



UNESCO - a global leader in education

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The Global Education 2030 Agenda

UNESCO, as the United Nations' specialized agency for education, is entrusted to lead and coordinate the Education 2030 Agenda, which is part of a global movement to eradicate poverty through 17 Sustainable Development Goals by 2030. Education, essential to achieve all of these goals, has its own dedicated Goal 4, which aims to "ensure inclusive and equitable quality education and promote lifelong learning opportunities for all." The Education 2030 Framework for Action provides guidance for the implementation of this ambitious goal and commitments.





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SHORT SUMMARY

A world where all learners thrive

Education has the power to transform the lives of children and young people, and the world around them. But inclusive and transformative education cannot be delivered if students are not safe, well-nourished and healthy, and free from violence and discrimination.

This strategy, revised and updated since its first iteration in 2016, presents UNESCO's vision for better health and education outcomes for all learners. It will guide UNESCO's work in collaboration with UN agencies, multi-lateral organizations and civil society to put health and well-being at the top of the education agenda.

The rationale is clear. Gender-based violence, gender inequality, HIV and AIDS, sexually transmitted infections (STIs), unintended pregnancies, and violence and discrimination, still pose serious threats to learner well-being. Maternal complications are the leading cause of death among girls aged 15-19,

leading cause of death among girls aged 15-19 violence in and around school is experienced by 246 million learners every year, and the COVID-19 pandemic highlighted the unmet need for mental health services in and around learning institutions.

To achieve a vision where all learners can fulfill their potential, UNESCO will:

- Create and support school systems that promote physical and mental health;
- Empower learners with good quality comprehensive sexuality education that includes HIV, life skills, family and rights; and
- Nurture safe and inclusive learning environments that are free from all forms of violence, bullying, stigma and discrimination.







UNESCO strategy on education for health and well-being

Foreword

The UNESCO strategy on education for health and well-being was updated to extend its transformative vision throughout the decade, as we pursue our path to 2030 and the achievement of the Sustainable Development Goals. The revised strategy reaffirms the priorities of the previous one for 2016-2021, as well as its focus on the mutually reinforcing intersections of education, health and gender equality. In addition, it includes an expanded focus on strengthening the resiliency of school health systems, and their ability to promote both the physical and mental health and well-being of learners.

UNESCO's work on education for health and well-being dates back several decades. A key milestone was in 1996, when UNESCO joined UNICEF, UNDP, UNFPA, WHO and the World Bank as one of the founding cosponsors of the UN Joint Programme on HIV and AIDS (UNAIDS). Around the world, the AIDS epidemic exacerbated inequalities and further marginalized those most left behind, especially children and young people. School systems – especially in sub-Saharan Africa – were particularly hard hit.

Today, over three decades later, we are reminded of this difficult era as the world is confronted with another unprecedented global public health crisis. The COVID-19 pandemic affected the education sector across all regions, leaving over a billion children and young people out of school for months on end. Studies estimate that over 5 million children around the world lost a parent or other caregiver to COVID-19 in just the first 19 months of the pandemic alone. The pandemic has vividly illustrated the interlinkages between education and health, and the urgent need to move out of silos and work across sectors to advance the interests of future generations.

UNESCO, with its unique expertise bringing together the education and health sectors, was uniquely poised to respond to the COVID-19 pandemic. Joining forces with the WHO, UNICEF and other development partners, UNESCO worked quickly to make crucial technical guidance available to ministries of education to guide their response. To reach learners directly during school closures, UNESCO also pioneered a range of practical materials, digital resources and radio programmes to help young people deal with anxiety, adapt to distance learning, and stay safe and healthy when returning to school.

The new UNESCO strategy on education for health and well-being builds on this vast experience. It is informed by the lessons learned of the AIDS response, as well as those of the COVID-19 pandemic. It furthers UNESCO's pioneering work on comprehensive sexuality education and the prevention of school violence and bullying, while revitalizing its past expertise in school health and nutrition. Yet it also seeks to take the next step forward, to envision resilient, health-promoting education systems that integrate a comprehensive approach to school health and well-being as an integral part of their daily missions. Only then will our school systems be prepared to face the uncertainty of future global challenges. Only then will our learners be prepared to thrive, to learn, and to build healthy, peaceful and sustainable futures for all.

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Introduction and background

The United Nations Educational, Scientific and Cultural Organization (UNESCO) strategy on education for health and well-being was revised and updated in order to:

- Provide the overarching framework for concerted action by UNESCO and its partners at global, regional and country levels from 2022 to 2029, in line with the objectives of UNESCO's Medium-Term strategy for this period.
- Build momentum for UNESCO's work on promoting comprehensive sexuality education (CSE) and safe and inclusive learning environments, and place more emphasis on the role of schools and education systems in promoting health and well-being.
- Reflect recent developments in the global education, HIV and health agendas and align with the Global AIDS strategy 2022–2026 and the Sustainable Development Goals (SDGs), in particular SDG 3 Health; SDG 4 Education, and SDG 5 Gender Equality.

The revised strategy closely builds on the 2016–2021 UNESCO strategy on Education for Health and Wellbeing, which was reviewed through an independent assessment that confirmed the continued relevance of its priorities. The assessment involved an extensive desk review, in-depth telephone and video interviews with 30 stakeholders, and an online survey shared with over 300 individuals, both staff and external partners. Over 90% of online respondents and interviewees felt that UNESCO has a key role to play in school health, and the majority of respondents felt that the priorities of the 2016–2021 strategy remain relevant. However, there was broad consensus around the need to elevate certain key issues.

The revised strategy continues to centre on UNESCO's long-standing commitment to strengthening the links between education and health. It also reflects growing understanding of the inter-relationship between education and health, which necessitates a more comprehensive approach to school health and coordinated action across sectors. There is good evidence that education strongly impacts health outcomes (such as health behaviours and use of preventive services) and determinants of health (such as risk contexts). Health is equally fundamental to education. There is a growing body of evidence that demonstrates the impact of health on education outcomes. Healthy and happy learners learn better,

while poor health can have a detrimental effect on school attendance and academic performance. The school environment also has an important impact on learning. Health-promoting schools that are safe and inclusive for all children and young people are essential for effective learning.

In contrast to the previous strategy, the revised version has been updated against the backdrop of the COVID-19 pandemic. School closures left millions of young people at home and isolated from both the educational, social and protective structures that schools provide. Yet from this crisis have come lessons learned. The COVID-19 pandemic led to renewed appreciation of the crucial importance of schools and teachers to broader society, and increased understanding that schools are more than just places of learning, ushering in unprecedented global recognition of the linkages between education and health. It has shone a light on the role that schools and teachers play in providing a social safety net by providing essential health education and services, including school meals, identifying signs of mistreatment or violence, establishing linkages to health services, fostering social connection and promoting physical activity.

Perhaps more than in any other area, the COVID-19 pandemic highlighted children and young people's unmet need for support around their mental health and well-being. Even before the pandemic, there was an increasing awareness of the importance of investing in the mental health and well-being of all learners, and in particular adolescents.^a Adolescence is a critical stage in life for education, health, and physical, emotional and psychological development.2 It is also a time when young people may start to engage in behaviours that can adversely affect their health and education. Pregnancy and childbirth, HIV, suicide and violence are among the leading causes of death among adolescent boys and girls.3 Learner mental health and well-being is already an integral part of UNESCO's work on CSE and the promotion of safe and inclusive learning environments. Going forward, it will continue to feature even more strongly in UNESCO's support to countries across education, health and well-being programmes.

While the strategy seeks to benefit a wide range of learners, from children at primary level through young to adults in higher and tertiary education,

a The United Nations (UN) understands children as those aged up to 18 years, adolescents as those aged 10–19 years, and youth as those aged 15–24 years; together adolescents and youth are referred to as young people.

it maintains a particular focus on adolescents. In the 2016-2030 Global Health strategy for Women's, Children's and Adolescent's Health, the UN Secretary General states that 'by helping adolescents to realise their rights to health, well-being, education and full and equal participation in society, we are equipping them to attain their full potential as adults'. In 2020, UNESCO supported the development of a new definition and conceptual framework for adolescent well-being that will guide efforts under the new strategy. It pinpoints adolescence as 'a critical window of opportunity to invest in education, skills and competencies; with benefits for well-being now, into future adult life, and for the next generation. ⁴ This is particularly the case when it comes to imparting healthy habits and lifestyles relating to sexual and reproductive health (SRH), 'as it is a period of ongoing physical, emotional and social change, as well as the period when many individuals will start exploring their sexuality and developing relationships with others.'5 Mindful that some behaviours and attitudes may be already embedded before adolescence, the strategy will continue to promote attention to the foundational role of health education for learners in primary schools.

The new strategy is designed to directly contribute to a range of SDGs and targets, with a particular emphasis on SDGs 3 (Health), 4 (Education) and 5 (Gender Equality) as well as significant linkages to SDGs 2 (Nutrition), 10 (Inequalities) and 16 (Peaceful Societies), as outlined in further detail in *Annex 2*. UNESCO's work on education for health and well-being is also embedded in UNESCO's Medium-Term strategy, in particular through Outcome 1, 'ensure inclusive and equitable quality education and promote lifelong learning opportunities for all,' and Outcome 7, 'promote inclusion and combat discrimination, hate speech and stereotypes.'6

The strategy positions UNESCO's work on education for health and well-being as an integral part of the Education Sector's broader vision of 'transformative education for a peaceful, healthy and sustainable world.' Transformative education seeks to empower learners to become change agents to transform our societies for the betterment of all people and the planet, and to grow up as responsible citizens of the global community. This requires enabling them to acquire the knowledge, skills, values, attitudes and agency they need to thrive in increasingly diverse and rapidly changing societies, and faced with contemporary challenges such as climate change, violent and hateful ideologies,

global health challenges, and the fast evolution of digital technology and social media that can be a vehicle for divisive, harmful and inaccurate information. By instilling young people with 'transversal' competencies, such as critical thinking, creativity, empathy and collaboration, learners are able to understand and shape who they are and what they want to be, and to take informed decisions and actions at individual, community and global levels.

UNESCO's Global Priorities on Gender Equality and Africa have been reaffirmed for the 2022–2029 period, and will continue to be at the centre of UNESCO's work on education for health and well-being.

The flagship 'Our Rights, Our Lives, Our Future' programme encapsulates this focus through its vision for a sub-Saharan Africa where all adolescents and young people attain positive health, education and gender equality outcomes. In addition to the strategy on Education for Health and Well-being, UNESCO's work in this area will also be closely aligned with the UNESCO strategy on Gender Equality in and through Education (2019–2025)⁸, contributing to both of its' strategic objectives as well as the three thematic priorities.

Finally, the new strategy continues to reflect UNESCO's longstanding commitment to addressing HIV. As one of the founding cosponsors of the UNAIDS Joint Programme, since 1996, UNESCO has played a leading role in supporting the education sector response to HIV, guided by strategies including, most recently, the Global AIDS strategy 2022–2026 (see Annex 4). The new Global AIDS strategy reflects a heightened attention to the crucial role of education in the AIDS response, and highlights SDG 4 as a key contributor to efforts to end AIDS as a public health threat, noting that 'education is one of the best HIV prevention tools available. Each additional year of secondary schooling can lead to a reduction in the cumulative risk of HIV infection, in particular, among adolescent girls and young women.'9 Along with United Nations Children's Fund (UNICEF) and United Nations Population Fund (UNFPA), UNESCO co-convenes the Joint UN Programme on HIV/AIDS (UNAIDS) Division of Labour area on young people, and is also a key contributor to work on combination prevention, gender equality, human rights, and preventing stigma and discrimination. Throughout this work, UNESCO leverages its unique relationship with ministries of education to support education sector action to prevent HIV and HIV-related stigma and discrimination, and to promote treatment literacy and access to testing and treatment.

Goal and strategic outcomes

UNESCO envisions a world where all learners thrive.

The goal of the strategy is to contribute to improved health and education outcomes for all learners through support to national education sectors and other key stakeholders to adopt a comprehensive approach to school health and well-being. This in turn will contribute to achievement of the SDGs, particularly those at the nexus of education, health and gender equality.

To achieve this vision, UNESCO will pursue three strategic outcomes that seek to ensure that all learners:

- are supported by resilient school health systems that promote learners' physical and mental health and well-being.
- are empowered by good quality, gender-transformative CSE that includes HIV, life skills, family and rights.
- benefit from safe, inclusive learning environments free from all forms of violence, bullying, stigma and discrimination.

The strategic outcomes are inter-dependent and mutually reinforcing. They take a learner-centred approach, accompanied by a holistic vision of support to the whole school community, and are grounded in gender equality and transformational education. Together, they form an integral part of a comprehensive school health approach that encompasses policy and systems, teaching and learning, rules and regulations, partnerships, and monitoring, evaluation and research.^b

The context and rationale for the three strategic priorities are discussed in more detail in the following sections.



b This reflects the integrated approach set out in the Focusing Resources on Effective School Health (FRESH) framework.

Strategic outcome 1

All learners are supported by resilient school health systems that promote learners' physical and mental health and well-being

Priority areas of focus include:

- The integration of health and well-being into education sector policies, plans, strategies and resource allocations; the development and implementation of school health policy and plans
- Supporting national education sectors to make every school a health promoting school, through a wholeschool approach^c
- Strengthening education sector capacity to prevent noncommunicable disease (NCD), through the promotion of healthy eating and drinking practices, physical activity and sports, and education to prevent and address harmful substance use
- Supporting more resilient school health systems through prevention and preparedness planning that addresses infectious disease and health emergencies
- Advancing efforts to promote the mental health and well-being of learners, including through social and emotional learning and strategies and skills for self-care

Investing in school health systems is a smart way for countries to improve the health and education prospects of today's learners and tomorrow's leaders. Globally, over 90% of children of primary school age, and over 80% of children of lower secondary school age are enrolled in school. On average, children and adolescents spend '7,590 hours in the classroom over 8–10 years during primary and lower secondary school. This makes schools a unique setting for preventive interventions, and school years an important period to establish healthy behaviours that will contribute to a lifetime of health promotion.

By supporting countries to adopt a whole-school approach to promoting health and educational attainment, they are able to 'capitalise on the organizational potential of schools to foster the physical, social-emotional and psychological conditions for health as well as for positive educational outcomes.' This extends beyond solely the learners, to school staff, families and communities. The UNESCO and World Health Organization (WHO) Global Standards for Health Promoting Schools is one important vehicle through which countries are being supported to adopt this more holistic approach to school health promotion.

The education sector has a key role to play in countering the global burden of different diseases – **non communicable diseases account for over 70% of all deaths globally,** and of these deaths, around 80% are due to cardiovascular disease, cancer, chronic respiratory disease or diabetes.¹⁴ These diseases share four risk factors: unhealthy diet, physical inactivity, tobacco use and harmful use of alcohol.¹⁵

It is estimated that globally, 70% of preventable adult deaths from non communicable diseases are linked to risk factors that start in adolescence. For example, 80% of adolescents are insufficiently physically active16 and the prevalence of childhood overweight and obesity has now become a global burden affecting over 340 million children and adolescents aged 5-19.17 At the same time, in too many countries, undernutrition or micronutrient-related child malnutrition is still a challenge: in 2020, globally, 149.2 million children were stunted, and 45.4 million were affected by wasting. 18 Girls and boys are affected differently, at different ages and contexts, with some recent studies showing that undernutrition in children under 5 is more likely to affect boys, while overall women and girls are estimated to make up 60% of chronically hungry people.^{19,20} Alarmingly, an increasing number of countries actually face the double burden of overweight/obesity, and undernutrition/malnutrition among children, particularly in the developing world.

Adolescence is also a time when many young people start smoking, drinking alcohol or using drugs.

For some, it is out of curiosity, experimentation and group dynamics, while others turn to substances as a coping mechanism to deal with stress, social anxiety or other emotions they are having difficulty processing. Harmful use of alcohol and drugs can have an adverse impact on young people's physical and mental health and well-being, and can increase risk-taking behaviour and vulnerability to unsafe sex, sexual violence, HIV and other sexually transmitted infections (STIs) and hepatitis. Longer term, they can also contribute to non communicable diseases such as cancer, liver or kidney disease. Schools can contribute to preventing substance use through non-judgmental, evidence- and skills-based education that reaches learners in early adolescence, and through the provision of psychosocial support for learners and their families. In some contexts, the education sector also

c A whole school approach involves addressing the needs of learners, staff and the wider community, not only within the curriculum but across the whole-school and learning environment. Source: http://www.ibe.unesco.org/en/glossary-curriculum-terminology/w/whole-school-approach-:~:text=Involves addressing the needs of,whole-school and learning environment

Reinvigorating the school health and nutrition agenda

In 2019, UNESCO convened a new partnership: 'Stepping up effective school health and nutrition.' Together with the Food and Agriculture Organization, Global Partnership for Education, UNICEF, the World Bank, World Food Programme (WFP) and WHO, the partnership aims to advance the health, nutrition and well-being of children and adolescents, so they are able to learn and grow, achieve their full potential and shape the future of their communities and countries.

The inter-agency group provided influential input into strategic dialogues in the context of the COVID-19 response, and in October 2021 UNESCO, WFP, WHO and UNICEF issued a joint statement on the importance of investing in school health and nutrition to safeguard education from the devastating impact of COVID-19.

The group is now turning their efforts towards improved and harmonised measurement of school health and nutrition, including through the development of a Global Status Report on School Health and Nutrition, which will provide a powerful tool for evidence-driven advocacy and programming to inform and scale up integrated approaches to school health and nutrition.

plays an important role in the provision of information about harm reduction for young people who are using substances, and in providing or facilitating access to health-related services, commodities and treatments.

Undernutrition and micronutrient-related malnutrition, overweight and obesity, harmful substance use and related non communicable diseases are largely preventable. Although a range of social, economic and environmental factors influences people's ability to adopt healthy behaviours, the education sector is central to developing the knowledge, attitudes, skills and behaviours that are the prerequisite for valuing good health and making healthier choices. Healthy behaviours, established at younger ages, can have longlasting benefits for health. Schools can be an important setting for promoting a healthy diet and physical activity, and preventing substance use, through a whole school approach that includes skills-based education. School feeding programmes also have transformative potential to not only combat malnutrition, but to improve educational outcomes by ensuring that no child's ability to learn is hampered by hunger. This can have a transformative impact in combatting inequalities, in particular, gender inequality. School feeding has been shown to be a particularly effective incentive for improving school participation and attendance among girls.²¹

Beyond non communicable disease, the education sector must also strengthen efforts around infectious disease prevention and preparedness. There is a wide range of infectious diseases that can spread in school settings, and the prevention and control measures to address them share common approaches. Handwashing is the single most effective way to prevent the spread of infection and should be a standard part of every learner's health education, as well as a basic requirement of school water, sanitation and hygiene facilities. Teaching personal hygiene, including respiratory hygiene and cough etiquette, can also reduce the spread of germs. Supporting schools to put in place adequate hygiene facilities and establish emergency preparedness measures is key to preventing and addressing future pandemics. As explored further under Strategic Outcome 2, schools also have a key role to play in educating learners about the prevention of STIs, such as HIV, as well as human papillomavirus, which is the major driver of cervical cancer and can be prevented through a vaccine in early adolescence.

Infectious disease prevention and preparedness must also address the social determinants of health.

The COVID-19 pandemic is only the most recent in a long line of infectious disease outbreaks to have underscored the crucial role that schools play in this regard. The 2009 H1N1 pandemic, or the 2014–2016 Ebola outbreak in Western and Central Africa, also resulted in widespread school closures with dramatic lessons-learned for both developed and developing countries at all income levels. Notably, they have shown that school closures exacerbate existing inequalities, with adolescent girls and young women at heightened risk of violence and early/unintended pregnancy, and vulnerable young people at greater risk of domestic violence and school dropout.²² They are also a reminder of the importance of preparing now for future disease outbreaks, so schools are more resilient to withstand and overcome these when they occur.

The education sector's role must extend beyond just the prevention of ill-health, towards the active promotion of learners' well-being. This means establishing the conditions for young people to thrive, not just physically, but also mentally. Navigating the path to adulthood is a socially and emotionally complex time for young people. Globally, one in seven 10–19-year-olds experiences a mental disorder, accounting for 13% of the global burden of disease in this age group, with depression, anxiety and behavioural disorders being among the leading causes of illness and disability among adolescents.²³ Suicide is the fourth leading cause of death among 15–19 year-olds.²⁴ The consequences of failing to

Helping learners promote mental health and well-being during COVID-19 school closures

To support the mental health of young people and their families during lockdowns and school closures, UNESCO developed a series of information cards on COVID-19, as well as animated videos focusing on 'Staying safe and healthy while back at school,'Dealing with anxiety' and 'Learning in lockdown.'The videos were published on YouTube in 10 different languages and viewed thousands of times online; the infographic cards were featured on BBC.

UNESCO also leveraged existing multimedia platforms to reach young people with accurate information on COVID-19, such as the 'Let's Talk Early and Unintended Pregnancy' (EUP) Campaign, which was adapted to respond to disruptions brought about by the pandemic. Through webinars and a radio mini-drama series entitled 'Say it Louder,' UNESCO was able to reach a wide audience of young people and their families with messages about preventing EUP and coping with school closures. The radio drama reached an estimated 18 million listeners and has since been expanded for even wider reach.

health-seeking behaviours, for themselves or others. Developing these skills is all the more important for today's young people, who face unprecedented new stressors ranging from climate anxiety, to online disinformation and the sometimes negative mental health impacts of social media, including online bullying and exclusion. Schools can support young people to develop healthy coping and resilience mechanisms to protect their mental health and help them distinguish harmful from helpful influences.

Finally, it is important to emphasise that the education sector is more than just a contributor to health and well-being, it is a beneficiary of it. Supporting the health and well-being of learners, teachers and the broader school community is a sound investment for the education sector: 'greater investment by the health sector for school-age children would enhance education returns, through better learning and attendance, and create an enabling environment for vulnerable children to transition to secondary school.'27 Building stronger, more resilient school health systems should therefore be seen as an accelerator for the achievement of SDG 4.

address adolescent mental health conditions extend to adulthood, impairing both physical and mental health and limiting opportunities to lead fulfilling lives as adults. 'Educators, school support staff and peers are well-placed to identify and respond to risk factors and emerging mental health conditions in adolescents, and/or connect adolescents to additional resources.²⁵'

Beyond those who experience specific mental health disorders, many if not most young people will struggle at some point in their adolescence with complex emotions related to their personal lives and the world around them. For example, a survey of 10,000 children and young people (16–25 years) found that 59% were extremely worried, and 84% were moderately worried about climate change, with half of all respondents reporting feelings of sadness, anxiety, anger, powerlessness, and guilt.²⁶

Schools must take proactive steps in supporting adolescents to build confidence and self-esteem, develop strategies for self-care and know where and when to seek help with feelings of anxiety, depression or anger. Social emotional learning can help young people develop self-awareness, self-management, social awareness, relationship skills and responsible decision-making that can protect and promote their mental health and well-being by supporting the development of help-seeking and



Strategic outcome 2

All learners are empowered by good quality, gender-transformative, comprehensive sexuality education that includes HIV, life skills, family and rights

Priority areas of focus include:

- Building the knowledge, attitudes, values, skills and behaviours for healthy, respectful and genderequitable relationships
- Supporting children in their transition to adolescence, including through puberty education and social emotional learning
- Strengthening the quality of CSE curricula and delivery, including through support for teacher training and development
- ► HIV and STI prevention and the promotion of HIV testing, knowing one's status, and HIV treatment
- Preventing and addressing early and unintended pregnancy and child marriage
- Promoting gender equality and preventing genderbased discrimination and violence
- Harnessing the potential of online and communitybased sexuality education to complement classroom delivery
- Expanding knowledge and evidence on CSE and supporting data collection for SDG thematic indicator 4.7.2.^d

Sexual and reproductive health has a direct impact on the education and future prospects of young people. For example, early and unintended pregnancy increases the risk of absenteeism, poor academic attainment and early drop-out from school for girls; it also has educational implications for young fathers. The risk of complications and death is also higher among younger mothers: in low-



andxmiddle-income countries the risk of maternal death for girls under the age of 15 is double that of older women.²⁸ Many young people lack basic knowledge about pregnancy and do not have the information and skills required to access family planning services and use contraceptives. Young people are also exposed to harmful gender norms that have a negative impact on their future relationships and well-being. For example, globally, over a third of adolescents (35% of boys and 37% of girls) believe that wifebeating can be justified.²⁹

Moreover, the HIV epidemic is not over and young people remain disproportionately at risk. In 2019, two out of seven new HIV infections globally were among young people (15–24 years).³⁰ Young women in sub-Saharan Africa are especially vulnerable to HIV. Six out of seven new HIV infections among adolescents aged 15–19 years in sub-Saharan Africa are among girls, and 4200 adolescent girls and young women between 15 and 24 years became infected with HIV every week in 2020.³¹ Knowledge is a prerequisite for healthy behaviours but many young people are still poorly informed about HIV: globally, only one in three young people demonstrate accurate knowledge of HIV prevention.³²

Good quality school-based CSE increases correct knowledge, promotes positive attitudes, and develops the values, skills and behaviours young people need to make informed choices. It can develop positive values including respect for human rights, gender equality and diversity, and develop the attitudes and skills that contribute to safe, healthy, positive relationships. Around the world, CSE is known by many different names, such as prevention education, relationship and sexuality education, family life education, or life skills education. Regardless of the term used, 'comprehensive' refers to the development of learners' knowledge, skills and attitudes for positive sexuality; to understand essential bodily functions and changes through puberty, and to enable good SRH. The core elements of CSE programmes share a firm grounding in human rights and gender equality, and a recognition of the concept of sexuality as a natural part of human development.

CSE is widely recognised as a critical intervention for promoting SRH, gender equality and healthy relationships, all of which can positively affect education and health outcomes. It has demonstrated SRH benefits, including delayed sexual debut, reduced

d SDG thematic indicator 4.7.2 'Percentage of schools that provided life skills-based HIV and sexuality education within the previous academic year.'

Contributing to the health and well-being of young people in Africa through the 'Our Rights, Our Lives, Our Future' programme

The Our Rights, Our Lives, Our Future – O³ Programme – envisions a sub-Saharan Africa where all adolescents and young people attain positive health, education and gender equality outcomes. To achieve this vision, the programme aims to strengthen the delivery of good quality CSE with a view to reducing new HIV infections, early and unintended pregnancy, gender-based violence, and child marriage.

The O³ programme commenced in 2018 through the generous support of the governments of Sweden, Norway and France. It has benefitted over 28 million learners in its first four years alone. The programme has since expanded to encompass the 'O³ Plus' component, which focuses on addressing the unmet needs of young people in higher and tertiary education.

number of sexual partners, and reduced unprotected sex and unintended pregnancy. CSE^e also allows children to develop the foundations of healthy interpersonal relationships (with family and friends), and to recognise violence or abuse. It is also a critical intervention for the prevention of HIV and other STIs; for efforts to support learners living with or affected by HIV, and to eliminate HIV-related stigma and discrimination.

Good quality CSE should be age- and developmentallyappropriate, with content that responds to the changing needs and capabilities of the child and young person as they grow. To be most effective, CSE should start before young people reach puberty. Puberty can be a challenging time for young people, especially if they are not well prepared or supported. Awareness and understanding of the changes that take place during puberty is often limited. Early adolescence is also a time when many young people are exposed to pressure to conform to gender norms. This makes it a critical time to provide both girls and boys with the means to develop positive attitudes and behavioural intentions towards gender equality, diversity, consent and the right to bodily autonomy. Many girls know nothing about menstruation until they experience it and, in many cultures, information provided is selective or based on taboos and myths. Many boys also lack accurate information about menstruation, which can result in lack of empathy for and harassment of girls; they also lack knowledge about the changes they themselves will experience during puberty.33

Positive Learning: Meeting the needs of young people living with HIV in education settings

The education sector has a key role to play in supporting learners living with HIV to fulfil their right to education in a safe, supportive, inclusive and enabling learning environment. Building on the original 'Positive Learning' publication developed in 2011, UNESCO joined forces with the Global Network of People Living with HIV (GNP+ and the Global Network of Young People Living with HIV (Y+) to update the recommendations to address the current daily realities of adolescents and young people living with HIV.

The revised recommendations were developed through a youth-led, inclusive, multi-sectoral process, underpinned by the principle of the Greater Involvement of People Living with HIV/AIDS (GIPA). Thanks to the strong engagement of young people living with HIV, the recommendations reflect key new developments in a simple, accessible resource that can guide the work of educators, policy- and decision-makers as well as activists and civil society.

There is growing demand from young people themselves for good quality CSE, for example, many networks of young people worked to raise awareness of the importance of young people's sexual and reproductive health and rights (SRHR) in the Youth Statement on the 2030 Agenda for Sustainable Development. The Joint Youth Statement on the 2021 Political Declaration on HIV and AIDS made a strong call for the importance of CSE, noting that 'if sexuality education for young people is not comprehensive, we will be missing critical elements necessary to overcome the barriers that are preventing and slowing down progress on ending AIDS.... We call on member states to do better for their young people.'34 Many parents and communities are also actively supportive of the provision of CSE in schools, because of concerns about adolescent pregnancy, sexual violence and the conflicting messages that young people receive from society and the media.

In response to these calls, a wide range of partners working on health, education, gender equality and child protection have stated their commitment to working on CSE in the past years. Given the importance of sharing good practice, leveraging new research and avoiding duplication, UNESCO will maintain its unique position as a convenor of partners. This is primarily achieved through hosting the CSE Partnership

e Comprehensive sexuality education is defined as an age-appropriate, culturally relevant and gender transformative approach to teaching about sex and relationships that provides scientifically accurate, realistic, non-judgmental information and provides opportunities to explore values and attitudes and to build decision-making, communication and risk-reduction skills. See UNESCO. 2018. International Technical Guidance on Sexuality Education

Forum jointly with UNFPA, which brings together over 60 organizations ranging from non-government organizations, to universities, to bilateral donors and UN agencies. In addition, partnership efforts, such as the Adolescent Well-being Working Group and the Accelerated Action for Health in Adolescents, facilitate discussion on CSE as part of wider health efforts.

In recent years, considerable progress has been made on the implementation of CSE. The landmark 2020 Global Status Report 'the Journey towards CSE' found that – of available data from 155 countries – 85% report that they have policies, laws or legal frameworks related to sexuality education, and 78 countries have education policies on 'life-skills-based HIV and sexuality education' in both primary and secondary schools. UNESCO support, together with that of other partners, has made an important contribution to building commitment and many countries have taken steps to integrate sexuality education into teacher training and school curricula.

Despite these advances, and the clear and compelling evidence for the benefits of CSE, many children and young people are not realising access to good quality CSE. To address this, there is a need to both expand the coverage and improve the quality of CSE, both for in-school and out-of-school programmes. Challenges to be addressed include lack of appropriate education sector policies, curricula that do not cover a full range of topics or that are taught too late, failure to implement CSE at scale, and lack of support for education managers and teachers, resulting in inadequacies in the quality and delivery of CSE.

In addition, CSE must be more inclusive of the needs of all children and young people, including those living with or affected by HIV, those who do not conform to traditional gender norms or roles and young people with disabilities. For example, according to a 2020 review of the status of CSE, data collected from the Asia Pacific region found that only 28% of young people believed that their school taught them about sexuality very well or somewhat well, and young people who identified as lesbian, gay, bisexual, transgender or intersex (LGBTI) were less satisfied than their peers.³⁶ Sexuality education is also often focused exclusively on HIV prevention and can exclude - or even stigmatise - learners living with HIV. Good-quality CSE must go beyond just HIV prevention to encompass HIV treatment and care, the rights of people living with HIV, and the elimination of HIV-related stigma and discrimination. Young people with disabilities are also often left behind when it comes to sexuality education, and as a result do not receive adequate information about puberty, sexuality and healthy relationships. A 2021 report on the state of CSE for young people with disabilities in the East and Southern Africa region found that there is a lack of harmonisation of teacher training curricula on CSE in relation to disability, and 'an almost complete absence of suitable CSE resources.'²⁷ Ensuring that comprehensive curricula and teaching and learning materials are developed, that sexuality education is allocated adequate time in the school timetable, and that teachers are trained and supported to deliver is critical.

More attention must be paid to ensuring that preservice and in-service training provides teachers with the requisite knowledge and skills, with the ability to use active, student-centred teaching and learning approaches, and with the capacity to assess how they are delivering CSE and to address the reasons for poor delivery.

The education sector also needs to take advantage of the opportunities - and confront the challenges - presented by information and communication technologies for CSE. With over 70% of the world's youth aged 15-24 online (but with significant variation between regions), it is not surprising that many are turning to digital sources to seek information about bodies, sex and relationships.³⁸ This new reality comes with both opportunities and challenges. Digital spaces offer an emerging platform where some elements of sexuality education can be made more accessible, engaging and interactive for young people. They also offer a potential avenue to complement traditional classroom delivery of CSE, with resources aimed at supporting educators. At the same time, quality assurance is a challenge, and in venturing into digital spaces to seek information, young people will come across a range of content, some of which may be incomplete, poorly informed or harmful. Educators, health care workers and digital content managers are faced with a delicate balance between leveraging the potential of the digital spaces for delivery of quality content that reaches a diverse population of young people, and the responsibility to ensure that young people are equipped with the skills to critically engage with the content they encounter. Technology can facilitate new ways of teaching and learning and some countries are already implementing internet-based sexuality education courses for educators and learners.

Finally, it is important to recognise that **the education sector alone cannot improve young people's SRH.**Education must be complemented by access to youth-friendly, non-judgmental, confidential health services that can provide appropriate advice, care and commodities, including free or affordable condoms and contraceptives. Collaboration between the education and health sectors is therefore essential. Working together, these two sectors 'have enormous potential to promote the good health and well-being of all individuals and communities and to prevent early and unintended pregnancy, transmission of HIV and other STIs, and to facilitate access to care and support, particularly for adolescents and young people living with HIV or heightened vulnerability to STIs including HIV.'³⁹

Strategic outcome 3

All learners benefit from safe, inclusive learning environments free from all forms of violence, bullying, stigma and discrimination

Priority areas of focus include:

- Strengthening education sector capacity to prevent and address all forms of school-related violence, including bullying, cyberbullying and gender-based violence
- Advancing knowledge on the scope and drivers of school violence and bullying, including as relates to gender, sexual orientation and gender identity/ expression, ethnicity, socio-economic status or disability/health status
- Supporting the uptake of tools and guidance to prevent and address school-related gender-based violence (SRGBV)
- Expanding understanding of and tools to address bullying and cyberbullying
- Promoting diversity and inclusion, and eliminating stigma and discrimination towards learners and educators
- Promoting accessible and inclusive school facilities that are child, disability and gender-sensitive.

Violence in educational settings remains a problem in all countries. Psychological and physical violence in and around schools, including bullying and cyberbullying, gender-based violence and sexual harassment, undermines learning and has adverse physical and mental health consequences. One estimate suggests that globally, 246 million children and adolescents experience some form of violence in and around school every year, with girls being particularly vulnerable. Almost one in three students (32%) has been bullied by their peers at school at least once in the last month, and cyberbullying affects as many as one in ten children. Learners affected by violence may avoid classes, participate less in class or find it difficult to concentrate, or drop out from school altogether.

These issues are further compounded in instances of SRGBV, which is defined as acts or threat of sexual, physical or psychological violence occurring in and around schools, perpetrated as a result of gender norms and stereotypes and enforced by unequal power dynamics.⁴² Concerns about sexual harassment in and around school are often cited by parents as a reason for not sending girls to school. School-related gender-based violence also increases the risk of unintended pregnancy and other SRH problems, and affects girls' physical, psychological and social well-being, all of which can have a detrimental effect on education outcomes. Students who are perceived as

'resisting, or as not fitting into traditional or binary gender norms,' including those who identify as LGBTI are also at a significantly higher risk of violence. 43,44

In recent years, there has been a growing recognition of the need to better address bullying, which is a form of violence, but is sometimes referred to distinctly in order to draw attention and nuance to the issue. Bullying can result in reduced school attendance, early drop out from school and poorer academic performance and achievement. It increases the risk of depression, anxiety, loss of confidence, reduced self-esteem, psychological stress and social isolation, which have a negative impact on educational outcomes. There is also evidence that young people who have experienced bullying at school may be more likely to abuse alcohol and drugs and engage in highrisk sexual behaviour. Cyberbullying is also a specific form of violence that requires unique attention and responses, taking into account 'the anonymity afforded to the individual who bullies, the scope of potential humiliation... and the pervasiveness of the internet.'45 Studies show that higher levels of cyberbullying are related to higher levels of depressive effect, with victims reporting feelings of sadness, hopelessness and powerlessness.46

The education sector needs to adopt and implement measures to prevent and address violence, because of its impact on education, health and well-being and because it stops children and young people from achieving their potential. Preventing violence in schools requires a holistic response that encompasses the whole



Taking action to eliminate school-related gender-based violence

The Global Working Group to End School-Related Gender-based Violence was created in 2014 to respond to VV by raising awareness and finding solutions to ensure schools are safe, gender-sensitive and inclusive environments, where boys and girls can learn to unleash their full potential. The Group has expanded to more than 100 members representing over 50 organizations, including humanitarian actors, civil society organizations, and regional and national offices.

UNESCO co-chairs the Working Group alongside UNGEI, hosting quarterly meetings, virtual and face-to-face forums. UNESCO has recently supported action including the adaptation and roll-out of the *Connect with Respect* curricula across several countries, leading to evidence attesting to curriculum-based interventions as a means of raising awareness of gender-based violence and contributing to increased help-seeking behaviours.

education system including, but beyond, each school.

It should include strengthened policies at national and school level (e.g. codes of conduct); must have a priority focus on working with teachers as the first line of response to violence, and should include violence prevention efforts curricula that build learner knowledge and understanding of violence and its causes. Responses should reflect available data about types and causes of violence, in addition to social norms (e.g. gender inequality, or other prevalent forms of discrimination) that may be driving or normalising violence. Coupled with violence prevention, schools must put in place robust reporting mechanisms for experiences of violence, and policies for how to respond to these situations, in order to achieve a whole-school approach.

Teachers as well as learners are affected by violence in schools, and are at the frontline of efforts to prevent and address it. A 2021 study led by UNESCO as part of the Safe to Learn coalition found that 'almost half of teachers say they received little or no training on school violence during their pre-service education, and more than two-thirds say that they have learned how to manage school violence through experience.' 47 Case studies of countries that have reduced school violence and bullying suggest that training teachers to increase their understanding and skills is a critical success factor.⁴⁸ This is particularly the case when it comes to preparing them to prevent and address forms of gender-based violence, and psychological violence. For example, 'one in five teachers do not agree that forced sex, touching in a sexual way, making fun of another student with sexual

Commemorating the International day against violence and bullying at school, including cyberbullying

At the 40th meeting of UNESCO's General Conference, in November 2019, Member States unanimously agreed to establish an International Day against Violence and Bullying at School, including Cyberbullying. The international day was commemorated for the first time on 5 November 2020, under the theme 'Together against bullying at school.'

To mark the occasion, UNESCO organised a virtual international conference in partnership with the French Ministry of Education, Youth and Sport. Featuring youth testimonials, a UNESCO animated video, commitments from policy-makers, and a statement by the First Lady of France; it attracted over 75,000 views. Attesting to the high level of political engagement, video messages were shared from political leaders in Ireland, Estonia, Morocco, the Netherlands, Mexico and France.

The day is now commemorated each year in countries around the world, through events to raise awareness of the issue and galvanise action.

jokes or comments, and offering money or goods for sex are forms of sexual violence.

A number of resources exist to build the capacity of teachers to prevent and respond to violence in schools, but they are not yet implemented sufficiently at scale. For example, the 'Connect with Respect' tool 49 was developed as part of a collaborative effort by UNESCO, UNICEF, UN Women, United Nations Girls Education Initiative (UNGEI) and other partners of the Global Working Group to End SRGBV. It is a curriculum tool that assists teachers to build their knowledge and awareness on gender equality, social cohesion and respectful relationships among young people, and includes practical learning activities teachers can use to increase knowledge, positive attitudes and skills among students. A review of the tool found that it had a significant impact on teacher confidence: for example, in Zambia, over 87% of the teachers reported that the programme brought a new and dynamic view of discipline. Furthermore, the review found that as a result of the tool, students were more knowledgeable about gender-based violence and more aware of help-seeking services.50

Faced with rising awareness of the impact of school violence and bullying, both in terms of education and health outcomes, significant momentum has been gained in recent years to advocate for a stronger, more coordinated response to ending violence in schools.

At global level, a number of international partnerships and

initiatives have been launched, including the Safe to Learn coalition (bringing together UNESCO, UNICEF, UNGEI, the World Bank and WHO among others), the Global SRGBV Working Group (see text box), and the World Anti-Bullying Forum, all of which have been contributing to a better understanding of and response to school violence. Moreover, in a historic measure, in 2020, UNESCO Member States unanimously declared the first Thursday of November as the International Day against Violence and Bullying at School, Including Cyberbullying.

The education sector must strive to not only eliminate all forms of violence in schools, but to foster a safe and inclusive learning environment free from all forms of discrimination. In 2019, the International Forum on inclusion and equity in education produced the Cali Commitment, which defines inclusion 'as a transformative process that ensures full participation and access to quality learning opportunities for all children, young people and adults, respecting and valuing diversity, and eliminating all forms of discrimination in and through education.'51 Providing children and young people with safe and inclusive learning environments is an indispensable pillar of quality education. It is also a human right, in line with the Convention Against Discrimination in Education, which prohibits any exclusion from, or limitation to, educational opportunities on the basis of socially-ascribed or perceived differences.52

Discrimination has a negative impact on learning and psychological well-being. The drivers of discrimination can be based on gender norms, sexual orientation and gender identity/expression, ethnicity, disability, social or economic status among other issues. Despite efforts to promote a supportive legal and policy environment, stigma and discrimination continue to affect learners and educators living with and affected by HIV, as well as young people from marginalised or key populations (including LGBTI young people, young people who use drugs, and young people who sell sex).

Young people with disabilities also face multiple forms of discrimination and barriers when it comes to inclusion in schools, and are more likely to be out of school or to leave school before completing primary or secondary education. ⁵³ This can be linked to the physical infrastructure of schools. SDG target 4a sets the goal of building and upgrading education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all. In developing countries, 90% of children do not attend school, often due to 'lack of accessible routes to school and physical barriers and inaccessible infrastructure within school. ⁵⁴ Even when schools are physically accessible, other forms of discrimination may prevent learners with disabilities

UNESCO's guiding principles

Human rights – UNESCO is guided by international human rights principles, conventions and standards. UNESCO takes a human rights-based approach in all its actions that emphasises equality, non-discrimination and respect for diversity, participation and accountability.

Gender – UNESCO supports gender-transformative programming that advances gender equality and respect for diversity, and addresses gender roles, cultural norms and power structures that increase young people's vulnerability and adversely affect their health and education outcomes and well-being.

Country ownership – UNESCO is committed to the principles of national ownership, harmonisation and alignment in line with the Paris Declaration on Aid Effectiveness, and will continue to align its actions with national priorities, plans and processes.

Evidence – UNESCO supports approaches that are scientifically accurate and grounded in evidence and will support countries to implement evidence-informed education responses that contribute to better health and education outcomes and improved well-being.

Participation of young people – UNESCO targets actions to meet the needs of children, adolescents and young people and works with youth networks and organizations and initiatives that promote their involvement in shaping the policies and programmes that affect their lives.

from fully realising their right to education, such as a failure to provide reasonable adjustments to enable equitable participation in school activities or learning opportunities.

Inclusive school facilities and environments are especially important for girls. Globally, one in four girls report that they do not feel safe in school toilets or latrines and UNESCO's policy and evidence work on menstrual hygiene management has also shown that lack of toilets, water supplies, soap, disposal facilities and privacy can contribute to absenteeism and drop out among girls once they start menstruation.⁵⁵ In 2018, over a fifth of primary schools had no single-sex basic sanitation facilities, and some 335 million girls attend primary and secondary schools lacking facilities essential for menstrual hygiene.⁵⁶

In conclusion, it is important to recognise that safe, inclusive, violence-free learning environments are in the interests of all learners and members of the school community, not just a select few. They instil a respect for diversity and difference, while providing all learners with a safe space to develop into their future selves and reap the greatest possible benefits from their education.

Implementing the strategy

Implementation of the strategy will build on UNESCO's guiding principles (see below) and its long-standing work on promoting school health, CSE, and safe and inclusive schools through a range of global, regional and national initiatives. The strategy will also be implemented in line with UNESCO's Global Priorities for Africa and Gender Equality. In concrete terms, this means that the majority of resources used to implement the strategy will benefit sub-Saharan Africa, and that all resources will be implemented for the advancement of gender equality.

Based on its mandate and comparative advantage,
UNESCO will focus primarily on support for
interventions in formal educational settings, but will
also contribute to expand its work on digital approaches
to health education, and to collaborate with partners
working to improve health through non-formal education
and community involvement.

Key areas of action

In line with the above guiding principles, UNESCO's actions will be tailored to regional and country priorities and specific activities will be designed to respond to emerging needs over the coming years. The following areas of action reflect UNESCO's comparative advantage and established track record as a trusted partner of ministries of education and other education sector stakeholders:

- Leadership and advocacy: UNESCO plays a key leadership role in developing and evaluating new thinking and in driving and influencing global and regional debate. UNESCO also advocates at global, regional and national levels for political and financial commitment to strengthen the role of the education sector and for changes to laws and policies. Examples of this include the interagency group on 'Stepping up effective school health and nutrition,' the Global Partnership Forum for CSE, and the SRGBV Global Working Group.
- Technical and programmatic guidance: UNESCO
 provides evidence-based policy and technical
 guidance to education and other ministries to support
 comprehensive, effective, rights-based and gendertransformative responses. At global level, examples of
 guidance that has been developed through UNESCO
 leadership include the 2018 International Technical
 Guidance on Sexuality Education, or the Global Guidance
 on Addressing School-Related Gender-Based Violence.
 At country level, UNESCO technical and programmatic

- guidance has informed the development of national guidelines for school re-entry of pregnant and parenting learners; strengthened CSE curricula and teaching and learning resources, and advanced legal and policy reform for the protection of children and young people, among other examples.
- Capacity building: UNESCO builds the capacity of education and other ministries for policy, planning and implementation. UNESCO also builds the capacity of partners outside government, such as scientific institutions, youth organizations and the media. Strengthening teacher training for CSE is a key example of UNESCO's capacity building efforts. Through the Our Rights, Our Lives, Our Future programme, a regional inservice teacher training package was developed for the East and Southern Africa region, and an in-service online teacher training course was developed in partnership with UNFPA, with a view to supporting countries towards accreditation of the course as part of their teacher training programmes. Over 130,000 pre- and in-service teachers in sub-Saharan Africa were trained on CSE between 2018 and 2020.



- Knowledge generation and dissemination: UNESCO supports the generation and use of strategic information for decision-making, as well as the monitoring and evaluation of progress and impact of education sector responses at global, regional and country level. A key example of this is the 2019 'Behind the Numbers' report, which provided for the first time ever an overview of the most up-to-date evidence on school violence and bullying, bringing together evidence from a range of global and regional surveys. Knowledge dissemination is assured through multiple channels, namely UNESCO's Health Education Resource Centre, hosted by the International Institute for Educational Planning, which provides support to education ministries, researchers and practitioners through a comprehensive database, website and information service.
- Monitoring and evaluation: UNESCO supports research and action to improve knowledge and strengthen the evidence base and promotes sharing of information, expert opinion and experience, including through South-South cooperation mechanisms. In the area of education for health and well-being, a key focus is support for the collection and analysis of data on SDG thematic indicator 4.7.2, which measures the percentage of schools that provided life skills-based HIV and sexuality education in the previous academic year. UNESCO works closely

- with the WHO and other partners to maximise the use of data that is collected through the Global School-based Student Health Survey and other sources.
- Convening and coordinating: UNESCO brings together partners to coordinate action at global and country level, promotes coordination between sector ministries and between government and non-government actors, and supports networking between initiatives with common agendas. An example of this is the 2013 Eastern and Southern Africa Ministerial Commitment, which brought together the ministers of education and health from 20 countries to endorse a joint commitment to strengthen delivery of CSE and access to SRH services for young people. The Commitment was country-led with the strong support of the Southern Africa Development Community and the East African Community. UNESCO efforts underpinned this achievement from beginning to end, through support for coordinated action and follow-up, including the recent extension of the Eastern and Southern Africa Ministerial Commitment to 2030.

UNESCO's teams at global, regional and country levels

Implementation is led by the Section for Health and Education, which works with UNESCO's sectors, institutes, regional bureaux and field offices. UNESCO also provides support at regional and country levels through a network of senior regional health and education advisors in the Asia-Pacific, West and Central Africa, East and Southern Africa, Eastern Europe and Central Asia, and Latin America and Caribbean regions, and a network of national programme officers and programme professionals in UNESCO field offices. These colleagues work in close collaboration with other education sector personnel in order to ensure that UNESCO's work on education for health and well-being is embedded in broader education sector plans and priorities.

To coordinate UNESCO's contributions to the UN Joint Programme on HIV and AIDS, a Global Coordinator and Focal Point to UNAIDS supports planning, implementation, monitoring and reporting of UNESCO's work on HIV and health education. UNESCO also draws on the collective experience and expertise of other UNESCO sectors, including Communication and Information, Culture, Social, Human and Natural Sciences – ensuring that its work complements other UNESCO strategies and plans such as the Youth strategy and Gender Equality Action Plan.

UNESCO's institutes will continue to make an important contribution through technical assistance, capacity building, support for curriculum development for learners and for pre-service and in-service teacher

training, analysis of good practice, and development of guidance and practical resources. Key institutes include the International Institute for Educational Planning, the Institute for Information Technologies in Education, International Institute for Capacity Building in Africa, the International Bureau of Education, and the Mahatma Gandhi Institute of Education for Peace and Sustainable Development. UNESCO's Institute of Statistics will also play an important role in strengthening education sector data collection, monitoring and evaluation.

Partnerships

Partnerships with a range of actors will be central to implementing the strategy, and will leverage UNESCO's unique experience and strong track record in bringing together education and health stakeholders. Partnerships with national governments, in particular strong and well-established relationships with education ministries, will remain at the core of UNESCO's work. Regional bodies and organizations are also key partners, including but not limited to the African Union, Southern Africa Development Community, the East African Community, the Economic Community of West African States, and the Association of Southeast Nations, among others. In addition to national and regional entities, UNESCO also works with a range of other partners, which includes UN agencies, donors, civil society organizations, professional associations, academic and training institutions, organizations and networks of young people, faith-based, community and parents' organizations, the private sector and the media.

While the education sector has a key role to play, it cannot address the issues that affect the health of children and young people alone. Action by other sectors is needed to address structural factors, to ensure that children and young people have access to appropriate, quality and affordable services, and to promote a supportive environment outside of school. UNESCO will therefore promote education sector links and collaboration with other sectors, including health, youth, child protection, gender, social protection, justice, food and nutrition, water and sanitation. In addition, UNESCO will support enhanced collaboration within education ministries, for example, between those working on teacher training, curriculum development and school health.

Recognising that the inter-relationship between education and health calls for a more integrated, systems approach to school health, and united and coordinated action to ensure all learners have access to effective, integrated policies and programmes, UNESCO will mobilise and work with partners to strengthen global and UN

coordination and partnerships on education for health and well-being. This will include scaling up work with WFP, WHO, UNICEF, the World Bank, the Food and Agriculture Organization, and the Global Partnership for Education through the interagency group on Stepping up School Health and Nutrition; and continuing to advance joint work with UNFPA, UNICEF, UN Women, WHO and the UNAIDS Secretariat. UNESCO will continue to work in partnership with other UN agencies, donors and civil society organizations through global platforms, such as the Global Partnership Forum on Comprehensive Sexuality Education, the Global Action for Measurement of Adolescent health advisory group, the SRGBV Global Working Group, and the Safe to Learn initiative, among others. Across these efforts, UNESCO will sustain and strengthen partnerships with donors and bilateral partners who have provided vital support and direction for its work on HIV, CSE and school violence and bullying, including gender-based violence.

UNAIDS is a unique entity in the UN system, and UNESCO was a founding member in its inception in 1996. UNESCO will continue to work closely with the UNAIDS Secretariat and UNAIDS' cosponsors, guided by the Division of Labour, which describes how the Joint Programme acts collectively at global and country levels to deliver results and respond to country needs and priorities. UNESCO is a co-convener, with UNFPA and UNICEF, of the Division of Labour Area on Young People and also coconvenes the joint 'Education Plus' initiative with UNICEF, UNFPA, UN Women and the UNAIDS Secretariat. This highlevel advocacy initiative seeks to address the disparate vulnerability of adolescent girls and young women in sub-Saharan Africa to HIV and AIDS by leveraging the power of secondary education and empowerment interventions. At country level, UN Joint Teams will remain an important mechanism for joint advocacy and action on issues such as CSE, access to SRH services and SRGBV, as well as wider school health promotion.

Finally, yet importantly, the meaningful engagement of a diverse range of young people is at the heart of UNESCO's work on education for health and well**being.** Efforts will continue to ensure that young people have an active role at all levels, from programme design to implementation and evaluation, including with the expertise and inputs of the UNESCO Youth Section. In line with the UNESCO Operational strategy on Youth, young people will be meaningfully involved in all parts of the programme cycle, for example, as members of Technical Advisory Groups, steering committees, meetings; at conferences as panellists, presenters, contributors, peer reviewers and commenters on reports and studies. UNESCO also works closely with other UN agencies and development partners to support a coordinated approach to youth advocacy and engagement.

Theory of change

SDGS













VISION AND GOAL

All learners thrive: Improved health and education outcomes for all learners through a comprehensive approach to school health and well-being

STRATEGIC OUTCOMES

All learners are supported by resilient school health systems that promote their physical and mental health and well-being

All learners are empowered by good quality, gender-transformative CSE that includes HIV, life skills, family and rights

All learners benefit from safe, inclusive learning environments free from all forms of violence, bullying, stigma and discrimination

PRIORITY AREAS

- The integration of health and well-being into education sector policies, plans, strategies and resource allocations, and the development and implementation of school health policy and plans
- Supporting national education sectors to make every school a health promoting school, through a whole-school approachf
- Strengthening education sector capacity to prevent non communicable disease, through the promotion of healthy eating and drinking practices, physical activity and sports, and education to prevent/ address harmful substance use
- Supporting more resilient school health systems through prevention and preparedness planning that addresses infectious disease and health emergencies
- Advancing efforts to promote the mental health and well-being of learners, including through social and emotional learning and strategies and skills for self-care.

- Building the knowledge, attitudes, values, skills and behaviours for healthy, respectful and gender-equitable relationships
- Supporting children in their transition to adolescence, including through puberty education and social emotional learning
- Strengthening the quality of CSE curricula and delivery, including through support for teacher training and development
- HIV and STI prevention and the promotion of HIV testing, knowing one's status, and HIV treatment
- Preventing and addressing early and unintended pregnancy and child marriage
- Promoting gender equality and preventing gender-based discrimination and violence
- Harnessing the potential of online and community-based sexuality education to complement classroom delivery
- Expanding knowledge and evidence on CSE and supporting data collection for SDG thematic indicator 4.7.2.q

- Strengthening education sector capacity to prevent and address all forms of school-related violence including bullying, cyberbullying and genderbased violence
- Advancing knowledge on the scope and drivers of school violence and bullying, including as relates to gender, sexual orientation and gender identity/ expression, ethnicity, socio-economic status or disability/health status
- Supporting the uptake of tools and guidance to prevent and address SRGBV
- Expanding understanding of and tools to address bullying and cyberbullying
- Promoting diversity and inclusion, and eliminating stigma and discrimination towards learners and educators
- Promoting accessible and inclusive school facilities that are child, disability and gender-sensitive.

GENDER EQUALITY

TRANSFORMATIVE EDUCATION

KEY ASSUMPTIONS

- ► Health and well-being affects educational outcomes
- Knowledge, attitudes, skill and beliefs affect health and well-being
- ▶ Global and national recognition of the importance of education for health and well-being
- UNESCO is resourced to address health and well-being of learners comprehensively
 Member States are willing and able to work multi-sectorally
- ► All key stakeholders are willing to address sensitive issues including gender.

KEY AREAS OF ACTION

- Leadership and advocacy
- ► Technical and& programmatic guidance
- ► Capacity building
- ► Knowledge generation & dissemination
- ► Monitoring and evaluation
- ► Convening and coordinating

GUIDING PRINCIPLES

EVIDENCE-BASED

COUNTRY OWNERSHIP

RIGHT-BASED

GENDER TRANSFORMATIVE

YOUTH ENGAGEMENT

PARTNERSHIPS

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A whole school approach involves addressing the needs of learners, staff and the wider community, not only within the curriculum but across the whole-school and learning environment. (Source: http://www.ibe.unesco.org/en/glossary-curriculum-terminology/w/whole-school-approach#:~:text=Involves%20addressing%20the%20needs%20of,whole%2Dschool%20and%20learning%20environment.)

g SDG thematic indicator 4.7.2 'Percentage of schools that provided life skills-based HIV and sexuality education within the previous academic year.'

How the strategy contributes to the Sustainable Development Goals

UNESCO's strategy is closely aligned to the education and health SDGs and will contribute to the specific targets for these SDGs (see below)

SDGS











10.3



SDG TARGET

2.1 Universal access to safe and nutritious food

2.2
End all forms of malnutrition.

3.1

Reduce maternal mortality

3.3 End the epidemic of AIDS

3.4 Reduce premature mortality from non communicable diseases

3.5 Strengthen the prevention and treatment of substance use

3.7
Ensure universal access to SRH-care services, including for family planning, information and education

4.1

Ensure all girls and boys complete primary and secondary education

4.5 Eliminate gender disparities in education and ensure equal access...

4.7
Ensure all learners acquire the knowledge and skills needed... to promote... human rights, gender equality, peace and non-violence

4a ... provide safe, non-violent, inclusive and effective learning environments

5.1

End all forms of discrimination against all women and girls

5.2 Eliminate all forms of violence against women and girls...

Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation

5.6 Ensure universal access to SRHR 16.1

Ensure equal Reduce all forms opportunity and reduce inequalities of outcome

16.2 End abuse, exploitation, trafficking and all forms of violence against and torture of children

Promote and enforce non-discriminatory laws and policies for sustainable development

EDUCATION FOR HEALTH AND WELL-BEING STRATEGY OUTCOMES All learners are supported by resilient school health systems that promote learners' physical and mental health and well-being

All learners are empowered by good quality, gender transformative CSE, including HIV, social emotional learning and life skills

All learners benefit from safe, inclusive learning environments free from all forms of violence, bullying, stigma and discrimination

EXAMPLES OF ACTIVITIES

Implementation of the Health-Promoting Schools initiative

Support for African Union Continental Strategy on Education, Health and Well-being

International consultation on learner mental health and well-being

Strengthening quality CSE through teacher training and capacity development

Expanding research and evidence on CSE learning outcomes

School re-entry policies for pregnant and parenting learners

Connect with Respect roll-out

Technical guidance on school violence against learners with disabilities

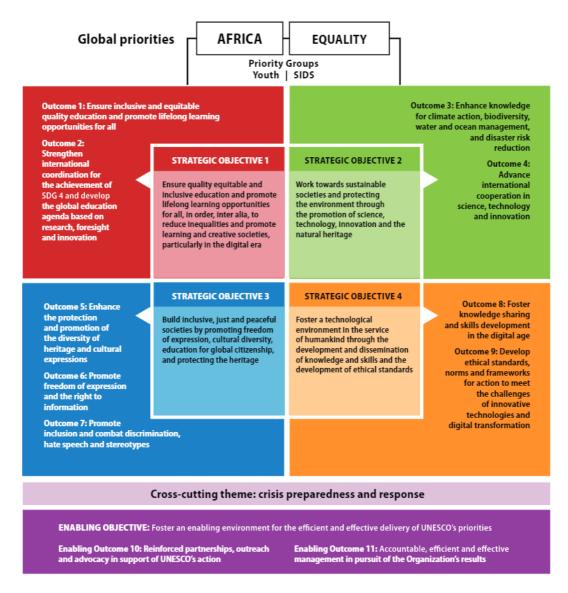
Advancing understanding of bullying and cyberbullying

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How the strategy aligns to the UNESCO Medium-Term strategy 2022–2029 (41 C/4) and the Programme and Budget for 2022–2025 (41 C/5)

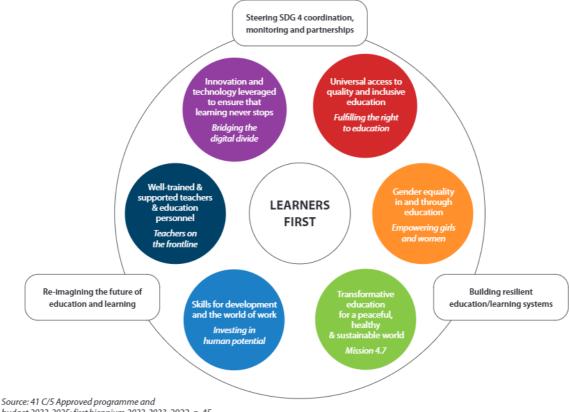
UNESCO's Medium-Term strategy sets out its strategic vision and programmatic framework for UNESCO's action in education, the sciences, culture, and communication and information over an eight-year period. For the 2022–2029 period, the strategy will maintain its focus on the dual Global Priorities – Africa and Gender Equality – with youth and small-island developing states highlighted as priority groups. Four strategic objectives and eleven cross-cutting strategic outcomes will guide the organization's efforts. Within this, UNESCO's work on education for health and well-being will contribute to two main areas:

- Outcome 1, 'Ensure inclusive and equitable quality education and promote lifelong learning
 opportunities for all,' and
- Outcome 7, 'Promote inclusion and combat discrimination, hate speech and stereotypes.'57



Source: UNESCO Medium-Term Strategy for 2022-2029 (41 C/4), 2022, p. 19.

The UNESCO Programme and Budget for 2022–2025 builds on the Medium-Term strategy. The Education Sector has defined nine outputs that translate the vision of the Education Programme as a whole, putting learners first and at its core, and working across a number of workstreams as presented in the figure below.



budget 2022-2025: first biennium 2022-2023, 2022, p. 45.

UNESCO's programme on education for health and well-being is positioned under Output 3: Transformative education for a peaceful, healthy and sustainable world. Transformative education seeks to empower learners to become change agents to transform our societies for the betterment of all people and the planet, and to grow up as responsible citizens of the global community. This requires enabling them to acquire the knowledge, skills, values, attitudes and agency they need to thrive in increasingly diverse and rapidly changing societies, faced with contemporary challenges such as climate change, violent and hateful ideologies, global health challenges, and the fast evolution of digital technology and social media that can be a vehicle for divisive, harmful and inaccurate information. By instilling young people with 'transversal' competencies, such as critical thinking, creativity, empathy and collaboration, learners are able to understand and shape who they are and what they want to be, and to take informed decisions and actions at individual, community and global levels.

It is important to underscore that the outputs are cross-cutting and interconnected. The programme on education for health and well-being contributes to all of the outputs, most notably outputs on gender equality in and through education, on universal access to quality and inclusive education, on well-trained and supported teachers and education personnel, and on resilient education and learning systems.



Recognizing that the achievement of SDG 4 and SDG 3 are interdependent and mutually reinforcing, UNESCO will continue to build on its unique value-added in bringing together the education and health sectors to better meet the needs and realities of learners, and help them acquire the knowledge, skills, values, attitudes and behaviours they need to live healthy and fulfilled lives. This will include expanded efforts to help countries meet emerging challenges, such as infectious and noncommunicable disease, mental health and well-being, and strengthened support to implement school health and nutrition, health education, physical activity and sport; the latter being addressed together with the Social and Human Sciences Sector, as well as efforts to improve meaningful youth engagement. UNESCO will also continue to support national education sectors to scale up good-quality, comprehensive sexuality education, including lifesaving knowledge for preventing HIV, sexually transmitted infections, and early and unintended pregnancy, which remains a major barrier for girls' access to education. Another key priority will be action to promote safe, inclusive learning environments, and to prevent and address all forms of school violence, bullying, stigma and discrimination, including based on gender, HIV status and disability.'

How UNESCO strategy aligns to the Global AIDS strategy 2021-2026

As a UNAIDS' cosponsor, UNESCO's strategy is also closely aligned with the Global AIDS strategy 2021–2026. The Global AIDS strategy aims to reduce the inequalities that drive the AIDS epidemic and prioritise people who are not yet accessing life-saving HIV services. The strategy sets out bold new targets and polices to be reached by 2025 to propel new energy and commitment to ending AIDS.

2025 HIV targets



LESS THAN 10%

LESS THAN 10% OF PEOPLE LIVING WITH HIV AND KEY POPULATIONS EXPERIENCE STIGMA AND DISCRIMINATION

LESS THAN 10%

OF PEOPLE LIVING WITH HIV, WOMEN AND GIRLS AND KEY POPULATIONS EXPERIENCE GENDER BASED INEQUALITIES AND GENDER BASED VIOLENCE

LESS THAN 10%

OF COUNTRIES HAVE PUNITIVE LAWS AND POLICIES

- Support for the education sector to eliminate HIV-related discrimination towards learners and educators in school settings
- CSE addresses gender inequality and power relations and promotes healthy gender norms
- Support for the education sector to prevent and address SRGBV
- Advocacy to eliminate legal and policy barriers that prevent young people from accessing HIV and SRH services.
- 95% OF PEOPLE AT RISK OF HIV USE COMBINATION PREVENTION
 - **95-95-95% HIV TREATMENT**
- 95% OF WOMEN ACCESS SEXUAL AND REPRODUCTIVE HEALTH SERVICES
- 95% COVERAGE OF SERVICES FOR ELIMINATING VERTICAL TRANSMISSION
- 0% OF PEOPLE LIVING WITH HIV RECEIVE PREVENTIVE TREATMENT FOR TB
- 90% OF PEOPLE LIVING WITH HIV AND PEOPLE AT RISK ARE LINKED TO OTHER INTEGRATED HEALTH SERVICES

- CSE is a key component of combination prevention packages
- CSE promotes condom use and informs young people about Pre-exposure prophylaxis
- Health promoting schools build linkages to HIV and SRHR services
- CSE develops competencies (the knowledge, attitudes, and skills) and shapes behaviours required for HIV prevention
- CSE is a core element of combination prevention and can provide the knowledge and skills and ensure linkages to enable young people to access prevention and SRH services
- CSE promotes treatment and health literacy
- Health promoting schools provide an environment that is conducive to treatment adherence.

Source: Adapted from UNAIDS global AIDS strategy 2021-2026, 2021, p. 20

Acronyms

AIDS	Acquired immune deficiency syndrome
CSE	Comprehensive sexuality education
EUP	Early and unintended pregnancy
HIV	Human immunodeficiency virus
ITGSE	International technical guidance on sexuality education
LGBTI	Lesbian, gay, bi-sexual, transgender or intersex
NCD	Noncommunicable disease
SDG	Sustainable Development Goals
SRGBV	School-related gender-based violence
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
STI	Sexually transmitted infection
UN	United Nations
UNAIDS	Joint UN Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNGEI	United Nations Girls Education Initiative
UNICEF	United Nations Children's Fund
UN WOMEN	United Nations Entity for Gender Equality and the Empowerment of Women
WFP	World Food Programme
WHO	World Health Organization

References

- See for example: What are the effects of education on health? OECD. 2006. Feinstein L. et al in Measuring the effects of education on health and civic engagement: Proceedings of the Copenhagen Symposium.
- 2 See for example: Ross D. A., Hinton R., Melles-Brewer M., et al. Adolescent Well-Being: A Definition and Conceptual Framework. J Adolesc Health. 2020;67(4):472-476. doi:10.1016/j. jadohealth.2020.06.042
- 3 Every Woman Every Child. 2015. The Global strategy for Women's, Children's and Adolescent's Health 2016–2030. https://www.who.int/life-course/partners/globalstrategy/globalstrategyreport2016-2030-lowres.pdf
- 4 Partnership for Maternal Newborn and Child Health (PMNCH). 31 May 2021. Beadle et al. Investing in adolescent well-being through education, skills building and employability: Background Paper 7. Education, Skills building and Employability (who.int)
- 5 UNESCO. 2018. International Technical Guidance on Sexuality Education. Paris, UNESCO, p. 22. https://unesdoc.unesco.org/ark:/48223/pf0000260770
- 6 UNESCO. 2021. Draft Medium-Term strategy for 2022– 2029 (41 C/4). https://unesdoc.unesco.org/ark:/48223/ pf0000375755_eng
- 7 UNESCO. 2021. Draft Programme and Budget for 2022– 2025 (41 C/5), Output 7 ED 3, p. 44. https://unesdoc. unesco.org/ark:/48223/pf0000375756
- 8 UNESCO. 2019. From Access to Empowerment: UNESCOS Strategy on Gender Equality In and Through Education (2019–2025). Paris, UNESCO. https://unesdoc.unesco.org/ark:/48223/pf0000369000
- 9 UNAIDS. 2021. Global AIDS strategy 2021-2026: Ending Inequalities, Ending AIDS. Geneva, UNAIDS. https://www.unaids.org/en/Global-AIDS-Strategy-2021-2026https://www.unaids.org/en/Global-AIDS-Strategy-2021-2026
- 10 UNESCO. 2021. Global Education Monitoring Report 2021/2: Non-state actors in education: Who chooses? Who loses? Paris, UNESCO. https://en.unesco.org/gem-report/ non-state_actors https://en.unesco.org/gem-report/ non-state_actors
- 11 PMNCH. 31 May 2021. Baltag V. Et al. Good health and optimum nutrition in adolescence: Background paper. https://pmnch.who.int/resources/publications/m/item/ good-health-and-optimum-nutrition-in-adolescence
- 12 WHO and UNESCO. 2021. Making every school a health-promoting school: global standards and indicators. Geneva, WHO; Paris, UNESCO. https://unesdoc.unesco.org/ark:/48223/pf0000377948
- 13 Ibid.
- 14 WHO. 2021. Fact sheet: Noncommunicable diseases. Geneva, WHO. https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases
- 15 Ibid.

- 16 Every Woman Every Child. 2015. The Global strategy for Women's, Children's and Adolescent's Health 2016–2030. https://www.who.int/life-course/partners/globalstrategy/globalstrategyreport2016-2030-lowres.pdf
- 17 WHO. 2021. Fact sheet: Obesity and overweight. https://www.who.int/news-room/fact-sheets/detail/ obesity-and-overweight
- 18 UNICEF-WHO-WB. 2022 Global Health Observatory. 2022. Joint child malnutrition estimates. https://www.who.int/data/gho/data/themes/topics/joint-child-malnutrition-estimates-unicef-who-wb
- 19 Thurstans S. et al. 2020. Boys are more likely to be undernourished than girls: a systematic review and meta-analysis. BMJ Global Health. Vol 5 (12): e004030. doi: 10.1136/bmjgh-2020-004030
- 20 UN Women. 2012. Facts and Figures. [Online]. https://www.unwomen.org/en/news/in-focus/commission-on-the-status-of-women-2012/facts-and-figures
- 21 UNESCO. 2019. Mundy, K., et al. Making Evaluation Work for the Achievement of SDG 4 Target 5: Equality and Inclusion in Education. Paris, UNESCO IOS Evaluation Office, p. 35. https://unesdoc.unesco.org/ark:/48223/pf0000370558
- 22 UNESCO. 2021. When schools shut: gendered impacts of COVID-19 school closures. Paris, UNESCO. https://unesdoc.unesco.org/ark:/48223/pf0000379270
- 23 Institute of Health Metrics and Evaluation, University of Washington. 2022. Global Health Data Exchange (GHDx). [Online]. http://ghdx.healthdata.org/gbdresults-tool?params=gbd-api-2019-permalink/380dfa3f 26639cb711d908d9a119ded2
- 24 WHO. 2022. Global Health Estimates 2000-2019. [Online]. https://www.who.int/data/global-health-estimates
- 25 WHO and UNICEF. 2021. Helping adolescents thrive toolkit: Strategies to promote and protect adolescent mental health and reduce self-harm and other risk behaviours. P. 35. Geneva, WHO; London, UNICEF. https://apps.who.int/iris/bitstream/han dle/10665/341327/9789240025554-eng. pdf?sequence=1&isAllowed=y
- 26 Hickman C. et al. December 2021. Climate anxiety in children and young people and their beliefs about government responses to climate change: A global survey. The Lancet Planetary Health. Vol 5 (12) e863–e873. https://www.thelancet.com/journals/lanplh/article/ PIIS2542-5196(21)00278-3/fulltext
- 27 GPE 2021. Schultz L and Appleby L. Investments in health and education support developing countries on the path to self reliance. [Online]. https://www.globalpartnership.org/blog/investmentshealth-and-education-support-developing-countriespath-self-reliance
- 28 UNFPA. 2017. State of World population. Worlds Apart: State of reproductive health and rights in an age of inequality. https://www.un.org/ru/development/ surveys/docs/population2017_en.pdf

- 29 UNICEF. 2021. Attitudes and social norms on violence. Data set, justification of wife-beating among adolescents (2014–2020). [Online]. https://data.unicef.org/topic/child-protection/violence/ attitudes-and-social-norms-on-violence/
- 30 UNAIDS, 2021. Young people and HIV. Geneva, UNAIDS. https://www.unaids.org/sites/default/files/media_asset/ young-people-and-hiv_en.pdf
- 31 UNAIDS, 2021. Global HIV and AIDS statistics fact sheet. https://www.unaids.org/en/resources/fact-sheet
- 33 See fact sheet on men and boys. www.menstrualhygieneday.org

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- 34 Youth Lead. 2022. Joint Youth Statement on the 2021 Political Declaration on HIV and AIDS, 2021. [Online]. https://www.youthleadap.org/news-updates/joint-youth-statement-2021-political-declaration-hivaids
- 35 UNESCO, 2021. The journey towards comprehensive sexuality education: global status report highlights. Paris, UNESCO. p. 4. https://unesdoc.unesco.org/ark:/48223/ pf0000377963
- 36 UNESCO, UNAIDS, UNFPA, UNICEF, UN Women and World Health Organization. 2021. The journey towards comprehensive sexuality education: global status report. Paris, UNESCO. https://unesdoc.unesco.org/ark:/48223/ pf0000379607.locale=en
- 37 UNESCO Office, Harare. 2021. Current state of comprehensive sexual education for young people with disabilities in the East and Southern African region: needs assessment; regional report UNESCO Digital Library. https://unesdoc.unesco.org/ark:/48223/pf0000380376?locale=en
- 38 UNESCO, 2020. Switched on: sexuality education in the digital space. Paris, . UNESCO. https://unesdoc.unesco.org/ark:/48223/pf0000372784
- 39 East and Southern Africa Ministerial Commitment, Young People Today: Time to Act Now, 2013. https://www.youngpeopletoday.org/esa-commitment
- 40 Plan Limited. 2013. A girl's right to learn without fear: Working to end gender-based violence at school. London, Plan International UK. https://plan-international.org/publications/girls-right-learn-without-fear
- 41 UNESCO, 2019. Behind the numbers: Ending school violence and bullying. Paris, UNESCO. https://unesdoc.unesco.org/ark:/48223/pf0000366483
- 42 UNESCO. 2016. Global guidance on school-related gender-based violence. Paris, UNESCO. https://unesdoc.unesco.org/ark:/48223/pf0000246651
- 43 UNESCO. 2016. Global guidance on school-related gender-based violence. Paris, UNESCO. https://unesdoc.unesco.org/ark:/48223/pf0000246651
- 44 UNESCO. 2016. Out in the Open: Education sector responses to violence based on sexual orientation or gender identity/expression. Paris, UNESCO. https://unesdoc.unesco.org/ark:/48223/pf0000244652

- 45 UNESCO. 2020. International Conference on School Bullying. Recommendations by the Scientific Committee on preventing and addressing school bullying and cyberbullying. [Online]. https://unesdoc.unesco.org/ark:/48223/pf0000374794. locale=en
- 46 Nixon, C. 2014. Current perspectives: The impact of cyberbullying on adolescent health. Adolescent Health, Medicine and Therapeutics, Vol. 5, pp. 143–158. doi: 10.2147/AHMT.S36456
- 47 UNESCO. 2021. Safe to Learn: What do teachers think and do about violence in schools? [Publication pending].
- 48 UNESCO, 2019. Behind the numbers: Ending school violence and bullying. Paris, UNESCO. https://unesdoc.unesco.org/ark:/48223/pf0000366483
- 49 UNGEI. 2022. Knowledge Hub: Leaning and resources on gender in education. [Online]. https://www.ungei.org/publication/connect-respect-preventing-gender-based-violence-schools-0#:~:text=Connect%20with%20Respect%20is%20 a,respectful%20relationships%20among%20young%20people
- 50 UNESCO Office, Harare. 2022. Cahill, H Dadvand, B., Suryani, A. and Farrelly, A. 2022. Analysis of experience and outcomes of Connect with Respect violence prevention programme, a five-country study. Paris, UNESCO. https://unesdoc.unesco.org/ark:/48223/pf0000380634
- 51 UNESCO. 2019. Cali commitment to equity and inclusion in education. Paper for International Forum on Inclusion and Equity in Education, Cali, Colombia, 2019. https://unesdoc.unesco.org/ark:/48223/pf0000370910
- 52 UNESCP. LEGAL Instruments. UNESCO Convention Against Discrimination in Education, 1960. [Online]. http://portal.unesco.org/en/ev.php-URL_ID=12949&URL_DO=DO_TOPIC&URL_SECTION=201.html
- 53 UNESCO Institute for Statistics. 2017. Education and Disability. Fact sheet no. 40. https://unesdoc.unesco.org/ark:/48223/pf0000247516
- 54 UNESCO. 2020. School accessibility and universal design in school infrastructure. Background paper ED/GEMR/ MRT/2020/P1/2. Prepared for the 2020 Global Education Monitoring Report. https://unesdoc.unesco.org/ark:/48223/pf0000373656/ PDF/373656eng.pdf.multi
- 55 UNESCO. 2014. Puberty Education and Menstrual Hygiene Management. Paris, UNESCO. https://unesdoc.unesco.org/ark:/48223/pf0000226792
- 56 UNESCO. 2020. A new generation: 25 years of efforts for gender equality in education. Global Education Monitoring Report, 2020. Paris, UNESCO. https://unesdoc.unesco.org/ark:/48223/pf0000374514/ PDF/374514eng.pdf.multi
- 57 UNESCO Draft Medium-Term strategy (41 C/4). https://unesdoc.unesco.org/ark:/48223/ pf0000375755_eng



UNESCO strategy on education for health and well-being

This strategy guides UNESCO to promote the physical and mental health and well-being of learners. By reducing health-related barriers to learning, such as malnutrition, early and unintended pregnancy, HIV and sexually transmitted infections (STIs) and violence and discrimination, UNESCO, governments and school systems can unlock the potential of all learners.

The evidence for increased focus on the link between education and health is strong. Education strongly impacts health outcomes and health is equally fundamental to education. This calls for a more comprehensive approach to school health and more coordinated action across sectors.

This revised and updated strategy is a roadmap for UNESCO to promote comprehensive sexuality education (CSE) and safe and inclusive learning environments, and place more emphasis on the role of schools and education systems in promoting health and well-being.





