

**United Nations Initiative on  
Focusing Resources on Effective School Health (FRESH)  
In the Arab States**

**Phase Two Report  
2004-2005**

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## **I. Introduction**

This report presents results of phase two of the regional project on School Health Education “Follow up on FRESH Initiative” that was implemented by UNESCO regional office in Beirut in collaboration with the Health Education Resource Unit (HERU) at the Faculty of Health Sciences, American University of Beirut.

The countries covered by Phase 2 of the FRESH Initiative are: Lebanon, Syria, Tunisia, Qatar, Palestine, Bahrain, Egypt, Morocco, Jordan and Sudan. A questionnaire, prepared for this purpose (appendix A), was disseminated by the FRESH focal points in these countries, to NGO’s and government bodies involved in health and HIV/AIDS education in schools. Additionally the questionnaire was distributed at the “Coordination Meeting Concerning Phase Two” held in Amman, June 22-23, 2005 and in Tunis, February 1-3, 2006. Only 31 questionnaires were completed, thus information presented in this document may not be fully representative of that country; however it does give a general idea of the situation there. Additional details on some countries were incorporated from the final report of the Tunis meeting mentioned above (section on country presentations). Findings will be presented by country so the reader can get an idea of FRESH activities there.

## **II. Data Collection**

Information from the countries was collected through a questionnaire that was distributed by the FRESH focal point in that country. The completed questionnaires were sent to UNESCO regional office in Beirut and were then forwarded to HERU. The FRESH focal points were responsible for following up on the completion of the questionnaire by the national groups. At times regional FRESH meetings such as that held in Tunisia and Jordan were also used to secure responses from participants. The questionnaire asked about health education activities taking place in schools for HIV/AIDS as well as other health topics in addition to barriers for implementing such activities.

## **II. Country Findings**

### **Bahrain ( 5 forms)**

#### **Health Education Programs/ Curricula**

Responses were varied. Some reported that health education programs are integrated in other subject matters for elementary and secondary students while others mentioned that health issues are addressed through extra curricular activities and programs set by either the Ministry of Education or the parent’s committee. These programs usually cover oral health, mental and social health, exercise, and life skills. Students receive information on health related issues during awareness campaigns, curricular and extra curricular activities and through health education pamphlets. Teachers are mainly addressed by lectures, preparing health education kits and training. Only two respondents reported activities with the administration. Three of the five reported on activities targeted to parents with one stressing the importance of involving them and not just inviting them to lectures. Outreach to the community is

mainly through media campaigns, internet, lectures and health-fairs. Training workshops to religious leaders on health issues are also implemented.

The Ministry of Education has already integrated reproductive health and life skills in school curricula starting grade 4 and until the secondary phase. It has also tried to promote and apply the concept of health promoting schools with, all its 8 components, in all schools. The National AIDS Committee has also attempted to integrate AIDS/HIV prevention concepts in the curriculum. Only the Family Planning Association reported doing work on HIV/ AIDS. They plan awareness campaigns to educate students on sexually transmitted diseases and reproductive sexual health (peer education). Poster competitions are also used. School counselors and nurses are trained on HIV/AIDS and STI's. Community outreach is mainly through lectures in mosques and training workshops for religious leaders

The main organizations that work and encourage the implementation of health education programs are the Ministry of Education, Ministry of Health, WHO, Scouts, UNDP and other NGO's.

### **Barriers to Implementing Health Education Programs**

- Bureaucracy in the system: whenever a school wants to address a health issue, it needs a lot of communication with the Ministry of Health
- Lack of health education materials to be used by teachers for teaching health.

For HIV/ AIDS the main reported barriers were:

- lack of skilled professionals,
- lack of support from the administration

### **Suggestions to Enhance Work in Health Education Programs on RSH and HIV/AIDS**

The suggestions were all concerning the role of the Ministry of Health. The respondents felt that increasing the support of the Ministry, simplifying procedures and providing skilled professionals will be very useful.

### **Egypt (3 forms)**

#### **Health Education Programs/ Curricula**

Respondents reported that there is no health education curriculum in Egypt. Health education programs are set by the Ministry of Education in collaboration with International organizations. One of the respondents reported that there are specific sessions in the school curriculum set for health education in accordance to national health education programs. These programs cover nutrition, hygiene, oral health, accident and disease prevention, first aid, social, environmental, reproductive, and psychological health, AIDS, and others. HIV/AIDS is discussed only with high school students.

Students receive information on health related issues during awareness campaigns and extra curricular activities especially for HIV/AIDS education. Extracurricular

activities include media days, where health issues are discussed from a health and religious perspective.

The schools' administrations are not usually involved in health education programs. Teachers are mainly addressed through lectures and training sessions. Parents are addressed through media days, lectures, meetings, discussions and involvement in setting health education programs. The community in general benefits from national awareness health education campaigns.

The main organizations that work and encourage the implementation of health education programs in Egypt are the Ministry of Education, World Health Organization (WHO), UNICEF, Family planning and other NGO's. These provide technical (training, development of health education materials) and financial support.

### **Barriers to Implementing Health Education Programs**

Like other countries in the region the major barriers that prevent organizations and schools from implementing and initiating health education programs are:

- Lack of support from the schools administrations
- Lack of time in the curriculum.
- Lack of resources both financial and technical and shortage of skilled professionals.

Similarly for HIV/AIDS; the main barriers are

- Lack of time in the curriculum
- Unavailability of skilled professionals (trained teachers)
- Lack of financial support, trained teachers
- Lack of life skills curricula.

### **Suggestions to Enhance Work in Health Education Programs on RSH and HIV/AIDS**

- Increase health awareness campaigns,
- Provide needed resources including skilled professionals
- Training of Trainers workshops for teachers on how to discuss sensitive topics and health education skills in general
- Support NGOs that are active in health education activities
- Provide health education materials that teachers can use in their classes
- Enhance extracurricular activities to include health topics.

### **Jordan ( 2 forms) :**

#### **Health Education Programs/ Curricula**

There is no separate health education curriculum. Health education activities are integrated in other subject matters for elementary and secondary students. The choice of health education topics is based on programs set by NGO's in collaboration with the school. Collaboration is underway between the Ministry of Education and the Ministry of Health and international organizations to develop health education programs in schools.

Students learn about health issues through awareness campaigns, curricular and extra curricular activities covering issues such as dental care, nutrition, prevention of STIs, school environment, drinking water, personal hygiene; all of these activities are implemented jointly with the Ministries of Health and Education. For HIV/AIDS peer education activities are carried out with the students. Additionally students are given pamphlets and flyers on the disease (mainly on World AIDS day). These materials usually discuss the disease and modes of prevention and transmission.

Teachers also receive training and lectures (by experts from the MOH), on HIV/AIDS and how to integrate AIDS education in school curricula. The training covers school health curriculum (jointly with WHO) and how to design and produce posters and pamphlets on different health issues. Some health education materials are also prepared to assist teachers.

The administration, represented by supervisors of school health programs at the MOE and MOH, attend on annual basis, workshops and meetings on how to provide school health services in schools and how to integrate the above mentioned health issues in the health awareness activities/ programs being implemented. They also participate in training and campaigns outside the school. For HIV/AIDS they attend workshops organized by the National AIDS Program

Parents, through parent committees, receive health awareness on issues such as first aid, environmental health, nutrition, infectious diseases and HIV/AIDS. At times religious leaders and influential persons in the community assist in this task. They are invited to participate on special days such as world AIDS Day, School health Day etc. Meetings with the media are also held to announce health days; health fairs and other community activities. Special activities are also planned for the media, religious leaders, and security forces on HIV/AIDS

The main organizations that work and encourage the implementation of health education programs are the Ministry of Education, Ministry of Health/ National AIDS Program, WHO, UNESCO, UNICEF, USAID, Jordan University, International Family Planning Association and other NGO's. The kind of support these organization provide is mainly technical and financial to implement workshops and training sessions and develop educational materials

### **Barriers to Implementing Health Education Programs**

- Lack of financial support
- Lack of professional skills.
- Health education is not considered a priority issue
- Lack of skills in health promotion
- Lack of educational materials
- Lack of time to address health issues in schools

For HIV/AIDS education:

- lack of HIV/AIDS knowledge among teachers,
- lack of skills among teachers to address the topic
- Lack of financial / human resources to provide teachers and trainers with necessary skills

## **Suggestions to Enhance work in Health Education Programs on RSH and HIV/AIDS**

- Review health concepts related to HIV/AIDS in all school curricula to ensure that they are culturally appropriate (and appropriate to the target age group).
- Integrate health concepts in the curricula
- Increase meetings and training workshops on HIV/AIDS addressed to school health officials at the MOE and MOH.
- Promote and coordinate efforts of international organizations on all HIV/AIDS activities
- Train teachers on how to teach RSH issues.

## **Suggestions to FRESH**

- Stress on health related issues other than AIDS such as school environment, school nutrition and smoking
- Plan for a workshop on patterns of a healthy life ( to include nutrition, smoking and physical fitness)
- Provide technical and financial support to all programs.
- Develop a monitoring and evaluation plan to be applied to all programs.

## **Lebanon: (5 responses)**

### **Health Education Programs/ Curricula**

Three respondents agreed that health education topics in educational institutions are set according to pre set integrated health education curricula (for primary and secondary levels). Two reported that there is no curriculum for health, instead, they use programs prepared jointly by the Ministries of Health and Education or Social Affairs in collaboration with UN agencies or parental committees in schools. Others reported that they do a needs assessment with parents and students and accordingly chose the health topics. All however agreed that they take the approval of the Ministry of Education prior to initiating these activities.

Health education issues addressed by schools are varied. They mainly cover nutrition, hygiene, oral health, accident and disease prevention, first aid, social, environmental, reproductive, and psychological health, AIDS, drugs, tobacco and others. Students receive health instruction through class activities, health awareness campaigns and extra curricular activities.

Teachers learn about health issues mainly through lectures and some training particularly training on how to address sensitive issues such as drugs and RSH. Some of those who completed the questionnaire were also involved in outreach activities with parents; these activities were mainly lectures, meetings and awareness campaigns. Others mentioned involving the community in activities such as health fairs and festivals where all municipalities, health organizations, and schools are involved. The Ministry of Education with support from NGOs is also implementing activities to increase awareness of schools principles on school health in an attempt to

gain their support of health education programs in their school. This is usually done through meetings and discussions.

The Ministries of Education and Social Affairs and other government sectors collaborate intensively with the National AIDS Program, NGOs and UN agencies (such as WHO, UNFPA) to implement school health education programs. The NAP and on the occasion of the World AIDS Day planned several activities addressed to young children. In collaboration with a group of young people they produced a play on HIV transmission and stigma associated with the disease. Also in collaboration with non governmental and governmental organizations and international organizations they planned an “information village” which included lectures, showing of films and distribution of pamphlets addressed to young people.

The main organizations that work and encourage the implementation of health education programs in Lebanon are UNDP, UNESCO, FHI ( Family Health International), IOCC, NAP ( develop pamphlets, plays addressed to students), WHO, UNICEF, UNAIDS, POP, UNFPA, LAS, Ministry of Social Affairs and other NGO's.

### **Barriers to Implementing Health Education Programs in Schools**

There are several barriers that prevent organizations and schools from implementing and initiating health education programs. The main reported barriers:

- Not having the approval of the administration because health education is not considered a priority area thus no time is allocated for these activities.
- Lack of health education tool kits,
- Lack of skilled professionals
- lack of financial support
- Unavailability of information on health issues.

The barriers differ when AIDS is the health issue to be addressed. All agreed that AIDS education is important however the main barriers were lack of:

- Knowledge and skills of teachers to address this issue,
- Training programs for teachers on how to discuss AIDS with students,
- Financial support to implement the strategic plan addressing HIV/AIDS and
- Life skills curricula.

### **Suggestions to Enhance work in Health Education Programs on RSH and HIV/AIDS**

- Develop national strategies to address youth issues; This would facilitate/ coordinate work among all stakeholders
- Train human resources that have to implement this program/develop the skills of health professionals and teachers to be able to address HIV/AIDS issues
- Ensure financial support
- Provide teachers/ schools with health education kits/ materials ,



## **Morocco: (2 forms)**

### **Health Education Programs/ Curricula**

There is no official health education curriculum in Morocco. Health education programs are integrated in other subject matters for elementary and secondary students. Health topics are chosen based on programs of the Ministries of Health and Education. Health instruction covers nutrition, hygiene, oral health, accident and disease prevention, first aid, social, environmental, reproductive, and psychological health, AIDS, and others. Students receive health instruction through awareness campaigns curricular and extra curricular activities.

Health instruction addressed to teachers is mainly through lectures, preparing health educational kits and training. The schools' administrations sometimes receive lectures on management of school health programs but are not directly involved in these programs. Parents are exposed to health issues through meetings and activities done by students. Community outreach is mainly through awareness campaigns and health services.

For HIV/AIDS students, teachers and administration benefit from different activities implemented by the school. These activities cover definition of AIDS, sources of information, transmission modes, prevention, and patient rights. This information is transmitted through awareness campaigns (students), lectures (administration) and parent committee meetings (parents) community health and educational services (community).

The main organizations that work and encourage the implementation of health education programs are the Ministries of Education, Health, Youth and Commerce, World Food Program, UNICEF, UNFPA, UNESCO, WHO, UNAIDS, the private sector and other NGO's such as " Stop SIDA".

### **Barriers to Implementing Health Education Programs**

The main reported barriers were lack of:

- financial support from the administration,
- Lack of resources including skilled professionals.

For HIV/AIDS it was lack of:

- Knowledge on the subject among teachers
- Skills to teach the topic.
- Life skills program in schools
- Health education skills in general
- Health education materials to assist teachers

### **Suggestions to Enhance work in Health Education programs on RSH and HIV/AIDS**

- Train teachers to be able to address health issues
- Enhance the work of school health clubs
- Prepare curricula to address all health issues
- Identify/ provide support to mobilize and train parents and students

### **Suggestions to FRESH**

Prepare a national plan, within the framework of FRESH, which includes indicators and tools for monitoring and evaluation.

### **Palestine (2 forms):**

#### **Health Education Programs/ Curricula**

Responses to this question varied between the questionnaires. One reported that health education programs are either being integrated in other subject matters in the curriculum or given in a separate session like any other subject matter. The other reported that there is no set curriculum, and that existing health education programs are set in collaboration with the parents committees. These programs, when they exist, cover nutrition, hygiene, oral health, accident and disease prevention, first aid, social, environmental, reproductive, and psychological health, AIDS and others.

Students receive information on health related issues through awareness campaigns and extra curricular activities such as games involving life skills training. During these activities students receive health education materials. Teachers are mainly addressed through lectures and training that aims at developing their communication skills to deliver health messages. The school's administrative staff usually receives lectures on specific health issues and participates in meetings to set objectives for the school health education program. Additionally, meetings are held with parents (parents committee) to discuss health issues and clarify objectives of the health education program in the school. The community is involved in health education programs through health fairs, health campaigns and health services (visits to women clinics and educating women) and peer educators who work in the community.

The main organizations that work and encourage the implementation of health education programs are the Ministry of Education, Ministry of Health, UNICEF UNFPA, UNESCO, and NGO's. These, like in other countries provide technical support, financial assistance and provide health education materials.

#### **Barriers to Implementing Health Education Programs**

For school health education the main reported barriers were:

- Lack of support from the administration
- Unavailability of time in the curriculum
- Lack of resources and skilled professionals.

The responses were similar For HIV /AIDS education but with the emphasis on the lack of a **life skills curriculum** as a major barrier.

#### **Suggestions to Enhance Work in Health Education Programs on SRH**

- Involve parents and students (plan for meetings with parents and students)
- Use age and gender appropriate materials when addressing students
- Consider HIV/AIDS as a priority
- Increase support of the media and religious institution
- Promote communication and networking among all those involved in health education programs in Palestine
- Adopt a life skills curriculum

## **Qatar: (5 forms)**

### **Health Education Programs/ Curricula**

Health education is considered an essential topic in the curriculum. Specific sessions are allocated for health education like any other subject. Topics covered by these sessions are varied and include healthy food, hygiene, oral health, accident and disease prevention, first aid, social, environmental health issues (recycling), smoking, reproductive and psychological health, AIDS and others.

The main aim of activities addressed to youth is to promote awareness, give information on prevention and keep students updated on all health related issues. Students also receive information on health related issues during campaigns, class sessions, and extra-curricular activities, competitions in school, lectures and training. Posters, pamphlets, radio programs are distributed during these activities.

Teachers are mainly addressed through lectures, preparing health education kits and training on communication skills with youth on sexual reproductive health issues, diabetes, anemia and first aid.

Activities are also implemented with the administration and parents through lectures and open discussions in parents committees. Activities with the schools administrations are initiated upon their request. Work with parents is done in collaboration with the schools' administrations who invite parents to participate in these activities. Health education materials are sometime distributed during these meetings. Parents (community) skilled in specific health issues assist the schools by participating in these activities. The community is also involved in health education programs through festivals, lectures, and benefiting from health education services. Usually these activities receive media attention which helps promote and disseminate their messages.

For HIV/AIDS and RSH, of the five who completed the questionnaire, two did not report any activities addressing these issues. The others reported covering these topics through lectures, posters and pamphlets, as part of the extra-curricular activities and campaigns or in classes under the topic of environmental health. Some work is done with teachers and social workers to train them on how to communicate information on sensitive issues to students and how to integrate this content in their teaching. Some work is done with parents through the parents' committees, lectures and meetings with parents, students and the school administration. Less work is done with the administration and is usually restricted to distribution of pamphlets and lectures. Work with the local community is usually in the form of campaigns and health fairs

The main organizations that work and encourage the implementation of health education programs in Qatar are the Ministry of Health, Ministry of Education, Al-Awqaf, UNESCO, Red Crescent, International Red Cross and Crescent and other NGO's. Usually these organizations, and through joint programs, provide technical (training, lectures), financial support and provide health education materials for distribution

### **Barriers to Implementing Health Education Programs**

Several barriers prevent organizations and schools from implementing and initiating health education programs:

- Health education programs are not supported by the administration.
- Lack of time (very important factor)
- Lack of resources and skilled professionals
- The bureaucratic system which delays implementation of activities
- Cultural norms: one respondent reported that some consider talking about many health issues a taboo thus discussing them is considered as stepping on the cultural norms.

Similarly for HIV/AIDS, the major barriers stated were:

- lack of skilled professionals who are able to discuss these topics with the students and
- Lack of the life skills curriculum.

### **Suggestions to Enhance Work in Health Education Programs on HIV/AIDS and RSH**

- Increase awareness campaigns addressed to youth on HIV/AIDS and sexual health.
- Adapt health education programs to suit the local traditions, norms and culture. Integrate health topics in the curriculum in a culturally appropriate way
- Motivate school administrators to support teaching these issues in schools (curriculum) and assign special sessions to discuss health
- Train the school nurse on these issues
- Increase students' access to health information by establishing health libraries in schools
- Train teachers on how to address sensitive topics
- Provide tools that teachers can use to discuss health topics
- Use extra curricular activities to discuss health topics
- Increase the role of media/ encourage health education campaigns.
- Implement KAP studies to assess knowledge, attitudes and behaviors of students

### **Sudan (2 forms)**

#### **Health Education Programs/ Curricula**

Health education is being integrated in the curriculum. Sometimes it is given in a separate session like any other subject. Topics covered include healthy food, hygiene, oral health, accident and disease prevention, first aid, social, environmental, reproductive and psychological health, AIDS and others.

Students receive information on health issues during awareness campaigns, class sessions, extra curricular and peer education activities. Teachers are mainly addressed through lectures, preparing health education kits and training. The schools' administrations are also targeted but mainly through lectures.

Health issues are discussed with parents through meetings. At times parents participate with the school in setting health education programs. Health education campaigns help raise awareness in the community (festivals and health services).

The main organizations that work and encourage the implementation of health education programs in Sudan are the Ministry of Education, Ministry of Health, National AIDS program and few NGO's.

### **Barriers to Implementing Health Education Programs**

- Health education programs are not supported by the administration because they are not considered an important subject.
- Lack of resources and skilled professionals.

Similarly for HIV/ AIDS the main barriers reported were:

- Lack of time for teachers to discuss these topics,
- Lack of skilled professionals/ trained teachers to discuss these topics
- Lack of financial support.

### **Suggestions to Enhance Work in Health Education Programs on HIV/AIDS and RSH**

- Integrate HIV/AIDS awareness programs in schools' curricula for elementary and secondary cycles to increase awareness among students.

### **Syria: (2 responses)**

#### **Health Education Programs/ Curricula**

Health education topics are determined through collaboration between UNICEF and the schools. Some organizations depend on programs set by the school in collaboration with parental committees. Others depend on programs set by the Ministry of Education and Ministry of Social Affairs. The health topics addressed by these activities are varied but include nutrition, hygiene, oral health, accident and disease prevention, first aid, social, environmental, reproductive, and psychological health, AIDS and others.

Students receive information on health issues, including sexually transmitted infections, in class and sometime during summer camps. Teachers, particularly science teachers, also receive lectures and training on communication skills as they relate to discussing sexual reproductive health issues with youth. School administrators are usually not involved in school health education programs. Parents however are involved in health education programs through regular contacts and meeting. The community at large is also involved through health fairs, awareness campaigns and health services.

These activities are mainly implemented by and in collaboration with the Ministry of Education, Ministry of Health, ICI, WHO, UNICEF, Red Cross in Syria, Syrian Family Planning Association and other NGO's

#### **Barriers to Implementing Health Education Programs**

- Not perceiving health education as an important issue
- Lack of health education materials to support instruction
- Lack of financial support
- Lack of trained human resources
- Lack of media support.

For HIV/AIDS education the barriers were mainly lack of:

- Skilled professionals trained to address these issues;
- Programs to train teachers on skills needed to address sensitive topics
- Life skills curricula.
- Financial support to develop health education materials to be used by teachers in classes

### **Tunisia: (3 forms)**

#### **Health Education Programs/ Curricula**

Health education is provided based on a special integrated curriculum and is assigned a session like any other topic. Existing health education programs address mainly the issues of healthy food, hygiene, oral health, accident and disease prevention, first aid, social, environmental, reproductive, and psychological health, AIDS and others.

Students receive information on health issues through health awareness campaigns, curricular and extra curricular activities (including health clubs). Similarly for HIV/AIDS and RSH education which takes place through activities inside the class room (small group discussions) and outside (peer education) and through health awareness campaigns and special days such as world AIDS day.

Teachers receive lectures on health issues, undergo training, and benefit from special teacher guides. For HIV/AIDS and RSH teachers receive training on communication skills while the schools' administrations receive lectures or attend annual meetings that address health issues. Outreach to parents takes place through parent committees and activities of school health clubs while the community benefits from activities implemented on special days such as the world AIDS Day and the World no Tobacco day in addition to national health campaigns and community and school health fairs.

The main organizations that work and encourage the implementation of health education programs are UN agencies such as UNICEF, UNESCO, WHO, Ministry of Education, NGO's and the National AIDS Program. They usually provide technical, financial and logistical assistance. Additionally, the MOH in collaboration with the schools' and university administration plan several sensitizing activities particularly on issues related to AIDS prevention on the occasion of the World AIDS Day.

#### **Barriers to Implementing Health Education Programs**

The major barriers that were listed were:

- Not considering health education issues of great importance
- Lack of professional skills in health education and health promotion
- Lack of time within the curriculum to discuss health

For HIV/AIDS and RSH the barriers were:

- Lack of teacher skills to teach sensitive topics
- Lack of time
- Lack of knowledge of the issue among teachers
- Unavailability of a life skills curriculum.

## **Suggestions to Enhance Work in Health Education Programs on HIV/AIDS and RSH**

- Enhance the knowledge base of the school health team ( doctors, nurses, teachers of health education ) in these issues
- Improve the communication skills (of the health team).
- There was one suggestion to provide opportunities and motives for doctors to enter the school and give lessons on RSH.

### **III. Overall Identified Barriers**

Only a small number of respondents completed the questionnaire for this assessment. However the results of these interviews were consistent with the previous assessment implemented in 2002-2003 and with the recommendations of the regional workshop on “Needs Assessment Techniques for RSH” which took place in June 2006 and was coordinated by the Health Education Resource Unit at AUB and UNESCO regional office. All pointed out to common concerns and barriers facing the implementation of school health education programs in general and RSH and HIV/AIDS programs in specific.

The findings indicate that despite attempts exerted by the different Ministries of Education and Health in the region and the UN agencies namely UNESCO (FRESH Initiative) and others, barriers for health education activities and programs still exist. Such programs (as reported in all 6 countries) **lack the support of the school administration that does not perceive health education as a priority issue** and accordingly does not provide the necessary backing in terms of time allocation (to discuss health in the curriculum) and financial support.

All those who completed the questionnaire confirmed **the lack of or shortage of trained and skilled personnel** in health education. This need becomes more flagrant when the health issue addressed is RSH and HIV which require specific skills (and knowledge) from teachers (discussing sensitive topics, communication skills etc).

Another barrier was the lack **of health education materials** that teachers can use to discuss health issues including RSH and HIV. Teachers usually do not have the time, financial resources or skills to develop such materials and as such tend to resort to lectures to discuss health with students.

The **existing bureaucracy** in some countries was another barrier that either totally impedes or greatly delays any decision or action to be carried out; Similarly with **cultural norms** which can hinder discussing certain health issues especially those related to HIV/AIDS and RSH.

Specific to HIV/AIDS and RSH respondents stressed on the **lack of a life skills curriculum** and the **lack of training programs for teachers on how to discuss HIV/AIDS and RSH with students.**

#### IV. Recommendations

- **Political support:** Many countries still lack the political support they need to address HIV/AIDS issues. UNESCO and through its connections with the different Ministries of Education in the Arab countries should assist these countries to adopt and integrate the life skills curricula in their educational system. UNESCO can advocate for this in collaboration with other UN agencies who are also involved in school health (FRESH).
- **Life skills curricula:** Despite efforts of UNESCO to introduce and integrate the life skills curriculum there is still a wide demand for its adoption by countries in the region. UNESCO must assess its previous efforts and strategy in this area and accordingly develop a new plan to integrate this curriculum within the existing educational systems of the different countries.
- **Training/ capacity building:** There is an obvious need to train teachers on specific skills needed to integrate and address health issues in general and HIV/AIDS and RSH in particular. It is recommended that UNESCO identifies a core group of trainers, representing different countries in the region, to undergo specialized TOT workshops in the needed areas (needs assessment, how to discuss sensitive topics, evaluation of school health programs etc). This core group will then train the other groups in their countries.
- **Production of health education materials:** There is an obvious need for health education materials on all health issues but particularly on HIV/AIDS and RSH. The availability of such materials will render the task of discussing health issues easier for teachers. It is recommended that UNESCO supports the development of health education materials to accompany the Life Skills curriculum. These materials should be available in soft copy format to be easily modified (when needed) to suit the respective needs and culture of every country.