



International
Labour
Office

MAINSTREAMING HIV AND AIDS IN YOUTH EMPLOYMENT



Mainstreaming HIV and AIDS in youth employment

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Mainstreaming HIV and AIDS in youth employment

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Foreword

This publication aims to support governments, employers', and workers' organizations as well as other stakeholder in addressing HIV and AIDS among young people and combatting discrimination and stigmatization of young workers affected by the HIV epidemic. This work is based on the ILO HIV and AIDS Recommendation, 2010 (No. 200) and the ILO Code of practice on HIV and AIDS and the World of Work, as well as other international labour standards relevant to the work of young people as enlisted in the Resolution "The youth employment crisis: A call for action," adopted by the International Labour Conference in June 2012.

Around 5.4 million young women and men are living with HIV in the world today. Young people living with HIV may face multiple labour market disadvantages and discrimination in employment and occupation. Schools and labour market institutions play a key

role in raising awareness among young people about their rights at work and the procedures they can use to fight discrimination on any ground. Employment programmes for young people should provide information on equal treatment and rights at work, as well as on how to prevent HIV infection.

The aim of this publication is to disseminate information on how to address the above-mentioned issues and mainstream HIV and AIDS in youth employment interventions. It includes guidelines and concrete examples that can be used by actors working on HIV and AIDS as well as youth employment initiatives. We hope this information resource will be useful in preventing HIV and AIDS among young workers and ensuring that young persons living with HIV do not face discrimination in employment and occupation.

Ms. Alice Ouedraogo

Chief
HIV/AIDS and the World of Work Branch (ILOAIDS)
Conditions of Work and Equality Department
ILO Geneva

Mr. Gianni Rosas

Chief
Youth Employment Programme
Employment Policy Department
ILO Geneva

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List of acronyms

AIDS	Acquired immunodeficiency syndrome
ALMP	Active Labour Market Policies
ES	Employment Services
HIV	Human immunodeficiency virus
ILO	International Labour Organization
MDG	Millennium Development Goals
MFI	Micro Finance Institution
OECD	Organization for Economic Co-operation and Development
PLHIV	People living with HIV
STI	Sexually transmitted infection
SRH	Sexual and reproductive health
TVET	Technical Vocational Education and Training
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDESA	United Nations Department of Economic and Social Affairs
VCT	Voluntary counselling and testing
WHO	World Health Organization

Introduction

Today, the world's youth population¹ is estimated to be over 1.2 billion² and one person in five is between the ages of 15 and 24. Young people are the foundation of our societies and investment for the future. Between childhood and adulthood is when young men and women are the most eager to secure their futures and to contribute to the well-being of their families, communities and societies.

Facts on youth employment:

- » More than 73 million young people worldwide are unemployed.
- » Almost 13 per cent of the global youth labour force was unemployed in 2013.
- » Young people are almost three times more likely than adults to be unemployed.
- » Young people make up a large share of the world's working poor. There is currently an estimated 228 million young people who work but earn less than the equivalent of US2 dollars a day.

Source: ILO (2013): *Global Employment Trends for Youth*.

Young people are facing significant challenges in finding decent job opportunities. The 2008 global financial crisis has disproportionately impacted youth across the world. The global recovery process has weakened throughout 2012 and 2013, and the global youth unemployment rate in 2013 is estimated at 12.6 per cent. Based on the ILO calculations, more than 73 million young people are currently unemployed³. Despite the magnitude of this figure, youth unemployment represents only the tip of the iceberg. Young people are affected by decent work deficits and are over-represented among worker in poor-quality jobs, measured in terms of working poverty, low pay and/or employment status and the incidence of informality. The economic and social costs of unemployment, under-employment, discouragement and widespread low-quality jobs for young women and men continue to increase.⁴ During the annual Conference of the ILO, meeting in Geneva at its 101st Session, 2012, persistent youth unemployment and underemployment were recognized as threats to the fabric of our societies.

Young men and women are at the centre of the global HIV epidemic. In 2012, an estimated 5.4 million young people were living with HIV. About 97 per cent of new infections among young people occurred in low and middle income countries⁵.

Facts on HIV and AIDS among young people:

- » An estimated 5.4 million young women and men are living with HIV in the world today.
- » An estimated 2.1 million adolescents (10–19 years) were living with HIV in 2012 in low- and middle-income countries.
- » In sub-Saharan Africa, the region in the world that is most heavily affected by HIV, young women accounted for 68 per cent of all young people living with HIV in 2012.
- » Only 24 per cent of young women and 36 per cent of young men have correct information about HIV prevention and HIV transmission.
- » In 26 of 31 countries with a generalized HIV epidemic, less than 50 per cent of young women have correct knowledge about HIV, and limited access to condoms.
- » In sub-Saharan Africa, knowledge levels about HIV remain low (36 per cent for young men and 28 per cent for young women).

Sources: UNAIDS (2013), *Global report: UNAIDS report on the global AIDS epidemic 2013*; UNAIDS (2013), *Thematic Segment: HIV, adolescents and youth. Background Note*.

Young women are particularly vulnerable to HIV infection, not only for biological reasons but also due to limited or no access to quality sexual and reproductive health information, education or services. Between the years 2005 and 2012, AIDS-related deaths among adolescents increased by 50 per cent while the overall number of AIDS-related deaths fell by 30 per cent. Although there has been major progress in the global HIV response, some regions are more heavily affected by HIV than others. In sub-Saharan Africa, young people aged 15-24 still accounted for 39 per cent of the 2 000 000 new adult infections in 2012.⁶ The epidemic is likely to have serious implications for productivity today and the workforce of tomorrow⁷ in terms of loss of human capital, reduced productivity and diversion of resources to care and treatment if this trend is not turned.

1 Countries vary in their operational definitions of youth. Often the lower age limit for young people is determined by the minimum age for leaving school, where this exists.

For the purposes of this brochure, youth is defined as persons aged between 15 and 24.

2 ILO (2012), *The Youth Employment Crisis: Time for Action*.

3 ILO (2013), *Global Employment Trends for Youth*.

4 *Ibid.*

5 UNAIDS (2013), *Thematic Segment: HIV, adolescents and youth. Background Note*.

6 *Ibid.*

7 Inter-Agency Task Team on HIV and Young People (2008), *Global Guidance Brief. HIV Interventions for Young People in the Workplace*.

In the progress towards more productive economies, fairer societies and stronger democracies, achieving decent work for all, including women and youth (Target of MDG 1), halting and reversing the spread of HIV/AIDS (MDG 6) are critical elements. The ILO is committed to placing youth employment at the centre of the global development agenda, as recently requested by the Organization's constituents. Youth issues will continue to feature as a priority within the decent work agenda in the post-2015 MDG framework⁸. The ILO is also a co-sponsor of the Joint United Nations Programme on HIV and AIDS (UNAIDS). The *Political Declaration on HIV and AIDS: Intensifying our Efforts to Eliminate HIV and AIDS* adopted by the UN General Assembly 10 June 2011 includes the ILO Recommendation concerning HIV and AIDS and the World of Work 2010 (No. 200)⁹, recognized as a key human rights instrument in the global response to the epidemic. Finally, the ILO supports the "Getting to Zero" campaign and reducing sexual transmission of HIV by half among young people and revolutionizing HIV prevention. In this context, this tool represents an attempt to respond to the

mutually-reinforcing challenges of HIV and youth employment. The mutually-reinforcing links between unemployment and working poverty on the one hand and vulnerability to HIV on the other are well recognized. Young people facing challenges in the labour market may have no choice but undertake work that is marginal, dangerous or illegal¹⁰, sometimes leading to risky behaviours¹¹ and higher exposure to HIV. Similarly, youth living with HIV or affected by the epidemic might have more difficulties in finding decent jobs because of HIV-related stigma and discrimination. As these parameters differ across local and national contexts, it is important that constituents across countries seize the opportunity that the workplace provides in reaching young people with HIV initiatives. The workplace is a key avenue to respond to the need for information about HIV and work-related rights among young women and men. Youth employment initiatives have great potential in reaching out of school individuals and facilitate equitable access to HIV prevention, treatment, care and support measures.

8 As declared in the Resolution on Youth Employment (*The youth employment crisis: A call for action*) adopted by the International Labour Conference in 2012, and reiterated by the ILO's Governing Body in November of the same year.

9 UN General Assembly, *Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS*, Resolution 65/277 adopted 10 June 2011 (A/RES/65/277).

10 Inter-Agency Task Team on HIV and Young People (2008), *Global Guidance Brief. HIV Interventions for Young People in the Workplace*.

11 *Ibid.*



Understanding linkages between HIV and youth employment

Halting the spread of HIV is critical as the epidemic can jeopardize the decent work agenda for youth and adults. Awareness and action are particularly relevant to young people given the current economic outlook. This chapter outlines how the HIV epidemic and the youth employment crisis pose a threat to decent work for young women and men, and how their possible impacts mutually influence each other.

HIV and access to education for youth

An analysis of the impact of HIV and AIDS on youth employment needs to take into account the effect of the epidemic on the demand and supply of education.

The demand side is impacted when children and young people, often girls, are unable to attend school as they are forced to take up care giving and other responsibilities within their household and community when parents or caregivers fall ill¹². In addition, the impact of the epidemic can also translate in diminished income at the household level. The active contribution of young people or even children may become a necessity to sustain the family. School fees may no longer be paid. Estimations from country studies suggest that different causes related to the epidemic increase the dropout rate by as much as 53 per cent¹³. This has a major effect on the achievement of the desired level of education for young persons. Evidence shows that education has a positive effect on reducing the likelihood to contract HIV (especially among girls)¹⁴. Therefore, from the perspective of HIV and AIDS, education represents an opportunity to protect the young persons from HIV.

The supply of education tends to diminish when teachers and other personnel in the education sector are impacted by the epidemic. In sub-Saharan Africa the epidemic has had a devastating effect on the supply of teachers, often inadequate in the first place¹⁵. It has been found that HIV and AIDS account for up to 77 per cent of teacher shortage in countries severely affected by the epidemic¹⁶. Further, a teacher living with HIV is likely to lose up to 18 months of work before and after developing AIDS¹⁷.

HIV and access to decent work for youth

Young people living with or affected by HIV find themselves at a disadvantage in the labour market¹⁸. On the one hand, the

5.4 million youth living with HIV are particularly vulnerable to unemployment, underemployment and poverty¹⁹. Stigma and discrimination are still a reality in many workplaces. Youth living with HIV are also more likely to opt out of the labour market where social security payments exist. On the other hand, young people affected by the impact of the epidemic on their household or community are also relatively more vulnerable to decent work deficits. Deaths due to AIDS can translate into a loss of adult mentorship and parenting²⁰ and to the need for additional income.

Youth may then be forced to take up any income-generating activity, including those involving occupational hazards or human rights abuses.

The ILO HIV and AIDS Recommendation, 2010 (No. 200) provides in paragraph 3(i) that “no workers should be required to undertake an HIV test or disclose their HIV status”. It also states in paragraph 25 that “HIV testing or other forms of screening for HIV should not be required of workers, including migrant workers, jobseekers and job applicants”. It also clarifies that all HIV testing must be genuinely voluntary and free from any coercion and that HIV testing programmes must also respect international guidelines on confidentiality, counselling and consent. Despite this, requests for information on job applicants HIV status and the practice of mandatory HIV testing remain common, and often among young workers.

HIV-related discrimination denies young workers opportunities for accessing decent work

“It’s already hard to find a decent job and if you’re a young person living with HIV, it becomes twice as hard. [...] I had successfully completed my apprenticeship with the company and I was about to be hired when I was told that I was not ‘medically suitable’ for the job.”
Yahir Zavaleta, 27, from Mexico City, Mexico.

Yahir is one of the 5.4 million young women and men living with HIV in the world today. He participated in the ILO Youth Employment Forum organized by the ILO Youth Employment Programme in May 2012 in Geneva to ensure that HIV and AIDS became part of the discussions. Yahir is now employed by the National Institute of Public Health and is part of a team running a research project looking at data regarding the human papillomavirus1 (HPV) in men living with HIV and men who have sex with men.

12 UNGEI (2011), *Make it right: Ending the crisis in girls’ education*.

13 UNICEF (2007), *Aids, public policy and child well-being*.

14 UNGEI (2011), *Make it right: Ending the crisis in girls’ education*.

15 ILO (2012), *The youth employment crisis: Time for action*.

16 UNESCO (2010), *Education counts towards the Millennium Development Goals*.

17 World Bank (2002), *Education and HIV/AIDS: A window of hope*.

18 ILO (2005), *Youth: Pathways to decent work. Report VI Promoting youth employment – Tackling the challenge*.

19 ILO (2012), *The youth employment crisis: Time for action*.

20 ILO (2005), *Youth: Pathways to decent work. Report VI Promoting youth employment – Tackling the challenge*.

When asked to share the experience of other young people living with HIV accessing services through the clinic he works for, Yahir said, “A huge number of them are not working. They have no social security because of a lack of any formal employment. [...] The vast majority of those who work have not disclosed their status in the workplace.”²¹

The impact of the HIV epidemic on productivity and income

HIV-positive employees are equally capable and productive as other workers. However, if access to the treatment is not available, workers living with HIV may lose their ability to work in the long run when illnesses manifest. In micro and small businesses, the absence of a worker or her/his inability to work can have critical consequences on productivity. In larger enterprises, output is compromised if a critical proportion of workers become ill. To maintain adequate production levels, enterprises face additional costs, such as recruitment and training of new workers²². The epidemic also increases the costs borne by an enterprise for medical, disability and other benefits, or for insurance against these risks. At the macro level, enterprises’ reduced income can reduce tax base for government revenue and the capability of the state to meet an increased demand for public services stemming from HIV and AIDS.

Like enterprises, households struggle under the impact of HIV and AIDS. A 2003 ILO study in India on the Socio-Economic impact of HIV/AIDS on people living with HIV/AIDS and their families indicated that on an average, incomes in the affected household decreased by one third, while the expenditure increased, particularly on food and treatment. As a result, families spent less on education of their children. Families whose income is reduced due to the epidemic face an exceptionally high need for financial resources to cover care and medical costs. Ultimately, a contraction in household demand for goods and services will have an impact on employment, and particularly on the prospects of low-skilled young entrants to the labour market.²³

The youth employment challenge and hazardous behaviours

When the challenges young men and women face to secure decent work become difficult to overcome, a subsequent sense of discouragement and social exclusion may put young people at a higher risk to undertake hazardous work and related behaviours. Poverty and unemployment have shown to be factors that can push young people to engage in high-risk behaviours including

sex work, transactional and/or inter-generational sex²⁴. Studies carried out in South Africa, Lesotho, Swaziland, Botswana and Zambia reveal that there has been a massive influx of young people into the informal economy creating additional challenges for municipalities to provide them with health information and services. Evidence from Asia and the Pacific indicates that 95 per cent of all newly infected young people contracted HIV from other young women and men who undertake risky behaviours such as buying and selling sex, or using drugs²⁵.

Youth employment, migration and HIV

In 2010, there were 27 million international migrants between the ages of 15 to 24²⁶ - compared to 23.8 million in 1990 and 24.6 in 2000²⁷. Developing countries have a higher percentage of youth migrants (15 per cent) vis-à-vis developed ones, where youth migrants accounted for 11 per cent of the total migrant stock in 2010. Men are relatively more represented among youth migrants, to different degrees the degree depending on country and region²⁸. In the European Union, a study in selected countries shows that a high proportion of migrant inflows in any given year is concentrated in the younger adult ages²⁹. If we were to extend the definition of youth to include the ages 25 to 29 as recommended by the Population Division of UNDESA³⁰, studies suggest that young people would constitute half of the migrant flow and a third of the stock³¹.

Recommendation concerning HIV and AIDS and the world of work, 2010 (NO. 200)

‘Migrant workers, or those seeking to migrate for employment, should not be excluded from migration by the countries of origin, of transit or of destination on the basis of their real or perceived HIV status.’

Para. 28 (2010).

Available data monitoring motives behind migration seem to point at economic concerns related to the barriers facing youth in the labour market. However, these findings need to be treated with caution as they are based on data of relatively limited scope and reach. Recently, education has also been increasingly important as a reason driving youth migration³².

21 ILO (2012), *HIV-related discrimination denies young workers opportunities for accessing decent work*.

22 ILO (2005), 292nd Session of the Governing Body, *HIV/AIDS and employment*.

23 ILO (2005), 292nd Session of the Governing Body, *HIV/AIDS and employment*.

24 AIDSTAR ONE, USAID (2009), *HIV Prevention Knowledge Base: Emerging Areas – Intergenerational and Transactional Sex in Hyper-Endemic*.

25 UNAIDS (2012), Feature story “Hear our voice” say young people from key affected populations in Asia-Pacific

26 UNDESA (2011), *International Migration in a Globalizing World: The Role of Youth*.

27 *Ibid.*

28 ILO (Forthcoming), *Global Trends in Youth Labour Migration*.

29 UNDESA (2011), *International Migration in a Globalizing World: The Role of Youth*.

30 *Ibid.*

31 UNFPA (2006), *UNFPA State of World Population, Moving young*.

32 ILO (Forthcoming), *Global Trends in Youth Labour Migration*.

Understanding linkages between HIV and youth employment

Youth migration can be influenced by HIV and AIDS. While migration is not itself a risk factor for HIV, the conditions of travel, accommodation and work often associated with it can make people more exposed to infection. For example, young people in search for employment may migrate to a region and/or country with a higher HIV prevalence. Migrant women and girls are often exposed to harsh working conditions and the separation from families and communities can place them at heightened risk of contracting HIV.³³ This risk is further exacerbated by inadequate access to HIV prevention information, services and tools and fear of being stigmatized for seeking such information or services³⁴ and health care services are often not specifically designed to reach people on the move.³⁵ When migrant workers who have left partners at home return, they may bring HIV back to otherwise unexposed communities.

Gender equality, HIV and youth employment

Young women face a heightened vulnerability to HIV with global infection rates being twice as high as compared to their male peers³⁶. In most parts of the world, young women are more vulnerable to HIV than young men. This is due to socio-cultural, economic, political and biological factors³⁷. Socio-cultural norms also reinforce gender inequalities including violence against women. Intimate partner violence, including sexual violence are factors that sharply increase the risk of HIV transmission among young women.³⁸ Every hour, 50 young women are newly infected with HIV.³⁹

Even if all regions register shrinking gender gaps in both male-to-female labour force participation rates and employment-to-population ratios, 56.3 per cent of young males participated in the labour force in 2011, against 40.7 per cent of young females⁴⁰. Where young women do participate in the labour market, they remain amongst the most vulnerable to unemployment and discrimination⁴¹, and they are more likely to be found in unstable, part-time and lower-paid jobs⁴². In several parts of the world, there remain significant gaps between young men's and young women's earnings⁴³.

HIV issues are highly gendered. Due to unequal power relations, women's opportunity to negotiate sex and protect themselves from HIV is limited. Women also bear the greatest share of caregiving responsibilities⁴⁴. Among children providing care for HIV-affected parents, two thirds are girls⁴⁵. They often face removal from school and thus reducing their chances to become skilled workers and achieve decent work later in life. In many countries young women are less likely than their male counterparts to know about the benefits of condoms or use condoms during sexual intercourse⁴⁶.

For women living with HIV, stigma and discrimination have devastating consequences in terms of access to employment and employment retention. Evidence has shown that women living with HIV often become marginalized and from society and communities including from income-generating activities⁴⁷. Limited access to economic empowerment clearly makes women more vulnerable to sexual transmission of HIV – financially autonomous women often find it easier to negotiate condom use for instance.⁴⁸ Hence, improving women's social and economic status⁴⁹ is an important perspective in relation to enabling decent work and job opportunities for young women living with HIV.

33 UNAIDS. (2012), *Women out loud: How women living with HIV will help the world end AIDS*.

34 Asia Pacific Migration Research Network and UNDP (2004), *No Safety Signs Here: Research Study on Migration and HIV Vulnerability from Seven South and North East Asian Countries* UNDP, Wolffers I, Fernandez I, Verghis S and Vink M (2002) Sexual behaviour and vulnerability of migrant workers for HIV infection *Culture, Health and Sexuality* 4(4) 459-473, coordination of Action Research on AIDS and Migration (2007) *State of Health of Migrants 2007: Mandatory Testing* CARAM, Kuala Lumpur, Marin M (2004) "Sexual Scripts and Shifting Spaces: Women Migrants and HIV/AIDS" and Anarfi J (2004) "Women's Migration, Livelihoods and HIV/AIDS in West Africa" in *Women Migrants and HIV/AIDS: An Anthropological Approach* UNESCO Paris; Bhattacharya G (2005) "Social Capital and HIV Risks among Acculturating Asian Indian Men in New York City" *AIDS Education and Prevention* 17(6) 555-567.

35 UNAIDS (2012), *Women out loud: How women living with HIV will help the world end AIDS*.

36 UNAIDS (2013), *Thematic Segment: HIV, adolescents and youth. Background Paper*.

37 *Ibid*.

38 *Ibid*.

39 UNAIDS (2013). *AIDS by the numbers*.

40 ILO (2013), *Global Employment Trends for youth 2013*.

41 ILO (2009), *Guidelines on Gender in Employment Policies*.

42 UN (2011), *UN World Youth Report*.

43 *Ibid*.

44 UNAIDS (2012), *Global report: UNAIDS report on the global AIDS epidemic 2012*.

45 VSO-RAISA (2007), *Reducing the burden of HIV and AIDS care on women and girls, Advocacy Strategy Document 2007-2010*.

46 UNAIDS (2012), *Global report: UNAIDS report on the global AIDS epidemic 2012*.

47 ILO (2011), *Guide to mainstreaming gender in workplace responses to HIV and AIDS*.

48 UNAIDS (2012), *Women out loud: How women living with HIV will help the world end AIDS*.

49 *Ibid*.



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Mainstreaming HIV in youth employment initiatives: a selection of case studies

This section shows how initiatives promoting youth employment and organizations implementing them can provide successful opportunities to mainstream HIV and AIDS. The first step to mainstreaming HIV and AIDS in youth employment is to understand the linkages between national policies and programmes promoting decent work for youth on the one hand, and the national HIV and AIDS policies and programmes on the other. By analysing these, synergies between their goals and objectives can be identified. This is the basis for taking action towards common goals. This part of the publication will first clarify how to work on the basis of national HIV and AIDS policies, and will then provide examples of youth employment initiatives that have successfully mainstreamed HIV and AIDS issues.

A review of 90 countries' National Strategic Plans on HIV and AIDS conducted by UNAIDS in 2011 shows that at least 25 countries relate to young people and the world of work in their national responses to HIV and AIDS and incorporates components on youth employment, vocational training, micro-credit and income generation as well as targeting young people in economic sectors at higher risk of HIV.

In several countries, national youth policies/strategies have integrated components related to HIV and AIDS. The National Youth Policy, South Africa; India National Youth Policy; Vietnam Youth Strategy; The National Youth Policy of Zimbabwe; The National Policy for employment in Peru, are some of the examples.

An organization designing or implementing youth employment initiatives is also a workplace. It can be a ministry of youth, an educational institution, vocational training centre, a civil society organization working with youth etc. Such organizations can look at the process of mainstreaming in two ways:

- » Internal mainstreaming, which entails mainstreaming HIV in the workplace policy of the organization itself, by strengthening its capacity to respond to internal HIV and AIDS issues, and by setting up systems to do so in a sustainable way.
- » External mainstreaming, implying the mainstreaming of HIV within the organization's projects and initiatives. This can be done in partnerships with entities involved with HIV initiatives in the organization's area of operation.

Internal HIV and AIDS mainstreaming

Internal mainstreaming within organizations involved in youth employment aims to reduce both the workplace's *susceptibility* to

HIV infection as well as its *vulnerability*⁵⁰ to the epidemic's impact. It seeks to deepen the understanding and knowledge of HIV and AIDS issues and encourage reflection among managers, staff or partners of entities involved in youth employment initiatives. Some of the key steps in ensuring internal mainstreaming include:

- » Capacity building within the organization: A key factor in successfully mainstreaming HIV in the workplace is enhancing the capacity of the organization to respond to HIV as a workplace issue. Management can nominate a nodal person to coordinate the effort on HIV and AIDS, can set up an internal committee and get its staff trained at all levels.
- » HIV prevention through information and education: Organizations need to commit themselves to developing an awareness-raising plan and training all employees. Partnerships with national AIDS programmes and organizations engaged in HIV initiatives can be very useful in developing training content and formats relevant to the specific organization.
- » Developing an HIV and AIDS workplace policy: This is a written statement defining the position of an organization with regard to HIV. In addition, a workplace policy describes principles and practices to prevent HIV transmission and preserve the fundamental rights of women and men staff members living with and affected by HIV and AIDS.

External HIV and AIDS mainstreaming

External mainstreaming seeks to adapt initiatives promoting youth employment, in order to take into account young people's susceptibility and vulnerability to HIV and AIDS. This does not necessarily imply redesigning initiatives from scratch, but rather modifying what is already planned to make it more relevant to HIV issues.

⁵⁰ Vulnerability refers to unequal opportunities, social exclusion, unemployment, or precarious employment and other social, cultural, political, and economic factors that make a person more susceptible to HIV infection and to developing AIDS. The factors underlying vulnerability may reduce the ability of individuals and communities to avoid HIV risk and may be outside the control of individuals. These factors may include: lack of the knowledge and skills required to protect oneself and others; accessibility, quality, and coverage of services; and societal factors such as human rights violations or social and cultural norms. These norms can include practices, beliefs, and laws that stigmatize and disempower certain populations, limiting their ability to access or use HIV prevention, treatment, care, and support services and commodities. (UNAIDS. 2011. Terminology guidelines.)

Some ideas that can be followed by organizations include:

- » Organizations engaged with youth employment initiatives can assess and improve to what extent and how effectively their programmes reach people living with HIV. At a later stage, these organizations can make plans to provide HIV education and training within their youth employment services. Partnering with other specialized organizations is often an effective starting point. For example, vocational training institutions, employment service centres, and business development centres can partner with organizations working on HIV and with networks of people living with HIV.
- » Organizations working on HIV and AIDS with young people can set up linkages with youth employment initiatives and ensure that their target group receives services to enhance their employment prospects, such as such as career counselling and vocational training.

The ILO HIV and AIDS Recommendation, 2010 (No. 200) and the ILO Code of Practice on HIV/AIDS and the world of work provide guidance on how to formulate and implement an HIV and AIDS workplace policy and programmes.

A suggested step by step approach to mainstreaming HIV and AIDS in youth employment initiatives

1. *Identify* an HIV focal person for youth employment work at national level, as well as in the involved organizations. The focal person(s) should link up the relevant individuals working in national AIDS programmes and in relevant organizations engaged in the HIV response. Most of the national AIDS programmes have a component called “strengthening the multi-sectoral response to HIV and AIDS” and are engaged with HIV initiatives amongst young people.
 2. *Review* the national youth policy if in place, and national policies affecting youth employment to identify entry points for mainstreaming of HIV.
 3. *Assess* the national HIV and AIDS policy framework, especially if and how it relates to young workers. There may be a national workplace policy on HIV and AIDS which can guide the operations of the youth employment initiative where HIV is being mainstreamed. Especially look out for components on access to information about sexual and reproductive health, HIV prevention, treatment, care and support for the youth targeted by the initiative.
4. *Undertake* a mapping of existing HIV and youth employment initiatives at national, sectoral and workplace level.
 5. *Document* existing efforts on mainstreaming HIV in youth employment initiatives run by government, the private sector or civil society.
 6. *Organize* bilateral consultations with relevant partners, including youth organizations and civil society including organizations of people living with HIV to discuss and plan ways through which:
 - » HIV can be mainstreamed in youth employment policies and programmes; and
 - » Youth employment initiatives can mainstream HIV.
 7. *Organize* a national or sectoral workshop involving all partners such as Ministry of Labour and Employment, Ministry of Youth, national AIDS authorities, Ministry of Education, employers’ and workers’ organizations, employment services, educational and vocational institutions, microfinance institutions, cooperatives associations as well as youth organizations, associations and networks of people living with HIV.
 8. *Follow-up* and set up mechanisms for a review of decisions. A regular follow up on the recommendations of the national workshop will be critical to ensure that necessary corrective actions are taken at different levels. National partners may decide to set up a tripartite plus committee or a working group to develop a plan of action based on the recommendations of the national workshop. If that is the case, the committee will take care of taking the document forward to approval and adoption by the relevant national authorities. A time schedule for implementation, monitoring and evaluation will need to be set up by the committee.
 9. *Tailor* any process of mainstreaming HIV and AIDS into youth employment initiatives to the specific country context.

Selection of case studies

This section shows how initiatives promoting youth employment can provide successful opportunities to mainstream HIV and AIDS. In particular, this chapter will look at initiatives targeting Technical Vocational Education and Training (TVET), youth entrepreneurship, youth migration, and Active Labour Market Policies (ALMP).

Mainstreaming HIV in Technical and Vocational Education and Training

Technical and Vocational Education and Training (TVET) refers to “all forms and levels of the educational process involving, in addition to general knowledge, the study of technologies and related sciences and the acquisition of practical skills, know-how, attitudes and understanding relating to occupations in the various sectors of economic and social life”⁵¹. TVET plays a key role in meeting the youth employment challenge. Programmes are offered to help in-school and out-of-school youth to develop the skills, knowledge and attitudes needed in the world of work. Once youth enter the labour force, the role of vocational education continues through skills upgrading and re-skilling. In the context of the economic downturn in recent years, TVET-based measures to promote youth employment have been widely utilized.⁵² In European countries for instance, training programmes played a prominent role in addressing youth employment.

Multiple linkages exist between HIV issues and TVET. HIV and AIDS can affect the overall demand for TVET through reduced enrolments due to illness of students or of their family members. The epidemic has also an impact on TVET supply where teachers and other education personnel are directly impacted or otherwise affected by the epidemic. Furthermore, HIV and AIDS perturb the quality of TVET by diverting resources from education to health.⁵³

HIV education provided within training institutions can contribute to significantly reducing transmission rates and support students living with HIV. Through training, students can be given access to HIV prevention and related services. Trainers and teachers are also ideally placed to pass on messages that challenge stigma related to HIV. This can make change happen where the law cannot, such as in families and among friends⁵⁴.

The potential of TVET needs to be harnessed by adapting training to the requirements of trainees affected by HIV. This has been achieved for instance in Mongolia, where an ILO project partnered with TVET centres. Training planners and administrators were targeted with education programmes on STI (Sexually Transmitted

Infections) and HIV prevention, in order to strengthen their capacity to deal with HIV and AIDS. Box 6 below illustrates another example of HIV and AIDS mainstreamed within TVET activities.

Mainstreaming HIV in TVET programmes for youth in Botswana and Zambia

Botswana and Zambia are highly impacted by HIV. Both countries face youth employment challenges as well. In 2006, young people accounted for 41.6 per cent of Botswana’s total unemployed population. In Zambia, the 2012 Labour Force Survey shows that youth unemployment rate in urban areas reaches 32.3 per cent among the 20-24 age bracket.⁵⁵

Botswana and Zambia have been the first countries in sub-Saharan Africa to formalize their HIV response and to include HIV and AIDS in their formal national qualifications framework. A study prepared by the Botswana Training Authority and the Ministry of Science, Technology and Vocational Training in Zambia with the support of UNESCO and UNEVOC, documented lessons learned in both countries⁵⁶. The study highlighted promising strategies and good practices adopted by TVET institutions to formulate an HIV and AIDS policy and infuse HIV and AIDS awareness content within technical curricula:

- » Technical and Vocational Teachers’ College in Zambia integrated HIV and AIDS in the sociology programme.
- » The Ministry of Science, Technology and Vocational Training in Botswana developed and implemented an HIV and AIDS policy, and integrated HIV and AIDS within the Botswana Training Authority (BOTA).
- » HIV resource centres and counselling centres have been set up within the vocational training institutions of Zambia and Botswana.
- » The existence of a radio station in Evelyn Home College, Botswana proved to be an effective way of creating awareness about HIV and AIDS.

Mainstreaming HIV in youth entrepreneurship initiatives

Enterprise and business skills development can help create and improve youth livelihoods when the barriers to wage employment are difficult to overcome. Although not for everyone, entrepreneurship can be a pathway to decent work⁵⁵ and an option for some young people affected by HIV, who are particularly vulnerable to unemployment and underemployment.

51 Convention on Technical and Vocational Education, adopted by the General Conference of UNESCO at its 25th Session, Paris, 10 November, 1989.

52 ILO and World Bank (2012), *Inventory of Policy Responses to the Financial and Economic Crisis, Joint Synthesis Report*.

53 UNESCO (2004), *TVET Issues: TVET and HIV/AIDS*.

54 Rose Smart, *Module 1.4. HIV/AIDS-related stigma and discrimination*

55 ILO (2012), *The youth employment crisis: A call for action*.

56 ILO (forthcoming) *Review of the Effectiveness of Youth Employment Policies, Programmes, Strategies and Regulatory Framework, Lusaka*

57 Botswana Training Authority and Ministry of Science, Technology and Vocational Training (Zambia) (2006), *Report on the study visit between Botswana and Zambia on the mainstreaming of HIV & AIDS in the TVET institutions*

In 2012, the ILO supported national and regional consultations on youth employment in more than 40 countries in preparation to the Youth Employment Forum held in Geneva in May 2012.⁵⁸ During the consultations young people highlighted the difficulties they face to start a business and keeping it alive and sustainable. For many young women and men, a major barrier is access to start-up capital. Because of their age, young self-employed are likely to have limited availability of both liquidity and physical assets. Therefore, youth are perceived as high-risk clients by banks. Young people living with HIV find themselves in an even more challenging situation, as their perceived risk of default is often higher. Some entrepreneurs might then turn to informal money lenders that tend to charge above-market interest rates, pushing clients deeper into debt. Appropriate micro-credit schemes can play a significant role on breaking this vicious cycle (Box 7).

Cameroon: Micro-credit for rural youth

In an effort to empower rural women, including young female adults living with HIV, the ILO initiated a microfinance scheme in Cameroon. The project also raised HIV awareness to reduce stigma and discrimination among the project stakeholders, including participating finance institutions.

Seed funding was provided for start-up loans to the participating women after an assessment of their business plans. Eleven months after the introduction of the scheme, 98 per cent of the participants were successfully operating their small businesses. More than 86 per cent had already repaid part of their loans, and 65 per cent had opened savings accounts. The vast majority of participants reported increased income, a stronger feeling of self-worth and a sense of empowerment.

ILO. Improving the social and economy situation of women vulnerable to HIV or living with the virus through micro-finance in Cameroon. 2010.

Micro finance institutions are well placed to raise HIV awareness within a community (Box 8). They have an opportunity to integrate HIV prevention information and similar activities in their operations and address stigma and discrimination. In addition, microfinance institutions can be very effective in delivering health-related services to those most in need. Several studies (Ghana, South Africa, Uganda and others) have found that adding health education to the routinely scheduled microfinance group meetings improves awareness and knowledge and leads to a change in the clients' behaviour. Such change is associated with positive health outcomes with regard to HIV and other areas⁵⁹.

Microfinance has also the potential to mitigate the economic impact of HIV faced by affected households. Evidence suggests that when appropriate medical treatment is available, people affected by HIV can successfully participate in and benefit from microfinance services. Savings and loan groups can also function as self-support groups⁶⁰.

Access to micro-loans in Thailand

In 2002, the Population and Community Development Association (PDA), a Thai non-governmental organization, piloted a project that would address the barriers of poverty and stigma faced by people living with HIV (PLHIV) in Thailand. The Positive Partnership Program (PPP), started as a pilot and they expanded, leading to significant impact as found by an end-line study completed in 2011⁶¹.

The project supported people living with HIV with microloans upon submission of applications. Selected applicants received training on income-generation activities and loans. In 2006, the reported on-time repayment rate was 90.93 per cent. In addition to the financial and training support component, the project aimed at addressing HIV-related stigma and discrimination to enable young people living with HIV to better access the labour market. From the very beginning, project participants were agreeing to be open or semi-open about their HIV status and to assist in awareness efforts in their communities.

The project expanded rapidly as members living with HIV reported positive outcomes of the interventions. In 2011, an impact study found that the project was associated with significant change in key outcomes among people living with HIV, their families and the project communities. The project made a significant impact not only on HIV positive members, 23 per cent of whom were under 30 years of age, but on the entire community as a whole.

Project participants reported reduced self-isolation and fear of stigma from family and the community, increased self-esteem and increased quality of life. Family members and communities strengthened their knowledge of HIV significantly, and reported diminished fear-based stigma. The project's approach of supporting PLHIV as well as non-PLHIV with income generation activities, resulted in a reduction of stigma and discrimination. That is one of the key lessons learned from this experience. In addition, the involvement of an experienced civil society organization, training, and regular monitoring, played a major role in the success of the project.

⁵⁸ For more information see ILO website www.ilo.org/yep

⁵⁹ Sheila Leatherman and Christopher Dunford (2010), *Linking health to microfinance to reduce poverty*, Bulletin of the World Health Organization.

⁶⁰ Kathleen Holmes et al (2009), *Microfinance and HIV mitigation among people living with HIV in the era of anti-retroviral therapy: Emerging lessons from Côte d'Ivoire*.

⁶¹ Kerry Richter et al. (2011), *Positive Partnership Project, New Phase: End-line Study Report*.

Mainstreaming HIV in migration programmes and projects

While data on migration trends of young people are scarce, recent evidence from school-to-work transition surveys⁶² shows that employment status has an impact on migration potential, with unemployed young people demonstrating a higher willingness to migrate than the employed. This willingness, however, covers both internal and international migration. Regarding international migration, there are no large differences between the desire to migrate of employed and unemployed youth. This means that policies mainstreaming HIV and AIDS for migrants should focus on both the needs of internal and external migrants. A solution can be to reach potential migrant workers before they leave their geographic origin, as illustrated in Box 9 below. Young women and men who migrate abroad to seek better job opportunities often have limited access to HIV prevention, treatment, care and support services. Migrant workers rarely have the same entitlements as nationals to insurance schemes, and they often have little or no access to social protection or health care⁶³. HIV programmes taking into account multiple cultural and linguistic needs are also often scarce, especially in areas with little access to health services, in economic sectors such as construction, highway building and mining sites⁶⁴.

Many countries in the world still place restrictions on people living with HIV from entering or remaining in a country for any purpose. International labour migrants may therefore be refused entry or face deportation if they are found HIV-positive.⁶⁵ As a result, migrant workers living with HIV often accept dangerous working conditions for fear of drawing attention to themselves, losing their jobs or being deported.⁶⁶ In addition to difficulties due to their HIV status, migrants face other barriers such as unfair treatment, xenophobia and even racism⁶⁷. The ILO's HIV and AIDS Recommendation, 2010 (No. 200) makes it explicit that migrant workers should not be excluded from migration on the basis of real or perceived HIV status.

Life skills training for migrant youth in China

The Zhaoqing Vocational School in Guangdong, China, it is one of the first to integrate sexual and reproductive health and HIV and AIDS in its core curriculum. Zhaoqing students belong to the 14 to 19 age bracket. Thousands of graduates from Zhaoqing each year migrate and work in Guangdong's Pearl River Delta. Over 60 million women and men from China's rural areas work along the Delta, which is the largest manufacturing area in the world. The experience of Zhaoqing school has been scaled up at the national level with technical support from the ILO.

The Government of China with the support of an ILO/USDOL project known as SHARE⁶⁸ (Strategic HIV and AIDS Responses in Enterprises) between 2002 and 2010 established programmes in vocational schools and trained over 2000 teachers in participatory training. This strategy was based on the recognition of the fact that many potential migrant workers go through different types of training before they move. The Chinese Ministry of Human Resources supported this effort with a national policy requiring vocational schools to integrate sexual, reproductive health and HIV in the the health curriculum. HIV was also integrated into the technical curricula in over 1000 vocational schools in China. As the majority of migrant workers are young, the ILO project made a targeted behaviour change communication effort for young workers through initiatives such as the "Home fellow Campaign" and the "Know your Rights campaign".

This initiative represented a part of the overall project intervention, which consisted of two simultaneous and complementary lines of action. On the one hand, working with target enterprises to launch HIV and AIDS workplace communication programmes for behavioural change. On the other, focusing on policy mechanisms to ensure protection of rights and reduce discrimination.

62 The Work4Youth Project, an ILO partnership with the MasterCard Foundation, is implementing school-to-work transition surveys in 28 countries.

63 UNAIDS and IOM (2001), *Migrants Right to Health* UNAIDS and IOM Geneva; Steffan E, Kersch V and Sokolowski S (2005), *Immigration and HIV/AIDS Prevention in Germany – An Interdisciplinary Challenge Eurosurveillance 2005 10(1)*; WHO (2003), *International Migration, Health and Human Rights Health and Human Rights Publication Series Issue no. 4*.

64 Du Guerny J. et al (2003), *Multisectoral responses to mobile populations' HIV vulnerability: Examples from People's Republic of China, Thailand and Viet Nam*, UNDP; UNDP-SEAHIV, NCCAB and MCTPC (2001), *HIV policy formulation and strategic planning: For the communication, transportation, post, construction and tourism sectors, Lao People's Democratic Republic*; Giang, L.M. (2004), *The irony of agency in space: Displacement and vulnerability in two highways in Viet Nam*, Development, Spatial Mobility and HIV-AIDS, UNDP South East Asia HIV and Development Programme and the Committee for International Cooperation in National Research in Demography (CICRED).

65 For further information on specific country requirements see *Global Database on HIV-related Travel Restrictions*.

66 ILO (2004), *Towards a fair deal for migrant workers in the global economy*.

67 ILO (Forthcoming), *Trends in Youth Labour Migration*.

68 For more information on this project, please refer to the ILO website



Mainstreaming HIV in Active Labour Market Policies

Active labour market policies (ALMP) are guidelines that provide income replacement and labour market integration measures to jobseekers - usually the unemployed, but also underemployed or individuals looking for better jobs. Studies by the ILO and other sources have suggested that, if supported by careful targeting and effective implementation, ALMPs are an effective way of facilitating labour market entry and re-entry for young people, including marginalized youth, and can be an important tool to alleviate the impact on labour markets on the current downturn⁶⁹. In OECD countries, expenditures on ALMPs are the principal channel for tackling the employment crisis and in Eastern Europe they have increasingly been used to improve the labour market integration of young people⁷⁰.

Among the ALMPs, employment services (ES) in particular can effectively support young jobseekers. If well linked to labour market needs and equipped with appropriate resources, ES provide relevant labour market information and assistance on improving job search skills. These services are especially helpful to youth, given their short experience in the labour market. An ILO study in Eastern European and Central Asian countries have shown that young women and men account for the largest percentage of participants in job search assistance, job placement and career guidance services⁷¹. In most EU countries, the Public Employment Service (PES) plays a key role within strategies to ease the transition of youth from school to work⁷².

Employment services have the potential to offer a very helpful mix of information, assistance and counselling to young people in relation to HIV and AIDS. While providing career guidance and match-making services to young people, ES can act as focal point for information about workplace issues related to HIV. They could make available awareness raising materials targeting young women and men, employers, and the general public visiting ES centres. For such assistance and counselling to be effective though, concerns related to HIV and AIDS need to be mainstreamed in ES centres' operations, while staff need to be trained. Box 10 below provides an example of how mainstreaming was piloted by a technical cooperation project in Russia.

HIV/STI prevention in Russia

In the years of transition to a market economy, unemployment, underemployment and poverty became widespread in the Russia affecting youth and women disproportionately. According to the sample Survey of the State Statistics Committees (2000), the level of unemployment for the 15-20 year old age group was 35.1 per cent, and for the 20-24 age group 16.6 per cent. In addition to this situation, the breakdown in traditional support structures placed young people at risk of becoming exposed to high-risk behaviour⁷³, such as injecting drug use and sex work. Incidence rates of HIV escalated among youth and women, suggesting that many young people lacked access to basic HIV and prevention information and related services.

A UNFIP/DFID project on *Comprehensive Partnership Strategies for HIV/STI Prevention among Young People in the Russian Federation* was launched in 2002 to address this situation. The project was a joint UN initiative coordinated through the United Nations Theme Group (UNTG) on HIV and AIDS. The project aimed to ensure access to information, education, health services, counselling for HIV testing and support required to develop effective life skills.

Under the remit of the project, capacity building of employment centres' became critical. It included awareness-raising on HIV and AIDS among management staff and technical experts at the centres. For instance, psychologists and consultants were provided with HIV and AIDS training. This helped them better address this issue in their employment training sessions to young people visiting the centres.

Information dissemination also represented a critical component - posters with basic HIV and STI prevention and information leaflets, brochures etc were placed in the waiting areas. Leaflets and other information material were also distributed during the personal consultations with young people. At career fairs, information about HIV and AIDS was provided. In addition, training on HIV and AIDS was provided under the employment centre training programme of Youth Clubs.

69 ILO (2012), *The youth employment crisis: Time for action*

70 [1] ILO (2011), *Youth employment in Eastern Europe: Crisis within the crisis - A background paper for the Informal Meeting of Ministers of Labour and Social Affairs during the 100th Session of the International Labour Conference*

71 ILO (2012), *The youth employment crisis: Time for action, Report prepared for the 101st International Labour Conference*

72 *Ibid.*

73 Government of the Russian Federation and UNDP (2001), *Comprehensive partnership strategies for HIV/STI prevention among young people in the Russian Federation.*



Conclusions

This publication has attempted to address the synergies between HIV and AIDS and employment issues facing young people. With more than 73 million unemployed individuals, young people today are at the centre of an employment crisis of unprecedented proportions. Youth affected by the epidemic are particularly disadvantaged, as stigma and discrimination often severely limit their opportunities in the labour market. Through this short publication, the double challenge of being young in the labour market and living with HIV has been discussed.

Youth employment initiatives can be effective platforms to reach young people with HIV prevention, treatment, care and support measures. In order to maximize their optimal efficiency,

mainstreaming efforts need to include gender and human rights dimensions, and be integrated throughout the whole management cycle, rather than be limited to *ad hoc* efforts. Mainstreaming requires appropriate leadership, investment of resources and time. Relevant stakeholders need to be actively engaged and be part of the leading force of the mainstreaming process, together with strategic partners, to ensure national ownership and sustainability. In addition, sharing lessons learned on failures and successes is crucial for advancing mainstreaming practices and create an environment of continuous learning.



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Youth Employment Unit
Employment and Labour Market Policies Branch
Employment Policy Department

International Labour Office
Route des Morillons 4
CH -1211 Geneva 22
Switzerland

Tel: +41 22 799 7019
Fax: +41 22 799 7562
youth@ilo.org
www.ilo.org/yep



HIV/AIDS and the World of Work Branch (ILOAIDS)
Conditions of Work and Equality Department (WORKQUALITY)

International Labour Office
Route des Morillons 4
CH -1211 Geneva 22
Switzerland

Tel : +41 22 799 6486
Fax : +41 22 799 6349
iloaids@ilo.org
www.ilo.org/aids



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