Meeting the HIV prevention needs of young people in Asia: The need for an integrated approach

UNAIDS Inter-Agency Task Team (IATT) on Education Symposium
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Background

In contrast to the situation in Africa, the Asia-Pacific region has so far seen mainly concentrated HIV epidemics, driven by three key behaviours: injecting drug use, male to male sex, and sex work. Generalised epidemics, where large numbers of the general population are affected, have largely been prevented in this region. Nevertheless, HIV prevalence among those engaging in these high risk behaviours is on the rise in several countries in the region and there are indications that young people are increasingly at risk. Efforts to educate youth about HIV have diminished in some countries and in others prevention education was never a high priority, with the result that adolescents do not currently view HIV as a serious health problem. In some countries there are clear indications that the prevalence of HIV and STI among teenagers is on the rise.

While Cambodia and Thailand are often hailed for successes in HIV prevention, the role of the education sector in this response has been surprisingly limited, focusing mainly on moralistic and abstinence messages (‘Don’t education’). With internet dating on the rise, sexual norms and values among youth changing rapidly, and the age of sexual debut dropping in recent years, there is an urgent need to find a way to openly discuss not only HIV prevention but also drug use, male to male sex, and sex work with young people. Because the curriculum is full, teachers and education resources stretched, and cultural barriers considerable, the proposal is to integrate HIV into broader educational programmes and activities, including life skills, school health, nutrition and reproductive health education.

This symposium aimed to generate discussion on how to do this in the context of Asian cultures and societies, focusing on the role that could and should be played by the education sector and specifically schools. (See Appendix 1 for symposium agenda)
Session 1: Framing the Discussion – the epidemic and the need for an integrated approach

Sheldon Shaefeer (Director, UNESCO Asia-Pacific Regional Bureau for Education) opened the meeting and welcomed the participants on behalf of UNESCO.

Martin Bloem (WFP Global Coordinator for HIV and AIDS and Chief: Nutrition and HIV/AIDS Policy), in his introductory remarks, spoke of the challenges of sex education for young people, highlighting the roles of different players in an ongoing process of education and the importance of a wide range of different sources of information (formal and informal education, peers, networks, media, the internet).

Meeting the HIV prevention needs of young people in Asia: Drawing lessons from epidemiology for the education sector

Jan de Lind van Wijngaarden (UNESCO Regional HIV Advisor for Asia and the Pacific) and Ian Macleod (UNICEF Regional HIV Advisor for South Asia) (See Appendix 2 for presentation and Appendix 3 for paper)

The presentation examined the current state of the HIV epidemic, the HIV prevention risks and vulnerabilities of young people in Asia, and the responses of policy makers. It was based on the background paper developed by UNICEF, UNFPA and UNESCO for the Commission on AIDS in Asia (see Appendix 4 for press release on Commission). “Responding to the HIV prevention needs of adolescents and young people in Asia: Towards cost-effective policies and programmes.” The presentation was delivered by Ian Macleod, UNICEF Regional HIV Advisor for South Asia and Jan de Lind van Wijngaarden, UNESCO Regional Advisor for Asia and the Pacific.

The overall recommendation of the paper is to prioritise HIV resources and investment in programmes that provide comprehensive HIV prevention for young people engaging in high risk behaviours. Supporting recommendations including investing in prevention for adolescents and young people related to their level of HIV risk and vulnerability, and developing or integrating age-appropriate HIV prevention strategies and interventions for ‘most-at-risk’ and for ‘especially vulnerable’ adolescents and young people.

Discussion

There was wide ranging discussion in the following broad areas:

- Meeting the specific needs of young people in the three different risk categories (those currently engaged in high risk behaviours, those who are more vulnerable to starting engaging in high risk behaviours, those whose behaviours place them at little or no risk). The paper strongly advocates for the prioritisation of those in the first category. Participants noted the need for specific data on actual behaviours of young people in schools, to convince Ministries of Education of the driving factors behind the HIV epidemic and the
implications for the education sector and specifically for curriculum and teaching approaches. Given the challenge of linking data on drivers to the school age populations, there is a need for some specific school based adolescent behavioural surveys, using methodologies allowing greater privacy and confidentiality to allow for frank responses. Participants also noted that in the real world the three risk categories are not isolated from each other, so it is important to consider how to link programming for the three groups. For example, young people engaging in risk behaviours need specific services and commodities; others need to know about these: young people having sex need condoms, young people not having sex need to know about condoms. Likewise, there is often crossover between risk behaviours, eg drug users may engage in paid sex to pay for their drugs. It was also noted that these are behaviours rather than fixed identities, as for example drug users may move in and out of injecting drugs.

- The recommendation of prioritisation gave rise to considerable discussion and an underlying concern that, as with the headline messages of the Asia Commission report, this might be misinterpreted and result in reinforcement of the medicalisation of the response, de-prioritisation of resources to the education sector and disengagement by some key partners. Participants felt strongly that it was important to highlight the role of the education sector in preparing young people for vulnerabilities they are likely to face in the future (eg in societies where high proportions of men pay for sex, reaching boys in school with messages about sex work). They underlined the importance of focusing on the behaviours, not the groups, as all young people need education to prepare them for a world in which these behaviours exist.

- One of the gaps identified was analysis of stigma and discrimination and how these relate to HIV prevention among young people, as well as the role of the education sector in combating stigma. A consideration of the impact of stigma will be included in the next version of the paper, though the authors pointed out that there is little evidence on the role of the education sector in Asia in combating stigma.

In closing the session, the chair noted that as educational enrolment rises there will be an increasing pool of young people in need of education about behaviours which make them vulnerable to HIV and drive the epidemic. This translates into an increasing challenge to those working in the sector, in terms of advocating with ministries to include the range of information necessary to prepare young people.
Session 2: Keynote speech

Chair: Mark Richmond, UNESCO Global Coordinator for HIV and AIDS and Director, Division for the Coordination of UN Priorities in Education

*Teachers and sex – uneasy bedfellows? The Teenpath Experience*
Pawana Wienrawee, Technical Director, Program for Appropriate Technologies in Health (PATH), Thailand

The focus of the keynote speech was the role of teachers in educating young people about HIV and risk behaviours in Asian countries (see Appendix 5 for presentation). Despite the positive potential of the school setting, the legitimacy of sex education in schools is still hotly debated in this region. Education reform in Thailand is likely to make schools more autonomous, which makes the implementation of centralised curriculum and approaches very difficult and significant differences on issues of content and approach remain. HIV and sexuality education have historically been included in health education, with a rather narrowly biological approach and little attention to context, attitude and risk behaviours. There is minimal time in the curriculum for HIV education and the subject is not examined, which results in de-prioritisation.

Against this background, the keynote speaker described a five year project (Teenpath) implemented by a coalition of organisations, involving over 7000 teachers in 600 schools around Thailand. The project aimed to institutionalise sex and HIV education in these schools, using a curriculum which was age appropriate, iterative and cumulative. Sexuality educators in the project taught a curriculum with broad content on sexuality, with positive youth development as a guiding principle and using a wide variety of participatory teaching and learning methods. The project chose not to separate groups according to risk, arguing that this would have a negative impact on the programme.

One of the lessons which emerged was the need to deal with education management, requiring negotiating skills on the part of the teachers, in order to persuade management of the need to accommodate the subject in a packed timetable and the effectiveness of new teaching methods. Teachers identified teamwork, support from school administrators and the understanding of other teachers as key to delivering effective sexuality education. The researchers noted a drop in teacher confidence over time and the consequent need for ongoing capacity building and support for teachers, which was challenging given the large number of teachers involved in the project. Teachers struggle with the goal of sexuality education (for instance, is it failing if students do not abstain from sex?). Many find it difficult to operate with an open approach (eg compared with mathematics, with right and wrong answers) and feel some unease about reconciling this with their position.
as older people/mentors. It is clear that without a massive investment in teacher
training and support, even the best sexuality education curriculum is bound to fail.

Discussion
Discussion focused on the following key players and issues:

- The Ministry of Education: how to build partnerships with the Ministry of
  Education and how best to coordinate initiatives in the light of the fluidity
  resulting from education reform (in Thailand), in order to identify best practice
  and implement it. In Thailand, the advice to PATH from the Ministry had
  been to start on the ground, given the difficulty of identifying counterparts at
  the national level, despite the commitment of some civil servants. Other
  difficulties included the limits on content in official MoE curriculum (eg
  material on same sex relationships is not included) and the lack of political
  champions for sex education. In the past, the sex education curriculum used
  to end up in the health centres because it was produced by the Ministry of
  Health and was distributed through its structures, not MoE structures.

- The teachers: selection of teachers for the programme and the basis on which
  they operate in the programme. PATH could not find a ‘central engine’ to
  mobilise and maintain the teachers, so schools were identified and asked to
  send teachers, who should be prepared to do the teaching. PATH also tried
  to organise regional forums to maintain interest and provide new input, to
  encourage teachers to stay with the programme. While there has been no
  specific research on the factors which influence teachers’ willingness to
  engage in sexuality education (such as age, own sexual behaviour,
  awareness of HIV), attitudes appear to have more impact than age. Data on
  the impact of sex education on stigma and discrimination among teachers –
  and students – is not yet sufficiently clear. A separate study on the impact of
  sexuality education on students in general would be necessary to explore this
  and other issues.

- The parents and community: feedback from a poll on parental attitudes
  conducted by a youth group in five provinces indicated that parents were
  more accepting about provision of sex education to adolescents than the
  teachers were, and that teachers were more accepting than school
  administrators. It also emerged that the level of acceptance was also
  dependent on the level of specificity in the description of programme – eg
  asking if condom demonstration would be acceptable resulted in a drop in the
  level of acceptance.
Session 3: Examples of integrated approaches to providing HIV and reproductive health education through the education sector

This session focused on experience in the region in the integration of HIV into broader education programmes and activities, including life skills, school health and nutrition, reproductive health and drugs education.

School Health, Nutrition and HIV & AIDS Programming: Good Practice in the greater Mekong Sub-Region

Lesley Drake (Director, Partnership for Child Development) and David Clarke (Consultant, PCD)

(See www.schoolsandhealth.org for link to full sourcebook of GMSR good practice)

This presentation (Appendix 6) started with a review of good practice related to school health and HIV prevention in South East Asia, reviewing programmatic experience and lessons learned. The presentation included examples from six countries (Cambodia, China, Lao PDR, Myanmar, Thailand, Viet Nam) which are described in more detail in the document. Comment on the document from participants was invited. The FRESH Framework for comprehensive school health was used as the analytical backdrop to identify good practice in four core areas:

- school health policies (examples from Cambodia, Lao PDR and Thailand)
- water, sanitation and environment: focus on promoting teaching methodologies that address the needs of all students (UNESCO Toolkit on Inclusive Learning Friendly Environment being used regionally, Cambodia - scholarships for girls, Lao PDR – educational and physical support for children with special needs)
- skills based health education (Cambodia and Viet Nam - involvement of students in development of materials; Myanmar - programmes tailored to reach in- and out-of-school young people; Lao PDR - UNICEF ‘Blue Box’ teaching and learning materials); and
- school based health services (Cambodia, Lao PDR, Viet Nam, Thailand, China – de-worming, Thailand - ‘home grown’ school feeding, China - support to HIV affected school children).

Good practice principles identified by the authors include: partnerships and ownership at all levels; building capacity through effective pre- and in-service teacher training and training in participatory teaching methodologies. Challenges remain in both development of the content and implementation of agreed curriculum.
Discussion
Discussion focused on several key issues:

- **Curriculum**: the need to coordinate, for different partners to get together to decide on criteria for identifying national curriculum and mechanisms for standardising curriculum and methods, training and implementation. There was a request for ‘hard headed advice’ on how to find a way through the myriad of resources and identify those which connect with the drivers of the epidemic in the region.

- **Coordination**: currently, multiple manuals and toolkits supported by different agencies and donors are creating a burden for Ministries in terms of coordination and harmonisation. A speaker described the process undertaken in Cambodia of bringing partners (UN agencies and civil society) together to coordinate and harmonise approaches and materials.

- **Youth engagement**: a youth representative urged participants to engage with youth organisations in terms of developing curriculum to meet the real needs of young people, pointing out that young people have little access to UN agencies and other key stakeholders and noting the example of Sri Lanka, where youth organisations have engaged with the Ministry of Education in curriculum development.

- **Policy**: participants noted the great diversity in levels and content of policy. There was discussion about the cycle of policy formulation and its relationship with implementation, with some advocating implementation before policy, allowing policy to catch up later and others arguing that there can be no implementation without policy.

Panel presentations
Chair: Judith Cornell, on behalf of WFP

This session comprised a series of short panel presentations drawing on country level experiences of integrating HIV into broader education programmes and activities, including lifeskills, school health and nutrition, reproductive health and drug education.

**How HIV and sexuality education are integrated into school-based life skills programs**
Anna Maria Hoffman, Project Officer for HIV and AIDS and Lifeskills Education, UNICEF

In 2007, UNICEF undertook a stocktaking exercise on the scope and nature of lifeskills-based education interventions in more than 150 countries. This presentation (**Appendix 7**) focused on the outcomes of this exercise in this region.
Most programmes are based on long-standing work on skills-based health education. Positive trends include:

- increased focus on formal mandatory curricula (although this is less obvious in this region);
- bringing together issues that young people face in their lives, including drug abuse, the environment and citizenship,
- starting at younger ages;
- greater concentration on teaching methods in teacher training and on youth involvement;
- increased recognition of the need to provide protective environments for children and to link counselling, health services and reproductive health services.

Challenges remain as lifeskills programmes are often heavily donor-driven, project-based and there are issues related to quality assurance and monitoring.

**How HIV and sexuality education are integrated into school-based health and nutrition programs**

Mr Bun Thang, Senior Programme Assistant in Education, World Food Programme, Cambodia

This presentation (*Appendix 8*) addressed the issue of how HIV and sex education are being integrated into school-based health education programmes in Cambodia and how coordination and strategic planning is supporting effective responses in Cambodia.

The Ministry of Education, Youth and Sports' (MoEYS) School Health Policy was adopted in 2006, with four elements:

1. Providing essential basic health care to learners and education staff
2. Providing health education and focus on communication for behaviour change
   Health topics are integrated into the national curriculum, and taught in primary and secondary schools and examined in Grades 9 and 12. HIV is also integrated into pre- and in-service teacher training programme.
3. Promoting school environment and physical health-related materials
   School environment and sanitation includes interventions on drinking water, toilets, water supply and latrines, standards for school infrastructure, playgrounds, classrooms, etc.
4. Participation and involvement of partners

The strategic plan includes: improving coverage of HIV-related education in schools, prioritising upper primary level; increasing coverage of evidence-based HIV-related education for especially vulnerable children and adolescents; strengthening institutional capacity to mainstream HIV across MoEYS departments and activities;
increasing coverage of evidence-based interventions to mitigate vulnerability and the impact of HIV.

The main challenges include: the need to allocate national budget for health education and services; coordination among national institutions and development partners; weaknesses in human resources and school infrastructure; and the need for minimum standards for school health.

**Ministry-led coordination and partnerships and strategic planning in Cambodia**
Dr Yung Kunthearith, Chief of the Technical Office for the Department of School Health, Cambodian Ministry of Education, Youth and Sports (MoEYS)

The MoEYS is one of the largest civilian ministries in Cambodia, with a staff of 104,000 and enrolment of 3.5 million learners in schools, over 80,000 students in higher education and nearly 90,000 in literacy classes. The Ministry is implementing a national programme for in- and out-of-school youth. (See *Appendix 9* for presentation.)

The Interdepartmental Committee for HIV and AIDS (ICHA) has major responsibility for policy and implementation, with a Policy Board, technical working group and secretariat. ICHA’s key activities include: developing policies and systems to increase capacity; implementing a nationwide preventive education programme; training and awareness raising, especially of teachers; addressing stigma and discrimination in the education sector, developing curricula and materials; and progressively addressing sensitive topics (such as reproductive health, sexuality and drugs).

ICHA has four pillars: policy development and strategic planning; institutional development and performance management; support for mainstreaming HIV in the education and youth sector; national preventive education programme (Life Skills).

**How HIV prevention and SRH education are integrated into school-based programmes**
Dr Peter Chen, Adolescent Reproductive Health Advisor for East and Southern Asia, UNFPA

This presentation (*Appendix 10*) explored the way in which HIV and sexuality education are integrated into school-based reproductive health programmes. The starting point was what young people want. The presenter cited findings from surveys in a number of countries: in China, two out of three middle school students wanted STI/HIV prevention information integrated into their regular school curriculum; in India, youth wanted sex education and the majority of them wanted it
from their teachers; in Sri Lanka, they wanted sexual and reproductive health to be a compulsory and practical subject in the school curriculum.

The presenter then described a number of examples of the integration of HIV prevention information into sexual and reproductive health curriculum in the Asia-Pacific region (India, Lao PDR, Mongolia, Philippines, Viet Nam and Myanmar).

The key challenges include:

- Deciding whether to mainstream HIV across the curriculum or teach it as a stand-alone subject;
- Making HIV and sexuality education compulsory, within the taught and examined curriculum, or keeping it extra-curricular;
- Religious opposition.

The presentation ended with a series of recommendations, including the following:

- Lifeskills, sexual and reproductive health, and HIV/STI prevention should be integrated in one compulsory school based programme;
- Development agencies and partners should coordinate their assistance to Ministries of Education.

**How HIV and sexuality education are integrated in school and out-of-school literacy and drug education programmes in India**

Ms Bidisha Pillai, Senior National Programme Officer, UNODC Regional Office for South Asia

This presentation (*Appendix 11*) focused on the way in which HIV is being addressed in drug education programmes in schools and outside of the school setting in India.

The speaker described a multisectoral effort focusing on drug use and HIV prevention being implemented in schools in 20 states. UNODC commissioned a content analysis of school text books from class 1 to 12, shared the findings with government and has subsequently been involved in the curricular assessment committees of the Department of Education. A co-curricular module on drugs and HIV has been developed and is currently being rolled out in 200 schools, reaching over 100,000 students. The resource materials have been well accepted, including in faith-based schools and a number of states have committed to scaling up the programme.

For out of school youth, especially street children, a specific module has been developed, using a peer led approach, puppetry and story telling techniques. In addition, an intervention toolkit and handbook for outreach workers have been developed, and pilot interventions supported in work on the prevention of drug use and HIV among street children.
Other methods of reaching beyond schools include:

- a youth-led awareness and media campaign, using a wide range of campaign materials, implemented in four North East states and reaching 40,000 youth volunteers;
- a community-based peer-led awareness programme implemented by 130 NGOs and reaching over 300,000 people with key messages and innovative approaches including folk art, theatre, music and games; and
- young women’s self-help groups.

Lessons learned:

- There is a high demand for accurate and contextually appropriate information;
- It is important to use multiple channels to bridge the knowledge gap;
- Users need programmes which help them to translate knowledge into action;
- The greater convergence of drugs and HIV prevention programmes ensures increased coverage, consistent messages and greater acceptance, as well as being more cost effective;
- It is vital to ensure the involvement of young people at all stages of the programmes.

Question and answer and discussions

Discussion focused on the following key issues:

- Involvement of teacher unions – and specifically how to do this in the context of decentralisation:

  Cambodia has spent two years in the development of their policy, discussing with partners including teachers, students and parent-teacher associations. Provincial and district teams are involved in activities. However, there are significant remaining challenges in human resources and reporting systems are different, and harmonisation has not yet been achieved.

- Stand-alone vs integrated approach to curriculum and curricular vs co-curricular approach:

  In both India and Cambodia there is a combination of curriculum integration and the co-curricular approach. UNODC and UNFPA both feel that both curricular and co-curricular approaches are relevant, depending on circumstances. Cambodia speakers also felt co-curricular approaches could support both learners and teachers to address HIV.

- Content of curriculum:

  There was wide ranging discussion on issues related to the content of sexuality/reproductive health/HIV/STI education, particularly related to the need for broader content on high risk behaviours, how and when to introduce this material. A number of participants commented on the lack of material on men who have sex with men in current curricula. The UNODC programme addresses communication, peer
pressure, how to handle substance abuse and sex and to negotiate decisions about these. UNODC chose the co-curricular approach, in order to reduce the time taken to get into schools. The programme has had greater reach than expected, with additional schools requesting to join.

Session 4: Reflections on the Way Forward
Chair: Judith Cornell, consultant, WFP

The session started with reflections from three participants, representing three key constituencies in the meeting: a country level representative, a youth representative and an IATT member. They spoke about the outcomes of the symposium and identified potential follow up actions from the point of view of their constituencies.

The country representative was Panus Rattakitvijun Na Nakorn, the HIV/AIDS Country Programme Coordinator for PLAN Thailand. Sex education is not a high priority in Thailand, so financial resources are not adequately devoted to it. Teacher training is in place, but the quality is not being evaluated. For effective programmes, it is necessary to address school management, administrators, parent-teacher associations and teacher associations, and to ensure that teachers have tools to help them open the discussion with students. Programmes could also use peer education to support curriculum-based interventions. The school curriculum addresses HIV and AIDS, sexuality, life skills, family planning, population studies, biology, health sciences and sexual health education.

There is a need to address attitudes, including toward condom use. Appropriate interventions need to be identified for different groups (i.e. most at risk adolescents, vulnerable adolescents and those not currently at risk) and it is important to make the links between the different groups. Coordination needs to be prioritised with different players, to avoid overlap and duplication and ensure implementation of the most effective programmes and approaches.

The youth representative was Aye Aye Htun, a Burmese Masters degree student in education studying in Bangkok. Reflecting the views of a number of young people who attended the symposium, she expressed appreciation for the presentations, but would have liked to have a specific presentation by young people on sex and youth. She had gone through secondary and higher education without any sex or HIV education and had some concerns about the effectiveness of such education. While peer education was an important approach, it should be recognised that not all young people easily discuss sex with their peers. She noted that parents and teachers need training on HIV in order to be able to deal with questions and concerns of young people, especially in countries where teaching practices tend to be didactic rather than participatory. It would be important to approach faith-based organizations in countries where religious beliefs hamper access to information and services. The development and dissemination of materials is complicated in
countries with a large number of languages and/or dialects. She ended with a strong appeal to include children and young people in the development of programmes and materials and to take their input seriously.

The **IATT representative** was Mary Joy Pigozzi, Chair of the IATT Steering Committee, and Senior Vice-President and Director of Education Quality in the Global Learning Group at the Academy for Educational Development (AED).

On the symposium background paper, she noted that the IATT understands the importance of the message and its nuances and shares commitment to a response that is age specific, group appropriate, gender sensitive, scientifically correct and evidence-based. While recognising the drivers of the epidemic in Asia, she was uneasy about the way the issues and proposed responses were framed in the paper. While controversy can spark debate, she expressed some concern that if the paper’s conclusions were accepted at face value it could dilute the impact of the need to continue to work in education and suggested that the issues could be presented in a somewhat more nuanced way.

Ms Pigozzi recognized the importance of supporting strategies in education addressing the drivers of the Asian epidemic; acknowledging the importance of integrating HIV and AIDS and sex education in curricula; and supporting initiatives by the education system to address the three priority areas. It was important to allow for the unthinkable – the infection breaking out of the current ‘containment’ - and to consider whether the key stakeholders would be able to rapidly ramp up the education response if the unthinkable occurred.

On integrated approaches and mainstreaming, she noted the challenges of implementation and the scope and range of demands on Ministers, and underlined the importance of ensuring ownership by the key players.

On alignment and harmonization, she highlighted the critical need for those in HIV and AIDS and education to work within the existing education architecture and the importance of linking this with the HIV and AIDS architecture at country level.

The Symposium reinforced, but it is worth recognizing a number of key issues:

- the importance of participation (especially of youth)
- the need for sufficient flexibility within frameworks for adaptation to local circumstances, and for ownership
- the need to address stigma and discrimination
- the social drivers of the epidemic
- the importance of evidence that what we do makes a difference.
Challenges to the IATT include:

- linking out of school work to the youth IATT
- researching the actual behaviours of youth in school
- ensuring that education includes the three major risk behaviours identified in Asia
- finding ways to link school health programmes to the drivers of the epidemic in the region
- continuing to deepen the work on gender.

**Closing Remarks**
Sheldon Shaeffer

In closing, Sheldon Shaeffer underlined how important it was that the IATT was meeting in Asia for the first time, given the ongoing changes in many parts of the region. The education sector is often considered key to developing intellectual capacities but has not always developed competencies to address sex and other risky behaviours.

He noted that it was still not clear how the education response can address the three behaviours discussed in the background paper and explored in the morning session. There is an urgent need for more examples of good practice to inform discussions and the development of programmes, materials and approaches for use especially in school.

It would be misleading and incorrect to assume that those in school are ‘good’ young people and those out of school are those undertaking the risk behaviours. If we are to advocate that Ministries of Education address high risk behaviours that increase the vulnerability of young people, there is a need for accurate information on specific behaviours among young people to inform the development of appropriate methodologies to address these behaviours. He cited the example of an anthropological study (developed by UNESCO Bangkok) that looked at the evolution of the concept of ‘MSM’ in Lao PDR, revealing the complexity of the situation and the phenomenon in Laos and nuancing prevention messages for different groups (‘Mekong Erotics: Loving, Using and Pleasuring Men in Lao PDR’).

He argued against the ‘cookie cutter’ approach to HIV and sexuality education, urging the importance of understanding different contexts, including the regional dimensions, and ended by outlining the challenges which the IATT would face in taking these issues further, including lack of strategic information, the need to find ways to address stigma and discrimination in the education setting, and the ongoing issue of addressing duplication and overlap between agencies, in order to ensure better harmonisation in the response to HIV and AIDS in the education sector.