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AU CONTINENTAL STRATEGY ON EDUCATION FOR HEALTH AND WELL-BEING OF YOUNG PEOPLE IN AFRICA

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Acronyms

AGYW	Adolescent girls and young women
ANCEFA	Africa Network Campaign on Education for All
APRM	African Peer Review Mechanism
ASFE	Annual Survey of Formal Education
AU	African Union
AUC	African Union Commission
CAG	Core Advisory Group
CARMMA Plus	Campaign on Accelerated Reduction of Maternal Mortality in Africa
CEFM	Child, early, and forced marriage
CESA	Continental Education Strategy for Africa
CESA MERP	CESA Monitoring, Evaluation and Reporting Platform
CSO	Civil society organization
CSTL	Care and Support for Teaching and Learning
DALY	Disability-adjusted life year
EAC	East African Community
ECOWAS	Economic Community of West African States
EHW	Education for health and well-being
EMIS	Education Management Information System
ESA	Eastern and Southern Africa
EST	Education, Science, Technology, and Innovation
EUP	Early and unintended pregnancy
FAWE	Forum for African Women Educationalists
FGM/C	Female genital mutilation/cutting
FRESH	Focusing Resources on Education and School Health
GAMA	Global Action for Measurement of Adolescent Health
GBV	Gender-based violence
G-SHPPS	Global School Health Policies and Practices Survey
GSHS	Global School Health Survey
HBSC	Health Behaviour in School-Aged Children
HEMIS	Higher Education Management Information System
HGSF	Home-Grown School Feeding
ICT	Information and communication technology
IEC	Information, education, and communication
IPPF	International Planned Parenthood Federation
ISHN	International School Health Network
LSE	Life Skills Education
M&E	Monitoring and evaluation
MHM	Menstrual hygiene management
NCD	Non-communicable disease
NEPAD	New Partnership for Africa's Development Agency
PRC	Permanent Representatives Committee
RACA	Report on Annual Continental Activities
REC	Regional Economic Community
SABER	Systems Approach for Better Education Results
SADC	Southern African Development Community
SDG	Sustainable Development Goal
SEL	Social-emotional learning
SERAT	Sexuality Education Review and Assessment Tool
SGBV	Sexual and gender-based violence
SRGBV	School-related gender-based violence
SRH	Sexual and reproductive health

SRHR	Sexual and Reproductive Health and Rights
STC	Specialized Technical Committee
STI	Sexually transmitted infection
STISA	Science, Technology and Innovation Strategy for Africa
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNGEI	United Nations Girls' Education Initiative
UIS	UNESCO Institute for Statistics
VLMS	Virtual Learning Management System
WASH	Water, sanitation and hygiene
WCA	West and Central Africa
WHO	World Health Organization
YPLHIV	Young people living with HIV

Introduction

The health and well-being needs of young people are inextricably linked to their ability to participate in and attain education. Early and unintended pregnancy (EUP), HIV and AIDS, and gender-based violence (GBV) have an impact on the physical and mental health and well-being of young people, as do nutritional challenges and other causes of morbidity and mortality. These in turn affect their life prospects.

The African Union (AU) ***Agenda 2063: The Africa We Want*** serves as a call to action and lays out a strategic framework for the continent that is grounded in freedom, self-determination, and unity, with goals for an elevated standard of living and well-being, education, and good health and nourishment for all citizens. To deliver on the aspirations of Agenda 2063, the AU, in partnership with member states and key stakeholders, developed and adopted the comprehensive 10 -year ***Continental Education Strategy for Africa (CESA 2016-2025)*** to support the creation of a new African citizen who will be an effective change agent for the continent's sustainable development. This strategy aims to contribute to achieving the Pan African vision of "*An integrated, prosperous and peaceful Africa, driven by its own citizens and representing a dynamic force in the international arena.*" Moreover, on a continent where youth represent more than 60% of the population, the African Union Commission (AUC) and African stakeholders have placed youth at the centre of the strategy to ensure a stable and adaptive education system contributing to building young people's capacities and skills for various aspects of life. Recognizing the need for an education-centred and education-led plan of action, the AU consequently established a sub-cluster for Education for Health and Well-being (EHW) under the Education Department's Life Skills and Career Guidance. Aimed at ultimately serving CESA 2016-2025, in 2020 the sub-cluster determined that it would prioritize the development of a ***Continental Strategy on Education for Health and Well-being for Adolescents and Young People in Africa (EHW Strategy)***. This reflects the growing understanding of the need for strong country-level collaboration between the education and health sectors to ensure young people achieve improved health and well-being. Specifically, the EHW Strategy seeks to improve the reproductive, mental, and physical health of (children and) young people, while contributing to the achievement of education goals.

Acknowledging the many overlapping health priorities competing for teaching and learning time, the strategy aims to provide a cohesive framework for African nations to ensure that young people acquire the knowledge, life skills, values, attitudes, and agency needed for better health, well-being, and learning. This will provide a blueprint for the Regional Economic Communities (RECs) and member states to move a collective body of health promotion work forward that can be operationalized at regional down to school level in order to benefit learners across the continent.

Development of the EHW Strategy was informed in part by a landscape analysis, which was undertaken from December 2021 to mid-2022. The analysis examined the continental context and country examples from each region, as well as the various bodies of work for which school-based health promotion is fundamental. The findings of the analysis revealed that there are many existing policy and normative frameworks which seek to advance the education, health, and well-being of young people and underscore the importance of meeting their priority needs and fulfilling their rights as citizens. The analysis also highlighted the need to build the momentum and cohesiveness of related global and regional movements, whose success depends on the education sector.

The EHW Strategy will build upon the regional commitments, initiatives, and global movements converging to improve learner well-being within the education context. These include the ***African Union Roadmap on Harnessing the Demographic Dividend through Investments in Youth*** (2016), which urges countries to scale up age-appropriate and culturally sensitive education for reproductive health to avert the complications and challenges associated with EUP and sexually transmitted infections (STIs), including HIV, and their consequent impact on the development and well-being of young people. Similarly, the World Health Organization (WHO) ***Health Promotion Strategy for the Africa Region*** (2013) calls for a multisectoral approach to address needs for information as well as social, economic, and environmental determinants associated with both communicable and non-communicable disease. This strategy underscores the need for schools to prioritize dissemination of health information and development of related life skills, as well as ensure that systems for strong linkage and active referral are in place for service needs and complementary interventions to address particular vulnerabilities that often act as key determinants. Likewise, as encapsulated in the 2021 African Girls Summit ***Niamey Call to Action and Commitment on Eliminating Harmful Practices***, a number of key regional policies and commitments – including the

African Charter on the Rights and Welfare of the Child, *Maputo Protocol*, *Call for Action on Education: Bridging continental and global education frameworks for the Africa We Want* (2018), and the 37th Session of the African Committee of Experts on the Rights and Welfare of the Child – all emphasize the critical importance of equipping young people with the knowledge, skills, and values that they need to protect themselves and ensure their health and well-being.

To be effective, EHW must consider the developmental needs of young people as well as promote healthy behaviours, as defined by its four core pillars:

Pillar 1: Promoting healthy lifestyles encompassing nutrition, physical activity and sports, sleeping and wellness, positive coping, and alcohol and other substance use

Pillar 2: Disease prevention encompassing communicable and non-communicable disease

Pillar 3: Safe, inclusive, and non-violent learning environments for all

Pillar 4: Skills-based reproductive health education

The pillars are interrelated and mutually reinforcing, and are informed by cross-cutting priorities of life skills for EHW, social-emotional learning (SEL), gender dynamics, and inclusivity for marginalized young people.

The EHW approach aims to develop health literacy, life skills, and agency of young people to have the developmental assets they need for better health and well-being. The strategy builds on the momentum of the health-promoting schools (HPS) and school health and nutrition (SHN) movements as well as priority initiatives underway across the continent, such as the Home-Grown School Feeding (HGSF) Programme.

Furthermore, a whole-school approach aims to ensure EHW includes effective teaching and learning, parent and community engagement, linkages with essential services and supports, and a school environment that is safe, inclusive, and health promoting. As such, system strengthening must ensure that formal mechanisms, resources, and coordination are in place for referrals, school policies and guidelines, and investments in teacher training. In addition, the EHW Strategy is guided by Agenda 2063 principles for Pan Africanism, building on indigenous knowledge, and fostering intergenerational learning, while maintaining approaches that are evidence based, learner centred, gender sensitive, and contextually relevant. Curriculum-based health promotion that is feasible for ministries of education and support through intersectoral collaboration are central to this.

Four core result areas have been identified through which to achieve the EHW Strategy goals:

Result 1:	Result 2:	Result 3:	Result 4:
Commitment and leadership for EHW across member states (enabling policy environment, costed plans)	**Capacity strengthened at AUC, REC, and country levels**	**Operational guidance, foundations, and systems in place to support EHW delivery across member states** (unified curricular approach, guidance, coordination)	**Monitoring/reporting, evidence-building, and learning to advance EHW**

For this strategy to succeed, the ownership and leadership of the education sector are essential. Support, coordination, resources, and expertise from ministries of health, youth, gender and those leading social protection, as well as the support of civil society, development and academic partners, and the private sector are also critical. The strategy outlines the suggested roles and responsibilities of each in achieving EHW results.

The disruptive effects of the COVID-19 pandemic which endured from 2020-2022 has laid bare the need for greater investment in health promotion and preparedness of the education sector and school communities. With ongoing 'epidemics' of EUP, violence, and persistence of unacceptably high rates of HIV infection among young people, and adolescent girls and young women in particular, which threaten their prospects in life, the time is now to put in place strong education for health in well-being in schools across the continent.

Background and context

Health and well-being of young people

The African population has been increasing in recent years and is anticipated to reach nearly 2.5 billion by 2050, with 60% under the age of 35.[1] As of 2018, adolescents (ages 10-19) already represented 23% of this population,[2] and as they age into their working years, adolescents and young people thus represent a major force for the continent as it strives to harness the demographic dividend for growth and poverty reduction.[3] However, this group face many intersecting barriers for achieving positive health and well-being outcomes, which presents a major challenge for the region.

The WHO defines **health** as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity," and sets out that the "enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic, or social condition."[4]

Education for health and well-being must therefore consider the developmental needs of young people as well as the threats to both health and well-being that need to be prevented. Adolescence is a critical period in the life course of a young person, passing through several phases of transition into adulthood. Their needs begin in childhood, accelerating in the period before puberty. Throughout adolescence, young people become active agents in their own development, health, and well-being. While social expectations for young people to function as young adults may begin in their late teen years, their biological, cognitive, psychosocial, and emotional development continues through their early 20s. These are shaped by social as well as biological processes that influence their well-being, and also affect their ability to participate and achieve in education.

Until recently, the well-being needs of young people were overlooked, falling outside of policies and programmes serving children and/or adults.[5] **Well-being for adolescents** was defined for adolescents as having *the support, confidence, and resources to thrive in contexts of secure and healthy relationships, realizing their full potential and rights.*[6] Five interrelated domains of adolescent well-being have been defined in this pursuit, summarized in the following table.[7]

Good health and optimum nutrition	Connectedness, positive values and contribution to society	Safety and a supportive environment	Learning, competence, education, skills and employability	Agency and resilience
• Physical health and capabilities • Mental health and capabilities • Optimal nutritional status and diet	• Connectedness • Values • Attitudes • Interpersonal skills • Activity • Change and development	• Safety • Material conditions • Equity • Equality • Non-discrimination • Privacy • Responsiveness	• Learning • Education • Resources, life skills and competencies • Skills • Employability • Confidence	• Agency • Identity • Purpose • Resilience • Fulfillment

Morbidity, mortality, and risk factors faced by young people in Africa

While adolescence is an important period for laying the foundations for healthy development, significant death, illness, and injury can occur in the adolescent years, much of which is preventable. Globally, the highest rates of mortality for adolescents occur in Africa. In 2020, there were 16 deaths per 1,000 children aged 10 in sub-Saharan Africa – double the global average and higher than in any other region.[8] Major causes of death and disability-adjusted life years (DALYs) among adolescents in Africa include infectious diseases (including HIV, malaria, tuberculosis, and diarrhoeal disease), injuries (particularly road injury and interpersonal violence followed by self-harm) and non-communicable diseases (including depression and anxiety).[9] Globally, the burden of disease in adolescents has evolved from 1990 to 2019, with DALYs for non-communicable diseases increasing and injuries and infectious diseases decreasing.[10] Variations in gender-specific trends must also be taken into consideration.

In 2019, interpersonal violence (excluding conflicts and terrorism) represented 4.59% of total DALYs for boys 10-24 in sub-Saharan Africa compared to 1.31% of total DALYs for girls of the same age.[11] At least five of the 20 top causes of death and DALYs are related to the life skills and healthy environments that must be prioritized by the **EHW Strategy**. The proposed strategy pillars take into consideration these top causes of death as their prevention can be addressed through the EHW curriculum. In addition to disease, violence, self-harm, and HIV and AIDS, other major factors contributing to the health and well-being of African adolescents include child marriage, EUPs, substance use, and non-communicable diseases. The effects of these on the lives of young people can both cause and be exacerbated by mental health problems.

Risk factors affecting the health and well-being of young Africans

Many risk factors and determinants affect the health and well-being of young people, which can influence their ability to fulfil their potential. These include:

Socioeconomic determinants of health:

Young people's health and well-being are first and foremost affected by cross-cutting socioeconomic determinants that impact all aspects of their lives. These include factors related to economic stability (for example, poverty, housing, nutrition, income), access to and quality of education, neighbourhood and built environment (for example, safety of home and work environments, pollution, transportation), social and community context (for example, positive relationships with family and friends), and affordability and quality of health care services.[12] These fundamental factors act as core facilitators or barriers to young people achieving their potential, and interact in conjunction with all of the more specific factors described below along the life course.

HIV and AIDS:

HIV is a major risk factor for young people across the region. It was the second cause of mortality among adolescents and the third cause of DALYs among adolescents in Africa in 2019. Some young people face greater risks and vulnerabilities than others, including adolescent girls and young women (AGYW) and key populations. In 2020, AGYW represented only 10% of the sub-Saharan African population, but 25% of HIV infections[13], and were twice as likely to be living with HIV than men.[14]

Young people among key populations are particularly at risk of acquiring HIV.[15] They are also the least likely to access care, even though they are the most in need of comprehensive, integrated reproductive health and HIV services.[16]Unequal power relationships and low levels of HIV literacy increase the risk of HIV infection by reducing safe sexual practices and increasing the risk of intimate partner violence.[17] There have been major advances in HIV prevention and treatment for young people which call for new areas of health literacy to be covered in HIV and AIDS education.[18] Young people living with HIV (YPLHIV) have the same needs as all young people, but they face additional burdens to ensuring safe relationships, safe conception, and safe pregnancy. Furthermore, due to stigma and taboos surrounding HIV, YPLHIV often experience challenges around disclosure as well as treatment adherence.[19] Schools can be particularly challenging settings for YPLHIV – where teasing, involuntary disclosure, and lack of privacy for taking medication can be common experiences. It is also known that secondary education acts as protection against HIV infection among young people, and AGYW in particular.[20]

Adolescent pregnancy:

Although declining, sub-Saharan Africa continues to record the highest rates of adolescent pregnancy in the world, often associated with child marriage, with close to 14 million unintended pregnancies reported every year, of which 44% are among AGYW.[21] The prevalence of first pregnancy among adolescent girls varies by country in the region, ranging from 7.2% to 44.3%, as does the rate among adolescents who ever had sex in the past, which ranged from 36.5% to 75.6%.[22] EUP is associated with numerous negative health and social consequences, including intergenerational health risks to both mother and infant (mental and physical health)[23] and high rates of school dropout, with most young mothers not returning to school. One research study found that almost all adolescent girls who were ever pregnant in sub-Saharan Africa were not in school (ranging from 95% to 99%) and that all countries lacked robust education sector continuation and re-entry policies to support adolescent mothers to continue their education. For instance, all of the countries examined required compulsory leave after giving birth, even though it was promising that three of the countries had school re-entry policies (Botswana, Kenya, and Zambia).[24]

Adolescent birth, abortions, and maternal health:

In line with the data mentioned above, in 2020, there were 99 births per 1,000 adolescent girls aged 15-19 years old in sub-Saharan Africa, compared with the global average of 41 per 1,000.

Rates of abortion are highest in Africa as well, particularly in Southern Africa. Adolescent abortions are often experienced under unsafe circumstances and carry a higher risk of complications. Adolescents also have relatively lower and less safe access to safe abortion care.[25] For adolescents who give birth, they are at higher risk of eclampsia, puerperal endometriosis, and systemic infections than their 20-24 year old counterparts, while their babies are at higher risk of low birth weight, preterm delivery, and severe neonatal conditions.[26] Moreover, young mothers are less likely to receive antenatal care in sub-Saharan Africa and are often stigmatized by healthcare providers, which in turn reduces their likelihood of accessing health services.[27]

Child, early, and forced marriage (CEFM):

CEFM is prevalent across Africa and is recognized as a major violation of human rights to life, health, education, safety, and security – more often affecting girls, but sometimes affecting boys as well. Out of the 15 countries with the highest rates of child marriage (where the rate of girls married in childhood surpasses 30%), 14 are in sub-Saharan Africa (including nine in West and Central Africa).[28] CEFM can have a negative impact throughout the lifespan in terms of girls' health and well-being, both mental and physical, and is known to be associated with high poverty, school dropout, early sexual activity, early pregnancy, and reduced use of reproductive health services.[29] CEFM is often a less controversial topic in its recognition as a violation of the rights of AGYW and thus can serve as an important common-ground entry point for addressing sexual and reproductive health (SRH) risks in Africa. Recently, CEFM and adolescent pregnancy have been decreasing in some African countries, likely due to higher rates of education and workforce participation among women and increases in use of contraception; yet the changes are not uniform across the region. The most vulnerable experience both the highest rates of adolescent first birth in Africa and the slowest progress in reducing them.[30] Additionally, efforts to increase understanding around prevention of adolescent pregnancy are still limited compared to those focused on HIV and AIDS, school-related gender-based violence (SRGBV), and youth unemployment.[31]

Female genital mutilation/cutting (FGM/C):

FGM/C constitutes a violation of girls' and women's rights, with negative consequences affecting physical, mental, and sexual health (and childbirth in particular). It remains a threat to young women in some countries, despite substantial progress toward eliminating it as a harmful practice. Many countries globally have deemed FGM/C unlawful.

Even though rates have decreased across Africa, they remain problematically high. In East Africa, for instance, the prevalence of FGM/C among children 0-14 years old decreased from 71.4% in 1995 to 8.0% in 2016; in North Africa, it decreased from 57.7% in 1990 to 14.1% in 2015; and in West Africa, from 73.6% in 1996 to 25.4% in 2017. These figures reveal that the decline has been faster in East Africa and slower in North Africa.[32] Importantly, research shows that mothers who are more educated are less likely to subject their daughters to FGM/C.[33]

Violence:

Violence is a critical issue for the education sector given the experience of violence impacts mental and physical health which, in turn, affects participation and attainment in education and overall well-being of learners. Students who experience violence are more likely to score lower on tests, experience fear and anxiety related to school participation, and have lower rates of school attendance and completion.[34,35] Patterns of bullying and other aggressive behaviour are common across the continent, and opportunities for online bullying and harassment are expanding.[36,37] According to the Global School Health Survey (GSHS), 42.7% and 48.2% of learners reported bullying in North Africa and sub-Saharan Africa, respectively, as well as high rates of physical violence, at 46.3% and 36.9%, respectively,[38] with the highest rate of physical bullying of any region on the continent being in sub-Saharan Africa.[39] Furthermore, the rate of bullying and violence experienced by young people among key populations is three to five times higher than their peers. For learners with disabilities, stigma and cultural beliefs around disability, along with the lack of capacity within education systems for appropriate supports to address their specific needs (such as low teacher capacity and limited inclusive learning materials), increase their risk of bullying, violence, and abuse.[40] Gender-based and sexual violence affect both girls and boys, ranging from unwanted sexual attention to sexual coercion and rape. In school environments, violence may be perpetrated by students, teachers, or other staff. School-related sexual violence is prevalent in some African countries. For instance, 19.2-26.6% of boys reported that their first sexual violence experience was committed by a schoolmate in three African countries, compared with a lower percentage of girls (13%-15.5%).[41] In addition, despite policy against its use in some or all schools in 12 African countries, physical or corporal punishment is still lawful – and widely applied – in some or all schools in 11 countries,[42] as demonstrated by the 81% of girls and 82% of boys in sub-Saharan Africa who experienced violent discipline between 2012 and 2018.[43]

Nutrition and non-communicable diseases (NCDs):

Africa faces a wide range of nutritional challenges affecting the well-being of learners and their education, as well as health outcomes. Undernutrition continues to be a critical issue affecting the ability of children and young people to attend school, as well as their overall well-being.
Evidence shows that children aged 5-19 years are affected by multiple forms of malnutrition.[44] Undernutrition makes children much more vulnerable to diseases and death (contributing to 45% of deaths among children under five years of age).[45] However, with urbanization steadily rising, the profile of nutritional needs as well as lifestyle considerations related to physical activity varies within country contexts, with rising rates of obesity and more sedentary lifestyle. Many NCDs emerge as a result of behaviours that are established during adolescence that can have life-long consequences.[46] Death and disability are associated with risk factors which often begin during adolescence, for example smoking, drug and alcohol use, poor eating habits, and insufficient physical activity.[47,48] Examples of long-term consequences include diabetes, stroke, cancer, cardiovascular disease, and chronic lung disease. In addition, climate change and other environmental challenges have exacerbated negative public health and education outcomes on the continent. For instance, the effects of climate change on agriculture and food security directly impact food availability and nutrition, while changing rainfall and temperature patterns have created conducive environments for disease transmission with negative effects mostly experienced by children and young people. Improving health literacy related to NCDs requires a close look at lifestyle considerations that have implications for a range of health problems as well as for mental and sexual and reproductive health.

Substance use:

Substance use among young people is a growing health concern in Africa. The continent continues to be a hub for illicit drug trafficking as international criminal networks use the region as a transit and redistribution centre, and at the same time is a growing destination market, complemented by illicit cultivation, production, and clandestine manufacture of some drugs. Consequently, the region has been experiencing increased domestic consumption of drugs with the attendant effect of drug-related disorders and comorbidities. According to the AU's *Pan-African Epidemiology Network on Drug Use Report*, about 70% of people who sought treatment for drug use disorders on the continent in 2019 were aged 15-34 years, while the World Drug Report estimates that 60 million individuals aged 15-64 years (representing 8.4% of the population) used illicit drugs in Africa in 2018.[49]

Given its projected population growth and relatively young population, Africa is likely to be particularly vulnerable to an increase in the number of people who use drugs by 2030, with an estimated prevalence of drug use set to rise by 40%. In terms of substance use by age, prevalence is high in young people compared to the general population, with highest levels of drug use between the ages of 18-25.[50] Substances in use for decades have a higher lifetime prevalence among older people, while use of newer substances is more common among young people. Substances which have a long history of traditional use (for example opium or khat) see less age distinction.[51] Alcohol use is often tied into family and social norms and presents challenges for young people to navigate. Understanding the local profile of the range of substances in use is critical for developing effective and targeted approaches. The overall prevalence of any substance use among adolescents in sub-Saharan Africa is 41.6%, with alcohol and tobacco being the most widely used substances [52], while other substances such as khat are used in specific countries, regions, and cultures. Available evidence indicates that substance use among children and young people has been linked to negative education-related consequences globally, including poor educational performance, school dropout, and incompletion of secondary and post-secondary education in a diverse array of developed and developing regions and countries.[53]

Mental health:

Anxiety and depressive disorders are common among 10-19-year-olds, and self-harm is a major contributor to mortality.[54] While needs for psychosocial support are recognized, critical gaps exist and mental health is a neglected priority overall. Despite high demand for support, median expenditures on mental health by governments globally represent 2.1% of health spending, with spending in lower- and middle-income countries focused primarily on mental illness.[55] Focusing only on disorders neglects the majority of needs that most people experience at some time in their lives, and those of young people in particular. Schools play an important role in the mental health of young people, offering a protective environment but also one with potential threats of bullying and harassment, harsh discipline, and academic pressures. Stigma and isolation are also recognized as critical factors, often experienced by young people with special needs (for example those living with HIV or a disability). Whole-school approaches are crucial to better equip teachers with knowledge and social/emotional competencies to ensure schools are supportive and inclusive learning environments that address these risk factors and ultimately improve learning outcomes.[56] Social-emotional learning is recognized as fundamental to healthier relationships, school achievement, violence prevention, and positive coping with adversity and is related to perception of agency and overall well-being. It has been used to boost academic achievement (literacy), prevent bullying, and increase conflict resolution and programme responses to trauma and other behavioural issues, and should thus be expanded as a focus in schools.[57]

COVID-19 and other emerging outbreaks:

The COVID-19 pandemic has worsened the vulnerabilities of young people, particularly girls and key populations. Along with related school closures, the pandemic had negative impacts on child health and development, education, and family economic well-being. In addition to lost learning, school closures meant the loss of structured activity and the protection/supports afforded by school attendance, lack of nutrition where families rely on school-based feeding programmes, and inequities in accessing remote learning and digital literacy levels. Moreover, many children and adolescents experienced increased violence and mental and emotional stress during school closures, while others faced further anxiety as they returned to school, especially where schools were not experienced as safe environments. For those who are marginalized and/or face barriers to school attendance, violence in the home, or sexual coercion, these experiences may have been exacerbated, along with their effects.[58] Young people with disabilities are at higher risk of contracting COVID-19 and experiencing a severe case of the disease, as it can worsen existing health conditions.[59] The lessons learnt from the COVID-19 pandemic as well as outbreaks of Ebola, cholera, Lassa fever, and, more recently Monkeypox that have occurred across Africa have highlighted the large disruptive effect that epidemics can have on school systems, and the need to be better prepared for future ones with inclusive emergency preparedness efforts at national- and school-levels that address the needs of all learners.

Regional policy context

The AU has made significant strides towards promoting education, health, and well-being on the continent through adoption of normative frameworks, policies, and continental strategies. Key among them is the African Charter on Human and Peoples' Rights, the African Charter on the Rights and Welfare of the Child, and the African Youth Charter, which make provision for access to inclusive, quality health, education, and protection as a fundamental human right. The adoption of the CESA 2016-2025 is an important milestone in the education sector towards achievement of the goals and aspirations of the AU Road Map on Harnessing the Demographic Dividend through Investments in Youth as well as the AU Agenda 2063: The Africa We Want.

The AU also has different departments, accountability mechanisms, and political structures that are responsible for providing support to member state in implementation of education, health, and well-being commitments for young people in the region.

In addition, the landscape for EHW provision within African education systems has been evolving, with some promising EHW policy reforms underway in a growing number of countries. This is demonstrated by the enactment of integrated school health policies, competence-based curriculum reforms for 21st-century learning, and the priority placed on embedding health-promoting schools and whole-school approaches in education sector reform. In recent years, many countries have also introduced a range of activities to address GBV and other violence, ranging from specific lesson plans and school projects to whole-school approaches for safer learning environments. Further, there is wide recognition by AU member states of the required investments for nutrition and school feeding programmes, with most African countries having in place national school feeding policies or strategies and an accompanying national school feeding programme that acknowledge the home-grown solutions to school feeding.

Ministries of education in Africa often have more than one set of health and education priorities and packages related to health and well-being for which they are expected to be responsive, focusing on providing teaching and learning. Most education systems also prioritize co-curricular options, parent and community engagement, and options for delivery of school health services. These usually include a school health package, a form of reproductive health education or life skills education, and HIV and AIDS-related interventions, all of which are linked but are often expected to be incorporated into teaching and teacher training as separate entities. Moreover, education systems frequently have other narrowly defined or single-issue programmes addressing nutrition, water, sanitation and hygiene (WASH), and menstrual hygiene management (MHM).

Indeed, despite the marked progress by African countries to improve their education, health, and well-being outcomes of children and young people, in many countries, EHW provision is organized under various ministries and government departments and governed by different legislative instruments managed by different structures instead of a unified policy and legal framework. As a result, school-based health and wellness activities are fragmented and uncoordinated. Other issues education sectors face include insufficient domestic education financing, uncoordinated national monitoring structures, absence of national bodies with pre- and in-service teacher training oversight functions, outdated or malfunctioning Education Management Information Systems (EMIS) to support education monitoring and assessments, unsatisfactory teacher work force support, and low motivation for teaching EHW-related subjects.

Further, the poor strategic information base in most AU member states has resulted in weak utilization of data and evidence for decision-making, including national policy and strategy development and sub-national planning and management of education and health services. Addressing these institutional challenges should thus be at the heart of current policy and governance reforms underway in many countries. Additionally, there is need for greater investment for EHW for out-of-school children and youth, as well as learners with disabilities and special needs.

Opportunities to advance EHW across the continent

Various opportunities exist that can advance the implementation of the EHW Strategy. In Africa, the private sector remains largely untapped for its potential support for school health and EHW, and can enable AU member states, RECs, and the AUC to leverage financial, technological, and other inputs to support the education sector. A number of examples of their role in financing and other support already exist.[60,61] For instance, the AUC, RECs, and the New Partnership for Africa's Development (NEPAD) have all pioneered excellent school-based education, health, and well-being initiatives for children and young people that add value to national efforts of their member states and serve as models that could be replicated to enhance intra- and inter-regional integration and cooperation related to education and health outcomes.

A key lesson learned is that there are robust policy underpinnings for EHW in Africa. The continental frameworks are largely well aligned with EHW as a body of work, and related policies and strategies at REC and national level acknowledge that EHW issues are critical for health and development. Further, there is already an acceptance that for Africa to develop, education in general, including EHW, must remain a high priority. The AU-led development efforts, member state education sector reforms, and the analysis of education and health programmes supported by the international community clearly indicate that educational development is first and foremost a national and regional responsibility. AU member states also recognize the role governments play in advancing health-promoting schools in their territories as a strategic vehicle to promoting positive development and healthy behaviours, such as physical activity and fitness, recreation and play, balanced nutrition, avoiding substance use, and life skills-based education, including reproductive health, positive coping, and violence prevention.

Prioritizing the prevention of EUPs among adolescents should be key. Through the AU Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA Plus), investing in a comprehensive agenda for the health and well-being of children and adolescents is paramount.
This can be done by sensitizing policy-makers, implementers, and service providers about the importance of investing in women's, children's, and adolescents' health and development to improve survival and build human capital.

Ensuring gender equality, women and girls empowerment, and respect for human rights requires protecting the rights of all people (children, women, adolescents, men), and sensitizing them to have control over and decide freely and responsibly on matters related to sexual and reproductive health, free from coercion, discrimination, and violence as provided in the Maputo Plan of Action[62] (African Union Commission, 2016).

Education sectors must prioritize enactment of integrated school health strategies, and more effort needs to be placed on education, health, nutrition, integrated ministerial coordination, and knowledge management through the use of EMIS and Higher Education Management Information System (HEMIS). A major focus of this strategy, therefore, should be on the continued capacitation of African ministries in charge of education and training to enhance their ability to formulate policy, plan, and implement EHW-related reforms. In addition, in-service training should be organized to enhance pedagogical skills to be responsive to learners with special needs. There is also a need for AU member states to ensure strong linkages with complementary combination programmes, such as the Southern Africa Development Community (SADC) Care for Support Teaching and Learning (CSTL), HGSF, and SHN programmes. The EHW Strategy can further leverage pre-existing sub-regional interventions at SADC, East African Community (EAC), and Economic Community of West African States (ECOWAS) level, as informed by global technical guidance and continental frameworks. The Eastern and Southern African Ministerial Commitment on Comprehensive Sexuality Education and Sexual and Reproductive Health Services for Adolescents and Young People (known as the ESA Commitment), SADC Sexual and Reproductive Health and Rights (SRHR) Strategy and Scorecard, the ECOWAS Adolescent SRHR Strategy all build on the gains of many converging movements and align well with the work of the health-promoting schools and whole-school approaches. The EHW Strategy demonstrates how these commitments are related and mutually reinforcing to its implementation and the related sub-regional commitments.

EHW technical approach

EHW seeks to promote a more unified approach to health promotion, addressing the priority needs of young people by laying a strong foundation for health and well-being from their primary school years. Recognizing that ministries of education are often called upon for existing and emerging priorities related to learner health and well-being, this body of work aims to establish a framework for country planning and development of cohesive curriculum-based health promotion that is feasible for education stakeholders, and jointly owned and supported by other sectors and partners with a stake in ensuring the well-being of young people. EHW specifically aims to:

Build health literacy of learners based on four thematic pillars (Figure 1), with emphasis on SEL and transformative and equitable gender approaches as cross-cutting priorities relating to each of its pillars.

Develop life skills based on a harmonized package of age-appropriate and incremental life skills teaching and learning materials that ministries of education can adapt to help learners to achieve their full potential, emphasizing those most relevant for addressing health and wellness needs (such as those needed for healthy relationships, decision-making related to lifestyle choices, critical thinking related to risk-taking and gender dynamics, and use of protective practices and services).

Promote agency through youth participation and leadership in classroom and engagement processes at all levels, with a meaningful voice in the development, implementation, and monitoring of advocacy for EHW and engagement with political, cultural, and religious stakeholders who have influence over perceptions of acceptability.

Apply a whole-school approach to ensure school environments support the physical as well as emotional well-being of all learners and teachers; engage families and communities in the learning process; provide linkages to supports and services; and ensure support for delivery of content and teaching methods that maximize learning and initiative by young people as well as co-curricular activities that complement delivery during teaching and learning time.

Invest in systems to lay a strong sustainable foundation, recognizing that layered interventions are necessary for effective combination prevention, while addressing structural barriers and the needs of the most vulnerable and marginalized. As such, investments should include the mainstreaming within school health and other sector policies; development of curricular guidance, teaching and learning materials, and teacher training; and strengthened guidance and counselling, monitoring and accountability processes, and coordination and linkage with services and multisectoral supports.

Ensure multisectoral support with education sector leadership and ownership to better meet needs for support which may be beyond the capacity of the education sector alone. This will also help to bring together the layered interventions above, increasing the potential to address critical determinants of health behaviour. Further, a multisectoral approach provides the potential for adapting EHW content for out-of-school young people who are more often reached by other sectors, such as those focused directly on youth.

EWH pillars and cross-cutting thematic priorities

The pillars defined for this work consider causes of morbidity and mortality among young people, while equally taking into account their developmental needs as well as the common threats they face that can disrupt their education, and their lives more broadly. These include recognized problems such as poor nutrition, substance use, violence, EUPs, unsafe abortion, and STIs, including HIV, but also the social and economic conditions contributing to these problems. As outlined in the Maputo Protocol (2003), Maputo Plan of Action (2016-2030), and the Africa Charter on the Rights and Welfare of the Child (1990), these include child marriage, exploitation, and harmful practices such as FGM/C. Figure 1 summarizes the four pillars and cross-cutting priorities (See Annex 2 for more detail).

Figure 1. EHW pillars and cross-cutting priorities

Pillar 1: Promoting healthy lifestyles	Pillar 2: Disease prevention	Pillar 3: Safe, inclusive, and non-violent learning environments for all	Pillar 4: Skills-based reproductive health education
Cross-cutting priorities for positive youth development:			
Life skills for EHW, including social/emotional skills			
Understanding gender and gender dynamics for critical thinking and positive action			
Special needs (young people with disabilities, neglected and marginalized groups of young people)			

The 1986 Ottawa Charter defines **health promotion** *as the process of enabling people to increase control over, and to improve their health*.[63] Adopting a more unified and empowering approach to health promotion requires a coherent and logical progression of teaching and learning to ensure young people have the health literacy, life-skills, values, and agency necessary for a lifetime of better health and well-being. As such, EHW curricular guidance will promote a balanced approach to teaching and learning in the cognitive, affective, and psychomotor/skill-building domains to develop these aspects in a supportive environment. It will include content and methods that are developmentally and age-appropriate, with opportunities for incremental spiral learning over the learner life cycle, from primary school through to tertiary education (pre-puberty to age 24).

Anticipating that EHW will be applied at all school levels but that the needs will differ, the pillar themes will remain the same, but emphasis on priority topics and life skills within each pillar will vary by level. Further mapping of the scope and sequence for each pillar will be necessary to provide the guidance for operationalizing country-level curriculum and syllabus planning, working closely with the stakeholders and technical expertise guiding life skills education, health-promoting schools, and school health and nutrition, such as the HGSF.

Guidance will also promote customizations for all levels of learning institutions (from primary to tertiary and formal to non-formal), including vocational educational settings, in order to maximize the learners reached by the approach. It will also anticipate the needs of educators to gain knowledge, skills, and agency necessary for teaching EHW content. In this way, it is expected that educators will themselves benefit from this educational approach and content as well.

The four EHW pillars and cross-cutting priorities are interconnected and overlapping in scope and application. For instance, for relationships to be safe, they must be non-violent and gender-equitable, while a healthy lifestyle is associated with disease prevention, positive SRH outcomes, and avoidance of substance use. For purposes of operationalization, it will be important to work across the pillars as well as within each to be mutually reinforcing and build on overlapping knowledge, life skills, and positive attitudes, as well as to ensure multisectoral support. In addition, each must consider learner needs in relation to the cross-cutting priorities. The sections that follow describe the overall approach for each pillar and include a discussion of the cross-cutting priorities.

Pillar 1: Promoting healthy lifestyles

There are several thematic priorities for ensuring that young people have the knowledge, attitudes, and skills necessary for a healthy lifestyle, with the potential to benefit their education outcomes in the near-term and lay a foundation for better health and well-being over their lifetime. Fundamental to this is ensuring that learners recognize the linkages between the decisions they make and the actions in their daily lives, their relation to their health and well-being, and the relationship of their own lifestyle actions on the well-being of others. A healthy lifestyle is therefore an entry point to the other three pillars and an opportunity to lay the ground for behaviour-centred learning related to the health promotion themes that follow – for example, understanding the relationship between lifestyle and non-communicable diseases, positive coping and violence prevention, and sexual risk-taking. Promoting physical activity and sports, healthy eating and drinking practices, and prevention of harmful substance use are fundamental, and directly address the common risk factors for cardiovascular disease, cancer, chronic respiratory disease, and diabetes while addressing other areas of health and well-being.[64]

Nutrition interventions and physical activity are central to this pillar and respond to learner needs with a direct impact on education outcomes, recognizing that undernutrition, malnutrition, and physical inactivity are critical issues for young people in Africa.

Nutrition: Health promotion for nutrition should ensure strong linkages with nutritional interventions prioritized across the AU, particularly where HGSF activities are underway, enabling alignment of tailored nutritional learning for the local context. As needs and solutions are often context-specific, educational content should build on indigenous agricultural knowledge, and where possible promote gardening projects tailored for urban, peri-urban, and rural context. Applying an age and gender lens is necessary to understand beliefs and biases in nutritional practices, and their effects on both boys and girls at different developmental stages.[65,66]

Physical activity: Addressing physical activity has several dimensions. Physical education in the school setting requires emphasis on sports and other physical activity, as well as promotion of an active lifestyle, particularly in urbanized settings where lifestyle is becoming more sedentary. Increasing awareness of the linkages between physical activity, positive coping, and prevention of non-communicable disease while improving motivation with a range of options that are responsive to the different needs, abilities, and interests of learners is fundamental to establish positive attitudes and practices from an early age.

Substance use: Many young people begin substance use during adolescence, with the substances used varying across countries and cultural contexts. Health promotion must be informed by the social and cultural norms related to substance use given their influence on young people. When commonly used in social gatherings, young people must learn to think critically about what they experience in their immediate environment and navigate situations likely to lead to substance use, particularly in settings where heavy alcohol and drug use are associated with sexual risk-taking and sexual violence. This requires developmentally-appropriate content and learning methods to understand the influence of media, social media, and peer pressure, and develop the life skills needed to anticipate and resist social pressures. Clear evidence is still evolving on the determinants of substance use among young people across the continent,[67] as is best practice for effective prevention. Substance use is often addressed as part of reproductive health education or life skills education within the context of risk reduction, avoidance of peer pressure, and development of refusal skills. It must also be addressed as a component of mental health and positive coping strategies. Understanding the situations that can lead to substance use is critical. Social norms for alcohol consumption in family, community, and other social gatherings will shape a young person's understanding of what is acceptable, often with conflicting messages about what is right for young people versus adults. Prevention therefore has intergenerational implications that should be considered in defining school-based approaches.

Tailored content and teaching methods may also be necessary within countries, recognizing that norms vary across cultures, with attention to urbanization and mobility factors affecting young people.

Because some aspects of lifestyle are not always within the control of learners, teaching and learning must focus on feasible options for learners in their given context, helping them to critically analyse causes and consequences, healthy vs. unhealthy risk-taking, and problem-solving in order to develop necessary agency and self-efficacy for addressing challenges and limitations. Linkage with other supports, protection, and services is critical.

Pillar 2: Disease prevention

Disease prevention content covers modes of transmission for a range of infectious diseases, and must address both communicable and non-communicable disease. The COVID-19 and H1N1 pandemics and recent Ebola epidemic have underscored the importance of infectious disease prevention and preparedness for schools. Effective handwashing is the most important infection prevention and control measure and must be a standard component of all school Water, Sanitation and Hygiene (WASH) interventions. Personal hygiene, respiratory hygiene, and cough etiquette should also be taught from an early age. However, with HIV, diarrhoeal disease, malaria, tuberculosis (TB), and lower respiratory infections among the leading causes of mortality and morbidity among adolescents and young people, health promotion should be especially responsive to these needs, with content based on country-specific profiles of disease burden. System investments to support epidemic preparedness of school communities and learners themselves should anticipate needs for educational continuity as well as protection which accompany the lost structure provided by school attendance. School WASH interventions also include MHM to ensure timely preparation and support for menstruation, which overlap with the need for information relevant to puberty and reproductive development covered in Pillar 4.[68]

Beyond infectious disease, non-communicable disease and environmental health are emerging priorities that require attention and are also evolving in terms of best practice for prevention. Environmental challenges contribute to both communicable and non-communicable diseases. Reducing exposure to chemicals and pollutants requires heath literacy, critical thinking, and problem-solving. These could be effectively and efficiently addressed in the context of healthy lifestyles, with tailored priorities based on local data. As environmental degradation is taking a harsh toll on the mental as well as physical health of young people,[69,70] content and messaging should remain hopeful yet practical with the aim of giving young people agency over the things they can control, and their collective ability to make a positive difference. Related content should be taught and/or reinforced with other areas of teaching and learning on environmental stewardship.

Disease prevention in schools should also consider evidence related to behavioural determinants in order to anticipate and reduce barriers while promoting enabling conditions. This requires coordination and support with the health sector to ensure consistency and mutual reinforcing of priority messaging. In addition, promotion of care-seeking with facilitated linkage to services where needed requires systems to be in place to support a whole-school approach and maximize promotion of prevention and screening practices common to school health (oral health, immunization, vision and hearing) from early primary level.

Pillar 3: Safe, inclusive, and non-violent learning environments for all

Ensuring schools are safe, health-promoting, and inclusive environments has several important dimensions, all of which require a whole-school approach as well as system supports to achieve the education aims for all learners. Providing a safe and inclusive learning environment for young people is essential to the provision of quality education and is underscored by the Convention Against Discrimination in Education (1960), which prohibits exclusion from educational opportunity based on a learner's differences. A number of global and regional movements have come together in recent years to support a more coordinated response to ending school-related violence with partnerships under the UN Girls' Education Initiative (UNGEI)[71], Safe to Learn coalition[72], Global SRGBV Working Group, Safe Schools Campaign[73], and the World Anti-Bullying Forum[74]. Further, both the AU Transforming Education in Africa and the Regional Coordination Group on Sustainable Development Goal (SDG) 4 in West and Central Africa (WCA) support the integration, implementation, and follow-up of SDG 4 in the region, in particular providing guidance on inclusion and school safety.[75] In addition, the SADC CSTL approach addresses the host of vulnerabilities faced by children and youth – vulnerabilities that would otherwise compromise their right to education.[76] Through its policy and planning framework, CSTL aims to ensure that every school in the SADC region recognizes its duty to provide transformational, quality, and inclusive education for every young person in the region so that they may become agents of sustainable development.

Priorities of particular relevance to be addressed by ministries of education and learning centres include school violence and bullying (including cyber-bullying), sexual harassment, coercion, all forms of GBV, and any discrimination or targeting based on cultural, religious, ethnic, disability or health status, gender, or any other differences. Addressing these requires actions beyond the classroom, mobilizing teachers (key actors in the frontline of prevention), school communities, and national level support to ensure education systems support schools that are safe for all learners both physically and emotionally, and that there are no contradictions, conflicting messages, or situations affecting learners' safety and health. This requires promotion of diversity and inclusion and elimination of stigma and discrimination affecting learners as well as educators. It can necessitate actions to ensure physical premises are both accessible and disability- and gender-sensitive.

Related teaching and learning should begin in early primary school, with age-appropriate content and activities aimed at developing an understanding and self-management of emotions, resolving conflict, and fostering mutual respect, empathy, and inclusivity. Learners must grow to understand that non-violent, supportive environments are tied into self-identity, and have the life skills and positive attitudes to value and respect the rights and perspective of others, while developing skills to assert their own rights. Gender analysis, critical thinking about gender norms (which are often tied to harassment, violence, and behaviours associated with bullying), and transformative positive actions by both boys/young men and girls/young women must be part or all of Pillar 3 activities. It is important to emphasize that boys/young men are equally affected, as they are often involved in not just perpetrating of acts of violence, but also being on the receiving end.

Schools should be safe and healthy havens for all students. Teachers must understand factors that have allowed normalization of discrimination and violence in the school environment, and facilitate effective prevention, acting as a first line of response.[77] Methods to be applied for whole-school approaches must engage young people in both the identification of needs for improvement as well as potential solutions in the school environment, and work with families and the wider school community where necessary to address issues arising in and around schools. Examples of teacher training programmes are available that aim to equip teachers with strategies for positive discipline and classroom management and help them examine their own values and experiences, address bullying, harassment, and discrimination, and respond effectively to incidents of violence.[78] School systems to facilitate access to supports and services must also be in place.

At each grade level, it is crucial to build the life skills and agency of young people to recognize potential safety threats, think critically, and identify both personal and collective actions they can take to be supportive of others and be agents of positive change.

Various resources exist to support curricular and other programme components to support planning and implementation of whole-school responses, including training and support for teachers. For example, the *INSPIRE: Seven strategies for ending violence against children* focuses on education and life skills, with the objective of increasing children's access to more effective, gender-equitable education, SEL, and life-skills training and ensuring that school environments are safe and enabling. Further, guidance for the education sector focuses on norms and values addressed through curricular and co-curricular approaches that include parents and the school community, with the aim of strengthening norms and values that support non-violent, respectful, nurturing, positive, and gender-equitable relationships for all children and adolescents.[79] Similarly, the Safe to Learn diagnostic tool supports systematic analysis with governments at national, regional, and local levels, focusing on law and policy, prevention response at school level, interventions to address social norms and behaviours, evidence building and utilization, and investment of resources.[80]

Pillar 4: Skills-based reproductive health education

Reproductive health education helps young people to acquire the necessary knowledge and agency for preventing EUPs, child marriage and other harmful practices, and HIV and other STIs while developing the critical thinking, decision-making, communication, and other life skills necessary for development as well as healthy decisions. By starting in the pre-adolescent years, young people learn about their bodies and learn to anticipate the physical, emotional, and social transitions of adolescence through puberty education and SEL. Laying a foundation focusing on personal values, self-respect, and respect for others must begin early, as must establishing concepts related to privacy, consent, bodily autonomy, delaying sexual debut, abstinence, and the skills and confidence to resist unwanted physical advances. As they mature towards young adulthood, adolescents' needs increase for information and skills to think critically about relationships and their own life goals, and agency to adopt protective practices if they are sexually active and seek services when needed. With that comes the need to recognize, avoid, and/or reduce their risks.

For older adolescents and young adults, this would include personal planning that helps them to consider their goals and personal situations and make commitments to themselves and in support of others. Addressing harmful gender norms is fundamental to the well-being of all young people and to their future relationships.

Various forms of skills-based reproductive health education have been taught in nearly all countries across the African continent for decades. Different terminology has been used to describe related work including Family Life Education (Senegal), Life Skills Education (Namibia, Malawi), and Sexuality Education (Uganda).

Many continental, regional, and country policy instruments and strategies call for the provision of content covered by this pillar. For instance, the 2016 African Union Roadmap calls on countries to scale up work related to this pillar, while ESA and WCA countries have been working collectively at sub-regional level to develop commitment and capacity to implement skills-based reproductive health education, building on international and domestic investments in development, implementation, and systems to support it. As such, many countries now have supportive policies, curricula, and/or frameworks, teacher training, and in some cases, lesson plans in place to guide implementation, in addition to multi-sectoral coordination structures to ensure implementation is supported across sectors and partners. Pillar 4 therefore advances these ongoing investments and provides the necessary structures and processes for broader EHW implementation.

It is important to note that applying a whole-school approach requires teaching and learning activities complemented by interventions that assure positive and supportive peer and adult relationships, facilitate linkages with health services, ensure the school environment is free from all forms of sexual harassment and coercion, and provide support for learners who may be affected by HIV, teen pregnancy, and early parenthood. Across all age levels, positive approaches to intergenerational learning and family communication can be promoted both through classroom and co-curricular activities and through engagement of guardians and the community, which is necessary as adults and caregivers often lack basic information themselves.

Cross-cutting priorities

Gender

Gender norms and dynamics affect outcomes for all young people, and girls in particular. A gendered lens should therefore be applied to all areas of EHW to understand the barriers and maximize enabling conditions for both girls and boys. Ability to make decisions about sex, access sufficient nutritious food, manage menstruation in the school environment, and seek care when needed are all influenced by gender norms and related beliefs. Targeted approaches for each of the four pillars are thus necessary to ensure more positive outcomes for girls, while creating mutual understanding and supportive conditions for boys, who often want to be more gender equitable but lack role models and/or social support. Understanding gender norms, gender dynamics, and stereotypes, including their origins and consequences, is central to this. Challenging young people to think critically about what they see and hear and identify positive actions they can take in their own lives, with peers, and as part of collective action for positive change can be incorporated into teaching and learning methods for each developmental level, including identifying and appreciating indigenous beliefs and practices that promote gender equality where possible.

Mental health

Mental health has been defined as *the positive state of being when a person thrives. In children and adolescents, it results from the interplay of physical, psychological, cognitive, emotional, social, and spiritual aspects that influence a child's and adolescent's ability to grow, learn, socialize, and develop to their full potential.* A related operational framework for mental health and psychosocial support calls for access to safe and nurturing environments and quality services that improve mental health and psychosocial well-being at home, school, and in the community.[81] Schools play an important role in the mental health of young people, offering a protective environment but also an environment with potential threats related to bullying and harassment, harsh discipline, and academic pressures. Stigma and isolation are also recognized as critical factors, often experienced by young people with special needs (for example those living with HIV or a disability). However, investments in whole-school approaches offer the opportunity to better equip teachers with knowledge and social/emotional competencies to ensure schools are supportive and inclusive learning environments and address these risk factors.[82]

SEL is another important body of work focusing on the education sector. It has been defined as *the process of acquiring the competencies, skills, and/or attitudes to recognize and manage emotions, develop caring and concern for others, establish positive relationships, make responsible decisions, and handle challenging situations.* SEL-related core life skills are fundamental to all EHW pillars and learner well-being. SEL has been used to boost academic achievement (literacy), prevent bullying, and increase conflict resolution and programme responses to trauma and other behavioural issues.[83] SEL has evolved to be an umbrella term encompassing non-cognitive development, character education, trauma-informed approaches, and 21st-century skills, and as demonstrated by a recent study in Burkina Faso, South Africa, Togo, and Uganda, which examined educator perceptions of the SEL skills necessary to help young people transition to the world of work, includes self-knowledge, self-control, empathy and compassion, valuing and accepting cultural diversity, interpersonal relationships, decision-making skills, and respect.[84]

Wellness and positive coping are also necessary across all pillars. Ensuring sufficient sleep, managing stress, establishing a balance of work and other activities, and positive social relationships with peers and adults are all essential to a healthy lifestyle and necessary for building resilience. Further, they are related to the strategies young people need for coping with adversity, conflict, and frustration, which are necessary for safe learning environments. Development of associated SEL competencies should begin in early primary school and continue throughout the learner lifecycle. Moreover, schools can proactively support adolescents to build confidence and self-esteem and develop strategies for self-care, management of responses to emotions, and for when and where to seek help for anxiety, depression, and anger. As with the school-based interventions that have been a programme staple emerging from orphans and vulnerable children (OVC) and paediatric HIV bodies of work to address the psychosocial support needs of children affected by AIDS, self-awareness, self-management, social awareness, relationship skills, and responsible decision-making are essential life skills that need to be cultivated from early primary school. Strengthening system and school support for guidance and counselling has also been identified as an important related priority, and, as a newer area for implementation, generating and sharing programmatic evidence will be essential to advance this cross-cutting priority.

Inclusivity – leaving no learners behind

Young people with disabilities, chronic illness (including HIV), and those among marginalized and often neglected populations have diverse and specific needs. Stigma, discrimination, and bullying are common, in addition to exclusion from basic education activities. Many of these needs can be addressed in the school environment, while others require more specialized support and require complementary intervention. Although country documents reviewed in preparation for this strategy revealed clear commitment to addressing the needs of young people with disabilities, as well as supportive policies, capacity at school level is often lacking. In mapping priorities for each pillar and school level, it will be essential to consider the needs of these vulnerable groups within teaching and learning activities, with tailored content for more common needs. Whole-school approaches offer the potential to mobilize the wider school community for creating a more inclusive and supportive environment and helping to overcome physical obstacles.

Youth agency and participation

Young people should be supported to actively engage within education systems and decision-making institutions. As such, teachers are called upon to provide dedicated support to learners to identify spaces for expression of their needs and build the skills they need to make informed and healthy decisions that lead to improved resilience. Young people are often positioned as passive in debates about their education and health, despite their demonstrated desire and capacity to participate in their own learning and safety. School management bodies must therefore establish systemic leadership structures to enable learners participation in school decision-making processes. It is also important to harness the safe use of technology for information access and sharing to enable young people to effectively participate in and gain agency for their learning and development. The education system thus has the responsibility to prepare every learner to be an agent of change, and to equip them with the agency they need to fulfil their civic responsibilities for securing sustainable development. Schools can build the agency of every child by providing them with transformational, quality, inclusive education.

Guiding principles

Guiding principles informing this strategy require it to be:

- **Evidence-based** with potential to improve outcomes for education as well as health and well-being of learners
- **Learner-centred, contextually relevant and culturally sensitive**
- **Based on human rights and values** of fairness, human dignity, equality for all.
- **Respectful of diverse traditional and modern belief systems**, building on indigenous knowledge and promoting intergenerational learning and communication within families
- **Gender-sensitive** emphasizing the importance of gender equality and social environment for achieving overall health and well-being of young people, and **transformative** for preparing them to think critically
- **Feasible for Ministries of Education** to incorporate into national curricula, with content and methods that are well-coordinated and harmonized across priorities, movements, and initiatives for *one cohesive health promotion framework.*
- **Supported by intersectoral collaboration and partnership** as a fundamental basis for planning, delivering, monitoring and accountability for quality EHW.

EHW results framework

Goal: Improved reproductive, mental, and physical health of (children and) young people contributing to achievement of education goals.

Illustrative indicators are included in **Annex 3a.**

Theory of Change: If countries deliver a unified package of health promotion that aims to develop health literacy, life skills, and agency with supportive learning environments using whole-school approaches, (children and) young people will be better able to make healthy decisions, adopt protective practices, and reduce risks, contributing to improved outcomes for education, health, and well-being and greater ability to fulfil their potential.

Expected results: By 2030, all AU member states will have scaled up provision of education for health and well-being to improve health literacy, life-skills, and agency of (children and) young people that demonstrates:

- Increased % of learners using positive health practices and services
- Improved knowledge, attitudes, and skills related to all EHW thematic priorities among learners
- % of schools meeting criteria for safe, inclusive, and health promoting learning environments
- % of schools demonstrating whole-school approaches are in place which support quality teaching and learning for EHW, parent and community engagement, safe physical and emotional environment, and effective linkage to services, including guidance and counselling
- Number of countries with cohesive curricular frameworks to guide health promotion addressing the four EHW pillars: i) Healthy lifestyles; ii) Disease prevention; iii) Safe and inclusive learning environments; and iv) Reproductive health education
- Number of countries with policies in place that prioritize education for health and well-being

Intermediate results

Result 1:	Result 2:	Result 3:	Result 4:
Commitment, leadership, and support for EHW across member states (enabling policy environment, costed plans)	**Capacity strengthened at AUC, REC, and country levels**	**Operational guidance, foundations, and systems in place to support EHW delivery across member states** (unified curricular approach, guidance, coordination)	**Monitoring/reporting, evidence-building, and learning to advance EHW**

Achieving results: Strategies and approaches

Result 1: Commitment, leadership, and support for EHW across member states

To ensure commitment, leadership, and supportive legislative and policy frameworks as well as adequate financing, the following strategies will be undertaken:

Initiate an AUC-, REC- and member state-led African champion approach to build leadership, commitment, and support for EHW

The AUC Specialized Technical Committee (STC) on Education, Science, Technology, and Innovation (ESTI) will lead inter-ministerial work with associated heads of state and education ministers to build a continental and national support for EHW, which will be taken forward by the education sector with joint leadership of health, youth, and gender stakeholders. Champion countries will be identified based on criteria aiming to affirm at least one country per region willing to pilot, host learning forums, and share experience related to EHW implementation. Champion countries will support joint implementation of the CESA and EHW strategy through coordination and information sharing on education sector response with the 10 Heads of State champions for CESA, as well as the relevant CESA clusters, in particular the Life Skills and Career Guidance Cluster and the EHW sub-cluster. RECs will also play a critical role by convening regional level meetings that aim to cultivate political leadership, a common vision, and commitment to operationalizing EHW. In addition, with the support of development partners, a continental education campaign will begin with coordinated inter-ministerial action at member state level to ensure understanding and support for EHW pillars and the advancing of the collective body of work.

Establish a strong foundation for country leadership with ownership across sectors

EHW will leverage the extensive foundations already in place from investments in comprehensive, safe learning environments and other areas of integrated school health across the region. Building on this experience, efforts will focus on establishing parliamentary leadership, supportive policies, partnerships for implementation and advocacy, and coordination across sectors and partners. It will be critical to affirm education sector leadership, with joint leadership from ministries of health and support from the youth (children) and gender ministries as national coordinating bodies for EHW. This will expand on the work with relevant parliamentary portfolio committees, enlist existing Technical Working Groups convening government, technical, development and academic partners, and strengthen the coordination systems already in place to support work from national to school levels.

Convene REC-level events to guide strategic country planning and policy development

REC-level events will aim to establish EHW as a cross-sectoral priority to ensure it receives the necessary technical and financial resources, endorsement, and advocacy from a range of stakeholders, as well as support for the development/adaptation of national policies in relation to EHW, including: 1) National integrated school health policies and strategies that reflect EHW pillars and whole-school approaches; and 2) Integration and/or mainstreaming of EHW priorities across other sector policies, thus ensuring linkages to health, social protection, and other supports and services. REC support will also aim to work across sectors and partners to develop national-level costed operational plans to advance EHW, with adequate resources allocated through domestic financing and supplemental support from private sector, development partners, and donors.

Scale up communication and advocacy for operationalization of the strategy through engagement of political, cultural, and religious leaders, parents, and teachers, as well as for mobilization of young people as central actors for an enabling environment for EHW

Effective communication campaigns and strategies at regional and national levels are central to ownership and mobilization of stakeholders for successful implementation of the EHW strategy. These should focus on creating awareness and building visibility of the EHW Strategy at national, sub-regional, and continental levels, which requires multiple communication channels, such as information, education, and communication (IEC) materials, digital and social media, and face-to-face engagement. Moreover, an effective communication strategy can play a role in mobilization of resources as well as support for the successful implementation of the strategy. It can also contribute to ensuring high-level commitment of stakeholders with clear institutional arrangements for its implementation.

At national level, the AUC, RECs, and member states are all well placed to promote policy dialogue within parliaments, councils of ministers, and STCs. Implementation should build on the platforms, resources, active engagement, and linkages of existing regional and continental networks, such as the Africa Network Campaign on Education for All (ANCEFA) and Forum for African Women Educationalists (FAWE), as well as other sub-regional networks that are positioned to support the strategy to achieve its objectives. UN agencies and development partners also have the potential to offer strategic, technical, and financial support for a cohesive approach to EHW through the education sector. Civil society organizations (CSOs) and development and academic partners can also support national stakeholders to develop essential communication and advocacy plans. These would ideally be based on local stakeholder mapping and guide key message development focused on the needs and experiences of young people, backed up by data and testimonials from young people themselves. In addition, supportive perspectives from parents and teachers are necessary, and intergenerational dialogue is fundamental to this, as well as active youth engagement at each level. Youth-serving civil society partners with participating networks of young people are well positioned to mobilize and support young people to engage with their communities, including cultural and religious leaders, parents, and teachers who are the main gatekeepers in the school community. Various forms of mass and social media can also be used to engage youth.

The AUC, RECs, member states, and CSO partners have a key role to play by acting together to institutionalize youth engagement by structuring the intergenerational dialogues within all consultative processes with policy-makers and religious and cultural leaders at national and local levels to ensure understanding of young people's needs and support for EHW priorities. Further, young people can be meaningfully represented and engaged in design, delivery, advocacy, and monitoring of activities for EHW. Inputs from diverse groups of young people, including girls, young people with disabilities, young people living in poorly-resourced communities, and out-of-school children can be organized through youth-serving and youth-led organizations, focus group discussions, and other participatory methods. In addition, child parliaments, youth-focused networks, school-level leadership structures, and youth-focused networks are models that have been successfully applied for national planning and advocacy.

Result 2: Strengthened capacity at AUC, REC, and country levels

This result aims to ensure that comprehensive EHW programmes are launched that expand infrastructure and learning and teaching facilities across the continent.

Strengthen institutional capacities of AUC/ESTI department to lead and support EHW with AU organs, RECs, member states, and strategic and other partners

Leadership and support from the AUC will be fundamental for success of this strategy, requiring an increase in human resources to enable the ESTI department to provide leadership and support for EHW, work with champion countries and development partners, and coordinate member state reporting. This should include AUC deployment of an EHW focal person to lead and coordinate strategy implementation. Identified priorities for consideration include a need to strengthen overall capacity for guidance and counselling to respond to needs related to EHW.

Launch REC-level initiatives to popularize EHW, promote implementation and reporting, sub-regional harmonization, and learning, and build on commitments in place

REC-level initiatives will aim to formulate policies in support of regional integration aligned with global, continental, and sub-regional education commitments; serve as AUC's counterpart to ensure continued awareness and political will by governments of the transformational role of EHW for socio-economic development; integrate continental EHW priorities within regional education programmes and initiatives and revise/expand monitoring and reporting frameworks to include EHW; support and facilitate intra-African and regional cooperation in the field of education and training in relation to EHW; regularly report to AUC on sub-regional EHW Strategy implementation progress and related sub-regional and national policies; and convene sub-regional communities of practice with ministries of education, teachers, and technical institutions to identify and share good practices.

Expand teacher training and support opportunities through investments in pre- and in-service training and expansion of promising EHW models

To ensure effective delivery of EHW teaching and learning, three priorities have been identified: 1) Review relevant existing pre- and in-service teacher training approaches and programmes within the region to incorporate EHW themes into in-person, virtual, and blended models; 2) Expand access to training opportunities for teachers as well as orientation for school administrators at regional to school levels to ensure support for teachers, learners, and whole-school approaches; and 3) Identify promising models for teacher support during and after training to prepare and support them with difficult issues their learners or they themselves may have experienced.

Professional capacity-building for school counsellors to enhance coordinated, comprehensive guidance and counselling services

As guidance and counselling is fundamental for EHW, a systematic approach for its inclusion will be necessary, beginning with an assessment to review capacity of guidance and counselling systems to address learners and teachers with EHW support needs. Based on this, strengthening of guidance and counselling in national EWH plans can be undertaken and REC and development partner level actions to support them can be put in place. Tailored approaches will also need to be developed and integrated to strengthen capacity for psychosocial support aligned with SEL for guidance and counselling personnel as well as educators, and priority areas for related research and learning must be identified.

Leverage ICT investments to improve access to EHW information, support, and teacher training

Current use of information and communication technology (ICT) in related work will need to be reviewed to support expanded use of virtual technologies for providing teacher training and EHW-related information to young people, as well as virtual support for both, in line with the ESTI's aspirations to transform the education sector with innovative education and training ecosystems. To achieve education outcomes at scale, member states must invest in ICT infrastructure, creating tailored and relevant content for adolescents and young people, leveraging the use of social media platforms, and introducing affordable learning devices and a stronger Virtual Learning Management System (VLMS).

Result 3: Operational guidance, foundations, and systems in place to support EHW delivery across member states

Achieving this result will require coordinated efforts by technical stakeholders with support from development and implementing partners to ensure guidance is in place for a cohesive and feasible approach that can be tailored for country contexts.

Build greater cohesion across priority movements working toward health promotion in learning institutions through technical consultation and coordinated support for more unified EHW

Acknowledging that guidance and support for various movements and initiatives related to health and well-being priorities can sometimes be siloed and fragmented, leadership and coordination for more cohesive work must be generated at all levels. Technical consultation and coordination between CESA sub-clusters (life skills and EHW) is necessary to ensure harmonization and coordination in curricular inputs and school-based activities, as is collaboration with the nutritional sub-cluster to ensure strong health promotion and alignment with the AU's HGSF programming. Generating support for strengthened guidance and counselling to respond to school-level coordination and support needs for EHW should begin within the ESTI cluster and sub-clusters.

Develop regional guidance to support a unified curricular approach, harmonizing life skills requisite for health promotion with other related life skills education

Further mapping of the core topics and life skills by age group will need to be done to promote and operationalize a unified curricular approach for one school health-promotion framework. This should be based on the four thematic pillars, with developmentally appropriate, contextually relevant content to develop the health literacy, life skills, and agency necessary for the health and well-being of young people (or learners) at primary, secondary, and tertiary levels of education. Country support will be necessary to develop tailored operational guidance to support work in between curricula revision cycles. Planning should include short-, medium-, and long-term strategies for curricular and co-curricular activities, anticipating that curriculum cycles may take time to align.

Adapt and adopt minimum standards to guide country assessments, quality assurance, and periodic monitoring

To ensure consistency and quality, minimum standards will be compiled to guide national system and school and classroom level activities, based on existing standards and guidelines where possible. The aim will be to establish a set of standards that can be tailored for country assessments and periodic monitoring based on globally and/or regionally endorsed documents. Standards should address both the content and the delivery of EHW and school as well as system requirements for operational elements related to EHW, including policies and procedures for support, service, and protection of learners. Quality assurance mechanisms will evolve throughout this strategy cycle, beginning with a review and the aim for harmonization wherever possible. Within each REC and/or champion country, technical centres of excellence on EHW will be identified to serve as learning centres. Many sources of standards exist that can be adapted to guide standards development for EHW. However, some newer areas will require development and piloting. Annex 4 provides recommended parameters for development of EHW standards, as well as an overview of existing resource materials to support this process.

Strengthen coordination mechanisms across sectors, engaging implementing partners at national, regional, and local levels to ensure system support for whole-school approaches

Existing foundations and experience across the RECs and member states with school health and nutrition will need to be reviewed and expanded for strong coordination and support. This should include examining formally established structures and memoranda of understanding formalizing joint leadership and collaboration at national, regional, and local levels in order to ensure support for whole-school approaches. At country level, it will be necessary to map, assess, and build on existing coordination structures and mechanisms to include regular planning, coordination, monitoring, and reporting across government and civil society, development, and private sector partners to ensure operational mechanisms for referrals and other processes, co-curricular activities, and parent and community engagement are in place.

Result 4: Monitoring/ reporting, evidence-building, and learning to advance EHW

This result encompasses several priorities that are critical for the success of the EHW Strategy, including 1) development of monitoring and reporting systems to track progress and ensure accountability; 2) systems to assure quality; and 3) generation of evidence and dissemination of learning to enable EHW to evolve to meet learner needs.

Establish a monitoring mechanism within the STC for ESTI by 2022, leveraging pre-existing education sector and human rights normative frameworks and coordination mechanisms (CESA 16-25)

The monitoring mechanism for EHW must leverage the existing mechanisms in place, building on the foundations laid out in the Science, Technology and Innovation Strategy for Africa (STISA 2024). This will require effort within the AUC and NEPAD to incorporate formal monitoring and accountability activities within the CESA monitoring and evaluation platform (CESA-MERP) which enables the streamlining of coordination and reporting across clusters. The African Peer Review Mechanism (APRM) applies an instrument with mutually agreed objectives that are voluntarily acceded to by member states as a self-monitoring mechanism. The mechanism can be utilized by member states to review their progress and challenges, share experiences across members states, and support each other to advance this work. Progress should be reported within the Report on Annual Continental Activities (RACA), which was adopted as a mechanism to assess and report on the CESA by the sub-clusters.

Develop and launch a monitoring framework and guidance for tracking EHW progress and outcomes by 2023

An early priority for this work is to develop and agree on a comprehensive monitoring and accountability plan for EHW. As it will take time to do this, the initial AUC focus should determine how many countries are incorporating EHW priorities for health promotion into their national curricula, and how many have guidance in place to support implementation in the interim period for those between curriculum revision cycles.

The comprehensive monitoring and accountability plan will require data from a combination of sources used across Africa to measure SDG thematic indicator 4.7.2, which measures the percentage of schools that provided life skills-based HIV reproductive health education within the previous academic year in the formal curriculum and/or extra-curricular activities, noting that many countries have modified the language to fit nomenclature used in their setting. Sources used regularly and/or at periodic intervals for targeted assessments that relate to the four pillars include:

- Annual school census and EMIS
- School-based surveys, to be used by member states where resources are available
  - Global School Health Policies and Practices Survey (G-SHPPS)
  - Global School-based Student Health Survey (GSHS)
  - Health Behaviour in School-Aged Children (HBSC)
- National-level surveys
  - Systems Approach for Better Education Results (SABER) applied by the World Bank
  - UNESCO Institute for Statistics (UIS) Annual Survey of Formal Education (ASFE)
- Other global data sources and tools useful for EHW are underway, including current work led by the International School Health Network (ISHN)

Relevant indicators from existing bodies of work can be used to inform the monitoring framework (see Annex 3a for examples of impact indicators).

Develop a standards-based monitoring tool and pilot in two to three countries by 2024

The core standards established for the four pillars and EHW approach is described in Result 2. A standards-based monitoring tool will be developed to guide country adaptation for EHW development, delivery, and quality assurance. This will build on the standards and evolving systems defined for health-promoting schools, bringing in elements of those used for Safe Learning Environments and potentially structured using the approach of the Sexuality Education Review and Assessment Tool (SERAT). The tool can be piloted at learning sites across the RECs, potentially in champion country settings.

Conduct country-level EHW baseline assessments by 2025

Once the learning from pilots is shared within the RECs, the piloted standards-based monitoring tool can then be applied for national assessments, recognizing the need to coordinate with related assessments underway for health-promoting schools, school health and nutrition, and other related initiatives.

Establish EHW communities of practice within RECs with virtual mechanisms for exchanging promising practice and setting a coordinated learning agenda at sub-regional level

Each REC will establish a virtual community of practice for EHW to enable low-cost opportunities for coordinated evidence-building and knowledge-sharing. This will convene national stakeholders, development, implementing, and academic partners, and other experts to support the process. Each REC will develop a coordinated learning agenda to review promising practice, identify gaps, and set priorities for dissemination, further documentation, and new evidence-building. This may involve piloting and establishing proof of concept for new areas of implementation (such as effective approaches for SEL or innovative approaches for teacher support). Recognizing the wealth of experience among CSOs serving young people and the critical role that young people themselves must play, an early priority for this work will be to include virtual fora within the RECs to review effective practices for building support for EHW, including intergenerational dialogues (with parents and religious, traditional, and political leaders), youth-led evidence-building, and social accountability methods.

Implementation: Roles and responsibilities

The successful implementation of the EHW Strategy requires the recognition of roles and responsibilities to be played at continental, regional, and national levels by all stakeholders and actors.

Stakeholder level	Responsibilities for implementation of Results 1-4
AUC	• Engage with NEPAD to strengthen accountability mechanism for education sector • Facilitate identification of champion countries for EHW for each sub-region and support linkages with the CESA 16-25 10 heads of state champions • Disseminate EHW Strategy in collaboration with REC secretariats • Identify and appoint EHW focal points within ESTI departments to oversee CESA 16-25 and EHW Strategy implementation • Support a continental campaign for EHW • Advocate for and support implementation of EHW • Oversee CESA technical cluster and sub-cluster implementation of EHW Strategy • Play a normative role, advocating for and providing technical support for assessing implementing, monitoring, evaluating, and reporting on EHW Strategy through the STC of ESTI • Create platforms for Permanent Representatives Committee (PRC) engagement and sharing of good practice at AU level
RECs	• Facilitate regional harmonization of regulatory and implementation standards for EHW • Establish EHW communities of practice led by champion countries in the region • Translate EHW results into sub regional-specific indicators and priorities for reporting to AUC-ESTI department • Provide support to member states to ensure EHW planning contributes to achieving CESA goals • Convene sub-regional thematic networking forums with ministries of education to share experiences and complementarities on EHW implementation in partner/member states
Member states	• Increase domestic financing and allocation for EHW-related pillars in line with international commitments • Assess efficiency of education spending within public finance management systems • Invest in EMIS, teacher training, and strengthening of guidance and counselling • Ensure leadership and governance to optimize evidence-informed decision-making and leverage data to report on regional and global education indicators • Invest in data quality assurance for education assessment mechanisms linked to SDG reporting on targets • Develop national plans responsive to country priorities and in support of EHW pillars • Establish lead ministry to facilitate inter-ministerial coordination with relevant ministries including health, gender, youth and environment management • Develop and institutionalize processes that facilitate national dialogue among all stakeholders to respond to EHW results and outcomes at national level
International development partners	• Contribute technical assistance and financial investments in support of EHW • Support development of national strategy, guidance, and teaching and learning materials with harmonized EHW and Life Skills Education content and approaches • Support capacity development and development of operational guidance • Align financial and technical assistance and cooperation plans with national and regional needs and priorities for implementation of the EHW Strategy • Support national level leadership through ministries of education to generate support for EHW • Technical support for infrastructural and technological resources through co-financing strategies to improve education sector performance in member states

Stakeholder level	Responsibilities for implementation of Results 1-4
Civil society and private sector partners	• Mobilize youth networks to ensure youth voice, intergenerational dialogues, and other actions in support of EHW • Support co-curricular and community- and youth-led EHW interventions in coordination and linkages with relevant government ministries • Develop IEC materials for dissemination of EHW operational guidance for local contexts • Contribute to documenting learner, parent, and teacher perspectives and assessing outcomes • Share experience and learning at member state and REC levels • Contribute private sector finances for ICT infrastructure development and technological innovation in national level education systems
Academic and higher education partners	• Support development of pre- and in-service teacher training materials on EHW-related topics, particularly at tertiary levels • Generate evidence on EHW implementation to inform curriculum reform and teacher learning practices • Support research and knowledge management through creation of learning platforms for educationists • Influence indigenous knowledge production and coordination across the continent on generating and disseminating evidence • Prioritize and support youth-led research and create child- and youth-friendly materials in support of EHW for young people

Conclusion

The EHW strategy represents an opportunity to build a more cohesive approach to health promotion that strengthens priorities and builds on policies and commitments already in place across member states. The ultimate aim of this is to advance a collective approach that meets the needs of learners and is feasible for delivery through the education sector.

Education leadership and ownership are critical for this work to succeed. However, it requires a strong coalition of all stakeholders supporting education at the national, regional, and continental levels to ensure the best conditions for success. The voice of young people should be central in this to ensure their needs are understood and not overlooked. There is ample work underway on which to build for this work to succeed, with financing by member states and technical and financial support from development partners. While the RECs are already convening and supporting related activities to advance this work within their sub-regions, there is a need to develop a focused learning agenda to ensure this work continues to build on both evidence and experience for good practice and systematic learning for newer areas of implementation.

As the four pillars for EHW are interconnected, by taking an incremental approach to teaching and learning, learners have the potential to gain the depth and breadth of health literacy, life-skills, and the agency necessary to transition to adulthood better able to fulfil their potential.

The strategies defined here provide a blueprint that will guide investments at continental, REC, and member state levels to ensure strong health promotion with whole school approaches, supported by strengthened systems that enable supports to learners. Of critical importance is the need to ensure that teachers are equipped to deliver EHW, recognize and respond to their own EHW needs, and are provided with necessary system support and an enabling school environment.

Developing young people's agency for better health and well-being requires transformation: it requires health literacy that endures as new needs evolve, positive attitudes and practices, critical thinking, and life skills to overcome barriers that have excluded generations from participating in their own learning and self-determination. Through the active engagement of young people, they have the potential to become participants and leaders in democratic societies that make their communities safer and their families heathier. The education system therefore has a pivotal role to play in developing young people's agency in the service of better health and well-being, improved education outcomes, and fulfilment of their potential. This requires a continuum of co-educators from whom children learn (including their caregivers, teachers, religious and traditional leaders, the media, their peers, and healthcare providers) and ensuring that together, they provide a quality, transformative education, safe and enabling opportunities to apply the learned knowledge, and wide recognition of their responsibility to act on the knowledge to overcome EHW-related challenges.

Next steps

To move this work forward effectively, the following have been identified as the most urgent actions. Some or all of these will require inputs or review by stakeholders focused on health promotion, disease prevention, safe and inclusive learning environments, and reproductive health:

1. Development of a monitoring and evaluation (M&E) framework. This should cover goal, strategic objective, and results level outcomes, and plan for collection and reporting for each included indicator.

2. Development of a scope-and-sequence document to guide curriculum inputs over the learner years covered by this strategy, further detailing all pillars and cross-cutting themes. This would entail a mapping of topics by age grouping to guide age-appropriate, incremental teaching and learning content that member states can adapt for their specific context, supported by RECs and development partners as needed.

3. Development of REC-level action plans for supporting countries to undertake planning, monitoring, and shared learning. The REC role as well as virtual and in-person convening platforms will provide the opportunity to efficiently operationalize and advance EHW, building on related work to date.

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Annexes

Annex 1: Alignment and contribution to CESA mission and strategic objectives

AU vision: The African Union envisions a *"peaceful and prosperous Africa, integrated, led by its own citizens and occupying the place it deserves in the global community and in the knowledge economy."*

CESA mission: The CESA 16-25 mission in support of this vision is *"Reorienting Africa's education and training systems to meet the knowledge, competencies, skills, innovation and creativity required to nurture African core values and promote sustainable development at the national, sub-regional and continental levels."*

This **AU Strategy for Education for Health and Well-being** is meant to provide overall direction for accelerated progress toward meeting the needs of young people by addressing the health and wellness needs of African learners, providing adolescents and young people with the knowledge, skills, and agency to lead safe, healthy, and productive lives and transition into healthy adults who can contribute productively to the economy.

Contribution to CESA objectives: The overall goal of the EHW Strategy is improved reproductive, mental, and physical health of (children and) young people contributing to achievement of education goals. It specifically aims to promote the positive development and improved health and well-being of Africa's young people through elimination of health and wellness barriers to education (EUP, HIV, GBV, substance use, poor nutrition). The development of this strategy falls under the mandate of the **Career Guidance and Life Skills 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 strategy is in alignment with the work plans of the EHW sub-cluster and aims to contribute to the CESA strategic objectives depicted below.

EHW contribution to CESA 2016-2025 strategic objectives:

Strategic objective 2: Promote policies that address barriers to health and well-being, which are also barriers to learning, to ensure a "healthy and conductive learning environment in all sub-sectors and for all, so as to expand access to quality education."

Strategic objective 4: Ensure acquisition of requisite knowledge and skills needed to avoid health and wellness barriers that lead to dropout, such as early and unintended pregnancy, and contribute to improved completion rates and development of life skills valuable for affirming inclusivity for all young people.

Strategic objective 5: Develop knowledge, attitudes, and life skills necessary to understand and challenge gender inequality and related norms affecting the ability of young people to fulfill their potential.

Strategic objective 9: Focus on learners at tertiary level to address their needs for health and well-being while preparing cadres of future educators to better understand, support, and deliver education for health and well-being.

Strategic objective 10: Promote and provide education for conflict prevention and resolution, violence prevention, and safer learning environments for all levels of learners reached by EHW.

Strategic objectives 11 and 12: Build on and contribute to system strengthening for monitoring data, and cross-sectoral coordination to support delivery of EHW and whole-school approaches.

Annex 2: Education for health and well-being pillars and thematic priorities

Pillar 1: Promoting Healthy Lifestyle	Pillar 2: Disease prevention	Pillar 3: Safe, inclusive, and non-violent learning environments for all	Pillar 4: Skills-based reproductive health education
1. Nutrition, healthy eating and drinking 2. Physical activity and sports 3. Sleeping and wellness activities 4. Positive coping and adversity 5. Alcohol and other substance use; addiction 6. Lifestyle and NCDs 7. Accident prevention	1. WASH (including MHM) 2. Communicable disease prevention 3. Malaria, TB, and other infections 4. Epidemic and outbreak preparedness 5. Environmental health 6. Oral health, immunization; screening for vision and hearing 7. Seeking help and addressing treatment and care needs	1. Physical and emotional safety and inclusivity in the learning environment 2. Stigma and discrimination 3. Forms of violence (physical, sexual, gender-based, emotional, bullying, harassment, misuse of power) 4. Responding to violence, abuse, and mistreatment 5. Positive action for safer, non-violent, and inclusive environments (personal, peer, and collective action) 6. Digital literacy (safe use of ICT)	1. Relationships 2. Values, rights, and culture 3. Understanding gender 4. Skills for healthy relationships 5. The human body, development, and puberty 6. Safe behaviour 7. Consent, privacy, bodily autonomy 8. SRH (pregnancy, HIV, STIs, cervical cancer, other)
Cross-cutting priorities for positive development[85]			
Life skills for EHW: 1. Personal values – understanding own, respecting others; factors that influence values (culture, social norms) and their impact on health and well-being 2. Critical thinking related to norms, social media, and peer influence 3. Navigating risk – positive and negative risks, decision-making, coping with peer pressure 4. Communication, refusal, and negotiation skills 5. Finding help and support, guidance and counselling			
Social/emotional competencies: Self-awareness and self-management, social awareness and relationship skills, responsible decision-making[86]; mental health: positive and negative coping strategies			
Understanding gender and gender dynamics: Social construction of gender, gender roles, and norms; gender stereotypes, power dynamics in relationships, gender equality and bias; gender-based violence			
Leaving no one behind – Understanding, accepting, including young people with disabilities, living with HIV or other chronic illness, among key populations, and other marginalized groups			

Annex 3: Results framework

Goal: Improved reproductive, mental, and physical health of (children and) young people contributing to achievement of education goals.

Theory of Change: If countries deliver a unified package of health promotion that aims to develop health literacy, life skills, and agency with supportive learning environments using whole-school approaches, (children and) young people will be better able to make healthy decisions, adopt protective practices, and reduce risks, contributing to improved outcomes for education, health, and well-being and greater ability to fulfil their potential.

Expected results: By 2030, all AU member states will have scaled up provision of education for health and well-being to improve health literacy, life-skills, and agency of (children and) young people that demonstrates:

- Increased % of learners using positive health practices and services
- Improved knowledge, attitudes, and skills related to all EHW thematic priorities among learners
- % of schools meeting criteria for safe, inclusive, and health promoting learning environments
- % of schools demonstrating whole-school approaches are in place which support quality teaching and learning for EHW, parent and community engagement, safe physical and emotional environment, and effective linkage to services, including guidance and counselling
- Number of countries with cohesive curricular frameworks to guide health promotion addressing the four EHW pillars: i) Healthy lifestyles; ii) Disease prevention; iii) Safe and inclusive learning environments; and iv) Reproductive health education
- Number of countries with policies in place that prioritize education for health and well-being

Intermediate results and strategies

Result 1: Commitment, leadership, and support for EHW across member states

- Initiate an AUC-, REC- and member state-led African champion approach to build leadership, commitment, and support for EHW
- Establish a strong foundation for country leadership with ownership across sectors
- Convene REC-level events to guide strategic country planning and policy development: 1) National integrated school health policies and strategies that reflect EHW pillars and whole-school approaches; 2) integration and/or mainstreaming of EHW priorities across other sector policies to ensure linkages and adequate resources
- Scale up communication and advocacy processes, engaging political, cultural, and religious leaders, parents, and teachers and mobilizing young people as central actors for an enabling environment for EHW

Result 2: Capacity strengthened at AUC, REC, and country levels

- Strengthen institutional capacities of AUC/ESTI department to lead and support EHW with AU organs, RECs, member states, and strategic and other partners
- Launch REC-level initiatives to popularize EHW, promote implementation and reporting, sub-regional harmonization, and learning, and build on commitments in place
- Expand teacher training and support opportunities through investments in pre- and in-service training and expansion of promising EHW models
- Professional capacity-building for school counsellors to enhance coordinated, comprehensive guidance and counselling services
- Leverage ICT investments to improve access to EHW information, support, and teacher training

Result 3: Operational guidance, foundations, and systems in place to support EHW delivery across member states

- Build greater cohesion across priority movements working toward health promotion in learning institutions through technical consultation and coordinated support for more unified EHW
- Develop regional guidance to support a unified curricular approach, harmonizing life skills requisite for health promotion with other related life skills education
- Adapt/adopt minimum standards to guide country assessments, quality assurance, and periodic monitoring
- Strengthen coordination mechanisms across sectors, engaging implementing partners at national, regional, and local levels to ensure system support for whole-school approaches

Result 4: Monitoring/ reporting, evidence-building, and learning to advance EHW

- Establish a monitoring mechanism within the STC for ESTI by 2022, leveraging pre-existing education sector and human rights normative frameworks and coordination mechanisms (CESA 16-25)
- Develop and launch a monitoring framework and guidance for tracking EHW progress and outcomes by 2023
- Develop a standards-based monitoring tool and pilot in two to three countries by 2024
- Conduct country-level EHW baseline assessments by 2025
- Establish EHW communities of practice within RECs with virtual mechanisms for exchanging promising practice and setting a coordinated learning agenda at sub-regional level

Annex 3a: Illustrative impact-level indicators

The following are suggested examples for goal-level indicators, noting that given the overlapping nature of the pillars, the outcomes will relate to more than one.

Pillar	Example impact-level indicators	Source(s)
Pillar 1: Promoting healthy lifestyles	• Decreased prevalence of micronutrient deficiencies (e.g. anaemia) • Decreased percentage of students aged 13-15 years who have ever tried cannabis	FRESH thematic indicators (1, 2)
Pillar 2: Disease prevention	• Reduced percentage of children infected with malaria parasitaemia • Reduced percentage of school-age children attending school with diarrhoeal disease	FRESH thematic indicators (1, 2, 3)
Pillar 3: Safe, inclusive, and non-violent learning environments for all	• Reduced percentage of students who have been in a physical attack during the past 12 months • Reduced percentage of students who were bullied during the past 30 days • Reduced percentage of young women and men aged 18-29 years who experienced sexual violence before 18 years of age	FRESH thematic indicators (1, 2) INSPIRE core indicators (3)
Pillar 4: Skills-based reproductive health education	• Reduced number of new cases of reported STIs (syndromic or etiological reporting) among adolescents (10-19 years) in a specified time period • Reduced number of new adolescent (10-19 years) HIV infections per 1,000 uninfected adolescent population • Reduced prevalence of ECFM	Global Action for Measurement of Adolescent Health (GAMA) Advisory Group (1, 2) WCA Commitment Theory of Change (3)

Annex 4: Recommended parameters and sources for standards

Level	Recommended parameters for standards
National and system support	Policies: School health policies prioritize EHW; thematic priorities are addressed in other sector policies
	Leadership: Parliamentary, ministerial, technical, champions
	Costed operational plans prioritizing EHW, with resources allocated and/or plans for allocation and/or mobilization
	Coordination structures and processes are in place, including across relevant sectors at national level (Education, Health, Youth, Gender)
	Curricula have incorporated all EHW priorities (and/or have teaching guidelines in place if between curriculum revision cycles)
	EHW is mandated for inclusion in primary, middle, secondary, tertiary, vocational, and non-formal education
	Existence of up-to-date teaching and learning materials covering EHW priorities
	Teacher training opportunities exist – pre- and in-service
	Training in place to prepare guidance and counselling staff for complementary roles
	Partnerships to deliver complementary co-curricular interventions established
	Systems in place to ensure referrals and linkages for referrals and supports to health, protection, social protection, and other structural interventions
	National guidelines exist to inform operational guidelines for schools (e.g. policies, protocols, referral and reporting mechanisms, confidentiality)
	Young people are included as partners and key stakeholders in the design, delivery, and advocacy for EHW
Whole-school approach	Curricular and/or co-curricular activities delivered in supportive classroom environments
	School facilities and surrounding environments are physically and emotionally safe and health promoting
	Processes in place to engage parents/guardians and school communities
	Access to school health services and linkage to other related care
EHW delivery	Consistency of delivery on all thematic priorities
	Core content covered in every school
	Pedagogical methods used to support skill-building; develop critical thinking, empathy, and other life skills; and promote learner agency
	Teachers confident in their ability to deliver quality EHW lessons and feel adequately trained and supported when related challenges arise
	Learners perceive lessons as relevant and useful and feel comfortable and supported

Resources for standards related to pillar contents	
Pillar content	
RHE	1. International Technical Guidance on Sexuality Education (ITGSE) 2. Reproductive Health Education Review and Assessment Tool (SERAT), UNESCO 3. Inside and Out Assessment Tool, IPPF 4. Measuring the Education Sector Response to HIV and AIDS: Guidelines for the Construction and Use of Core Indicators, UNESCO
Ending violence	1. Whole-school Approach to Prevent and Respond to School-Related Gender-Based Violence: Minimum Standards and Monitoring Framework, UNGEI 2. NSPIRE Indicator Guidance and Results Framework - Ending Violence Against Children: How to define and measure change, UNICEF 3. Safe to Learn: The Safe to Learn Diagnostic Tool and Global Programmatic Framework and Benchmarking Tool, Safe to Learn
Nutrition	1. Guidelines for the Design and Implementation of Home-Grown School Feeding Programmes in Africa | AUDA-NEPAD 2. Systems Approach for Better Education Results (SABER), World Bank
Substance use	1. Good Policy and Practice in Health Education: Education sector response to the use of alcohol, tobacco and drugs, UNESCO (*Adapt guidelines as standards)*
Disease prevention	1. Core Questions and Indicators for Monitoring WASH in Schools in the Sustainable Development Goals, WHO, JMP, UNICEF 2. Monitoring and Evaluation Guidance for School Health Programs Eight Core Indicators to Support FRESH (Focusing Resources on Effective School Health) & Thematic Indicators, 3. School Health Thematic Ladders: Guidance for the Well-being & Physical Protection of School-age Children, Save The Children
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Sources for standards related to whole-school approaches	
Health-promoting schools	1. Making Every School a Health-Promoting School – Global standards and indicators, WHO 2. Monitoring, Evaluation and Reporting Framework of the Care and Support for Teaching and Learning (CSTL), Southern African Development Community (SADC) Initiative

Annex 5: Glossary

Adolescence is a critical time encompassing several periods of transition from childhood to young adulthood. It is experienced as physical, social, and emotional changes over a number of years, as young people become active agents in their own development, health, and well-being. While expectations for them to function as young adults may begin at the end of their teen years, their biological, cognitive, psychosocial, and emotional development continues through their early 20s, shaped by social as well as biological processes.

Adolescents and young people. With adolescents defined as those aged 10-19 years, and youth as those aged 15-24 years, taken together (ages 10-24) they are referred to as **young people**.[87] The terms used in this strategy apply these age definitions accordingly.

Agency refers to a person's perception of the control they have over their own lives, their decisions, actions and, therefore, their consequences. An empowered young person will feel they have the ability to create and influence aspects of their lives. Self-confidence, self-determination, and self-efficacy are related concepts.

Community of Practice refers to a group of people who share knowledge, data, and experience with the aim of improving collective action toward a common goal, focused on a common priority set of needs or problems they are trying to address. This often involves virtual as well as face-to-face fora, as well as web-based collaborative activities, and can involve sharing promising practice, generating and sharing new knowledge and evidence, as well as related capacity strengthening.

Demographic dividend has been defined as a benefit that can result from declines in both fertility and death rates (thus enabling a large proportion of a country's population to be working-age) and from effective investments in health, empowerment, education, and employment through public action and the private sector.[88]

Health is defined by the WHO as a "state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" and sets out that the "enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition."[89]

Health Literacy is the degree to which a person has the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.[90]

Health promotion is the process of enabling people to increase control over and to improve their health.[91] It encompasses actions that promote wellness, disease prevention, care seeking, and self-care. Beyond health education, health promotion requires personal skill development and a range of social and environmental interventions.

Health-promoting schools consistently[92] strengthen their capacity as a safe and healthy setting for teaching, learning, and working, and meet global standards and indicators that are applicable for whole-school approaches and supportive health systems.

Key populations are defined by UNAIDS as population groups who are particularly vulnerable to HIV.

Life skills refers to behavioural, cognitive, and interpersonal abilities that are necessary for successful participation in everyday life. Those most relevant to education for health and well-being include communication and interpersonal skills, decision-making and problem-solving, creative and critical thinking, awareness of self and others, assertiveness and self-control, and resilience and ability to cope with problems.

Life Skills Education for EHW encompasses a structured programme of participatory learning aimed at increasing positive and adaptive behaviour by assisting individuals to develop and practice skills necessary for healthy relationships, minimizing risk, and maximizing protective factors.

Mental health and psychosocial well-being are defined as the positive state of being when a person thrives. "In children and adolescents, it results from the interplay of physical, psychological, cognitive, emotional, social, and spiritual aspects that influence a child's and adolescent's ability to grow, learn, socialize, and develop to their full potential."[93]

Reproductive health education addresses the knowledge, life skills, and agency that young people need to understand their growth and development, plan for healthy and safe relationships, and protect themselves from unintended pregnancy, STIs (including HIV), and unwanted, coercive, or violent sexual activity.

Social and emotional learning is defined as the process of acquiring the competencies, skills, and/or attitudes to recognize and manage emotions, develop caring and concern for others, establish positive relationships, make responsible decisions, and handle challenging situations.[94]
Well-being for adolescents has been defined as having "the support, confidence, and resources to thrive in the context of secure and healthy relationships, realizing their full potential and rights."[95] Five interrelated domains affecting the well-being of young people have been defined: good health and nutrition; connectedness, positive values, and contribution to society; safety and a supportive environment; learning, competence, education, skills, and employability; and agency and resilience.[96]

Whole-school approach includes structured and effective teaching and learning activities, actions to ensure a safe, inclusive, and health-promoting school environment, linkage with services and supports, and engagement of parents and the broader school community.

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