advocacy materials; integrate factors relating to STDs and HIV/AIDS in primary school curriculum by 2005; Establish initial contact and partnership linkages.”</li> <li>• “...education curriculum developed to reflect STD and HIV/AIDS by 2002.”</li> </ul>

National Population and Reproductive Health Policies and Laws		
Country	Name of Policy	Relevant content for sexuality education
Philippines	<i>Reproductive Health and Population and Development Act of 2010</i>	<p>"Section 13: Mandatory Age-Appropriate Reproductive Health and Sexuality Education. Age-appropriate Reproductive Health and Sexuality Education shall be taught by adequately trained teachers in formal and non-formal educational system starting from Grade 5 using life-skills and other approaches. Reproductive Health and Sexuality Education shall commence at the start of the school year immediately following one year from the effectivity [sic] of this Act. The Department of Education (DEPED), Commission on Higher Education (CHED), TESDA, and Department of Social Welfare and Development (DSWD), and the Department of Health (DOH) shall formulate the RH and Sexuality Education curriculum. Such curriculum shall be common to both public and private schools, out of school children, youth and adults in the Alternative Learning System (ALS) based on but not limited to the following contents: Psycho-Social Wellbeing, Legal and Ethical aspects of RH, Demography and RH and Physical Wellbeing.</p> <ul style="list-style-type: none"> <li>• Age-appropriate reproductive health and sexuality education shall be integrated in all relevant subjects and shall include, but not limited to the following topics: a. Values formation; b. Knowledge and skills in self protection against discrimination, sexual violence and abuse, and teen pregnancy; c. Physical, social and emotional changes in adolescents; d. Children's and women's rights; e. Fertility awareness; f. STI, HIV and AIDS; g. Population and development; h. Responsible relationship; i. Family planning methods; j. Proscription and hazards of abortion; k. Gender and development; l. Responsible parenthood</li> <li>• The DepEd, CHED, DSWD, TESDA, and DOH shall provide concerned parents with adequate and relevant scientific materials on the age-appropriate topics and manner of teaching reproductive health education to their children."</li> </ul>
	<i>National Family Planning Policy (2001)</i>	<i>None.</i> Approved by Islamic parliament, acknowledges family planning programmes aimed at reducing the population in the early 1990s.
	<i>Reproductive Health Care Agenda Act (2001)</i>	<p>"The state shall ensure the universal access to reproductive health, services, information and education. There must be: i) the universal access to contraception and maternal health care, including pre- and post-natal care for pregnant adolescents, regardless of marital status; ii) services geared specifically towards the special reproductive health needs of adolescents; iii) sex education and life-skills programs for all levels of education—primary, secondary, tertiary. The policies must reflect the special needs of marginalized adolescents, such as street children and out-of-school youth; iv) education campaigns for STI and HIV/AIDS-prevention specifically aimed at adolescents.</p> <p>Sexual and reproductive health and rights education in schools: The Department of Education, the Commission on Higher Education and the Technical Education and Skill Development Authority, using information provided by the Department of Health, shall require the integration of instruction on sexual and reproductive health and rights into the curricula in public and private schools at intermediate grades, secondary and tertiary levels, including non-formal and indigenous learning systems."</p>
	<i>Reproductive Health Policy (2000)</i>	<ul style="list-style-type: none"> <li>• "Reproductive health should pay special attention to the adolescent and in particular the girl-child. They should be protected from all forms of violence and should be provided with factual information that will develop in them the level of maturity required to make responsible decisions."</li> <li>• "Youth will be involved in the design, evaluation and implementation of RH policies that affect them directly..."</li> </ul>
Samoa	<i>National Sexual &amp; Reproductive Health Policy (2011-2016) (Draft)</i>	<p>Key strategic areas include: SRH Governance and Leadership, SRH Service Delivery, SRH Financing, SRH Information, Education and Awareness, SRH Medical products and technologies, SRH Human Resources/Capacity-Building.</p> <p>(The file was unable to be accessed by the review team. Analysis was provided by the UNESCO national HIV focal point.)</p>
	<i>Health Promotion Policy (2010-2015) (2010)</i>	<p>No explicit mention of sexuality education, refers to broader life skills e.g.:</p> <ul style="list-style-type: none"> <li>• "Building and developing personal life skills is an essential step towards empowering communities and individuals to control their health and social determinants."</li> <li>• "Building and developing personal life skills requires a multi-faceted approach depending on the audience, and the context. While school students may be receptive to classroom-style delivery of health promoting messages, this is rarely a suitable way of transferring new information to adults, especially if literacy is poor."</li> </ul>
Solomon Islands	<i>National Population Policy 2008–2017 (2008)</i>	The file was unable to be accessed by the review team.
	<i>National Reproductive Health Policy and Strategy 2011-2013 (draft under development)</i>	The file was unable to be accessed by the review team.

National Population and Reproductive Health Policies and Laws		
Country	Name of Policy	Relevant content for sexuality education
Sri Lanka	<i>Population and Reproductive Health Policy (1998)</i>	<ul style="list-style-type: none"> <li>• “Provide all men and women information, education, communication and counseling and access to safe and effective reproductive health care.”</li> <li>• “Strengthen youth worker education by including information about drug abuse and sex related problems at vocational training centers, institutions of higher learning, work places, FTZs etc.”</li> <li>• “Ensure adequate information on population, family life including ethical human behaviour, sexuality and drug abuse in school curricula at the appropriate levels.”</li> </ul>
Thailand	<i>National Reproductive Health Policy (1997)</i>	Policy focuses on a wide range of issues, including family planning, maternal and child health, HIV and AIDS, reproductive tract infections and cancers, sex education, adolescent reproductive health, infertility and elderly health. (The file was unable to be accessed by the review team. Analysis was provided byr the UNESCO national HIV focal point.)
Timor- Leste	<i>Health Policy Framework Paper (2002)</i>	The framework recognises that “poor knowledge of HIV/AIDS among the population can facilitate the development of the pandemic...” “Education income, housing, food, water and sanitation are among the most important determinants of health.” “Multisectoral approach to health” is promoted. “Health education” is promoted through “school health” and “public campaigns.”
	<i>National Family Planning Policy (2004)</i>	None
Viet Nam	<i>Master Plan on Protection, Care and Improvement of Adolescent and Youth Health 2006-2010</i>	Objective 1 in the plan is to “improve the knowledge, skills and behaviors of young people to further promote and protect their health and prevent health risks related to RSH, HIV, injury, use of substances and psychological disorders.” This includes “IEC for behavioral change” because the “supply of knowledge for change in attitudes and behavior concerning self-care among A & Y [adolescents and youth] as well as among providers of services and communities (parents, teachers, youth federation activists) is very important.” The IEC content and formats are encouraged to be relevant for male and female groups, and the plan indicates that “it is necessary to have appropriate IEC and BCC interventions targeted for specific groups such as street youth, young urban men and ethnic young women.” Life skills education emphasising RSH and HIV is the second strategy identified. The plan indicates that “The best measure is to mandate comprehensive health education curriculum programs based on life skills in reproductive health, sexual health and HIV/AIDS in official school settings.” The document also emphasises that “one important purpose of this plan is to strengthen the co-ordination between families, schools, ministries, sectors, social organizations and communities.”  (The file was unable to be accessed by the review team. Analysis was provided by the UNESCO national HIV focal point.)
	<i>National Strategy on Reproductive Healthcare 2011-2020 (2011)</i>	Includes specific objectives for improving the reproductive health (RH) of adolescent and young people (Objective 7), specifically that by 2020, the adolescent pregnancy and abortion rate will reduce by 50 percent from 2010, and at least 75 percent of establishments that provide RH care services will become youth-friendly RH care services with programmes of action on the improvement of RH care for adolescents, young people and other specific target groups.
	<i>National Strategy on Reproductive Health Care 2001-2010 (2001)</i>	Objectives include ( <i>inter alia</i> ) to “improve the RH status and sexual health of adolescents through education, counseling and provision of specific RHC services for specific age groups” and to “improve male and female awareness of sex and sexuality to facilitate their fulfillment of the reproductive rights and responsibilities, and develop safe and responsible sexual relations on the basis of equality and mutual respect in a bid to improve the RH and the quality of life.” Among the strategies includes training and scientific research including of “RH of adolescents and men, RHC-related knowledge, attitude and practice and some other relevant issues in order to improve the RHC quality.”
	<i>Viet Nam Policies and Strategy on Population and Development (1993)</i>	In the 1996–2000 period, population education for primary schools was nationally introduced so as to create and improve knowledge about the relationship between population and development for generations in the twenty-first century.  (The file was unable to be accessed by the review team. Analysis was provided by the UNESCO national HIV focal point.)
	<i>The National Target Program on Population and Family Planning Period 2006-2010</i>	The file was unable to be accessed by the review team.

National Youth Policies and Laws		
Country	Name of Policy	Relevant content for sexuality education
Bangladesh	<i>National Youth Policy (2004)</i>	"A special initiative will be taken to give concrete ideas to adolescents and related people on adolescence reproductive health."
Bhutan	<i>National Youth Policy (2010)</i>	Identifies lack of awareness of SRH as a critical issue for young (and especially vulnerable) people. One of the objectives of the policy is "To facilitate access for all sections of the youth to health information and services that are youth-friendly; promote a social environment which strongly inhibits the use of alcohol, drugs and other forms of substance abuse, wards off disease (like HIV/AIDS), ensures measures for de-addiction and mainstreaming of the affected persons and enhances the availability of sports and recreational facilities as constructive outlets for the abundant energy of the youth."
Brunei Darussalam	<i>National Youth Policy (2004)</i>	(The file was unable to be accessed by the review team. Analysis was provided by the UNESCO national HIV focal point.)
Cambodia	<i>National Youth Policy (2011)</i>	<i>(final version endorsed by Council of Ministers, available only in Khmer at the time of analysis)</i> <ul style="list-style-type: none"> <li>• "Develop and expand comprehensive health education and promote access to health promotion and prevention information including reproductive health, road traffic and workplace accidents, water, sanitation and hygiene, mental health, suicide, prevention of violence.</li> <li>• Establish approaches/mechanism that include youth in health education and outreach programs benefiting youth.</li> <li>• Increase access to quality and friendly health services including physical, mental and other social services for youth who are the victims of sexual abuse and exploitation.</li> <li>• Strengthen social safety nets to ensure the poorest youth have access to health services and continue to prioritise interventions including prevention, treatment and care for most at risk youth.</li> <li>• Educate, support and care young pregnant women to appropriate and quality care from trained health care providers with involvement of stakeholders and community.</li> <li>• Promote the relationship between parents or guardians and health service providers on health services and sexual behaviour and practices."</li> </ul>
China	<i>Law on the Protection of the Rights and Interests of Children (2007)</i>	"School should provide guidance to children on their social life, psychological health and puberty education in line with their development needs at different stages." (Article 19)
Fiji	<i>National Youth Policy</i>	"To encourage youths to appreciate and practice high standards of personal health, hygiene and health lifestyles: Appropriate programmes would be supported and promoted to discourage young people from anti-social behaviour such as drug abuse (including alcohol, <i>yaqona</i> and cigarettes), sexually transmitted infections and HIV-AIDS, juvenile delinquency any other issues identified by young people and youth stakeholders. Mindful of the physical, social and psychological transition of young people to adulthood, key strategy areas will promote (a) Sex education in schools and out of schools, and (b) Preventative and community health programmes to deal with infectious and non-communicable diseases."
India	<i>National Youth Policy (2003)</i>	Policy addresses the needs of those aged 13–35 but recognises adolescents (aged 13–19) as a special group requiring different strategies from those appropriate for young adults (aged 20–35). It "advocates a two-pronged approach of education and awareness for prevention and proper treatment and counselling for cure and rehabilitation. It further enjoins that information in respect of the reproductive health system should form part of the educational curriculum." <ul style="list-style-type: none"> <li>• "Educational curriculum in schools should include information on health issues, including reproductive health, HIV-AIDS and also on population issues."</li> <li>• "Health education and health consciousness: This Policy strongly recommends introduction of health education in the curricula of regular / formal education in higher classes of schools and colleges, in non-formal education centres and in every other organised interaction with the youth."</li> </ul>
	<i>National Policy for Children (1974)</i>	The National Policy for Children provides the conceptual basis for an integrated approach to address the whole child and commits the State to provide adequate services to children, both before and after birth and through the period of growth, to ensure their full physical, mental and social development. No mention of sexuality education but: "All children shall be covered by a comprehensive health programme", "priority shall be given to programmes relating to: (a) preventive and promotive aspects of child health."

National Youth Policies and Laws		
Country	Name of Policy	Relevant content for sexuality education
India (continued)	<i>National Policy and Charter for Children (2001) (Draft)</i>	None
	<i>National Plan of Action for Children (2005)</i>	<ul style="list-style-type: none"> <li>• "Take measures to raise awareness about HIV/AIDS and its prevention among all children, especially those at risk."</li> <li>• "Equip adolescents with basic information on nutrition and health to promote better health seeking behaviour, including sexual health, by ensuring access to information and services."</li> <li>• "Provide life skills education to all adolescents. Provide counseling and group education to respond to anxieties, fears, information gaps, stress, anger, aggression, depression, loneliness and related mental and emotional needs and problems for the well being of adolescents."</li> <li>• "Integrate comprehensive life skills related to HIV/AIDS, health, hygiene and sanitation in the school's curriculum."</li> <li>• "Include information on sexual and reproductive health, including on HIV/AIDS, in school curricula."</li> <li>• "Provide services for youth specific HIV education to develop life skills to reduce risks of HIV infection through peer education and partnership with parents, families, educators and health-care providers."</li> </ul>
Indonesia	<i>Law No. 40/2009</i>	"The Decree Defines ""Youth is a citizen of Indonesia entering an important period of growth and developmental age of 16 (sixteen) until 30 (thirty) years""... Each youth are entitled to: a. protection, particularly from destructive influences;...The term ""destructive influence"" among others dangers of narcotics, psychotropic and other addictive substances, sex, smoking, HIV/AIDS, pornography and porno-action, prostitution, human trafficking, the threat of moral degradation, social conflict, disintegration of the nation, and loss of commitment and sense of nationhood."
Lao PDR	<i>Law on the Protection of the Rights and Interests of Children (2007)</i>	None
Malaysia	<i>Deraf Pembangunan Sar Belia Negara (National Youth Development Policy, 1997)</i>	The file was unable to be accessed by the review team.
Mongolia	<i>National Program of Action for the Development and Protection of Children</i>	<p>Policy includes improving the knowledge of adolescents about reproductive health and the prevention of STIs and HIV/AIDS, to address the current low level of health education.</p> <p>(The file was unable to be accessed by the review team. Analysis was provided by the UNESCO national HIV focal point.)</p>
Nepal	<i>National Youth Policy (2010)</i>	<ul style="list-style-type: none"> <li>• "Health education shall be incorporated in the curriculum right from that of elementary level, and education shall be imported about clean drinking water, health life style, nutrition, healthy environment and hazardous works, among others."</li> <li>• "The youths shall be encouraged to have safe and positive sexual activities, while providing them with education on sexual health safety and freeing them from all kinds of sexual violence."</li> <li>• "A strategy shall be adopted to keep the Nepalese youths in general from HIV/AIDS, making them aware about possible risks of HIV/AIDS through public awareness programs. In addition, environment shall be created for the youths who are infected from HIV/AIDS to live a dignified and easy life in the society, by running special counseling service centers, regularly providing anti-retroviral medicines to such youths in an easily accessible manner, and providing the infected youths with skills-oriented education, while freeing such youths from all kinds of social discrimination being made against them."</li> </ul>
Pakistan	<i>Draft National Youth Policy 2007</i>	Refers to "Providing necessary life skills for youth through university and school curriculum in order to make youth capable of coping with their problems in the early years of marriage." Youth health section emphasizes the need to "Create awareness above responsible and safe behaviour and provide counseling and guidance facilities."



National Youth Policies and Laws		
Country	Name of Policy	Relevant content for sexuality education
Papua New Guinea	<i>National Youth Policy (2007-2012) (2006)</i>	Promoting Health Lifestyles (PHL) Objective: "To ensure and empower young people live healthy lifestyles." Focus on: "1. The need to protect young people from STIs including HIV/AIDS, unwanted pregnancy, unsafe abortion, and all forms of sexual violence and abuse... 3. The need to avoid lifestyles that increase the risk of early onset of Non-Communicable and Communicable Diseases. Such lifestyles include physical inactivity (television, video games, computers,) and poor nutrition increasing the chance of adolescent obesity. Life skills based education helps young people to understand and to cope with youth issues. Young people need information, life skills based education and counseling to help them arrive at responsible choices and decisions regarding these issues. Linked to youth-friendly services, education can provide young people with life-skills essential to cope with the challenges of adolescent psycho-social development. Activities under this component will focus on the provision of and access to life skills based information and education both in schools and out of schools, support for adolescent counselling, and provision of and access youth-friendly services. Activities will also include the need to establish effective policies on tobacco, alcohol and other substances, engage young people on healthy lifestyles such as sports and recreational physical activity, and to engage parents and communities in the process. Health promotion, youth participation, youth leadership and peer education will feature as key strategies delivered through a multisectoral approach."
Philippines	<i>National Adolescent and Youth Health Policy (2000)</i>	"The priority activity shall focused [sic] on the prevention of health risk and promotion of healthy activities. This should include information and services that will improve their reproductive health, nutrition, immunity from common illnesses, psychosocial health, oral health, sexual health and environmental safety."
Republic of Korea	<i>Framework Act on Juveniles (2008)</i>	<i>None</i>
	<i>Juvenile Protection Act (2008)</i>	<i>None</i>
Samoa	<i>Samoa National Youth Policy (2001-2010) (2001)</i>	Has 21 areas of focus including a health policy focus. One of the three objectives under health policy is "to provide appropriate safe and responsible reproductive health education for all youth to reduce the occurrence of teenage pregnancy and STD's".
Solomon Islands	<i>Solomon Islands National Youth Policy and Plan of Action 2010-2015 (2010)</i>	The file was unable to be accessed by the review team.
Thailand	<i>National Youth Policy (Thai, 2006)</i>	The file was unable to be accessed by the review team.
Timor- Leste	<i>National Youth Policy of Timor-Leste (November 2007)</i>	<i>None</i> . "Establish links between education and after-school reality; teach illiterate young people how to read and write; and help the most disadvantaged youths" are three of the six strategies. Target groups include reference to "young people who have difficulties in accessing essential services such as education and health, or more at risk of poverty such as illiterate young people."
Viet Nam	<i>Draft of National Strategies for Vietnamese Youth Development (2011-2020)</i>	Objective: "Strengthening primary health care, reproductive health and social evils prevention and control among the youth."

National Education Policies and Laws		
Country	Name of Policy	Relevant content for sexuality education
Afghanistan	<i>Education Law (2008)</i>	None
Bangladesh	<i>National Education Policy (2010, Bengali)</i>	The file was unable to be accessed by the review team.
	<i>Skills Development Policy (2009)</i>	None (The file was unable to be accessed by the review team. Analysis was provided by the UNESCO national HIV focal point.)
	<i>Non-Formal Education Policy (2006)</i>	"Cross-cutting issues: NFE programs and activities will address, support and promote cross cutting issues such as equity, gender sensitivity, poverty alleviation, environment sensitivity, good governance, prevention of HIV/AIDS, and inclusiveness where necessary; these will also be reflected in teaching learning, teacher/supervisor training contents and delivery mechanisms of NFE."
Bhutan	<i>Tertiary Education Policy of the Kingdom of Bhutan (2010)</i>	None
	<i>28th Education Policy Guidelines and Instructions (2010)</i>	None
Cambodia	<i>Law on Education (2007) (unofficial translation)</i>	"Educational Programme: Refers to a set of knowledge prepared for learners to achieve knowledge, life skills, moralities and capacities for continuing education for the entirety of learners' lives in accordance with this law."  "Life-skills: Refers to knowledge emphasising health, protection, prevention, food provisioning, understanding of the public and environment, society and communication of the learners."  (The file was unable to be accessed by the review team. Analysis was provided by the UNESCO national HIV focal point.)
	<i>Policy on Non-formal Education (2004-2015) (2005)</i>	None
	<i>Ministry of Education, Youth and Sports HIV and AIDS Workplace Policy (2008)</i>	"Recognition of HIV and AIDS as an issue affecting the education sector."  "Equitable Access: MoEYS will seek to provide the broadest coverage of HIV education through its integration into its educational programmes and other mainstream programmes in both formal and non-form education."  "Empowerment: Through life skills education, MoEYS will work to support the empowerment of young people to increase and strengthen their control over their behavioral choices and how these affect others. Efforts will be made to increase the participation of children and youth, male and female, in programme development and implementation."  "For Students: All students in education institutions should have access to HIV education programmes. HIV education should be integrated in the curriculum and included in co-curricular activities. The goals of HIV education are to promote healthy living, provide a supportive and caring environment to those affected by HIV and AIDS, and discourage behaviours that place students at risk for HIV infection. The education programme for students will: be appropriate to student's developmental levels; be gender responsive; build upon knowledge and skills developed previously; use instructional methods known to be effective, participatory and culturally appropriate; promote an understanding of basic human biology (including reproductive health, STI and risks involved with drug use) and treatments...be taught by well-prepared teachers." Non-formal Education and Sport Staff: The ministry will: "1. Encourage and facilitate Non-Formal Education staff to use appropriate interventions and the Life Skills curriculum (which includes HIV and AIDS) to reach out of school youth."  Gender differences and equality are addressed, with the ministry committing to: "ensure the female teachers and other staff are trained in RH and deployed to provide sexuality and RH education to girl who are both in and out-of-school, in situations where girls may prefer to be taught by female staff."

National Education Policies and Laws		
Country	Name of Policy	Relevant content for sexuality education
Cambodia (continued)	<i>Child-Friendly School Policy (2007)</i>	<ul style="list-style-type: none"> <li>• "To ensure that all children participate in education, are cared for by all concerned people and institutions to keep them healthy and safe, and protect them from violence in the school, the family and in society."</li> <li>• "Use more specific policies, such as the life skills policy, the school health policy and the policy on children with disabilities, to support implementation of the child-friendly school policy."</li> <li>• "Local life skills program for Thursdays."</li> </ul>
	<i>School Health Policy (2006)</i>	<p>Components include to: "Provide health education and focus emphasis on the communication which brings out the behavior change and this is the most important attribute to providing information, knowledge, skills and the change in attitude of accountability to attain well-being and health safety."</p> <p>Strategies:</p> <ul style="list-style-type: none"> <li>• "To enhance control of psychological pressure and provide counseling services to students with psychological crisis from violent physical abuse, drug substance and alcohol abuse, domestic problems and HIV &amp; AIDS issues in order for the school children, students, lower and upper pre-service teacher trainees to be able to cope with their tension and anxiety encountered in their lives inside and outside the public and private educational institutions. (Policy1, str.6)</li> <li>• To integrate health education topics into formal and non-formal education curricula of all levels being flexible with local structure, geography, demography and culture, especially integrate health messages on hygiene and sanitation, sexual and reproductive health, prevention of accidents (traffic rules) and various diseases, particularly HIV &amp; AIDS prevention into textbooks of all grades. (Policy2, str.1)</li> <li>• To promote the awareness dissemination on sexual health, reproductive health, hygiene and sanitation, prevention of accidents and various disease by using information billboards, poster display, distribution of leaflets, additional learning materials, study games and newsletters into the various existing programs such as physical education and sports, sports competition, radio and television broadcasting, meetings and training workshops. (Policy2, str.2)</li> <li>• To strengthen the training of trainers, lower and upper pre-service teachers on health education, sexual health, reproductive health, hygiene and sanitation, prevention of accidents and various diseases in order for them to have skillful capacity and confidence in teaching with quality and effectiveness. (Policy1, str.5)"</li> </ul>
China	<i>Principle of Health Education on STD/HIV/AIDS Prevention (1998)</i>	<p>The document directs that all schools (including primary schools) should incorporate STD/HIV/AIDS prevention education within the health education curricula and activities.</p> <p>(The file was unable to be accessed by the review team. Analysis was provided by the UNESCO national HIV focal point.)</p>
	<i>Guideline on HIV Prevention Education for Primary and Middle School Students (2008, Chinese)</i>	<p>The guidelines sets age-appropriate (five age groups) and progressive health education objectives for students of primary, lower secondary and higher secondary schools, in five areas including healthy behaviour and lifestyle, disease prevention, psychological health, body development and puberty health-care, safety and security. HIV and AIDS and drugs education are included in the objectives for lower secondary schools, while sexuality education is required of higher secondary schools. It requires all schools to offer six to seven hours of health education each semester in various formats that suits different school situations, such as through classes on "PE and Health", "Social and Morality Education", and "Biology".</p> <p>(The file was unable to be accessed by the review team. Analysis was provided by the UNESCO national HIV focal point.)</p>
	<i>Basic Requirements of School Health Education on AIDS Prevention (2002-2005) by the State Council (Chinese)</i>	<p>The document sets objectives, contents and teaching methods for health education in lower secondary schools, higher secondary schools and colleges. The educational objectives for college students include deeper understanding about HIV, STI and their impact, prevention of pre-marital sex and non-marital sex, care and support for people living with HIV.</p>
	<i>Basic Requirements for College Students' Health Education (trial) (1993) by MOE (Chinese)</i>	<p>Colleges shall include health education in the curriculum, and offer lectures or elective courses on health education in light of their own situations. Teacher training institutions could consider offering health education as a compulsory course.</p> <p>(The file was unable to be accessed by the review team. Analysis was provided by the UNESCO national HIV focal point.)</p>
	<i>Guidelines on HIV/AIDS Prevention in High Schools (2003)</i>	<p>The file was unable to be accessed by the review team.</p>

National Education Policies and Laws		
Country	Name of Policy	Relevant content for sexuality education
Fiji	<i>Education Act (1978)</i>	<i>None; however the Ministry of Education proposed at a regional consultation in May 2011 to insert HIV/SRH issues into the Act. This has been approved by Cabinet.</i> (The file was unable to be accessed by the review team. Analysis was provided by the UNESCO national HIV focal point.)
India	<i>Right to Education Act (2009)</i>	<i>None</i>
	<i>National Policy on Education (1992)</i>	<i>None</i>
Indonesia	<i>The Decree of the Ministry of National Education and Culture 1997 No 9/U/1997 on HIV/AIDS Prevention</i>	The Decree states that all rectors of universities, directors of institutions, coordinators of private universities and the MONE staff at the provincial level should do their utmost to increase the public's awareness of the dangers of HIV and to improve their awareness of the importance of healthy and responsible life practices.  The target population for HIV prevention education is students from elementary school through university level, non-formal education students and staff in both educational and administrative functions within educational institutions. HIV education would be delivered through: curricular and extracurricular activities at elementary school; -curricular activities, extracurricular activities, peer education, guidance and counselling at senior secondary schools; integration of HIV knowledge into relevant topics; information should be reviewed before integration into the local curriculum.  The policy emphasises the role of school health services, student organisations (OSIS), Adolescent Red Cross, scout groups, Pencinta Ala Groups, BP3 and other committees that can collaborate with public health services.  The responsibility for monitoring the HIV response lies with the Working Group on AIDS, led by the Head of the Department for Physical Quality and Development at MONE. At the school level, it is the school director. At the city and district levels, the respective heads are responsible. (The file was unable to be accessed by the review team. Analysis was provided by the UNESCO national HIV focal point.)
Lao PDR	<i>Law of Education in Lao PDR (2007)</i>	(The file was unable to be accessed by the review team. Analysis was provided by the UNESCO national HIV focal point.)
	<i>National School Health Policy</i>	"Health education refers to the process of education through the provision of information and knowledge on health issues to all citizens in order to ensure the understanding and awareness of hygiene, disease prevention and health promotion that are likely to change the views, behaviours and lifestyle of persons, families and communities that ultimately strengthen their health.  Organisations involved in health, education, culture and information, the mass media and other organisations in society, both public and private, are responsible for providing health education and knowledge to the population on a regular basis and in a diversified manner. -Health education shall be included in the school curriculum.  Attention shall be focused on educating youth and teenagers to understand the policies of spacing out childbirth and sexual safety, pregnancy and giving birth, and not marrying before reaching maturity.  Objectives: to increase children's knowledge on basic health issues; to empower and motivate children to adopt basic healthy practices in daily life; to strengthen collaboration between the Ministry of Education and Ministry of Health; to strengthen the capacity of school teachers in delivering health messages through a child-to-child approach using existing and new materials; to develop a package of school health materials; to strengthen the system of monitoring and evaluation of the school health programme." (The file was unable to be accessed by the review team. Analysis was provided by the UNESCO national HIV focal point.)
Malaysia	<i>Education Act (2006)</i>	<i>None</i>
Maldives	<i>Education Act (draft 2006)</i>	The file was unable to be accessed by the review team.
Myanmar	<i>Basic Education Law (1973)</i>	The file was unable to be accessed by the review team.
Mongolia	<i>Law on Primary and Secondary Education of Mongolia</i>	<i>None</i>
	<i>National Standards on Primary and Secondary School Health Education (2004)</i>	<i>None</i>

National Education Policies and Laws		
Country	Name of Policy	Relevant content for sexuality education
Nepal	<i>Non-formal Education Policy (2007)</i>	<ul style="list-style-type: none"> <li>• "Life skill and occupational training will be implemented."</li> <li>• "Life skills will be included in the educational materials."</li> <li>• "Youths and adults related life skills will be conducted through CLCs."</li> </ul>
	<i>Education Sector Policy on HIV and AIDS in Nepal (Draft framework, 2010)</i>	<p>Draft endorsed by Ministry of Education in collaboration with MOH (HSCB) with the following objectives and priority areas: 1-Curriculum Improvement and reform in school sector in regard of HIV and AIDS; 2-Capacity-building of school sector on knowledge, skill, change on risk behaviour, reduction on risk behaviour/HIV infection etc.3-Prevention of STI and HIV, necessary study and research; 4-Ensure access to education with Non discriminatory environment for vulnerable and affected children to reduce stigma and discrimination towards PLHIV; 5-Amendment and inclusion of HIV and AIDS on the curriculum of formal, non-formal and technical education, including training materials; 6-Life skill based education and inclusion of HIV and AIDS; 7-Curriculum Improvement and reform; adult, open, alternative and continuous education and capacity development; 8-Multisectoral coordination, research and development including monitoring and evaluation.</p> <p>(The file was unable to be accessed by the review team. Analysis was provided by the UNESCO national HIV focal point.)</p>
Pakistan	<i>National Education Policy (1998-2010)</i>	<ul style="list-style-type: none"> <li>• "Emerging trends and concepts such as School Health, Prevention Education against HIV/AIDS and other infectious diseases, Life Skills Based Education, Population and Development Education, Human Rights Education including gender equality. . . 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"</li> <li>• "Life Skills-Based Education (LSBE) shall be promoted."</li> <li>• "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."</li> </ul>
Papua New Guinea	<i>The HIV and AIDS Policy for the National Education System (2005)</i>	<ul style="list-style-type: none"> <li>• "Principle 2: Access to information: Every person has the right to relevant and factual HIV and AIDS information, knowledge and life skills at every level of the national education system."</li> <li>• "Principle 14: Student participation: Students will be encouraged and supported to be active participants in HIV/AIDS advocacy, awareness and peer education activities."</li> <li>• "Principle 16: Capacity-building: There will be commitment to capacity-building for all persons participating in the implementation of this policy through appropriate training and development."</li> <li>• "Objective: Students acquire the knowledge and information and develop appropriate life skills to be free of HIV infection all their lives."</li> <li>• "Strategies: Information and awareness--Information will be provided on HIV and AIDS. <ul style="list-style-type: none"> <li>- Accurate information and materials on HIV and AIDS will be made available and accessible to all schools, institutions and students. This will include information on the use of condoms, when developmentally appropriate for students, as part of the Government's ABC message;</li> <li>- Teachers will be trained in HIV and sexual health matters;</li> <li>- Appropriate school personnel will be trained in HIV and sexual health counselling and support;</li> <li>- Awareness training will be conducted for communities, parents and other family members.</li> </ul> </li> <li>• Curriculum--Education will be provided on HIV and AIDS. <ul style="list-style-type: none"> <li>- Information about HIV/AIDS, character development and life skills (eg decision-making, relationships building) will be integrated into all appropriate curriculum areas and subjects at all levels of schooling;</li> <li>- Appropriate teaching and learning resources which are gender sensitive, will be developed to support HIV/AIDS curriculum programs;</li> <li>- Through in-service and pre-service programs, educators will be trained to effectively integrate HIV prevention information into lessons and the curriculum.;</li> </ul> </li> </ul>

National Education Policies and Laws		
Country	Name of Policy	Relevant content for sexuality education
Papua New Guinea (continued)	<i>(continued)</i> <i>The HIV and AIDS Policy for the National Education System (2005)</i>	<i>(continued)</i> <ul style="list-style-type: none"> <li>- Peer education programs will be developed and implemented to support the school curriculum. The different needs and circumstances of female and male students will be addressed;</li> <li>- Implementation of the policy will take into account the different biological, social and cultural needs of males and females;</li> <li>- Strategies will recognise that girls and young women are in a particularly vulnerable position in relation to HIV/AIDS;</li> <li>- Schools and institutions with student boarders will make additional provisions for the protection of female and male students;</li> <li>- Schools will teach students about gender roles, the influence of power in male-female relationships and responsible and protective behaviours."</li> </ul>
	<i>TVET Policy (2005)</i>	"Major social and health issues such as HIV/AIDS awareness must also be included in core curriculum."
Philippines	<i>DepEd Memorandum No. 261 s. 2005: Operationalization of the UNFPA-Assisted Project "Institutionalizing Adolescent Reproductive Health (ARH) through Lifeskills-Based Education"</i>	"The project is specially designed to address the various reproductive health concerns of a significant sector of the in-school and out-of-school youth population, the adolescents. It aims to: a. enhance the over-all wellness of the Filipino adolescents i.e. the physical, mental, emotional, social and spiritual development; and b. contribute to better learning outcomes, reduced dropout rate, increased completion rate and improved quality of learning." "In relation to responsible parenthood and family life, discussion of adolescent sexuality, life and career planning, decision-making and other relevant lifeskills and parent-child communications should be included. With regards to gender equity and development, emphasis should be made on how empowerment of women and girls can contribute to improving reproductive health."
	<i>DECS Memorandum No. 445 S. 1996</i>	Memo identifies education as "the only viable tool to stop the rapid spread of HIV/AIDS." It provides details on the "School-Based AIDS Education Project which aims to develop matured and responsible studentry with desirable health values which can assist them in making rational decisions that can lead to satisfying, productive and quality life." The five-year research and development project has five major components, namely "1. information education and communication 2. co-curricular and ancillary services 3. teacher/staff development 4. community outreach, and 5. Research, monitoring and evaluation."
Samoa	<i>Education Act (2009)</i>	The file was unable to be accessed by the review team.
Singapore	<i>Compulsory Education Act (2000)</i>	The file was unable to be accessed by the review team.
Sri Lanka	<i>Education Act (draft, 2011)</i>	The file was unable to be accessed by the review team.
Thailand	<i>National Health Education Policy (1996, Thai version)</i>	"Policy 1: Develop knowledge on necessary and effective health education and behavioural health that can solve public health problems at all levels. Policy 2: Develop medical, public health and related staff in both governmental and nongovernmental agencies in health education and behavioural science. Policy 3: Develop IEC on health education and publicity to meet academic standards. Policy 4: Implement health education and behavioural health interventions for behavioural change to healthy living. Policy 5: Encourage and cultivate healthy behaviours in the form of the national health commandments to all target groups. Policy 6: Mobilise resources to support health education and publicity to solve public health problems both to the government and nongovernment sectors and at the national and regional level. Policy 7: Develop organisational capacity in coordination of health education and publicity systematically both to the government and nongovernment sectors and at the national and regional level."
Timor-Leste	<i>Education Policy (2008)</i>	Refers to school health program, but no direct relevant content identified related to sexuality education and related issues.
	<i>Basic Law on Education (2009)</i>	Refers to school health support from health community centres, but no direct relevant content identified.
Viet Nam	<i>Directive on strengthening HIV Prevention and Control in the education sector (2008)</i>	"Educational institutions are required to: strengthen their HIV steering committees, improve the quality of regular education activities on HIV prevention with a focus on stigma and discrimination reduction and improving HIV prevention skills among students, integrate HIV prevention and control into other programs, protect the rights of PLHIV (including children living with HIV), and increase resource allocation for HIV prevention and control activities." [From UNGASS 2010 Viet Nam]  (The file was unable to be accessed by the review team. Analysis was provided by the UNESCO national HIV focal point.)
	<i>Law on Protection, Care and Education for Children (2004)</i>	"Agencies, organizations and individuals have the responsibility to undertake measures to educate, prevent, stop and denounce acts of sexually abusing children."

National HIV Strategies and Plans		
Country	Name of Strategy/Plan	Relevant content for sexuality education
Afghanistan	<i>Afghanistan National HIV/AIDS Strategic Framework (ANSAF 2006-2010) (2008)</i>	None
Bangladesh	<i>National Strategic Plan for HIV/AIDS 2004-2010 (2004)</i>	Aspects identified as “vulnerability factors” include that “sex education in Bangladeshi schools is an emotionally-charged issue hindered by some policy makers, parental attitudes, or teachers who are poorly-skilled for such a task, adolescents with little access to accurate information about reproductive health, puberty, pregnancy, and STIs including HIV and AIDS.” To “reduce the vulnerability of youth”, strategy 4 is to “Integrate a human rights-based approach to HIV as a personal and a developmental issue into the curricula for education institutions.” Implementing strategies include to “ensure curriculum development and capacity-building for teaching and research.”
	<i>National HIV Advocacy and Communication Strategy (2005-2010)</i>	The file was unable to be accessed by the review team.
Bhutan	<i>National Strategic Plan for the Prevention and Control of STIs and HIV and AIDS (2008)</i>	STI and HIV have been mainstreamed in the education system through life skills-based STI and HIV prevention education for in- and out-of-school youth. Strategy highlights that “MoE has a critical role in supporting young people to adopt safe lifestyles in a changing social context and increasingly global culture. Its target population shall be male and female youth in school and out-of-school. MoE responsibilities in implementing strategies to prevent STI and HIV transmission shall include: a) integrating life-skills into reproductive health education; b) strengthening counselling programmes; c) implementing peer-based education programmes and scouting; d) implementing other youth-oriented activities.”
	<i>Technical Strategy for Prevention and Control of Sexually Transmitted Diseases (2009)</i>	None
	<i>National Monitoring and Evaluation Guidelines for STI, HIV, and AIDS Control Activities in Bhutan (2008)</i>	Identifies youth (in- and out-of -school) as a specific target group. Includes an indicator on the “number/percentage of schools providing life skill based education in grade 7 and up in the past year.”
Cambodia	<i>National Strategic Plan for Comprehensive &amp; Multi-Sectoral Response to HIV/AIDS III (2011-2015) (2010)</i>	<p>Strategy 1, Objective 7: “1. Implement evidence-informed, gender-equitable, comprehensive prevention programmes for young people most at risk and especially vulnerable and ensure that all MARP programming is effectively addressing needs of most at risk young people (MARYP); 2. Strengthen legislative measures, policy instruments and strategies to improve efficient and effective delivery of HIV prevention with MARYP; 3. Expand gender-equitable, age-relevant sexual and reproductive health and rights education and skills to reduce young people’s risk and vulnerability to HIV, accessible in all relevant environments.”</p> <ul style="list-style-type: none"> <li>• “Mainstreaming and integration of HIV services into existing systems and structures wherever possible to reduce costs of vertical programming and increase sustainability. Examples include mainstreaming OVC services into national social protection systems; merging HIV life skills education into the general Education Sector Support Program;...”</li> <li>• “Strategy 1, Objective 7: Increase coverage of quality prevention programs for young people aged 10-24 years, both in and out of school. Since 2009, MoEYS has moved from a vertical project-based approach to HIV education to an integrated Life Skills Education (LSE) curriculum. Interventions: <ul style="list-style-type: none"> <li>- Development and implementation of interventions that are age-appropriate, gender-equitable, and accessible to disabilities to address the needs of young EWs, MSM/TG, IDU/DU and HRM; integrated into other MARPs programs;</li> <li>- Focus on young people who are most likely to or already are engaging in behaviours that put them at risk for HIV transmission;</li> <li>- Continued integration of age-appropriate, gender-equitable sexual and reproductive health and rights education into the Education Sector Support Program.;</li> <li>- Development of policy, legislation and strategies to provide an enabling environment for MARYP access to services of their needs;</li> <li>- Participation of MARYP in HIV prevention forums and activities, including commune development planning.”</li> </ul> </li> </ul>

National HIV Strategies and Plans		
Country	Name of Strategy/Plan	Relevant content for sexuality education
Cambodia (Continued)	<i>Cambodia National HIV and AIDS Communication and Advocacy Strategy: A Framework and Five-Year Strategic Plan in support of the National Strategic Plan for Comprehensive and Multisectoral Response to HIV/AIDS 2011-2015</i>	<p>“Develop a puppet film or animation about boys’ choices and an accompanying discussion guidebook for use in life skills programmes in schools and with youth groups in the community. Communication Objectives: Believe that it is manlier to take a stand and decide for yourself than to give into peer pressure and take risks. Believe that a real man can take a stand against gender-based violence and discrimination against MSM and transgender people.”</p> <p>Priority 4: “Targeted communication for young Cambodians especially MARYP, to give them the knowledge, attitudes, skills and social support they need to avoid HIV infection. Provide MARYP (including street children, OVC, young SWs, MSM, DUs and IDUs) with a forum for expressing their needs re. HIV, with targeted materials and activities to promote safe behaviours, demand and access to services. Communication Objective: After communication, MARYP will: Have greater knowledge on the transmission and prevention of HIV. Identify their own risks of HIV infection. Increase perception of the risks associated with HIV transmission. Believe they can prevent HIV transmission. Know the risks of ATS for HIV transmission, STI and unwanted pregnancies. Know where to access NSP, condoms, lubricant, STI and VCT services.”</p> <ul style="list-style-type: none"> <li>• “Scale-up life skills based HIV education, particularly in secondary schools: Communication Objectives: After communication, youth will: know the complete facts of reproductive health and HIV transmission. Have better sexual decision-making skills and greater self confidence. Know when, how and where to access SRH, STI, and VCCT services. Key messages: Life skills messages. Basic HIV and STI information, including information about MSM, ATS and Condoms. When, how and where to access health services that are adolescent and young people friendly.”</li> <li>• “Scale-up and create new opportunities for youth, including most-at-risk young people, to ask questions and discuss sexuality, gender roles and other issues via radio call-in shows, telephone hotlines, websites, SMS and other forms of interactive and social media.</li> <li>• Sponsor youth music and sports events where HIV-related issues can also be discussed including; youth sexuality, gender roles, condoms, VCT and Sexual &amp; Reproductive Health.”</li> </ul>
	<i>Making a Significant and Lasting Difference: The National Plan of Action for Orphans, Children Affected by HIV and Other Vulnerable Children in Cambodia (2008-2010) (Working Document) (2008)</i>	<p>One of the 5 Key Strategies: “Ensure access for OVC to essential services, including education, health care, birth registration, and others...”</p> <ul style="list-style-type: none"> <li>• Provide vocational training and life skills training for out-of-school youth.”</li> </ul>
	<i>Implementing Guidelines of the Law on the Prevention and Control of HIV/AIDS (2005)</i>	<ul style="list-style-type: none"> <li>• Includes guidelines for the criteria for education and information materials.</li> <li>• “HIV/AIDS education initiatives must reach upper primary as well as secondary school students. Initiatives targeting school students will be continued and expanded by the Ministry of Education, Youth and Sports (MOEYS) through its School Health Department, and in conjunction with non-government and multilateral partners.”</li> <li>• “Programs will continue to be integrated into hygiene and health messages, and into life skills curriculum in both the formal and non-formal education systems.”</li> <li>• “The MOEYS will focus on increasing access to HIV/AIDS education for upper primary and secondary school children, as well as implementing the other recommendations of the evaluation report on this program. Teacher training will play a vital role in ensuring that students receive appropriate HIV/AIDS and life skills education.”</li> </ul>
China	<i>National Medium- and Long-Term Strategic Plan for HIV/AIDS Prevention and Control 1998–2010 (Chinese)</i>	<p>By the year 2002, the “health education prescription” should reach all new entrants at universities, colleges and vocational training schools. HIV prevention and control knowledge should be incorporated into health education curriculum in junior high schools. All junior high schools at the level of municipalities, provincial capitals and cities with separate economic planning should have HIV/AIDS information in their curriculum. For schools at the county level and above, this should reach over 85 percent. For schools at the township level and above, 70 per cent should have HIV/AIDS information as part of the curriculum.</p> <p>(The file was unable to be accessed by the review team. Analysis was provided by the UNESCO national HIV focal point.)</p>



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Country	Name of Strategy/Plan	Relevant content for sexuality education
China (continued)	<i>China's Action Plan for Reducing and Preventing the Spread of HIV/AIDS (2006-2010) (2006)</i>	<ul style="list-style-type: none"> <li>• "Within the population of 15-49 years old, the knowledge of HIV prevention and treatment and blood donation should be not less than...85% among school students and 65% among youths outside of school."</li> <li>• By 2010, "within the population of 15-49 years old, the knowledge of HIV prevention and treatment and blood donation should be not less than...95% among school students and 75% among youths outside of school."</li> <li>• Strategies: To "strengthen the education in working places and schools"; "middle schools, technical and occupational schools and colleges shall carry out HIV health education. Community youth organization shall organize youths to participate the social care activities for people living with HIV and AIDS patients, colleges shall encourage the service organization of youth volunteers to carry out activities of various HIV education and caring for people living with HIV and patients."</li> </ul>
	<i>5-Year Action Plan of the Chinese Government on HIV and AIDS Prevention and Control (2011-2015) (Draft)</i>	<p>"Departments of education, public security, health and Youth League etc. at all levels shall carry out IEC activities among children and youths, covering HIV/AIDS, drug, non-remunerated blood donation, etc. Education and health authorities shall develop and enhance school-based HIV/AIDS working mechanism, and develop HIV/AIDS training and education at junior high schools and schools/colleges at higher levels, proactively promoting health education appropriate to youths and children, encouraging youths and children to participate in HIV/AIDS education, and incorporating the education on HIV/AIDS into the annual assessment at the schools."</p> <p>"Ensure 4-6 sessions of education exclusively on HIV/AIDS prevention or health education at high schools, secondary vocational schools and colleges..."</p>
DPRK	<i>National Strategic Plan of HIV/AIDS Prevention and Control in the DPRK (2008-2012)</i>	The file was unable to be accessed by the review team.
Fiji	<i>HIV National Strategic Plan 2007-2011</i>	The file was unable to be accessed by the review team.
India	<i>National AIDS Control Programme (NACP III) (2006)</i>	<ul style="list-style-type: none"> <li>• "The overall outcomes envisaged under NACP-III for young people are reduction of risk behaviour, especially among young people, and reduction in rate of HIV infection among young people."</li> <li>• At grass-roots levels: "Role of Link workers: Link workers will work under the district management unit for addressing the following key issues through life skills-based participatory learning process rather than information delivery mode. <ul style="list-style-type: none"> <li>- Mobilizing especially the vulnerable women and young people;</li> <li>- Strengthening accurate knowledge on sexuality, gender &amp; HIV/AIDS in especially vulnerable youth and women;</li> <li>- Train community volunteers to provide basic information on HIV/AIDS (reducing barriers to access);</li> <li>- Train community volunteers to motivate and increase the intention to try out safer behaviours among especially vulnerable young people and women; •Reduce stigma and assist communities and affected households to cope with the epidemic, provide psycho social support for the affected and infected families, in particular children;</li> <li>- Sensitize school children to adopt healthy living habits and pass on the same to their parents and out of school children;</li> <li>- Help the community to fight alcoholism and other forms of substance abuse;</li> <li>- Increasing access to condoms and coordinating linkage between communities and service institutions (esp. VCTC/ICTC);</li> <li>- Encouraging communities to avail of the free testing services available and early treatment for STDs etc;</li> <li>- Developing functional linkage between CBOs and the national scheme and programme; and</li> <li>- STD management, partner notification and linking the clients to health institutions and qualified practitioners."</li> </ul> </li> </ul>

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Country	Name of Strategy/Plan	Relevant content for sexuality education
India (continued)	(continued) <i>National AIDS Control Programme (NACP III) (2006)</i>	(continued) <ul style="list-style-type: none"> <li>• "Contents for different modules and support materials will be developed through existing materials while filling up the gaps identified. The focus will be to move beyond awareness to behaviour change communication activities..."</li> <li>• "It is proposed to consolidate and scale-up ongoing Adolescence Education Programme that is being implemented by MHRD-DoSHE through co-curricular coverage; curricular integration; in-service and pre-service teachers' training curriculum; integration into alternate innovative education schemes and integration in the education policy of measures to prevent discrimination and ensure accurate content in the curriculum. This programme will then be phased out over a period of two years from NACO programme and mainstreamed into MHRD-DoSHE for its ongoing effort."</li> <li>• "Conduct special campaigns/programmes by the NSS on youth health and HIV for rural youth."</li> <li>• "Expand Universities Talk AIDS (UTA) to cover students as well as non-student young populations."</li> <li>• Communications Framework Priorities for Vulnerable/General Populations/Children/Tribal Populations and PLJA--Objectives: "Youth:                             <ul style="list-style-type: none"> <li>• Raise awareness levels about the risk of HIV</li> <li>• Raise awareness about the need to abstain, being faithful, delay sexual debut and avoid experimentation/casual and commercial sex</li> <li>• Use condoms in all sexual encounters</li> <li>• Create awareness about utilising the range of services available - ICTC/STD/PPTCT/ART."</li> </ul> </li> </ul>
	<i>National IEC/BCC Strategic Framework for HIV/AIDS Programme (2004)</i>	Under Core Principles: "Abstinence: Focuses on adolescents & young people for delaying sexual initiation." "Adolescents and young people need to know the possible fallouts of the behaviours and the services that can be availed at the centers. Some of these centers have youth friendly specializations that need to be reinforced. This also needs to informed (sic) that some conditions such as STD can happen to youth as well." Goal: "Increase in family/school acceptance of HIV education."
	<i>National Framework for Joint HIV/TB Collaborative Activities (2009)</i>	None
Indonesia	<i>National AIDS Commission 2007-2010 HIV and AIDS Response Strategies (2007)</i>	"The life skills education programme, which includes information on how HIV can be avoided, is targeted at children from elementary school up to high school, including those attending both state and private schools. The programme is also aimed at teenager groups and children who have dropped out of school." "The HIV and AIDS response and prevention effort among school children, teenagers and young people will in general be carried out by way of information, education and communication (IEC) so as to encourage young people to lead healthy lives. Education efforts shall include both intra- and extracurricular activities."
	<i>National HIV and AIDS Strategy and Action Plan (2010-2014)</i>	"Prevention of HIV transmission through sexual contact is also promoted in the context of life skills education provided to adolescents in school settings and outside...Initially focused in junior high schools (2004-2009), the education departments of Papua and West Papua [where the AIDS epidemic is generalized] are mainstreaming a more comprehensive education response to HIV and AIDS running for the four years 2010-2014." Priority interventions include: "In Papua and West Papua, prevention of sexual HIV transmission by increasing consistent condom use within the general population, while also providing life skills education/safe sex education to young people both in school settings and outside in collaboration with religious organizations, community organizations, and community leaders."
	<i>The National HIV and AIDS Prevention Strategy for Children and Youth (2007-2010)</i>	The file was unable to be accessed by the review team.

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Country	Name of Strategy/Plan	Relevant content for sexuality education
Indonesia (continued)	<i>Strategic Communication Plan for HIV and AIDS in Indonesia (2008)</i>	Objectives for young people include: <ul style="list-style-type: none"> <li>• “To advocate for young people’s reproductive health, sexual health and for gender equity.”</li> <li>• “To increase young people’s accurate knowledge about reproductive health, sexuality, STIs, HIV and AIDS among youth and the dangers of drug abuse.”</li> <li>• “To delay the average age of sexual debut by young people.”</li> <li>• “To increase the percentage of sexually active young people practicing safer sex.”</li> <li>• “To increase knowledge of parents and teachers on key issues: STI and HIV and AIDS, drug abuse, gender issues, human rights, etc.”</li> <li>• “To advocate with education policymakers that reproductive health and drug prevention must be a comprehensive curriculum within schools.”</li> <li>• “To reduce taboo perspectives on reproductive health, sex education, HIV and AIDS.”</li> <li>• “To increase the number of young people who share information on health issues, such as STIs, HIV and AIDS, with their peers.”</li> </ul>
Iran	<i>National Strategic Plan for HIV/AIDS Control and Prevention III (2010-2014)</i>	NSP highlights social and cultural limitations in safer sex education and communication. The strategy stresses that “policymakers, planners, clerics, other key groups, and the general public must be sensitized in this regard and their support must be gained particularly to conduct life skills trainings among youths and the general public and also safer sex promotion for all high-risk and at-risk groups”. Strategy 1, objective 5 places the responsibility of HIV prevention education on the Ministry of Education.
Lao PDR	<i>National Strategy and Action Plan on HIV/AIDS/STI 2011-2015</i>	<ul style="list-style-type: none"> <li>• “Young people need to be targeted and their special needs addressed, but only if there is evidence of risk or vulnerability. In general, school-based interventions for student youth do not reach most-at-risk adolescents who are better reached through targeted interventions for sex workers and MSM.”</li> <li>• “Expand outreach interventions by sector concerned (e.g. LYU) for out-of-school youth and disadvantaged children based on the recent MARA assessment.”</li> <li>• “Ministry of Education to expand life-skills education in schools, and include HIV and sexual health, based on recent evaluations.”</li> <li>• “Focusing on young MARP, instead of targeting all young people. Interventions will be designed age appropriately for sex workers and transgenders, recognising that many of these people are very young and extra vulnerable. Young people will (only) be targeted based on evidence of vulnerability, while the education sector will further integrate HIV into existing life skills education initiatives.”</li> </ul>
Malaysia	<i>AIDS Council Strategic Plan (2008-2010)</i>	Lists grassroots education programmes for difficult-to-reach populations as one of the strengths of the 2008-2010 strategy. The fourth NSP strategy focuses on Reducing HIV Vulnerability among Women, Young People and Children, however the details of the strategy focus mainly on women and not on the educational environment. Strategy 5 focuses on young people aged 15-24 and includes comprehensive information and prevention activities for in- and out-of-school youth. There is no specific mention of the Ministry of Education.
	<i>National Strategic Plan on HIV/AIDS (2006-2010) (2006)</i>	Prioritised access to life skills based education for young people, although no specific mention is made of schools or curriculum.
	<i>National Strategic Plan on HIV and AIDS 2011-2015</i>	The file was unable to be accessed by the review team.
Maldives	<i>Operational Plan on HIV (2010-2011) (Draft) (2010)</i>	Includes the objective that 90 percent of schools provide life skills-based HIV education.
	<i>Monitoring and Evaluation Plan of National HIV/AIDS Prevention Control Program (2010-2011) (2010)</i>	“Currently HIV is integrated in the subject on Islam; it is now planned to be integrated in Health Education. This is expected to happen in the middle of 2010. A life-skills based HIV prevention training program with teachers is ongoing under the GFATM grant, with 119 teachers trained as of the end of May 20095 via in-service training); however the Ministry of Education (MOE) has yet to integrate life-skills and HIV education into the core curriculum of the recently established teacher training college.”

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Mongolia	<i>National Strategic Plan on HIV, AIDS, and STIs (2010-2015) (2010)</i>	The policy contains 16 strategies for implementation, three of which are directly related to the education response, namely: a) revision and implementation of health education curriculum in the formal education sector; b) preparing and strengthening capacity of the health education teachers to implement the revised health education curriculum; and, c) HIV and STI prevention and condom promotion programmes for young people in non-formal education. The revised curriculum will include HIV and STI prevention in the wider context of life skills, sexuality, SRH, gender equality, prevention of alcohol abuse and drug use, issues related to stigma reduction, such as human rights, values of respect and compassion, acceptance of differences, managing bullying, and other relevant topics.
	<i>National Programme on Prevention and Control of Communicable Diseases 2011-2015 (Draft)</i>	The file was unable to be accessed by the review team.
Myanmar	<i>Myanmar National Strategic Plan &amp; Operational Plan on HIV and AIDS 2011-2015</i>	Focus on young people includes interventions including: "quantitative research conducted to determine the extent and characteristics of anecdotal reports of unsafe sex and substance use behavior among students, including university students, living in dormitories far from their families... Forums for out-of-school young people and street children to exchange knowledge and experiences on effective ways to change and support safe behaviours... Local organizations and community capacity enhanced to understand and protect rights and needs of street children for shelter, education, recreation, health and full development."
Nepal	<i>National HIV/AIDS Strategy (2011-2016) (draft)</i>	For young people: "Key Actions: 1. HIV and AIDS related services (for example, VCT, ART, DST) will be made youth and gender friendly with appropriate training, support and mentoring to service providers. In so doing, experiences and learning from youth friendly services implemented by different stakeholders will be utilized; 2. Strong linkage will be established with SRH programme of Ministry of Health in order to address mutually inclusive issues of HIV and SRH."
	<i>National HIV/AIDS Action Plan (2008-2011) (2008)</i>	Implementation of life skills-based education in schools. Programme to be expanded into high-risk districts. Life skills education is integrated into teacher training, and peer education is planned for schools in selected high-risk districts. • "Prevention education for adolescents and youth at risk of migration and trafficking through mass media." • "Develop HIV Prevention Youth and Adolescents Strategy Teachers training for integrating life skills and HIV into schools--by MOE." • "Peer education targeting adolescents and youth with special focus on at-risk adolescents, youth and girls..." • Activities for "Out of school adolescents and youth (15-24 yrs) with special focus on high risk groups." • Activities for "Adolescent and youth in school focusing on districts with high risk and high incidence of disease." • "...HIV intervention is mainstreamed in the education sector through life-skills education while teacher training on life-skills is integrated into the teachers training curricula where it is also costed. In addition to life- skills education, peer education in schools of selected districts with high risk factors is planned." • "Update HIV AIDS Training curriculum." • "Develop and coordinate efforts with Ministry of Education for equal access to education for CABA." • "Sensitization and orientation to MoES, MoHP, curriculum development center, and DEO sensitized for effective delivery of life skills."

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Nepal (continued)	<i>National HIV/AIDS Strategy (2006-2011) (2006)</i>	<ul style="list-style-type: none"> <li>• "Utilize and expand life-skills interventions for developing safer sexual behavioural practices and increasing access to services with special emphasis to young people and adolescents."</li> <li>• "Expand peer-outreach programs aiming at HIV prevention education and harm reduction of drug use (i.e. IEC materials and condom distribution)."</li> <li>• For OVCs: "Coordinate and joint programming with Ministry of Education for equal access to education."</li> <li>• "Utilize and expand peer-education approach to promote HIV prevention education for most- at-risk population and at-risk-population based on evidence and national needs."</li> <li>• "Promote condom and lubricants (male/female) use as fashionable, acceptable and responsible, and as an essential part of HIV/AIDS, sexual health and sex education among all populations, especially MARPs, women and young people."</li> <li>• "Utilize and expand life-skills interventions for developing safer sexual behavioural practices and increasing access to services with special emphasis to young people and adolescents."</li> </ul>
	<i>National HIV/AIDS Advocacy Plan 2008-2011) (2008)</i>	<ul style="list-style-type: none"> <li>• "The Ministry of Education will integrate HIV in the life skill based education (LSBE) curriculum with adequate content at different levels."</li> <li>• "Ministry of Education will accept responsibility for imparting knowledge and skills for HIV prevention among youth through school curriculum including colleges and universities."</li> <li>• "Ministry of Education will integrate HIV in the regular training curriculum for teacher on LSBE"</li> <li>• "Initiate discussions to include HIV prevention education in college and university courses."</li> <li>• 4.2.2. Advocacy Objective: "-Young people will feel comfortable discussing HIV among themselves.; Young people of 15-24 years will have correct knowledge on ways of prevention of HIV transmission.; young people will have the skills to protect themselves from HIV, including sexual decision-making and access to services."</li> </ul>
	<i>National Guidelines for the Management of HIV and AIDS in Children in Nepal (2008)</i>	None
Pakistan	<i>National HIV and AIDS Strategic Framework (2007–2012)</i>	<ul style="list-style-type: none"> <li>• Recognised need for: "Development of the Life Skills Based Curriculum (LSBC) as an initiative of the National AIDS Control Programme; Development and distribution of educational material about HIV and AIDS in schools; Development of partnership with Ministry of Education as part of multisectoral approach to address HIV epidemic;"</li> <li>• "Resuscitate and implement the LSBC; and develop and implement a strategy for reaching youth in public and private sector schools, colleges and universities;"</li> <li>• "Train education departments on SRH education and HIV/AIDS."</li> <li>• "Expand, design and implement services for out-of-school youth."</li> <li>• Strategies for school-based initiatives: Develop a graduated and culturally sensitive life skills curriculum for primary and secondary levels, designed to enhance young people's confidence, communication skills and healthy decision-making; Develop a curriculum for teacher training institutions that correspondents with the life skills curriculum in order to enhance the capacity of new primary and secondary school teachers to provide effective life skills training for young people.; Provide in-service training on the new life skills curriculum to those primary and secondary teachers who are already in service in order to enhance their capacity to provide effective life skills training for young people.</li> <li>• Promote STI/HIV/AIDS education in extra-curricular activities for school-based youth, including such activities as debate clubs, theatre groups or peer-education initiatives.</li> </ul> <p>(The file was unable to be accessed by the review team. Analysis was provided by the UNESCO national HIV focal point.)</p>

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Papua New Guinea	<i>National HIV and AIDS Strategy (2011-2015) (Draft) (2010)</i>	<p>“Strategic Objectives:</p> <p>2.2.1 Young people have access to quality information and resources for STI and HIV prevention;</p> <p>2.2.3 Young people have access to quality youth-friendly reproductive and sexual health services;</p> <p>2.2.4 Teachers and schools are supported to deliver the Health and Personal Development curriculum;</p> <p>2.2.6 The Law and Justice Sector implements protective measures that reduces the vulnerability of children and young people to HIV;</p> <p>2.2.7 Programs targeting out-of-school youth for STI and HIV prevention are established.”</p>
	<i>Protection, Care, and Support for Children Vulnerable to Violence, Abuse, Exploitation, and Neglect in the Context of the HIV Epidemic in Papua New Guinea: Four Year National Strategy (2008-2011) (2008)</i>	<ul style="list-style-type: none"> <li>• “Ensure access for children vulnerable to violence, abuse, exploitation and neglect to essential services, particularly education, health and protection.”</li> <li>• “Produce and distribute rights based Information, education and communication materials and messages for children, their families, civil society and human services on good practices that strengthen family child protection behaviours.”</li> <li>• “Pilot district level education partnerships to get vulnerable children into school and to increase retention rates for children at risk of drop-out, especially girls and orphans.”</li> <li>• “Build the capacity of 14 National Department of Education Education Learning Centres to extend the reach of their services and programs provide increased coverage to vulnerable children.”</li> <li>• “Conduct HIV and AIDS prevention programs for the most vulnerable.”</li> </ul>
Philippines	<i>4th Medium-Term AIDS Plan (2005–2010) (2005)</i>	<p>The extent and quality of previous interventions will be assessed, the results of which will serve as the basis for developing an integrated approach in reaching young people, both in and out of school. Efforts to reach young people in schools will be doubled, and partnerships with community-based organisations involved in out-of-school youth programmes will be established. (pg. 22)</p> <ul style="list-style-type: none"> <li>• Key result area 2: Children and young people in school (formal, non-formal, alternative learning systems) are provided with appropriate STI/HIV/AIDS preventive information, life skills and services.</li> <li>• Key Result Area 3: Children and young people out of school provided with appropriate information and services on STI/HIV/AIDS. (pg. 22)</li> <li>• “For the education sector, the Department of Education (DepEd) is scaling-up the reach of its School-based AIDS Education Program (SAEP) through curriculum integration and training of Subject Area Supervisors at the district and division (provincial or city) levels.” (pg. 11)</li> <li>• Strategies: (pg. 51)</li> <li>• increase in the percentage of schools with teachers who have been trained in life- skills-based HIV/AIDS education and who taught it during the last academic year.</li> <li>• increase in the percentage of primary and secondary schools where life-skills- based HIV/AIDS education is taught.</li> </ul>
	<i>Strategic Framework on the HIV Response on Children and Young People (2010)</i>	<p>Strategies include: “1) implement HIV prevention interventions for children and young people, with strong focus on those most-at-risk and vulnerable to HIV infection; (2) ensure access of children and young people, particularly those living with and affected by HIV, to an agreed minimum set of appropriate services; (3) develop and implement policies that promote effective HIV responses that protect children and young people from all forms of abuse, exploitation, and violence and increase access to essential HIV-related health and other services at all levels;”</p> <ul style="list-style-type: none"> <li>• “All most-at-risk children have the right to be provided the following: <ul style="list-style-type: none"> <li>- Access to HIV and STI prevention information, services and commodities, including where to access HIV-related services;</li> <li>- Behaviour-specific life skills which empower young people to adapt safe behaviours, and motivation to translate skills into practice;</li> <li>- Access to HIV testing and counselling, and STI screening and management;</li> <li>- Referral to vocational training, in-school or out-of-school education opportunities, rehabilitation, shelters, and psycho-social counseling...”</li> </ul> </li> </ul>

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Country	Name of Strategy/Plan	Relevant content for sexuality education
Philippines (continued)	(continued) <i>Strategic Framework on the HIV Response on Children and Young People (2010)</i>	<p>(continued)</p> <ul style="list-style-type: none"> <li>• The following should complement the broader, less HIV-specific prevention approaches, namely: <ul style="list-style-type: none"> <li>- Key HIV and STI prevention information, including messages on where to access HIV-related services;</li> <li>- Strengthening life skills directed towards building the psycho-social and emotional resources of the child or young person;</li> <li>- Integration of HIV prevention and healthcare-seeking behaviours into intervention programmes that are already in place to respond to their broad needs;</li> <li>- Making health and essential HIV-related services and facilities accessible alongside the training of service providers, improving facilities, and implementing linking activities in the community.”</li> </ul> </li> </ul> <p>For low risk children and young people: “</p> <ul style="list-style-type: none"> <li>- Integration of age-appropriate and gender-sensitive HIV prevention education in the general school curriculum (formal and non-formal);</li> <li>- HIV prevention education linked to other learning objectives related to: sexuality, reproductive health, relationships, personality-development, life-skills, substance abuse education, and prevention of STIs;</li> <li>- Inclusion of issues of drug use, sex work, and male-to-male sex in skill-based sexuality education;</li> <li>- Provision of access of children and young people to HIV-related information, programmes and services; and,</li> <li>- Integration of age-appropriate and gender-sensitive HIV prevention education in the Parents’ and Teachers’ regular assembly program.”</li> </ul>
	<i>5th AIDS Medium Term Plan 2011-2016 (2011)</i>	<p>Under partners in the national response “<i>The Department of Education (DepEd) and the Commission on Higher Education (CHED)</i>... are tasked to implement HIV and AIDS education in all public and private schools (primary, secondary, and tertiary) across the country. However, this national response has yet to fully take off.” Civil Society Organisations (CSOs) “also implement community-based outreach and education programs in close collaboration with the Centers for Health and Development (CHDs), LGUs, and/or treatment hubs.”</p> <ul style="list-style-type: none"> <li>• “Program design for HIV prevention (1.1.1) is intended to be both comprehensive and focused on HIV education and other services that include building life skills to address HIV risk behavior.”</li> <li>• Minimum set of interventions for “children and young people most at risk for HIV infection” includes: “referral to vocational training, in-school or out-of-school education opportunities.. and psycho-social counseling.”</li> <li>• Minimum set of interventions for “children and young people at low risk and low levels of vulnerability includes: <ul style="list-style-type: none"> <li>- Integration of age-appropriate and gender-sensitive HIV prevention education in the general school curriculum (formal and non-formal);</li> <li>- HIV prevention education linked to other learning objectives related to: sexuality, reproductive health, relationships, personality-development, life-skills, substance abuse education, and prevention of STIs;</li> <li>- Inclusion of issues of drug use, sex work, and male-to-male sex in skill-based sexuality education;</li> <li>- Provision of access of children and young people to HIV-related information, programmes and services; and</li> <li>- Integration of age-appropriate and gender-sensitive HIV prevention education.”</li> </ul> </li> <li>• “Conducting HIV awareness campaigns to improve HIV knowledge alone is not sufficient when it overlooks the harsh realities in many children and young people’s lives. Information-giving has not been enough to produce results in this area. Children and young people most-at-risk for HIV infection require behaviour-specific life-skills, motivation, and a supportive environment to adopt safe behaviours. A more effective approach would require the following: the availability of commodities (to include prophylactics, as appropriate) that go with safer behaviours; requisite protection measures for the educators and the young people being reached; support of the local governments for the programme; and, capacities of educators to reach as many as they could with their services in a non-judgmental and non-discriminating manner, among others. Life-skills as well as technical and vocational skills would be desirable to help these young people access these and other livelihoods”.</li> </ul>

National HIV Strategies and Plans		
Country	Name of Strategy/Plan	Relevant content for sexuality education
Philippines (continued)	<i>(continued)</i> <i>5th AIDS Medium Term Plan 2011-2016 (2011)</i>	<i>(continued)</i> • “Similarly, schools or educational settings and teachers play key roles in (1) removing stigma and discrimination against people living with HIV; (2) providing emotional support; and (3) helping children and young people to remain free from HIV. Therefore, HIV prevention education should be integrated into broader education approaches, instead of very narrow vertical short-lived HIV projects. It is expected that integrating HIV into the curriculum in schools and non-formal education or learning settings (from pre-school to vocational and tertiary) will comparatively be a low-cost intervention. Finally, building the capacity of and supporting teachers, as imbedded in the mandate of the Department of Education and the National Early Childhood Care and Development Programme, will be a key to: improving educational quality; identification of vulnerable children and young people; providing support and counseling; and making curriculum more relevant to the daily needs of children and young people.”
Samoa	<i>Samoa National HIV/AIDS Plan of Action (in the Samoa HIV &amp; AIDS Policy 2011-2016) (2011)</i>	None. Only relevant content is peer education and outreach; however this is in the context of “HIV/AIDS Health Service Provision and under the Ministry of Health.
Solomon Islands	<i>The National HIV Policy and Multisectoral Strategic Plan 2005-10 (2005)</i>	Health Education and Promotion included among awareness and advocacy activities for prevention. • “To ensure people make informed decisions in regards to risk behaviour and safe sex practices by providing appropriate information of (ABC), and increase availability of condoms.” Strategies include to: “support HIV prevention initiatives in youths+ ARH/ sexual education + family life”...with a key action/activity to be to “implement sex education (formal & informal) [in] schools.” • To reduce risk and vulnerability among women and girls, the plan indicates that “Adolescents need sexual education and appropriate services as many young people especially girls have poor awareness.” To address this, the plan calls to “expand adolescence and sexual health for young women to all provinces.” • Develop appropriate IEC for BCI in ARH education in schools; curriculum review and development, ARH Training for teachers/educators.”
Sri Lanka	<i>National HIV/AIDS Strategic Plan (2007–2011) (2007)</i>	Strategy 5. Prevention: -Increase the scale and coverage of HIV communication interventions for the general population and lesser-risk populations (youth, migrant workers, etc.). • MOE to mainstream skills-based reproductive health education, including including HIV issues, into teacher training and student curriculum.
Thailand	<i>The National Plan for Strategic and Integrated HIV and AIDS Prevention and Alleviation (2007 - 2011) (2007)</i>	• “Develop continual learning processes on sexuality, sexual activity and AIDS issues in schools and other educational settings. • Develop a referral service for youth to access health services for HIV and STI prevention. • Build and promote a socially enabling environment to communicate messages on sex and AIDS for the family and the community. • Develop and support young people’s participation in decision making in the response to HIV prevention at all levels. • Promote better collaboration among local organisations to further support AIDS awareness and HIV prevention in schools and tertiary education institutions.” “Learning about sexuality, sex and HIV/AIDS education should be included into school curricula. Such education should also cover youth not enrolled in schools and tertiary institutions. The Ministry of Education should develop the capacity of the teaching staff of Rajapat Universities and all teachers’ colleges to ensure that this could be done throughout the country.” • “Develop curricula and coordinate activities to promote positive attitudinal changes leading to HIV prevention and AIDS alleviation among school and university students. Such curricula and activities should be based appropriately on their ages and social context as well as their participation and acceptance from teachers, parents and communities.” • “Develop and coordinate the management of curricula on HIV/AIDS and sex education at each level as well as push for such education and related activities in educational institutions under the supervision of government agencies and local government organisations.”



National HIV Strategies and Plans		
Country	Name of Strategy/Plan	Relevant content for sexuality education
Timor-Leste	<i>National HIV and STI Strategy for 2011-2016 (Draft)</i>	<ul style="list-style-type: none"> <li>• Strategic priorities include: "ensuring universal coverage of life skills based sex education for young people"</li> <li>• "That HIV and STI transmission is minimised among young people through the following service delivery areas: <ul style="list-style-type: none"> <li>- access to basic service package;</li> <li>- life skills based sex education through schools;</li> <li>- targeted interventions for higher risk sub populations"</li> </ul> </li> <li>• "Youth will be targeted through: <ul style="list-style-type: none"> <li>- interventions outlined in section 4.1.1 to develop an enabling environment;</li> <li>- school based life skills and sex education;</li> <li>- targeted interventions for out of school youth and other higher risk sub populations;</li> <li>- use of popular culture to promote safe sex;</li> <li>- ensuring youth can access condoms through measures targeted at the general population."</li> </ul> </li> <li>• "Life skills based sex education needs to include specific skills such as assertiveness and negotiation as well as clear and unambiguous knowledge regarding sexual behaviour and risk. It also needs to take account of young peoples understanding of their relationships with each other (e.g. concepts of love and romance often based on modelling through popular culture)."</li> <li>• "Peer based education needs to be strengthened targeting out of school youth and other higher risk sub populations. Higher risk youth sub populations include: <ul style="list-style-type: none"> <li>- unemployed youth;</li> <li>- young people living away from home often to undertake study or employment but sometimes as a result of family breakdown;</li> <li>- young people working in the hospitality industry;</li> <li>- young people among MARPs."</li> </ul> </li> </ul>
Viet Nam	<i>National Strategy on HIV/AIDS Prevention and Control in Vietnam till 2010, with a Vision to 2020 (2004)</i>	<ul style="list-style-type: none"> <li>• "To step up education and communication activities to provide knowledge and life-skills for street children (especially female children) in order to reduce the risk of contracting HIV in this group."</li> <li>• "To develop oriented intervention measures for inclusion into life- skills training, access to services, support and care for especially vulnerable young groups such as street children, working young people, school-dropping young people, disabled young people, ethnic minority young people and other groups."</li> <li>• "To offer more opportunities for young people to participate in, and contribute comments to, the development and designing of all young people's activities related to HIV/AIDS."</li> <li>• "To deploy, and improve the quality and effectiveness of, the program of training on prevention of HIV/AIDS transmission, gender education, reproductive health and life-skills education at universities, colleges, intermediate vocational schools and general education schools. To increase the time of teaching HIV/AIDS prevention and control in the system of medical schools, organize training courses for HIV/AIDS lecturers."</li> <li>• "To develop a program on education of life-skills for preventing HIV/AIDS transmission, to be used in schools of the educational and vocational training system."</li> <li>• "To step up communication on the program on prevention of mother-to-child HIV transmission in secondary education schools, colleges, universities, educational and vocational centers..."</li> <li>• "The Ministry of Education and Training shall assume the prime responsibility for, and coordinate with other ministries, branches, central agencies and provincial/municipal People's Committees in, organizing the integration of the program on education of the HIV/AIDS prevention and control knowledge and skills into the training curricula of universities, colleges, intermediate professional schools, vocational training and general education schools, suitable to their students."</li> </ul>
	<i>National Plan of Action for Children Affected by HIV and AIDS Until 2010, with a Vision to 2020</i>	One of the objectives is to: "Improve mechanisms for providing information, education, care, treatment and counseling for children affected by HIV/AIDS." Activities include to: "Develop extra-training curricula on HIV prevention and RH to integrate the curricula in the curricula of the national education system."

National Population and Reproductive Strategies and Plans		
Country	Name of Strategy/Plan	Relevant content for sexuality education
Afghanistan	<i>National Child and Adolescent Health Strategy (2009-2013) (2009)</i>	<ul style="list-style-type: none"> <li>• Collaboration with the Ministry of Education on: “-School curriculum development and health and nutrition education, -health education on sexuality and risks of early marriage; prevention of Tobacco use; prevention of accidents; dangers and avoidance of drugs.”</li> <li>• Adolescent health considerations include: “Raise awareness about sexuality, fertility and menstrual hygiene” and “Promoting healthy lifestyles regarding reproductive health.”</li> </ul>
	<i>National Reproductive Health Strategy (2003-2005) (2003)</i>	For Objective 2 “Strengthen information, education and behaviour change communication [BCC] for birth spacing”: “Family life education and life skills in schools, include family life education and life skills training in school curriculum. The Ministry of Health will liaise with Ministry of Education to develop and strengthen a family health education programme and appropriate materials [teachers guides, teaching learning material]. This would initially be pilot tested sensitively in the first phase in the appropriate age group of secondary students. Much experience has been accumulated globally in introducing reproductive health education in schools and this would be adapted as appropriate to the Afghan context.”
Bangladesh	<i>Adolescent Reproductive Health Strategy</i>	<ul style="list-style-type: none"> <li>• Effective dissemination of adolescent reproductive health knowledge and information through school curricula in secondary and higher secondary schools.</li> <li>• Review and revise existing curricula, based on needs assessments. Training of teachers on revised curricula. Implementing monitoring and evaluation systems to ensure classroom teaching of the curricula.</li> </ul> <p>(The file was unable to be accessed by the review team. Analysis was provided by the UNESCO national HIV focal point.)</p>
Cambodia	<i>National Strategy for Reproductive and Sexual Health in Cambodia (2006–2010) (2006)</i>	“The MOH has acknowledged the importance of providing services for adolescents and NRHP has developed national guidelines for adolescent friendly reproductive and sexual health (AFRSH) services.”
	<i>Health Strategic Plan (2008-2015) (2008)</i>	Strengthen public health interventions to deal with cross-cutting challenges, especially gender, health of minorities, hygiene and sanitation, school health, environmental health risks, substance abuse/mental health, injury, occupational health, disaster, through timely response, effective collaboration and coordination with other sectors.
India	<i>National Adolescent Reproductive and Sexual Health Strategy (2005)</i>	<p>Overall objective of Adolescent Reproductive &amp; Sexual Health (ARSH) Strategy “is to contribute to the Reproductive and Child Health Phase II (RCH II) goals of reduction of IMR, MMR and TFR. Objective to be met by:</p> <ul style="list-style-type: none"> <li>• Reducing teenage pregnancies;</li> <li>• Meeting unmet contraceptive needs; • Reducing number of teenage maternal deaths;</li> <li>• Reducing incidence of STIs; and</li> <li>• Reducing proportion of HIV positive in 10- 19 years age group.”</li> </ul>
Indonesia	<i>Kebijakan dan Strategi Nasional Kesehatan Reproduksi di Indonesia (National Strategy of Adolescent Health) 2005</i>	<p>Relationship between risk factors and protective factors and adolescent behaviour and health include concept framework of adolescent’s behaviour. “Strategic issues determining prioritization of intervention to improve adolescent health ...Healthy and clean lifestyles; Promotion of growth and development and sound lifestyles including nutrition, sport, personal hygiene, and prevention of premarital sex, postponement of couple young marriages’ pregnancy.</p> <ul style="list-style-type: none"> <li>• Improvement of skill of health personnel in adolescent counseling, LSE, prevention and detection as well as HIV/AIDS management.”</li> </ul>
	<i>Policy and National Strategy of Reproductive Health in Indonesia (2005)</i>	<p>“The policy and strategy was signed by Ministry of Health, National Coordinating Board for Family Planning, Ministry of Social Affair, Ministry of Women Empowerment and Childs Protection and Ministry of National Education. This national policy and strategy was part of the follow up of ICPD implementation and ARH was included as one of main subjects.”</p> <ol style="list-style-type: none"> <li>1. “The Government and community have to support and create conducive environment for ARH so young people could have access to get information and services for ARH. ARH education should be provided through formal and non formal education system. It needs coordination and continuous support and partnership with multi sectors. The youth involvement should be conducted in these processes.</li> <li>2. ARH strategy: a. Emphasizing the prevention of teenage marriage and pre-marital sex; b. Involving multi sectors, private sectors and NGOs.; c. The ARH education uses the peer counselor approach and should target young people in formal and non formal school and young people in out of school.; d. The ARH education is integrated into relevant subjects and extra-curricular activities such as guidance and counseling, Healthy Life Skills Education and School Health Enterprise (UKS); e. The ARH services should apply the youth friendly service approach and involving young people in every activity.”</li> </ol>

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Country	Name of Strategy/Plan	Relevant content for sexuality education
Malaysia	<i>National Adolescent Health Plan of Action 2006-2020 (2006)</i>	Sexual and reproductive health is one of the priority areas of adolescent health and incorporating the priority areas into the school curriculum is one of the activities included in the plan. (According to <i>LPPKN (Lembaga Penduduk dan Pembangunan Keluarga Negara or National Population &amp; Family Development Board)</i> and <i>FRHAM (Federal of Reproduction Health Associations, Malaysia)</i> ).  (The file was unable to be accessed by the review team. Analysis was provided by the UNESCO national HIV focal point.)
Mongolia	<i>National Program on Reproductive Health</i>	The National Program on Reproductive health has been renewed twice since its first adoption. With respect to HIV and AIDS, the Second Reproductive Health Program from 2001 called for legal revision to decrease discrimination of HIV-infected people and to increase focus on adolescent reproductive health issues through sensitising school leaders and teachers, creating adolescent-friendly clinics and training adolescent peer-trainers. The Third National Program from 2007 emphasised greater use of evidence-based information, training and advocacy for prevention of STIs and HIV, better coordination between prenatal care and STI/HIV detection, and creation of women and adolescent-friendly STI consultation centres, among other measures [Situation and Response Review, 2009, UNESCO]  (The file was unable to be accessed by the review team. Analysis was provided by the UNESCO national HIV focal point.)
Nepal	<i>National Adolescent Health and Development Strategy (2000)</i>	<ul style="list-style-type: none"> <li>• “Integrate adolescent health and life skills initially as extra curriculum activities and eventually in the regular curriculum.”</li> <li>• “Establish and promote adolescent/youth centres in the community to support adolescent issues and promote peer- education in formal and non-formal settings and make access to the information on health and career development[sic].”</li> <li>• “Adolescent health services and education packages will include the following topics and information: <ul style="list-style-type: none"> <li>• “Information, education and counselling on human sexuality regarding puberty, marriage, the reproductive process, sexual relationships and responsible parenthood for adolescents in order to develop responsible sexual behaviour among young people.”</li> <li>• “Information, education, communication, counselling and services about contraception (emphasising the prevention of early and/or unwanted pregnancies and STIs for all sexually active adolescents without discrimination).”...“Information, education and counselling on prevention and management of RTIs, STDs, HIV/AIDS and other reproductive health conditions.”</li> <li>• ...“Information about life skills, career development and employment opportunities.”</li> </ul> </li> </ul>
	<i>National Health Sector Plan II (2010-2015)</i>	<ul style="list-style-type: none"> <li>• “In NHSP-2, health education and communication will prioritize certain focused programs of EHCS, such as maternal and child health, adolescent health, communicable and non- communicable diseases, tobacco control, emergency and disaster preparedness including pandemic influenza, gender equality and social inclusion, and occupational and environmental health.”</li> <li>• “Reduce barriers to people accessing services, including making services more “adolescent friendly” to encourage young people to utilise services. The Ministry will also work with the Ministry of Education to advocate retaining reproductive health issues within the school curriculum.”</li> </ul> (The file was unable to be accessed by the review team. Analysis was provided by the UNESCO national HIV focal point.)
	<i>National Reproductive Health Strategy (1998)</i>	The file was unable to be accessed by the review team.
Pakistan	<i>Sexual and Reproductive Health Rights Assessment Framework (SeHRAF) (2009)</i>	None
	<i>National Reproductive Health Service Package (2001)</i>	The file was unable to be accessed by the review team.
Philippines	<i>National Policy and Strategic Framework on Male Involvement in Reproductive Health (2006)</i>	“Seven priority elements of reproductive health for immediate action by the health sector...including adolescent reproductive health, family planning, violence against women and children, prevention and management of abortion and its complications, prevention and treatment of reproductive tract infections, including STI, HIV/AIDS, and education and counseling on sexuality and sexual health.”
	<i>Adolescent and Youth Health and Development Program (AYHDP) Implementing Guidelines (2001)</i>	Provide “Information about specific areas of health, such as nutritional requirements, dental care, physical activity, sexual and reproductive health, and ways to express feelings without resorting to aggression towards others.”
Solomon Islands	<i>National Health Strategic Plan 2010-2015 (2003)</i>	“The health sector and some health-related sectors, especially education, will reduce the most important individual and family behavior-related risk factors through health promotion and some prevention services.” Most content of the plan, however, focuses on the health sector’s response.

National Population and Reproductive Strategies and Plans		
Country	Name of Strategy/Plan	Relevant content for sexuality education
Thailand	<i>National Reproductive Health Development Strategies and Policies 2010 - 2014</i>	<p>Strategy 2: Encourage everyone in all sexes and ages to have appropriate and safe reproductive and sexual health.</p> <p>Goal:</p> <ol style="list-style-type: none"> <li>1. Have educational approaches both formal and informal education with participatory approach on sexuality education and all life aspect of skills consistently and concerning contexts of different genders.</li> <li>2. People in all age ranges have appropriate and responsible attitudes and behaviors in safe sex practices. Objective: To encourage people of all ages to learn and possess appropriate and responsible reproductive attitudes and behaviours.</li> </ol> <p>Measure:</p> <ol style="list-style-type: none"> <li>1. Support holistic sexuality and life skills education, which is socio-culturally appropriate, which leads to sexual responsibility and gender equality by determining it as a life long education both in the formal and non-formal settings.</li> <li>2. Support the dissemination of information on reproductive and sexual health, which covers the aspects of health promotion, risk reduction from STIs, decision making on treatment and use of medications.</li> <li>3. Set standards to promote IEC materials, which respond to diverse cultural needs, social situations and specific needs of different target populations, including gender, age, disability and disadvantages for harmony, including preventing sexual violence in the society.</li> </ol>
Timor-Leste	<i>National Reproductive Health Strategy (2004-2015) (2004)</i>	<ul style="list-style-type: none"> <li>• "Develop and provide life-skills training that is age-appropriate and culturally acceptable, enabling young people to cope with their health and development including reproductive health."</li> <li>• "Ensure that the concept of reproductive rights has been included in school curricula and out- of-school programmes for young persons through the activities of youth groups and other community organizations. Young people need to be educated on issues related to reproduction and human sexuality, including family planning methods, STIs and HIV/AIDS prevention."</li> <li>• "Social awareness on reproductive rights, changing reproductive health need over life cycle and availability of reproductive medical services for all groups of population through accurate, culturally acceptable, gender-sensitive informational package. Most emphasis will be placed on behavioral and socio-psychological outcomes."</li> </ul>
	<i>National Guidelines for the Provision of Youth Friendly Health Services (Draft)</i>	<ul style="list-style-type: none"> <li>• "Provision of information and Education on Reproductive Health."</li> <li>• "Information, Education and Communication (IEC) materials, particularly those on critical issues in sexual and reproductive health, should be available at a Youth Friendly Health Site. The materials should be available to read and take away for youth who would like to read more on their own."</li> </ul>
	<i>National Health Sector Strategic Plan 2008-2012 (2007)</i>	Health Promotion and Education included as a priority, primarily focusing on health sector interventions. One strategy notes that a "health promotion strategic framework" should be developed allowing for approaches in different settings including "schools and other educational institutions." Monitoring and coordination activities include to "Build structural links between schools and health facilities to enhance the above-mentioned management and support activities for school health education" and to "Engage inter-sectorally across government, especially for school health education, to promote and institutionalise BCC/BCI materials approved by the MOH."
	<i>Timor-Leste National BCC Strategy for RH/FP/SM 2007-2011 (2007)</i>	Goal: "Youth men/women have comprehensive knowledge about HIV/AIDS."
Viet Nam	<i>National Strategy on Reproductive Healthcare (2001-2010) (2001)</i>	<p>Objective: to "improve the status of RH, sexual health of adolescents through education and counseling and provision of RH services suitable to different age groups"</p> <ul style="list-style-type: none"> <li>• "The Ministry of Education and Training shall be responsible for mapping out and guiding the implementation of the programme on gender, reproductive and sexual health education for pupils of general schools, colleges, universities, secondary vocational schools and other form of education. The Ministry shall coordinate with the MoH in planning to provide teachers with more knowledge and skills for teaching and imparting the contents of sex, sexuality and RH. The Ministry shall participate in IEC activities relating to RHC for pupils and students"</li> <li>• "To make a diversified use of communication channels, ranging from person-to-person, via the national communication network, to general school curriculum, different form of folk arts and culture, seminars involving community leaders."</li> <li>• For the reproductive health of adolescents: "1. Provide information about sex and sexuality; 2. Instruction and explanation about FP methods, available contraceptive methods, the danger and harm of being pregnant and having baby early."</li> </ul>

National Education Sector Strategies and Plans		
Country	Name of Strategy/Plan	Relevant content for sexuality education
Afghanistan	<i>Education Strategic Plan (2010-2014) (2010)</i>	Foresees including cross-cutting issues such as HIV into subjects and text books, including at primary level.
	<i>National Higher Education Strategic Plan (2010-2014) (2009)</i>	None
Bangladesh	<i>Education for All, National Plan of Action (2003–2105) (2003)</i>	None
Bhutan	<i>Education Sector Strategy: Realizing Vision 2020 Policy and Strategy (2002)</i>	<p>“Current Status...The post-literacy programme also aims to disseminate useful information on a variety of subjects including health, hygiene, HIV/Aids, nutrition, improved child-rearing practices and livelihood toward improving people’s quality of life.”</p> <p>Action Plan: “The Ministry will also develop programmes to address prevailing youth problems and issues such as substance abuse, alcoholism, AIDS, reproductive sciences and target these to those affected or the most vulnerable groups. A core group of teachers will be trained to provide guidance and counselling within the schools.”</p>
Brunei Darussalam	<i>Strategic Plan (2007-2011) (2007)</i>	None
Cambodia	<i>Education Strategic Plan (2009-2013) (2010)</i>	<ul style="list-style-type: none"> <li>• “Sub-programme 1.2 Strengthen of quality and efficiency in Primary Education:”</li> <li>• “Strengthen and expand CFS programs with activities such as effective learning and teaching, social emotional learning, special education, inclusive education, multi- grade teaching, bilingual education, minimum curriculum standards, library programs, local life-skills, HIV/AIDS prevention, health issues, scholarships, school feeding and block grants for school improvement, especially in border and triangle areas.”</li> <li>• “Sub-programme 1.5: Expansion of Non-formal Education:”</li> <li>• “Providing out-of-school youth with NFE MOEYS peer-education, life-skills for HIV/AIDS/Bird Flu, in cooperation with Development Partners and related NGOs.”</li> <li>• “Sub-programme 1.6: Strengthening and expansion the School Health Promotion Program:”“The main objective of this programme is to improve the health status of education staff and student through enhanced awareness of school based health education, sanitation, communicable disease prevention, non communicable disease prevention, food safety and nutrition and improving basic health care services and physical hygiene facilities including health checks...”</li> <li>• Main programmes and activities: “Development of a policy and plan for school health education at national and sub- national levels.”; “Development of facilities and documents on school health education.”; “Training for sub-national staff on sexual, reproductive health, HIV/AIDS, awareness on violence, gender, drug and relevant topics.”; ‘ Enhancing awareness health education focus on sexual, reproductive health and right including HIV/ AIDS, STI, Drug and relevant topics; Sub-programme 1.7: Technical and Vocational Education Expansion; “Provide technical and vocational education, life-skill education and vocational orientation in general schools.”; Programme 4: Department of Youth</li> <li>• “Awareness workshop on HIV/AIDS.”; “Youth and child education through the media.”</li> </ul>
	<i>MOEYS Strategic Plan and Operational Plan for HIV(2008–2012) (2008)</i>	<p>“Goal: Reduce HIV-related vulnerability, stigma and risk behaviours through expanded coverage of effective education interventions. Strategies:</p> <ol style="list-style-type: none"> <li>1. Increased coverage and quality of HIV education in schools. This strategy aims to provide age appropriate education about HIV and related issues to children and youth who are in school, in respect of Cambodia’s social and cultural norms;</li> <li>2. Increased coverage and quality of HIV education for children and youth who are especially vulnerable and at higher risk. MoEYS will strengthen its HIV response for those at higher risk including out-of school children and youth. It will continue to mainstream HIV in community-based non formal education;</li> <li>3. Strengthened institutional capacity to mainstream HIV across MoEYS departments and activities;</li> </ol>

National Education Sector Strategies and Plans		
Country	Name of Strategy/Plan	Relevant content for sexuality education
Cambodia (continued)	(continued)  <i>MOEYS Strategic Plan and Operational Plan for HIV(2008–2012) (2008)</i>	(continued)  4. Increased coverage of evidence-based interventions to mitigate vulnerability and the impact of HIV on the education system." Priority activities include: 1) "Integrate HIV into the national curriculum: revised HIV content will be integrated in the national curriculum in Biology and Social science in lower secondary school grade 7 and grade 9. New teaching and learning materials integrating HIV and related issues will be developed for Biology and social science (Teacher guide, textbook....); 2) Integrate life skills HIV education into the local life skills programme: The LSHE programme will be integrated within the LLSP, where it will be a compulsory component; 3) Strengthen pre-service teacher training; 4) Strengthen in-service teacher training; 5) Strengthen support at the school and community level."
	<i>Child Friendly Schools (CFS): Master Plan (2007-2011) (2007)</i>	"Mainstreaming of HIV-AIDS education in primary and lower secondary schools."
	<i>EFA National Action Plan (2003–2015)</i>	<ul style="list-style-type: none"> <li>• "Growing AIDS prevalence could add significantly to teaching service and teacher training costs if it becomes a major problem. Given the significant public and private investment in secondary and post secondary education, a first measure could be a targeted HIV/AIDS awareness program for the education sector. A second measure could be further research into potential HIV/AIDS impact on education planning with the intent of building on the initial HIV/AIDS education situation analysis initiated by MOEYS."</li> <li>• "Development of a new life skills curriculum in lower secondary schools, covering Civics, Environment, HIV/AIDS and other social concerns for introduction in 2002/3."</li> <li>• "Support for efforts to develop and revise curricula that integrate life skills within the current learning program for grades 1 to 9 including such areas as agriculture, child care, family budgeting, civics, environment, health, and nutrition. The intention in developing such curricula will be to act as an incentive to keep children in school by making learning useful to families and children themselves in later life."</li> <li>• "Proposed studies to assess potential HIV/ AIDS impact on education services, especially teacher supply/ demand planning and PAP for School Health and Youth AIDS Awareness."</li> </ul>
	<i>Education Strategic Plan (2006-2010)</i>	<p>"4.4. Strategies for Addressing Crosscutting Issues: When implementing the policies and strategies in this ESP special attention needs to be given to certain issues in order to assure that the measures reach also the weaker groups in society. Therefore, additional measures to provide education and training in the border areas, including measures to address the vulnerability of out-of-school youth to cross-border social problems, including HIV/AIDS and child labour and trafficking, and to ethnic minorities, need to be incorporated.</p> <p>ESP Strategy and Interventions: HIV/AIDS: Specific HIV/ AIDS policy and strategy paper, incorporating targeted interventions for HIV/AIDS, sexual health and reproductive care, and drugs awareness raising for in-school and out-of-school youth and for vulnerable groups (e.g., cross-border areas). Border Areas: Specific border areas education strategy being developed, including service expansion as means of reducing vulnerability (e.g., HIV/AIDS, drugs, infectious disease, child labour, and trafficking)."</p>
	<i>Education Support Programme (2006-2010) (2005)</i>	<p>"2.3. Primary Education Access Quality and Efficiency: "Strengthen and expand the child friendly school program with improved school management, inclusive education and special education, multi grade teaching, bilingual education, revised curriculum and minimum learning standards, libraries and local life skills programs, such as prevention of HIV/AIDS and other health problems".</p> <p>"Provision of MoEYS classroom based Life-skills for HIV/AIDS program, in cooperation with selected NGOs." 2.4 Lower Secondary Education Access, Quality and Efficiency: "Provision to out-of-school youth of MoEYS peer-education Life-skills for HIV/AIDS program, in cooperation with selected NGOs"" "Support the implementation of the life skills, HIV/AIDS and reproductive health policies, and programs through the provision of Life Skills textbooks, resources and specific life skills teacher training". 2.5 Upper Secondary Education Access and Equity: "Provision of MoEYS peer-education Life-skills for HIV/AIDS program, in cooperation with selected NGOs." 2.7 Continuous Teacher Development: "Delivery of HIV/AIDS awareness courses and supporting textbooks and manuals to all newly teacher training students"" "Delivery of in-service child friendly HIV/AIDS life skills training, supporting improved teaching approaches." 2.9 Non-Formal Education Expansion: "With limited financial resources, MoEYS will review the scope and feasibility of literacy and life-skills initiatives as a means for marginalized and excluded youth and adults to strengthen basic capacities for income generation, agricultural innovation and socio-economic development and focus on life-skills for preventing HIV/AIDS and other health issues". "Provision to out-of-school youth of MoEYS peer-education Life-skills for HIV/AIDS program, in cooperation with selected NGOs".</p>

National Education Sector Strategies and Plans		
Country	Name of Strategy/Plan	Relevant content for sexuality education
China	<i>EFA National Action Plan (2003–2015) (2003)</i>	<ul style="list-style-type: none"> <li>Progress should be made in "...constructing curricular systems responding to the needs of the 21st century, developing curricula, subject matters, objectives, and standards oriented to the implementation of EQO education: reforming the means and methods of teaching, strengthening the training of life skills and practical abilities of students; adding materials concerning HIV/AIDS pandemic, sexually transmitted diseases, and drug abuse in health education to combat these evils to promote the health of people."</li> <li>"In lower secondary education, positive steps should be taken to introduce teaching materials related to the prevention of HIV/AIDS. According to the "Mid- and Long-term Plan for the Prevention and Control of AIDS in China" and "China's Action Plan for Holding Back and Controlling AIDS and STD" instructions concerning the prevention of AIDS, STD, and drug abuse should be introduced in health education, delivered through a variety of means, such as lectures, knowledge contests, blackboard news bulletins, and other delightful forms."</li> </ul>
	<i>Outline of China's National Plan for Medium and Long-term Education Reform and Development (2010-2020) (2010)</i>	None
	<i>Middle and Primary School Health Education Guidance Framework (2008)</i>	<p>The guidelines sets age-appropriate (five age groups) and progressive health education objectives for students of primary, lower secondary and higher secondary schools, in five areas including healthy behaviour and lifestyle, disease prevention, psychological health, body development and puberty health-care, safety and security. HIV and AIDS and drugs education are included in the objectives for lower secondary schools, while sexuality education is required of higher secondary schools. It requires all schools to offer six to seven hours of health education each semester in various formats that suits different school situations, such as through classes on "PE and Health", "Social and Morality Education", and "Biology".</p> <p>(The file was unable to be accessed by the review team. Analysis was provided by the UNESCO national HIV focal point.)</p>
	<i>National Working Plan of Health Education and Health Promotion (2005-2010), by the Ministry of Health 2005</i>	The National Working Plan of Health Education and Health Promotion stipulates that "as the place for specific group, schools should carry out health education and health promotion to cultivate healthy behavior among students."
DPRK	<i>National Plan of Action on Education for All (2008)</i>	None
Fiji	<i>Education Sector Strategic Development Plan (2009-2011) (2009)</i>	<i>Priorities in the plan include: a) increasing community awareness of HIV/AIDS and substance abuse; b) providing guidance and counselling; and c) implementing the HIV/AIDS policy by 2010. Also mentions that curricula have been reviewed, materials developed and teacher training done for reproductive health and that a draft family life syllabus for F1-F7 exists.</i>
India	<i>EFA National Plan of Action (2003–2015) (2003)</i>	None
	<i>The Adolescence Education Programme (AEP) (2009-2010) (2007)</i>	<ul style="list-style-type: none"> <li>Aims to build like skills of the young people and help adolescents cope with negative peer pressure, develop positive behaviour, improve sexual health and prevent HIV infections. Under the programme, sixteen (16) hour-long sessions are scheduled during the academic sessions in classes IX and XI. 47,000 schools have been covered to impart the knowledge and skills to their students during 2009-10.</li> <li>"The Adolescence Education Programme (AEP) aims at: Co-curricular adolescence education in classes IX-XI; -Curricular adolescence education in classes IX-XI and life skills education in classes I- VIII; Inclusion of HIV prevention education in pre-service and in-service teacher training and teacher education programmes.; Inclusion of HIV prevention education in the programmes for out-of-school adolescents and young persons; and Incorporating measures to prevent stigma and discrimination against learners/students and educators and life skills education into education policy for HIV prevention."</li> </ul>

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Indonesia	<i>National Plan of Action: Indonesia's Education for All (2003-2015)</i>	None. Life Skills section focuses on vocational/educational skills.
	<i>MONE Strategic Plan (2005–2009) (2005)</i>	None
	<i>Strategi Pencegahan HIV/AIDS Melalui Pendidikan (HIV/AIDS Prevention Strategy through Education)</i>	<ul style="list-style-type: none"> <li>• “Goals: The main goals of the strategy of HIV and AIDS prevention through education are 1. to improve knowledge and develop the ability to deliver information about HIV and AIDS prevention education and its threats; 2. to increase and develop awareness of the importance of healthy behaviour and responsibility; 3. to improve and establish healthy behaviour and responsibility as well as to improve life skills education.”</li> <li>• “Objectives: The objectives of the strategy of HIV and AIDS prevention through education are:                             <ol style="list-style-type: none"> <li>1) Students in elementary and secondary level, also at higher level.;</li> <li>2) Students in non-formal education.;</li> <li>3) Educational personnel who include educational unit managers, teachers, lecturers, tutors, coaches, officials learned supervisors, researchers and developers in the field of education, technical laboratory workers of learning resources, and librarians, as well as functional staff in the field of education.;</li> <li>4) Organisers and administrative staff in education unit.”</li> </ol> </li> <li>• Strategy of HIV and AIDS prevention through education includes:“                             <ol style="list-style-type: none"> <li>1) HIV and AIDS prevention on elementary school level is held through curricular and extracurricular activities.;</li> <li>2) HIV and AIDS prevention at senior high school level (SMA/SMK and on equal level) is held through peer-education, life skills education, and guidance and counseling service, besides through curricular and extracurricular activities.;</li> <li>3) HIV and AIDS prevention through junior high school level (SMP) and senior high school (SMA/SMK and in equal level) is held by integrating knowledge of HIV and AIDS into relevant courses and/or as study materials in competency-based curriculum developed in region or school.;</li> <li>4) Prevention through extra-curricular in SD, SMP, and SMA/SMK and in equal level is held by executive team of School Health Programme (UKS), School Students Organisation (OSIS), School Committee or other organisations available at school and can collaborate with Community Health Centre (Puskesmas) or other relevant organisations.;</li> <li>5) Not only through UKS, OSIS, and School Committee, HIV and AIDS prevention through extracurricular activities to students at SMA/SMK and an equal is also held through scout activities, Youth Red Cross, and nature lovers.;</li> <li>6) HIV and AIDS prevention for college students is held through peer-education, campus school orientation, and other relevant activities at college.;</li> <li>7) At college available with health-related faculty/major/programme, HIV and AIDS prevention education is held through curricular and extracurricular activity.;</li> <li>8) HIV and AIDS prevention and reduction for students at Program Paket A, Paket B, and Paket C, as well as other non-formal courses and education units, are held through teaching learning process and peer-education approach.;</li> <li>9. HIV and AIDS prevention for young people is held through youth activities such as youth peer group (KPS), students exchange programme, and also other possible activities...”</li> </ol> </li> <li>• “Enhance and develop education and training cadres of peer educators. The programme is directed to develop knowledge and skill capacity for peer-educators to increase their roles in prevention HIV and AIDS efforts.”</li> </ul> <p>(The file was unable to be accessed by the review team. Analysis was provided by the UNESCO national HIV focal point.)</p>
Lao PDR	<i>Education Sector Development Framework (2009–2015) (2009)</i>	None
	<i>Education Strategic Vision Up to the Year 2020 (2000)</i>	None
	<i>Education for All Plan of Action (2003-2015) (2005)</i>	“[With support from UN agencies, NGOs and concerned agencies] Develop and distribute to primary schools supplement materials on life skills, reproductive health and HIV/AIDS, “Health Promotion Learning Kits,” and Education for Sustainable Development.” (p. 62)



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Malaysia	<i>Education Development Plan (2001-2010) (2001)</i>	None
Mongolia	<i>Master Plan to Develop Education of Mongolia in 2006-2015 (2006)</i>	None
	<i>Education Sector Strategic Plan on School Health Education (2010-2015)</i>	<p>“There is a need for expansion of comprehensive health education and HIV prevention programmes not only among secondary schools, but TVET students, out-of-school children and youth and disabled people and general population”. Within the scope of non-formal education, several curricula including the “Health Education Curriculum for the General Population” (2005), health education provided to out-of-school children and youth through the equivalency education curriculum of concurrent secondary education (2006) and STI/HIV/AIDS preventive education curriculum (2007) etc., have been developed and implemented.”</p> <p>(The file was unable to be accessed by the review team. Analysis was provided by the UNESCO national HIV focal point.)</p>
Myanmar	<i>EFA National Action Plan (2003-2015)</i>	Includes the promotion of child-friendly schools with a sub-project on School-based Healthy Living and HIV/AIDS Prevention Education.
Nepal	<i>EFA National Action Plan (2003–2015) (2003)</i>	“Health and nutrition program package within the ECD centres will be developed at the local level...”
	<i>School Sector Reform Plan (2009–2015) (2009)</i>	None. “Basic life skills and introductory contents on vocational skills will be integrated in grades 6 to 8 curricula.”
	<i>School Health and Nutrition Strategy (2005)</i>	The strategy stresses the need for a collaborative effort between the two key ministries, the MOE and the MOH, for the well-being and quality of education of school children. It has four strategies: i) emphasis on improved nutrition and health services; ii) focus on creating healthy school living; iii) reinforce life skills-based and behaviour-centred health education (including on HIV); iv) supportive community and policy environments.
Pakistan	<i>Education Sector Reforms Action Plan (2001–2006) (2004)</i>	None
	<i>EFA National Action Plan (2001-2015) (2003)</i>	“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.”
Papua New Guinea	<i>National Education Plan (2005-2014) (2004)</i>	<ul style="list-style-type: none"> <li>• “Support the implementation of the HIV/AIDS policy. Develop and provide appropriate teacher and student materials.”</li> <li>• “Develop and provide appropriate HIV/AIDS, substance abuse and gender equity materials for trainee teachers.”</li> </ul>
	<i>Universal Basic Education Plan (2010-2019) (2009)</i>	“...there will be the development, trial and distribution of support materials for teachers, teacher trainers and schools.”
	<i>HIV/AIDS/STIs Implementation Plan 2007-2012 for the National Education System of Papua New Guinea (2007)</i>	<p>“Key Strategic Area #1: Prevention for Students Objective: Students acquire the knowledge and information and develop appropriate life skills to be free of HIV infection all their lives.</p> <ul style="list-style-type: none"> <li>• Strategy 1.1: Information and Awareness <ul style="list-style-type: none"> <li>1.1.1 Accurate information and awareness will be made available and accessible to all schools and institutions and students. This will include information on the use of condoms when developmentally appropriate for students, as part of the Government’s ABC message.;</li> <li>1.1.2 Teachers will be trained in HIV and sexual health matters;</li> <li>1.1.3 Appropriate school personnel will be trained in HIV and sexual health counselling and support;</li> <li>1.1.4 Awareness training will be conducted for communities, parents and other family members.</li> </ul> </li> <li>• Strategy 1.2: Curriculum Education will be provided on HIV and AIDS. <ul style="list-style-type: none"> <li>1.2.1 Information about HIV/AIDS, character development and life skills (eg decision making, relationship building) will be integrated into all appropriate curriculum areas and subjects at all levels of schooling.;</li> <li>1.2.2 Appropriate teaching and learning resources which are gender sensitive, will be developed to support HIV/AIDS curriculum programs.;</li> <li>1.2.3 Through in-service and pre-service programs, educators will be trained to effectively integrate HIV prevention information into lessons and the curriculum.;</li> <li>1.2.4 Peer education programs will be developed and implemented to support the school curriculum.</li> </ul> </li> </ul>

National Education Sector Strategies and Plans		
Country	Name of Strategy/Plan	Relevant content for sexuality education
Papua New Guinea (continued)	<i>(continued)</i> <i>HIV/AIDS/STIs Implementation Plan 2007-2012 for the National Education System of Papua New Guinea (2007)</i>	(continued) <ul style="list-style-type: none"> <li>• Strategy 1.3: Environment Teaching and learning environments will be safe and health-promoting. <ul style="list-style-type: none"> <li>1.3.1 All schools should strive to become health promoting schools;</li> <li>1.3.2 Schools will promote healthy lifestyles and good nutrition programs;</li> <li>1.3.3 Staff and students will work together to create an environment free of discrimination, exploitation, sexual harassment, bullying, abuse and violence;</li> <li>1.3.4 Teachers and students in every school and institution will be trained in universal infection control precautions;</li> <li>1.3.5 Basic First Aid Kits will be maintained in every school and institution.</li> </ul> </li> <li>• Strategy 1.4: Partnerships <ul style="list-style-type: none"> <li>1.4.1 Partnerships will be established with relevant community – based organizations and non- government organizations (NGOs) to provide information, prevention and counselling services for students;</li> <li>1.4.2 Partnerships will be established with community – based youth groups to support access to information and peer education.</li> </ul> </li> <li>• Strategy 1.5: Female and Male Students. The different needs and circumstances of female and male students will be addressed; <ul style="list-style-type: none"> <li>1.5.1 Implementation of the policy will take into account the different biological, social and cultural needs of males and females;</li> <li>1.5.2 Strategies will recognize that girls and young women are in particularly vulnerable position in relation to HIV/AIDS;</li> <li>1.5.3 Schools and institutions with student boarders will make additional provisions for the protection of female and male students; 1.5.4 Schools will teach students about gender roles, the influence of power in male- female relationships and responsible and protective behaviours.”</li> </ul> </li> </ul>
	<i>Education Capacity-Building Program (ECBP) with Implementation Plan (2007-2012) (2011)</i>	<p>“ECBP is a sector wide programme of which HIV/AIDS and Gender Equity are cross cutting themes. It has multiple interventions across national and provincial education systems with the objective of supporting the implementation of the Department of Education’s HIV/AIDS/STI Implementation Plan 2007-2012.</p> <p>“All schools will be impacted by this programme: 4700 Elementary schools; 3300 Primary schools; 250 Secondary schools; 140 Vocational schools; 10 teachers colleges.</p> <p>Target Population: Elementary to G12 to pre-service and in-service teachers and DoE officers. Current estimates are approximately 1,000,000 students and 35,000 staff,</p> <p>Project Period: ECBP is a 10 year programme. DoE Implementation Plan lasts from 2007-2012 and will be supported throughout that by ECBP.”</p>

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Philippines	<i>Philippine National Plan of Action to Achieve Education for All By Year 2015 (2005)</i>	None
	<i>National Technical Education and Skills Development Plan (2005-2009) (2005)</i>	None
	<i>Implementing Rules and Regulations on STD/HIV/AIDS (1998)</i>	<ul style="list-style-type: none"> <li>• "HIV/AIDS education and information shall consist of knowledge, skills and attitude competencies, accessible and available to all Filipinos, and targeted for the following groups: [including] Students and teachers in the primary, secondary, tertiary and vocational schools;</li> <li>• Formal - HIV/AIDS education and information is integrated in existing or planned subjects or courses at the primary, secondary or tertiary levels of education;</li> <li>• DECS, CHED and TESDA shall develop a school-based HIV/AIDS education and information program which shall include the HIV/AIDS education and information prototype, add-on content, and the development and provision of multi-media information and instructional materials to schools under their respective jurisdictions. HIV/AIDS education shall be integrated into but not limited to science and health, <i>edukasyon pantahanan at pangkabuhayan</i> (EPP), <i>sibika at kultura</i>, good manners and right conduct (GMRC), and Filipino at the elementary level; in science and technology, social studies, physical education, health and music (PEHM) and values education at the secondary and tertiary levels. HIV/AIDS education shall also be integrated by DECS into its non-formal education program and in the indigenous learning systems. Instructional materials shall be provided for such purposes.</li> <li>• DECS shall further strengthen its own school-based AIDS education project through the development and printing of audio-visual materials such as posters, comics, flipcharts, modules, tapes and film strips.</li> <li>• Flexibility in the formulation and adoption of appropriate course content, scope and methodology in each educational level or group shall be allowed after consultations with the Parents-Teachers-Community-Association, association of private schools, school officials and other interest groups."</li> </ul>
Republic of Korea	<i>Major Policies and Plans for 2010—Education (2009)</i>	None
Samoa	<i>Strategic Policies and Plans (July 2006-June 2015) (2006)</i>	None
	<i>National Curriculum Policy Framework 2002-2010 (2006)</i>	None
Singapore	<i>MOE Holistic Health Framework (2009)</i>	None
Solomon Islands	<i>Education Strategic Framework (ESF) (2007-2015) (2007)</i>	Curriculum reform process will include a focus on values education which will include a reflection on the "interconnectedness of people and their environment, as well as topics such as population education, reproductive health education and HIV AIDS."
Sri Lanka	<i>EFA National Action Plan (2004)</i>	"Implement education programmes and actions to combat the HIV/AIDS pandemic as a matter of urgency."
	<i>New Vision for Education 2010: Progress and Proposed Programmes— (2011)</i>	The file was unable to be accessed by the review team.
Timor-Leste	<i>Strategic Plan for Universal Primary Completion by 2015 (2005)</i>	None
	<i>National Education Strategic Plan 2010-2015</i>	"The new National Education Strategic Plan for 2010-2015 of the Ministry of Education does not include any mention of the development of an HIV and AIDS Policy for the education sector, nor does it specifically mention the extent of the sector's response to HIV and AIDS or other issues such as sexuality, drugs, reproductive, sexual health, moral education and others." (From Timor-Leste Draft Situation and Response Assessment 2011). (The file was unable to be accessed by the review team. Analysis was provided by the UNESCO national HIV focal point.)
	<i>National Education Strategic Plan 2011-2030 (2nd Draft)</i>	"The present curriculum for Grades 1-6 will be reviewed and a curriculum is currently being developed for Cycle 3, which will include life skills for the first time."

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Viet Nam	<i>National Education for All Action Plan (2003–2015) (2003)</i>	None
	<i>Education Development Strategic Plan (2009-2020) (Draft)</i>	<ul style="list-style-type: none"> <li>• "Education has addressed skills-based reproductive health, gender and HIV and AIDS extra-curricular education has been successfully piloted at the local and provincial levels."</li> <li>• "Stigma towards children affected by HIV and AIDS remains a barrier to school access and school performance. There is a lack of awareness raising about stigma reduction. Sexual health, gender and HIV and AIDS education is mainly taught through pilot extra-curricular activities. It is not yet sufficiently mainstreamed in the curriculum to support students to protect themselves in the changing society."</li> <li>• "Renovate the general education curricula. By 2015 at the latest, the general education curricula shall be applied nationally, starting from Grade 1 with the integrated subjects at lower grades and strong divergence at higher grades. The emphasis will be placed on civic education, life skills, sexual health, gender and HIV &amp; AIDS education, defense and security education, and strengthened students' social activities to preserve national traditional cultural values with a view to developing a basic and solid general education, motivating learners' individual abilities and adapting to each learner's learning conditions."</li> </ul>
	<i>MOET HIV and Sexuality Education Action Plan (2011-2015) (Draft)</i>	<p>"The Action Plan is guided by the following principles.</p> <p>2.1 HIV prevention is a responsibility of the education sector--Education can play an important role in preventing children from adopting high-risk behaviours and in reducing HIV-related stigma and discrimination;</p> <p>2.2 HIV prevention requires the promotion of gender equality;</p> <p>2.3 HIV education needs to be mainstreamed in the curriculum, teacher education and regular school activities;</p> <p>2.4 HIV education needs to be closely linked to the school health programme;</p> <p>2.5 Wherever possible, the involvement of people living with HIV in the education sector response will be promoted;</p> <p>2.6 Parental education on HIV will be promoted;</p> <p>2.7 The education response to HIV will promote human rights, including those of children living with HIV"</p>
	<i>Government Decision on Action Programme on Reproductive Health and HIV/AIDS Prevention for Secondary School (2007)</i>	<ul style="list-style-type: none"> <li>• "Goal: Contribute to the successful implementation of the National Strategy on HIV/AIDS Prevention and Control until 2010.</li> <li>• Strategic Objectives:                             <ol style="list-style-type: none"> <li>1. Create an enabling policy and social environment favourable for the implementation of reproductive health and HIV prevention programmes in secondary schools;</li> <li>2. Enhance the quality of teaching reproductive health and HIV prevention;</li> <li>3. Improve the effectiveness of management, coordination, monitoring and evaluation of the reproductive health and HIV prevention education programme in secondary schools;</li> <li>4. Increase participation of students and the effectiveness of peer education in reproductive health and HIV prevention education activities in lower and upper secondary education.</li> </ol> </li> <li>• Priority Activities:                             <ol style="list-style-type: none"> <li>1. Formulate and promulgate policies and guidelines for the implementation of reproductive health, HIV prevention and life skills education;</li> <li>2. Improve awareness of the importance of reproductive health, HIV prevention and life skills education among policy makers and education management staff;</li> <li>3. Advocate for support from parents and public opinion;</li> <li>4. Enhance teachers' capacity for teaching reproductive health and HIV education;</li> <li>5. Develop and apply reproductive health and HIV prevention and HIV prevention training programme for students in secondary school and teacher training programmes;</li> <li>6. Strengthen the capacity of education management staff;</li> <li>7. Develop a monitoring and evaluation system of reproductive health and HIV prevention education to be applied at all levels of education management;</li> <li>8. Establish a peer-education network;</li> <li>9. Establish health clubs and adolescent-friendly corners in secondary schools;</li> <li>10. Organise communications and consultation activities."</li> </ol></li></ul>
	<i>Directive 61/2008/CT-BGDDT on Strengthening HIV Prevention and Control in the Education Sector</i>	The file was unable to be accessed by the review team.





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