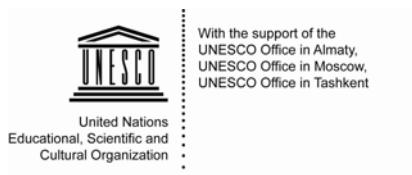


# RAISING EFFECTIVENESS OF PREVENTION EDUCATION FOR ADOLESCENTS AND YOUNG PEOPLE IN THE EASTERN EUROPE AND CENTRAL ASIA

**APRIL  
19 - 21  
2011**

**REGIONAL CONFERENCE ON HIV PREVENTION AND  
HEALTHY LIFE STYLE PROMOTION IN EDUCATION  
ALMATY, KAZAKHSTAN**

Conference Resolution



International  
Labour  
Organization

**giz**

# RESOLUTION

## Regional Conference on HIV prevention & Healthy Lifestyle Promotion in the Education Sector

### ***Raising Effectiveness of Prevention Education for Adolescents and Youth in Central Asia & Eastern Europe***

On 19 – 21 April 2011, Almaty (Kazakhstan) hosted the first regional conference ***Raising Effectiveness of Prevention Education for Adolescents and Youth in Central Asia & Eastern Europe***. The Conference was attended by over 70 delegates – education and health sector managers and experts, representatives of non-governmental and international organizations, community of PLHIV and UN agencies from 10 regional countries (Armenia, Azerbaijan, Belarus, Kazakhstan, Kyrgyzstan, Moldova, Russian Federation, Tajikistan, Ukraine, Uzbekistan).

The Conference aimed at sharing experiences in implementation of prevention programmes and identification of strategies to improve their effectiveness and expand coverage.

#### **The Conference participants expressed concern about the epidemic situation in the region:**

Eastern Europe and Central Asia is the only region where HIV prevalence remains on the rise. According to UNAIDS estimates, during the past ten years the number of people living with HIV in Eastern Europe and Central Asia has increased almost three times and reached the point of 1.4 million with more than 80% of them being under the age of 30<sup>1</sup>. However, only 10-40 % of young people in the age 15-24 years are able to identify correct ways of HIV prevention<sup>2</sup>.

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#### **Based on the Conference reports and discussions, the participants observed the following:**

The region has accumulated extensive experience in delivering prevention programmes to protect the health and wellbeing of adolescents and young people. These programmes are being implemented under the auspices of respective ministries and local education, health and youth authorities in close collaboration with non-governmental, community and faith based organizations, and with technical and financial support provided by international organizations, UN agencies and within the framework of projects funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

In the countries of the region, prevention education is delivered either as a special topic across several other compulsory subjects; as a stand-alone subject of obligatory part of the curriculum; or as an optional training course. Prevention programs are implemented in all basic (primary and secondary) education grades and less often – in primary, secondary and higher vocational education and training. This causes a break in succession and continuity of learning.

Ongoing prevention programs tend to be comprehensive, aimed at developing a culture of healthy lifestyle, prevention of HIV, other sexually transmitted infections (STIs), drug and alcohol abuse and smoking, and are based on life skills education.

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<sup>1</sup> UNAIDS Report on the Global AIDS Epidemic. 2010.

<sup>2</sup> 2010 Reports on Monitoring of Progress towards the 2001 Declaration of Commitment submitted by the Eastern European and Central Asian countries.

In many countries trained peer volunteers are involved in the implementation of prevention programs, use peer-to-peer approaches and interactive training for class-based and extracurricular activities. However, quite often the most vulnerable groups of adolescents and young people are not reached by such prevention programmes.

**The Conference participants noted the following problems:**

In a number of cases the content of prevention education and the way it is delivered do not contribute to its aim to raise young people's awareness of, and build up motivation for healthy life style.

Quite often reproductive health related issues are excluded from students' text books and teachers' guides, significantly reducing their effectiveness. Nevertheless, the content of prevention education has to be determined by its objective of preserving and strengthening the reproductive health of the younger generation.

As a rule, in educational institutions comprehensive prevention education has no compulsory status. The time allocated in the curricula for prevention topics is not sufficient for learners to obtain systematic knowledge and develop necessary skills. In many instances, educational institutions are not supplied adequately with resource materials.

Sporadically conducted in-service teacher training on prevention education does not always compensate for a lack of or underdeveloped pre-service teacher training.

Changes in learners' knowledge, skills and behavior upon completion of prevention education programmes are not routinely monitored and evaluated. Existing indicators and data collection methods do not allow to objectively assess the coverage and effectiveness of prevention programmes that target adolescents and young people.

**The Conference participants acknowledged** that adolescents and young people are susceptible to risky sexual behaviours, experimenting with drugs and alcohol because of their age, peer pressure, curiosity, and yearning to look older than their age. Often, such behaviours are provoked by social, economic, and family circumstances. All these factors make ***adolescents and young people especially vulnerable to STIs including HIV*** while alcohol and drug use repeatedly result in accident, death, and suicide.

**The Conference participants supported** the global goals to achieve "zero new HIV cases, zero discrimination and zero deaths due to AIDS"<sup>3</sup> and **particularly stressed** that numerous research studies<sup>4</sup> clearly indicate that comprehensive, scientifically-accurate, quality prevention education that discusses issues of reproductive health, relationships and STI (including HIV) prevention, neither accelerates sexual debut, nor increases the frequency of sexual relations. These programmes help young people to build up skills necessary for a robust and healthy life.

**To achieve universal access to prevention programmes and increase their effectiveness, the Conference participants call on their Governments, non-governmental and international organizations, UN agencies and the Global Fund to Fight AIDS, Tuberculosis and Malaria to:**

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<sup>3</sup> Uniting for Universal Access: Towards Zero New HIV Infections, Zero Discrimination and Zero AIDS-related Deaths. Report of the UN Secretary-General. March 28, 2011

<sup>4</sup> International Technical Guidance on Sexuality Education. UNESCO, 2009.  
Standards for Sexuality Education in Europe. WHO Regional Office for Europe & BZga, 2010.

**Ensure** implementation of comprehensive life skills based prevention education programmes for adolescents and young people at all educational institutions and all levels of basic (primary and secondary) education and primary, secondary, and higher vocational training and professional education.

**Include** into prevention education programmes issues related to reproductive health, HIV and other STI prevention as well as prevention of stigma and discrimination against children, adolescents, young people and adults living with and/or affected by HIV.

**Plan**, promote and implement training programmes that are:

- **scientifically accurate and grounded in evidence;**
- **comprehensive** (comprise a range of topics related to adolescents' and young people's health care, including reproductive health);
- **preventive** (discuss relevant issues with learners before they could find themselves in situations posing risk to their health and life);
- **age-specific and culturally- appropriate;**
- **consecutive and sequenced** (the programmes should gradually develop and sustain skills and behaviours at all levels of education);
- **appropriate in duration** (the programmes should comprise no less than 20-30 hours per year);
- **rights-based and gender responsive** (respect and adherence to human rights and gender equality);
- **participatory and inclusive** (adolescents and young people should participate in planning and implementation of prevention education programmes);
- **involving** parents and families in the process of prevention education;
- **applying** modern information and communication technologies and open education resources.

**Ensure** sustainable public funding for development and fully-fledged implementation of prevention education programmes on a national scale as well as for research in the field of adolescent health and development.

**Bolster** pre- and in-service teacher training on prevention education through integration of relevant courses within teacher training curricula.

**Integrate** within pre- and in-service training curricula for decision makers and management of the education and health sectors issues related to education sector responses to: the HIV epidemic; adolescent and young people's health; and HIV policy in the workplace.

**Increase** the availability and accessibility of best practices and proven resource materials on prevention education, accumulated in the region, for professionals from governmental and non-governmental organizations working with adolescents and young people.

**Standardize** the monitoring and evaluation system of educational programs for adolescents and young people to be able to assess their contribution to HIV prevention and preserving the health of the younger generation.

**April 21, 2011, Almaty, Kazakhstan  
Conference participants**

*Original in Russian*