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**Concept note**

**Development of a Continental Strategy on Education for Health and  
Well-being for adolescents and young people in Africa.**

## Concept note

### **Development of a Continental Strategy on Education for Health and Well-being for adolescents and young people in Africa.**

#### **Rationale for a continental strategy on Education for Health and Well-being**

The African Union, in partnership with Member States and key stakeholders, developed and adopted the Continental Education Strategy for Africa (CESA 2016-2025). This strategy aims to contribute to a peaceful, prosperous and unified Africa where young people's productivity is at the centre of the agenda. A partnership-based approach was adopted for achieving the objectives of the strategy and overall implementation, through effective coordination, facilitation and follow up. The implementation platform consists of thematic clusters, which would bring together actors working on similar and related themes to achieve the strategy's expected results. Against this backdrop, several clusters have been established among which is the *life skills and career guidance cluster* which aims to equip young people with entrepreneurial and resource management skills, with an emphasis on empowering young girls to live healthy lives.

The life skills and career guidance cluster has three sub clusters including the sub cluster on *Education for Health and Well-being (EHW) of Adolescents and young people in Africa*. This sub cluster has the primary objective of developing a continental strategy that would help African countries in equipping young people with the knowledge and skills they need to achieve their full potential in an environment that facilitates their holistic development with a rights-based approach. This sub cluster reflects the growing understanding of the inter-relationship between education and health, which necessitates a more comprehensive and coordinated approach across the two sectors.

As a continental strategy that seeks to contribute to the realization of the goals and aspirations of Agenda 2063, the work of the sub cluster will be guided by the principles of Pan Africanism and ensure that approaches and recommendations build on the many generations of indigenous knowledge and harnesses intergenerational learning. The Continental Strategy on Education for Health and Well-being will therefore emphasize the diversity of African history, culture, indigenous knowledge and practices towards a harmonized African development.

Additionally, the work of the sub cluster builds upon already established standards as stipulated by the outcomes and decisions emanating from African Union structures adopted by African Ministers and the African Union Executive Council and Assembly. This ensures that all outputs of the cluster are grounded in and aligned with guidelines set out by the African Union and other international bodies.

## **Objectives**

Countries across the region share a commitment to provide their adolescents and youth with the knowledge and skills to lead safe, healthy and productive lives. Following a range of joint regional commitments to the health of adolescents and young people, it makes sense to develop a shared strategy that aims to:

- Develop a shared vision for Education for Health and Well-being objectives in the continent
- Agree on the minimum standards and components that countries should aspire to in developing country-specific strategies
- Facilitate cross country sharing and learning of good practices and experiences
- Develop a regional monitoring mechanism

## **Why Education for Health and Well Being?**

The African Population is estimated to be more than a billion people of whom over 60% are young men and women under the age 35. The majority of African youth continue to face unemployment, underemployment, lack of skills, relevant education, access to capital, unmet need for health-related information and services including those related to diagnosis, treatment, and care of those living with HIV and, above all, prevention of new HIV infections among them. Investing in the education and health of adolescents and young people at the right time ensures that they transition into healthy adults who can contribute productively to the economy. 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.

The Africa continental strategy on Education for Health and Well-being reflects increased awareness of the importance of investing in the education and health of children and adolescents which is essential for African countries to realise the potential benefits of the 'demographic dividend'. There is a growing understanding of the inter-

relationship between education and health, which necessitates a more comprehensive and coordinated approach across the education and health sectors.

The continental Strategy on Education for Health and Well-being for adolescents and young people in Africa will provide a framework for African countries to ensure that all young people acquire the knowledge, skills, values and attitudes that enable citizens to lead healthy and fulfilled lives, make informed decisions, and respond to local and global challenges. There is good evidence that education is strongly linked to health outcomes and to determinants of health such as health behaviours, risk contexts and use of preventive services. Effective age appropriate and culturally relevant sexual and reproductive health education creates awareness of the risks of unprotected sex and substance use, encourages the adoption of healthier behaviours, and develops attitudes and values that support human rights and gender equality. The strategy will support stepping up of efforts to eliminate gender based violence and bullying and to prevent all forms of discrimination while promoting good nutrition and healthy lifestyles.

The strategy consists of the following pillars:

- I. Skills-based sexual and reproductive health education
- II. Safe, non-violent, inclusive and effective learning environments for all.
- III. Promoting healthy eating and drinking, and physical activity and sports
- IV. Substance use

#### **I. Skills-based sexual and reproductive health education**

Components of skills-based sexual and reproductive health education, also known as sexuality education have been taught in nearly all countries for decades, although different countries use different terminology to describe their programmes (e.g. life skills education (LSE), prevention education, HIV/sexual and reproductive health (SRH) education, *and l'éducation à la vie familiale , l'éducation en matière de population*). These programmes have included a range of universally applicable and generic personal, interpersonal, cognitive, and psychosocial knowledge and skills.

**The African Union Roadmap on “Harnessing the Demographic Dividend through investments in Youth” (2016) urges countries to, “scale up age-appropriate and culturally sensitive comprehensive education on sexual and reproductive health**

in order to avert many complications and challenges associated with unintended pregnancies, sexually transmitted infections and its consequent impact on the development and well-being of young people, for in and out of school youth and implement innovative behavioural change programmes using new media and technology.”

Other key regional policies and commitments such as; ***the extended Maputo Plan of Action for the Operationalisation of the Continental Policy Framework for Sexual and Reproductive Health and Rights (2016-203)***, ***the Addis Ababa Declaration on Population and Development in Africa Beyond 2014*** and ***the Nairobi Declaration and Call for Action on Education - Bridging continental and global education frameworks for the Africa We Want (2018)***, have highlighted the importance of providing skills for sexual and reproductive health education in schools and tertiary institutions as well as in and out of school settings to equip young people with adequate information on their health as well as promote gender equality.

The International Technical Guidance on Sexuality Education (2018) defines skills based sexual and reproductive health/ Sexuality Education as a **curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality**. It aims to equip children and young people with the knowledge, skills, attitudes and values that will empower them to realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others and understand and protect their rights throughout their lives<sup>1</sup>.

Despite scepticism surrounding skills for sexual and reproductive health/sexuality education due to different kind of misconceptions, evidence demonstrates that skills for sexual and reproductive health has positive effects, including increasing young people’s knowledge and attitudes related to sexual and reproductive health and behaviors. It can delay initiation of sexual intercourse, reduce risk taking, help prevent STIs (including HIV) and early and unintended pregnancies, and contribute to reducing gender-based violence<sup>2</sup>. Skills based sexual and reproductive health education is also

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<sup>1</sup> UNESCO, UNFPA, UNAIDS, UNICEF, WHO and UN Women (2018) [International technical guidance on sexuality education](#), Paris: UNESCO

<sup>2</sup> UNESCO (2016) Review of the Evidence on Sexuality Education. Report to inform the update of the UNESCO International Technical Guidance on Sexuality Education; prepared by Paul Montgomery and Wendy Knerr, University of Oxford Centre for Evidence-Based Intervention. Paris: UNESCO; Kirby, D., Laris, B. and Rolleri, L. (2005) Impact of Sex and Sex Education Programs on Sexual Behaviors of Youth in Developing and Developed Countries. Washington DC: Family Health International; Kirby, D., Obasi, A. and Laris, B. (2006) The

important as it can help young people reflect on social norms, cultural values and traditional beliefs, in order to better understand and manage their relationships with peers, parents, teachers and other adults<sup>3</sup>.

## II. Safe, non-violent, inclusive and effective learning environments for all

This pillar will support countries in cultivating approaches for learner-friendly inclusive learning environments for all learners, by making learning environments free of violence and bullying to foster inclusion for all and including those who are most at risk of school violence, bullying, discrimination and exclusion.

**Bullying** is a pattern of behavior rather than isolated incidents, which can be defined as intentional and aggressive behavior occurring repeatedly against a victim where there is a real or perceived power imbalance and where the victims feel vulnerable and powerless to defend themselves. Bullying behaviors can be **physical**, including hitting, kicking and the destruction of property; **psychological**, such as teasing, insulting and threatening; or through the spreading of rumors and exclusion from a group. Bullying also includes online or **cyberbullying**, which involves posting or sending electronic messages, including text, pictures or videos, aimed at harassing, threatening or targeting another person via a variety of media and social platforms such as online social networks, chat rooms, blogs, instant messaging and text messaging. Cyberbullying may include spreading rumors, posting false information, hurtful messages, embarrassing comments or photos.

Available data from all regions show that their peers at school have bullied 32% of students in some form on one or more days in the past month (GSHS, HBSC). The proportion of students reporting that they have been bullied is highest in sub-Saharan Africa (48.2%), where students were most likely to report having been bullied at school on six or more days during the previous month (11.3%) as compared to (4.1%) in Central America.

Information about sexual violence perpetrated by peers is limited but evidence from sub-Saharan Africa suggests that a schoolmate is more likely to be the perpetrator

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effectiveness of sex education and hiv education interventions in schools in developing countries. Preventing HIV/AIDS in Young People: A systematic review of the evidence from developing countries in D. Ross, B. Dick and J. Ferguson (eds.) Geneva, WHO, pp. 103-150.

<sup>3</sup> Unterhalter E., North A., Arnot M. Lloyd, C., Moletsane L., Murphy-Graham E., Parkes J., and Saito, M., 2014. Interventions to enhance girls' education and gender equality: A rigorous review of literature. London: Department for International Development. Education Rigorous Literature Review; Haberland, N.A. (2015) The case for addressing gender and power in sexuality and HIV education: a comprehensive review of evaluation studies. Int Perspect Sex Reprod Health. Mar;41(1):31-42.

than a teacher, especially for boys. Corporal punishment, which is a form of physical violence, is still allowed in schools in 68 countries and is frequently used in many countries.

**School violence** refers to all forms of violence that take place in and around schools, and are perpetrated and experienced by students, teachers and other school staff. School violence includes the following;

- **Physical violence**, which is any form of physical aggression with intention to hurt and includes:
  - Physical violence perpetrated by peer students, including **physical fights** (two students of about the same strength or power choosing to fight each other) and **physical attacks** (one or more people hitting or striking a student with a weapon such as a stick, knife or gun)
  - **Physical violence perpetrated by teachers**, which includes the intentional use of physical force with the potential to cause death, disability, injury or harm, regardless of whether it is used as a form or punishment (**corporal punishment**) or not.
- **Psychological violence** as verbal and emotional abuse, which includes any forms of isolating, rejecting, ignoring, insults, spreading rumors, making up lies, name-calling, ridicule, humiliation and threats, and psychological punishment.
- **Sexual violence**, which includes intimidation of a sexual nature, sexual harassment, unwanted touching, sexual coercion and rape, and it is perpetrated by a teacher, school staff or a schoolmate or classmate, and affects both girls and boys.

### III. Promoting healthy eating and drinking, and physical activity and sports

Education and teaching in educational settings is fundamental in shaping people's choices, helping them consume healthier foods and practice lifelong physical activity, basing their decision on what is available, accessible and affordable in their context. Formal education, in particular, provides an ideal opportunity to reach large numbers of children and young people in educational institutions.

Well-nourished and physically active learners are healthier and learn better. On the contrary, poor health can have a detrimental effect on school attendance and

academic performance. Because of this inter-relationship between health and education, responding to undernutrition and malnutrition as well as physical inactivity will contribute to the achievement of SDG 3 on health and well-being and of SDG 4 for inclusive and equitable quality education.

Undernutrition and malnutrition as well as physical inactivity of children lead to stunting, wasting, deficiencies in essential vitamins and nutrients and overweight or obesity, and affecting learning outcomes. These conditions are obstacles to the achievement of SDG 3 and SDG 4. Globally approximately, 52 million children aged under five are underweight and 155 million stunted, as results of chronic undernutrition and micronutrient-related malnutrition in early life; 41 million children are overweight or obese due to unhealthy diet and physical inactivity (more than 80% of the world's adolescent population is insufficiently physically active). Over the past two decades, the prevalence of childhood obesity and overweight has been increasing faster than the global progress in reducing undernutrition and micronutrient-related malnutrition. Many countries have to face the double burden of overweight/obesity and undernutrition/malnutrition among children and young people, particularly in the developing world.

Undernutrition makes children much more vulnerable to disease and death (contributing 45% of deaths among children under five years of age)<sup>4</sup>, and micronutrient-related malnutrition represents a major threat to the health and development of populations worldwide, particularly children and pregnant women in low-income countries. Having an unhealthy diet, coupled with being physically inactive, keeps children and adolescents from making the most of their education. Available evidence indicates that approximately a quarter of the world's children are at risk of underperforming at school because of chronic malnutrition<sup>5</sup>; and, that overweight and obese children are four times more likely to report having problems at school than their normal weight peers.<sup>6</sup> Overweight and obese children are also more likely to miss school more frequently, especially those with chronic health conditions such as diabetes and asthma, which can also affect academic performance. Such educational impact can be long lasting, with resources being re-directed from

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<sup>4</sup> WHO. Updated September 2016. *Fact sheet on Children: Reducing mortality.*

<sup>5</sup> Save the Children. 2013. *Food for Thought: Tackling child malnutrition to unlock potential and boost prosperity.* The Save the Children Fund. UK

<sup>6</sup> Schwimmer JB, Burwinkle TM, Varni JW. Health-related quality of life of severely obese children and adolescents. *JAMA.* 2003;289:1813–9.



education into healthcare and psychosocial support for children affected by non-communicable diseases.<sup>7</sup>

A multi-sectoral holistic approach can help prevent and mitigate childhood/adolescent undernutrition and micronutrient-related malnutrition, overweight and obesity, as well as related non-communicable diseases:

- Build healthier eating habits and behaviors through school-based nutrition education supported with healthy and enabling school food environments and social mobilization;
- Provide children and young people with free or affordable good quality and nutritious school meals.
- In addition, to prevent and reduce childhood overweight and obesity through physical activity, physical education and sport that is accessible, inclusive and enjoyable for all children and young people.

#### **IV. Substance use**

Use of alcohol, tobacco and drugs commonly begins in adolescence and it is associated with a wide range of negative impacts on young people's mental and physical health as well as on their well-being over the short and long term. Substance use has also proven to be linked with a number of negative education related consequences, including poor school engagement and performance, and school drop-out. This has an impact on education sector efforts to ensure inclusive and equitable quality education for all and accomplish the new global 2030 Agenda for Sustainable Development. There is a wide range of factors that put children and young people at risk of substance use and its consequences, including their individual attributes and the environment in which they live.

Education provides a platform that engages children and young people at a crucial stage in their development, and helps them assess and counter such risks and pressures. The education sector therefore has a fundamental responsibility to protect children and young people from substance use. This means taking steps such as:

- working to ensure that schools are 100% free of tobacco, alcohol and other drugs;
- ensuring the core curriculum includes learning about the risks associated with substance use and facilitates the
- development of students' personal and social skills relevant to health-seeking behaviours; and building the knowledge and skills of educators,

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<sup>7</sup> Krushnapriya Sahoo et al. 2015. Child obesity: Causes and consequences. J Family Med Prim Care. 2015 Apr-Jun.

parents, caregivers and communities to empower and support children and young people to prevent and address substance use.

All of these steps require the education sector to adopt a comprehensive approach to mobilize the whole system in collaboration with other sectors, in particular the health sector and drug control authorities. Road injury, suicide (mental health in general) and interpersonal violence are often linked to substance use.

Available evidence indicates that substance use among children and young people has been linked to a number of negative education-related consequences globally, including poor educational performance, school dropout and incompleteness of secondary and post-secondary education in a diverse array of developed and developing regions and countries. A wide range of factors – individual, family, school, community and societal – can contribute to or prevent substance use by young people. The education sector, if viewed as an ecosystem composed of a wide range of actors and elements, can be mobilized to adopt a holistic approach (as outlined below) to help address these factors.

### **Proposed approach for the development of a continental strategy**

- A.** Establish a core advisory group to guide and review development of the strategy including representatives from at least two country governments (Ministry of Health (MOH), Ministry of Education (MOE) & Ministry responsible for gender equality, United Nations, civil society, teachers and young people.
- B.** Review of existing national programmes to provide overview of existing Education for Health Well-being initiatives
  - i. provision and gaps (use existing materials to bring results together in one overview document)
  - i. Identify major entry points (e.g. life skills education)
  - ii. Identify major gaps in policy, curriculum and teacher preparation
- C.** Identify key leverage points for Education for Health and Well-being in Africa including health, gender equality and education benefits to answer the question 'why this is important'.
- D.** Use global Guidance to develop parameters for recommended minimum standards for Education for Health and Well-being curricula in Africa i.e. curriculum content, age groups etc.
- E.** Develop recommended actions for strengthening teacher training and maximising cross-country learning across the continent. Explore links to

existing continental teacher training strategies or partnerships to integrate Education for Health and Well-being.

- F.** Develop recommended actions for optimising development and use of teaching & learning materials, including online materials.
- G.** Develop recommended actions for standardising monitoring of Education for Health and Well-being implementation focussing on using SDG thematic indicator 4.7.2
- H.** Outline strategies for securing country commitments and monitoring progress through continent-wide processes.

### Proposed timeline

Task	Responsible	Date
Concept note to be reviewed by the STC on education	AUC	10-13 December, 2019
Recruitment of a consultant to develop the strategy	AUC/Partners	January-2020
Development of the strategy	Consultant	January-March 2020
Review of the draft strategy by member states (experts)	AUC/Partners	June-July 2020

### Financial and technical support

The development of the continental strategy will be led by the AUC, education division. Members of the Education for Health and Well-being sub cluster (IPPF, UNESCO, UNFPA, Save the Children, Plan International, UNICEF, WFP, UNAIDS, OHCR) will provide financial and technical support to the process of developing the strategy.