



HIV/AIDS and Employment: Protecting Young People and Involving Them in Work-Related Solutions

**Wendy Santis
Cheryl Vince Whitman
Sridar Venkatapuram
Laurie Rosenblum
Michael Rosati
Puneetha Palakurthi**

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Rana Gulzar Ahmad
YES Network/ Pakistan

Pamela Ateka
YES Network/ Kenya

Kathy Craven
EDC Consultant

Mary Crewe
Centre for the Study of AIDS
University of Pretoria, South Africa

Bernard D'Sami
Migrant Forum, India

Ann McCauley
Population Council, Washington, DC

Aurorita Mendoza
UNAIDS, Geneva

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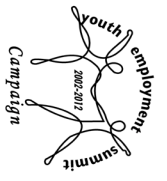
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Executive Summary

Young people looking for meaningful, secure, income-generating work make up a sizable proportion of the population in developing countries. These young men and women, defined by UNICEF as ages 15 to 24 years, are at the centre of the global HIV/AIDS epidemic. Close to half of the new infections are occurring in young people ages 15 to 24. Poverty and limited access to healthcare and education can create situations that make young people more vulnerable to HIV infection.

In South and Southeast Asia, as in other parts of the world, rates of HIV/AIDS are high among young people. According to UNAIDS, over 2 million of the 4.6 million to 8.2 million people living with HIV/AIDS in South and South East Asia are young people. The need for a drastically broader response to HIV/AIDS must be linked with ways to increase the involvement of young people in work-related opportunities for prevention and care activities. The Hyderabad YES Regional Forum aims to identify effective youth employment strategies for use in South and Southeast Asia in five areas, one of which is HIV/AIDS.

The comprehensive continuum of services addressing HIV/AIDS must include prevention, voluntary counselling and testing (VCT), medical treatment using antiretroviral therapies, ongoing care of people with HIV/AIDS, bereavement counselling and care of survivors. Both government agencies and non-governmental organizations (NGOs) need additional human resources to carry out prevention, treatment, and care programs. In the context of developing countries where economic security is the primary goal for much of the population, youth involvement and long-term commitment to HIV/AIDS work cannot be only voluntary. The essential components of enabling young people to become involved are to identify and develop opportunities in HIV/AIDS work, create greater awareness of those opportunities, and provide skills training and mentoring, including through paid work. In addition, all work settings ideally should have HIV/AIDS policies and programs to protect all workers.

Youth can help ensure that prevention messages are meaningful to young people, stigma-free, relevant to their daily lives and communicated through effective channels, and that all care takes into consideration the needs of young people and is “youth friendly.” Youth can be included in all phases of research, programme design, implementation, outreach, monitoring, and evaluation.

Other important areas of youth involvement are in developing and implementing community needs assessments for determining priorities and community-based services to address the priorities; carrying out advocacy efforts, such as educating and mobilizing youth to work for changes in services and policies and influencing the media; and serving on decision-making bodies that work on HIV/AIDS policy. Finally, involving young people in programmes against drug abuse and HIV/AIDS as well as assuring access to safe water, sanitation, and food is vital in dealing with the HIV/AIDS epidemic.

YES Networks can be actively involved in creating youth involvement in HIV/AIDS activities. Some of the networks are currently carrying out vocational training and peer education. In partnership with HHD, YES, the Ministry of Youth Services, the Ministry of Education and the Andhra Pradesh AIDS Control Organization, the YES Academy is launching



two projects in Andhra Pradesh (AP), India that involve youth in HIV/AIDS work: (1) training a group of youth leaders to work on HIV/AIDS issues and services and (2) developing an HIV/health curriculum and component for the community service program of college students.

Participants at the Hyderabad Regional Forum and follow-on projects of the YES Academy and YES Networks will explore these key questions:

- How can HIV/AIDS be addressed along the continuum from prevention through care in work-related circumstances?
- What are the potential work-related opportunities and roles for young people along this continuum?
- What should the Hyderabad Regional Forum, YES Academy, and YES Networks do to involve youth in HIV/AIDS work and create workplace HIV/AIDS policies and programs?

Introduction

Education Development Center, Inc. (EDC) launched the Youth Employment Summit (YES) Campaign in September 2002 as a response to the challenge of youth employment that is facing most countries and affecting millions of young people around the world. In 60 countries, YES is bringing together diverse stakeholders through the YES Country Networks to take action that produces productive and sustainable employment for youth. The YES Campaign is working to build the capacity of young people to create sustainable livelihoods and to establish an entrepreneurial culture where young people will work towards self-employment. The Hyderabad YES Regional Forum taking place on December 14-18, 2003 aims to identify effective youth employment strategies for use in South and Southeast Asia in the following five areas: Information and Communications Technology, Rural Development, Water and Sanitation, Renewable Energy, and HIV/AIDS.

HHD and YES have written this paper to present the current knowledge and creative strategies regarding youth involvement in the response to the HIV/AIDS epidemic in developing countries with a focus on South and Southeast Asia. This paper also poses several questions for further exploration with the intention of developing approaches for involving youth further in HIV/AIDS work through employment opportunities. For this paper, “youth” are those between the ages of 15 and 24, as defined by UNICEF.

The International Labour Organization (ILO) predicts an 11 percent increase in the world’s total youth population in the decade from 2000 to 2010, rising by 116 million to a total of 1.2 billion. A large percentage of this increase will be in Asia and the Pacific, about 73 million young people. Currently, China and India each have about 200 million youth already.

In the face of high youth unemployment and underemployment, a number of international declarations and institutions have affirmed the need to improve youth employment opportunities as part of global and national development agendas. As of February 2002, the total number of youth unemployed worldwide was 66 million. That number has grown by 10 million since 1995. Youth unemployment accounts for 41 percent of the world’s total 160 million unemployed persons.

Youth unemployment and underemployment are related to social problems such as poverty, crime, drugs, and health problems. It also seems that poor people, who often bear multiple burdens of malnutrition, malaria, and other diseases, are at particularly high risk for HIV/AIDS. To be relevant and effective, youth employment strategies cannot ignore these problems. The major threats to the health of young people include HIV/AIDS and other sexually transmitted infections, malaria, and tuberculosis. Of all the major causes of avoidable deaths in developing countries, HIV/AIDS has created an especially serious social crisis, robbing communities and nations of their young and most economically productive members in record numbers. As HIV/AIDS spreads among young, educated populations, the economic cost of the disease will also increase due to the need for and impact on skilled labour.

Young people have always been and will continue to be the part of the population that is most vulnerable to HIV/AIDS because they often begin their sexual behaviour before they have the knowledge and skills to protect themselves or because they are exploited by others. However, they are also capable of making responsible decisions to protect themselves when given the necessary information, skills, and support and are able to educate and motivate other young people to make safe choices. Young people are a valuable human resource that has the potential to significantly increase and sustain an effective response to the spread of HIV/AIDS. Therefore, we must give top priority to involving young people throughout the region in the fight against HIV/AIDS in the form of meaningful work.

The comprehensive continuum of services addressing HIV/AIDS must include prevention; VCT; medical treatment using antiretroviral therapies, including those that prevent mother-to-child transmission; ongoing care of people with HIV/AIDS; and care of survivors.

This paper highlights:

- The disproportionate burden of HIV/AIDS on young people worldwide
- Prevalence, types of transmission, populations affected, and related social issues in countries represented at the Hyderabad Regional Forum
- Interrelationship of HIV/AIDS, economic development, and work for young people
- Opportunities for young people to become involved in the HIV/AIDS continuum of services from prevention through care, including specific case examples
- Current record of HIV/AIDS and work-related projects among the YES Networks globally and new projects to be launched by the YES Academy



The Burden of HIV/AIDS in Young People

As of December 2003, UNAIDS reported that an estimated 40 million (34 million to 46 million) people were living with HIV/AIDS around the world. Ninety-five percent of these people live in developing countries where resources and health care are very limited. During 2003, approximately 5 million people became newly infected and over 3 million people died. The prevalence in people ages 15 to 49 with HIV/AIDS in Sub-Saharan Africa was 8.0 percent, in the Caribbean 2.5 percent, and in South and Southeast Asia 0.6 percent. Whereas South and Southeast Asia was the third highest region in prevalence, it was the second highest in numbers with between 4.6 million to 8.2 million people infected, with 2.1 million of those infections in young people. Sub-Saharan Africa had between 25 million to 28.2 million infected people and the Caribbean had between 350,000 to 590,000 people living with HIV/AIDS. This figure for South and Southeast Asia is of particular concern since the epidemic started more recently in that region.

Young men and women ages 15-24 are at the centre of the global HIV/AIDS epidemic. Currently, 11.8 million people in this age range are living with HIV or AIDS. Close to half of the new infections are occurring in young people. Every day 6,000 more young people become infected with HIV, and most of them do not even know they are infected. Sixty-two percent of infected young people are female. In addition, young people often have to care for family members with HIV/AIDS. Peter Piot, the executive director of UNAIDS states:

According special priority to young people will change the future course of the epidemic. Changing behaviours and expectations early results in a lifetime of benefit-both in HIV prevention and in overcoming HIV-related stigma. The challenge is to promote effective programmes that engage young people in all aspects of the response to HIV/AIDS...In every country where HIV transmission has been reduced, it has been among young people that the most spectacular reductions have occurred.

Numerous factors facilitate the rapid spread of HIV among youth, including age and biological and emotional issues. A number of social and economic issues further complicate the situation. They can include extreme poverty, socioeconomic and socio-political factors, hopelessness, stigma, lack of infrastructure with limited access to healthcare and education, and limited opportunities for employment.

Young men, and particularly young women, may also be the victims of violence and/or sexual abuse and exploitation. In extreme cases, young people may be sold by their own families to support remaining family members. A significant number of young people who escape abusive families or who are orphans or refugees are forced to live on the streets in urban areas where they sell themselves for sex to earn money and are, therefore, at high risk for HIV and other serious health threats.

Although surveys demonstrate a steady increase in the number of young people worldwide who have heard about the HIV/AIDS epidemic, many still lack knowledge about how to protect themselves and about how the virus spreads. Even in

countries with high HIV prevalence, many sexually active youth do not perceive themselves to be at risk. In addition, the majority of HIV-infected young people are not aware they are infected. Most are not aware that people with HIV can look normal and healthy. Furthermore, being infected with another sexually transmitted disease (STD) increases the chance of both acquiring and transmitting HIV, and the prevalence of STDs other than HIV among youth is high.

The Situation among Young People in South and Southeast Asia

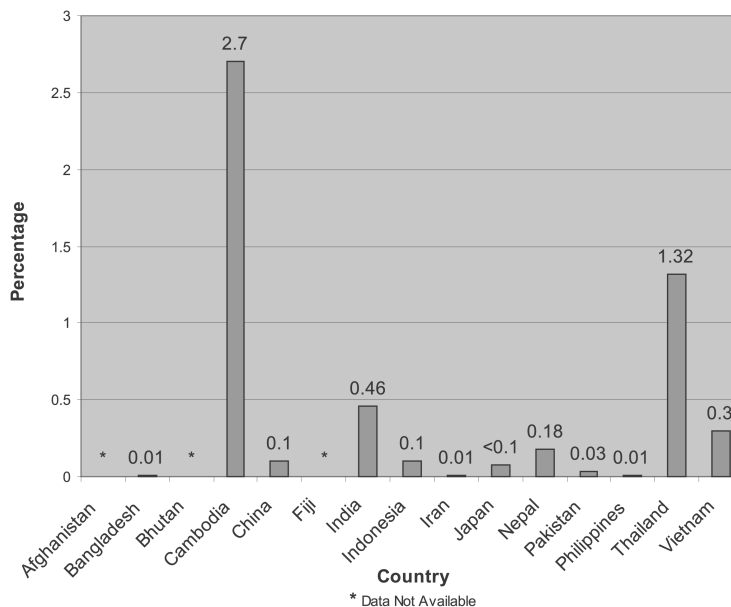
In South and Southeast Asia, as in other parts of the world, rates of HIV/AIDS are high among young people. For example, in some provinces in Vietnam 70 to 80 percent of the people with HIV/AIDS are under age 30. In 1999, people in India ranging in age from 15 to 29 made up 45% of those infected with HIV/AIDS. This figure is particularly significant because India is the country with the second highest number of people with HIV in the world, and in India the epidemic is only in the beginning stages. Below is a chart with the HIV prevalence rates for some of the countries that are participating in the Hyderabad Regional Forum.

HIV Prevalence (%) in People Ages 15-49

The most common types of transmission among young people in South and Southeast Asia are through commercial sex workers and people who inject drugs. In a number of countries, the combination of low rates of premarital sex and high rates of commercial sex patronage among men, due to cultural and social norms against premarital and non-marital sex for females, has led to significant HIV epidemics in female sex workers and their male clients.

For example, in Cambodia the majority of sex workers are youth, and over 25 percent of the sex workers ages 15 to 19 are infected with HIV. In Pune, India, 48 percent of the adolescent sex workers are HIV positive. In a study in Laos, 43 percent of the young commercial sex workers interviewed had no knowledge about HIV/AIDS and reported using condoms 72 percent of the time. In addition, younger adolescents are increasingly being forced into the sex trade because of demand by clients who think young people are less likely to have HIV.

In terms of people who inject drugs, HIV prevalence increased among this population in Nepal from 2 percent in 1995 to almost 50



Source: UNAIDS. *Report on the Global HIV/AIDS Epidemic*. 2002



percent in 1998. Half of these people were ages 16 to 25. Extensive HIV transmission in people who inject drugs is also occurring in some parts of China and India, and in Myanmar, Malaysia, Pakistan, Vietnam, and Indonesia. For example, in Vietnam almost two-thirds (63 percent) of the people living with HIV/AIDS are intravenous drug users.

In some countries in South and Southeast Asia, such as Indonesia, Nepal and Vietnam, epidemics are growing rapidly among commercial sex workers and people who inject drugs, the majority of whom are under age 25. In Cambodia, Myanmar, and Thailand, concentrated epidemics among these specific groups have led to epidemics in the general population. A similar pattern has occurred in several states in southern India and has led to HIV rates higher than 1 percent among pregnant women.

Although rates are high among sex workers, young women who are married are not necessarily spared. For example, in one study of almost 400 women at the public STD clinic in Pune, India, 25 percent had STDs and 14 percent were HIV positive. Of these women, 93 percent were married and 91 percent had never had sex with anyone other than their husbands. However, their husbands - who often had multiple partners outside marriage — transmitted the virus to them.

Contributing problems are a lack of knowledge about where to get tested for HIV and the stigma surrounding the disease. For example, a study in Cambodia showed that only 16 percent of females ages 15 to 19 knew where to get tested. People are unlikely to abstain or practice safe sex if they do not know their HIV status.

Men having sex with men is prevalent in South and Southeast Asia and especially common among young men. In 2000 in Cambodia, overall male-to-male sex prevalence was 14% and about 10% in some parts of Malaysia.

Because HIV risk in South and Southeast Asia is often part of a broader spectrum of poverty-related issues that fuel each other, interventions must be comprehensive and must address competing priorities, especially immediate survival issues.

The Interrelationship of HIV/AIDS, Economic Development, and Youth Unemployment

Young people are in the centre of a double jeopardy. On one hand, they live in a world of increasing poverty, low levels of education, and high levels of unemployment. On the other, 50 percent of all new HIV infections are in the age group of 15-24. Young people urgently need to be in the mainstream of economic and social opportunities to enable them to fight the consequences of their highly vulnerable and risky contexts.

(Aurorita Mendoza, UNAIDS Prevention and Vulnerability Advisor, 2003)

There are several ways in which youth unemployment and poverty lead to HIV infections. Many young men and women around the world are coerced into early sexual activity to earn money. In many circumstances, young people and/or their families may feel that they have no alternative. For young girls and women, economic dependence on men can lead to HIV exposure because they may not have the ability to negotiate safe sex.

Many young people lack vital health information and are vulnerable to a power structure that exploits youth, especially young women. Youth who work for “unreliable” employers, such as male and female sex workers, are especially likely to suffer from the consequences of AIDS, because of poor health care access, instability of employment, and ongoing poverty.

While unemployment can lead to behaviour that directly exposes young people to HIV and other sexually transmitted infections, there is also emerging research that poverty and unemployment can create a social context that negatively impacts the psychosocial state of young people. A sense of powerlessness, lack of self-identity, lack of purpose and optimism can lead young people to engage in behaviour that increases their risk of HIV and other illnesses.

Mobile Workers

Because of difficulties in finding employment, family members often have to travel away from home to get jobs. HIV rates are unusually high among these mobile populations, disproportionately affecting the sectors of agriculture, transportation, mining, construction and domestic help. In many countries, teachers also have to be mobile. Mobility and migration are not themselves risk factors for HIV/AIDS, but they can create situations that make people more vulnerable. At a very basic level, their mobility makes it harder to provide them with health information and services.

Mobile workers, away from their spouses, families, communities, and sociocultural norms, experience feelings of isolation and loneliness that can lead to drug use and sexual activity that puts them at increased risk for HIV/AIDS. Mobile young men often live in single-sex hostels, have multiple sex partners (whose HIV status is likely unknown), or frequent brothels. Long-distance transportation workers, prostitutes, women working at truck stops, and well-paid men in poor areas who use prostitutes are all at high risk for HIV infection. Similarly, military personnel have high rates of infection-up to 50% higher in times of conflict-when they are living in single-sex housing, using prostitutes, and raping women associated with the opposing force. When mobile workers who have left partners at home return, they may bring HIV back to otherwise unexposed communities. Southeast Asia in particular has a sizeable and increasing mobile population and also has one-quarter of the world’s people with HIV/AIDS.

HIV/AIDS Workplace Policies

Youth employed in jobs in their communities that are not related to sex work can also be affected by HIV/AIDS-related issues in their workplaces. To address these issues, the International Labour Organization (ILO) is developing workplace policies to combat HIV/AIDS-based discrimination and to prevent and treat the disease. In 2001, the ILO put forth a code of practice for HIV/AIDS in the workplace. The code’s key principles are the following:

- Recognition of *HIV/AIDS as a workplace issue*, in that the workplace is part of the local community with a role to play in the wider struggle to limit the effects and spread of HIV/AIDS
- *Non-discrimination*, with respect for the rights of people living with HIV/AIDS
- *Gender equality*, keeping in mind that women are more adversely affected by HIV/AIDS due to biology, socio-cultural norms and economic forces



- *A healthy work environment*, safe from the transmission of HIV and adapted to the capabilities of workers based on their physical and mental health
- *Social dialogue*, with trust and cooperation between employers, workers, unions, and governments, and with the active involvement of infected and affected workers
- *No screening* for purposes of exclusion from employment or work processes
- *Confidentiality*, as there is no justification for asking applicants/workers to disclose HIV status
- *Continuation of the employment relationship* regardless of a worker's HIV status, as long as persons with AIDS-related illnesses are able
- Inclusion of culturally sensitive *prevention programs*
- *Care and support*, including affordable health services with the same high quality provided to other workers

The Impact of HIV/AIDS on the Provision of Education

The HIV/AIDS epidemic has serious consequences for schools and education. First, demand for education decreases as fewer children and youth are able to attend school because more are sick and more (especially girls) stay at home to care for family members who are sick or handle other family responsibilities. Because HIV/AIDS decreases household incomes, families may not be able to afford to pay school fees and related expenses, and they may need children and youth to work. In addition, parents may not see value in having their children receive education because the future looks so grim.

Second, as HIV/AIDS claims the lives of increasing numbers of teachers and other education-related personnel, there are not as many people available to teach and run schools. Scarce human and material resources are stretched further. The personnel who are working may be less motivated and absent more often to deal with HIV/AIDS in their own families. Teacher education also declines as people working in teacher training programs are affected. As a result, the quality of the education that is provided is compromised. With fewer young people gaining quality education, there is an increasing shortage of teachers and other skilled labour, which hinders economic development. In this environment, education systems need to make significant changes and non-formal and community education become more important in reaching young people for both general education and HIV/AIDS prevention education.

Strategies for Addressing the HIV/AIDS Epidemic:

Youth Involvement across the Continuum of HIV/AIDS Services

From the beginning of the epidemic, young people have been involved as volunteers, student interns, and employees of community-based organizations in spreading awareness about HIV/AIDS and sexual health, offering counselling, acting as companions, and providing care. Over the past few years, youth participation in HIV/AIDS work has been receiving increased attention.

Since youth are affected disproportionately by this epidemic, all of the services should have a youth component. Youth can help ensure that prevention messages are meaningful to young people, relevant to their daily lives and communicated



through effective channels, and that all care takes into consideration the needs of young people and is “youth friendly.” Youth should be included in all phases of research, programme design, implementation, outreach, monitoring, and evaluation, including in paid positions.

Program planners should seek out young people to be involved who are from marginalized populations, including out-of-school youth, and those directly affected by HIV/AIDS. Youth who are living with HIV/AIDS or with family members who have the disease can have a particularly valuable impact because of first-hand experience.

The essential components of enabling young people to become involved are to identify and develop opportunities in HIV/AIDS work, create greater awareness of those opportunities, and provide skills training and mentoring. Youth participation involves a partnership between young people and the adults with whom they are working on projects. Each needs to have certain agreed upon responsibilities. Adults need to make sure that the young people are informed, trained, and supported in their work. The young people need to be committed, reliable, and active contributors. Youth require training and recognition equivalent to their input and functions. Their participation needs to be “professionalized.”

An example of a successful volunteer program involving youth in many different aspects of HIV/AIDS work is run through the Centre for the Study of AIDS at the University of Pretoria in South Africa. Since the program started in 1999, over 600 students have received training and have become involved in peer counselling, community outreach, prevention education, research, developing media, and policy and program development. Increasing numbers of the students who were involved in this program have been finding employment in the field of HIV/AIDS.

Continuum of HIV/AIDS Services

In the diagram below, the first column lists the continuum of services needed to effectively fight the HIV/AIDS epidemic. The other columns cover some of the strategies that have worked in providing HIV/AIDS services, work sectors needed to implement the services, potential roles that youth can play, and skills/training needed by youth to carry out those roles.

The following sectors need to be involved in the provision of most or all of the types of interventions listed on the chart above: hospitals, clinics, health care industry, public health and health ministries, organizations serving youth, faith-based organizations, educational institutions, researchers, policy makers/government, United Nations, businesses (especially pharmaceutical and condom companies), and funding organizations. In addition, labs/companies that sell or perform tests need to be involved in prevention and VCT. Treatment and ongoing care of people with HIV/AIDS and survivors also require highly experienced health care providers and mental health and social service agencies. An infrastructure must be developed to train these providers and deliver care.



	Strategies	Roles	Skills/Training
Prevention	Peer education, community outreach, social marketing, school-based health promotion and prevention education, skills building.	Potential for youth involvement in all aspects: program design, implementation, service delivery (especially as peer educators), management, programme evaluation.	Communication and interpersonal skills, non-judgemental approach. Training (including background in behaviour change), continuing education, and supervision.
Voluntary counselling and testing	Integrated counselling and testing services that are youth-friendly.	Potential for youth involvement in all aspects: programme design, implementation, service delivery (can be trained to provide counselling), management, programme evaluation.	Communication and interpersonal skills, non-judgemental approach. Local guidelines and certification process. Training (including background in behaviour change), continuing education, and clinical supervision.
Medical treatment	Early diagnosis and treatment, equal access, appropriate regimen, developing readiness to adhere to treatment, compliance.	Youth can help advise providers about channels to reach youth and barriers to treatment and care (e.g. stigma, cost, disclosure of status and risky behaviours) Serve as patient advocates.	Youth with HIV/AIDS who want to share their experiences. Training, continuing education, and clinical supervision for patient advocates.
Ongoing care of people with HIV/AIDS	Home-based care (e.g. cleaning, basic nursing care), user friendly and comprehensive one-stop shopping for services, non-judgemental and integrated mental health services, reducing stigma, buddy programs.	Youth can advise health care workers on ways to increase adherence, provide relevant care, and deal with bereavement Serve as counsellors to other youth (e.g. on importance of early diagnosis, treatment, and ongoing care). Provide home-based care (e.g. cleaning, basic nursing care) to people of any age with HIV/AIDS.	Youth with HIV/AIDS who want to share their experiences. Communication and interpersonal skills, non-judgemental approach. Training, continuing education, and clinical supervision for counsellors. Training and supervision in providing home-based care.
Care of survivors: orphans and families	Visits and placement by social workers, therapeutic play groups, waiving school tuition/tuition assistance, non-judgemental and integrated mental health services, reducing stigma, buddy programs, vocational training.	Pair up young adults with younger or same-age orphans to create "buddy" system. Provide counselling, referrals, and skills training to orphans and other family members.	Communication and interpersonal skills, non-judgemental approach. Training, continuing education, and clinical supervision for counsellors and skills trainers. Older orphans, if trained, can provide care for younger orphans.

Prevention

Prevention education and counselling are crucial to slowing and eventually stopping the spread of the HIV infection. There are several types of prevention activities in which youth can participate:

Peer education. Peer education is becoming widespread as a way for young people to become involved in HIV prevention and care work. Many youth gain most of their information on sexual issues from peers. Given the right skills, young people can be effective messengers to others their age, including to marginalized youth populations such as commercial sex workers and intravenous drug users. They are already connected into peer networks and communicate in the same ways with the same language as the youth they are trying to reach. They can also help build skills, counsel youth, and distribute condoms.

Many high-risk youth distrust adults too strongly for adult social workers to reach them. In some cases, especially where adults are reluctant to talk with youth about sexual health, peer education has been reported to be more effective than prevention education delivered by adults. When peers are viewed as more relevant and acceptable, they can increase knowledge, change in attitudes, and increase adoption of safer sex practices. Youth who are living with HIV/AIDS can be especially effective as peer educators.

There are a number of challenges to using young people as peer educators. They include the need for extra training and supervision, a high turnover rate resulting in the constant need for training new peer educators, and difficulty with reliable participation due to competing interests and demands in their lives. These problems can be addressed to some extent by careful selection of participants and by providing good training, supervision, incentives, and rewards.,

Although the current base of research on youth peer education programs is quite limited and more scientific studies are needed, there are studies that have demonstrated positive results. For example, single adolescent female workers in an education program led by peers in a Thai factory, showed more significant improvements in both HIV prevention knowledge and enabling skills than those in sessions led by adults or using only educational materials. In group sessions, peer educators helped them learn information about HIV transmission and the importance of using contraception and skills such as how to discuss condom use with a partner.

In Ibadan, Nigeria, out-of-school female adolescents who apprenticed as tailors were trained as peer educators for their workshops. Study results showed that members of the intervention group had significantly greater knowledge about HIV and the risks of unprotected sex and a much larger increase in condom use than those in the control group. The intervention group reported a small decrease in episodes of sexual coercion during the period of the study compared to a significant increase in episodes in the control group.

Another successful peer education program was carried out with highly mobile construction workers in Vietnam. Most of the workers were men in their late twenties. The Horizons Program worked with the Population Council/Vietnam, the Ho Chi Minh City (HCMC) Labour Union, HCMC AIDS Committee, and the College of Social Sciences and Humanities of



HCMC National University to compare two programs: an existing program using visiting health communicators (HCs) who were social work students (mostly female) and a new peer education program using some of the construction workers (mostly male) themselves as peer educators (PEs). In both cases, the educators received training to provide HIV prevention education in groups and one-to-one counselling sessions at the workplaces. The key findings of this study showed that:

- PEs contacted a larger number of workers and were more successful at distributing condoms than HCs.
- The increases in workers' knowledge of HIV, life skills, ability to use condoms, and risk perception were greater with the PEs, and the stigmatizing attitudes decreased more.
- The spread of HIV information to workers at the construction sites who were not directly exposed to the activities was greater where PEs were used.

Peer education can also be effective when used in conjunction with other prevention methods. For example, in Chiang Mai, Thailand, the Superstar and Model Brothel programs combined peer education with policy advocacy. They trained sex workers as peer educators, encouraged brothel owners to require condom use, and lobbied the Thai government to provide condoms. During the first year of this combined implementation, the percentage of sex workers who refused sex with clients who would not use condoms increased from 42 percent to 78 percent.

Social marketing. Social marketing projects have reported increases in condom use among participants, including youth, and have met with very little community resistance. Social marketing approaches range from volunteer efforts in which pamphlets and condoms are distributed to clubs and other appropriate venues to more sophisticated projects in which role models are selected and appear on posters with their pictures and personal stories about the impact of HIV on their lives.

These advertisement campaigns may be coupled with public service announcements and other programming on radio and television. Since social marketing can include mass media, small print media, promotional materials, peer outreach and special events, the approach is easily adaptable to diverse local situations. Youth can and should be involved in the entire process of social marketing from development to implementation and evaluation of the program.

In Honduras, there is a social marketing project where youth are involved in several different types of activities. Young People in Action, run by the Pan American Social Marketing Organization, trains dozens of peer educators to conduct educational activities with other young people in schools and high-risk neighbourhoods. It has a mass media component with a weekly live radio show that is designed and hosted by adolescents. In August 2003, teen volunteers from the project helped organize an event at the AIDS EXPO in Honduras that brought together dozens of schools and other organizations to share ideas about promoting STD/HIV/AIDS education among young people. At the event, the youth presented educational and interpersonal communications activities and distributed educational materials.

In Nepal, UNICEF has created a communications initiative for young people that has three interlinked ways of reaching young people: a combination of education and entertainment on radio and television, communication materials and interpersonal discussions. The radio program "Chatting with My Best Friend" is produced and hosted by and for youth. It

focuses on common problems such as drug abuse, sex, relationships, and peer pressure. The TV program “Catmandu,” acted and directed by and for young people is a drama series that improvises stories from issues raised in the radio program and the letters from listeners. It helps demonstrate life skills such as creative and critical thinking, problem solving, and making difficult decisions.

School-based health promotion and prevention education that continues throughout the school years is also effective in creating change. A comprehensive curriculum should be developed that provides youth with the information and tools necessary to make informed, safe choices. Teachers must have adequate training and support to provide health education on topics related to sex because they often feel too embarrassed or uninformed to teach this subject. The feasibility of establishing school-based health promotion programs in various countries obviously depends upon social will, resources, political support, availability and type of schooling, and other local factors. In addition to including local officials, teachers and policy makers in the process of developing school-based curricula, it is also vital to gain the support of students and parents. Youth should be included in all aspects of design, implementation, and evaluation of school-based health promotion and prevention programs.

One example of youth involvement in developing a school-based prevention program has occurred in Vietnam through the Ministry of Education and Training. This program for children in grades 1 to 12 uses role plays and other participatory methods to teach the children about protecting themselves from HIV/AIDS, sexual abuse and drug abuse. As part of the program development process, teams of youth researchers collected data in schools and other places from children ages 10 to 18, their teachers and parents, and the larger community. The data have helped in understanding the problems, designing the life skills program, and monitoring its progress. This program has now been integrated into schools across Vietnam and adapted for use in a number of other settings to reach children and adolescents who are not in school.

In India, a unique prevention project called Dancing Feet has been implemented by Committed Communities Development Trust, Shiamak Davar Institute for the Performing Arts, and Family Health International/IMPACT. It combines dance with life skills education and counselling to help high-risk vulnerable children in Mumbai respond safely to situations that increase their risk for HIV. Young adults are a key part of the program in that 60 dance instructors of ages 16 to 30 are conducting dance sessions for children in this program. The children have performed for audiences of other children, families, and staff from the nine partner organizations of this project.

Voluntary HIV Counselling and Testing

VCT is a vital component of a response to HIV/AIDS, and it must be voluntary and confidential. Given the availability of effective antiretroviral treatments and the prolonged survival associated with early initiation of highly active antiretroviral treatment, it is crucial to diagnose HIV infection as early as possible. Testing is also critical since people are unlikely to practice safe sex if they do not know their status. VCT with individuals at risk who test negative provides them with encounters with HIV counsellors who can help them design a personal plan for avoiding risky sexual behaviour.



VCT can be provided in a variety of ways, for example, through street outreach, in outreach vans, or at storefront offices. This service can also be incorporated into existing programs and medical services, including hospitals, clinics, prenatal care programs, and services for high-risk individuals, such as drug treatment programs, prisons, and clinics managing tuberculosis, STDs, and hepatitis C infection. For reaching young people, it is most important that VCT is made available at places that attract high-risk youth, including sex workers and their clients, injection drug users and their partners, and runaways.

Fear and stigma must be addressed so that those who need services are more likely to access them. VCT, medical treatment, and all types of ongoing care must be accessible to and comfortable for people of all ages, including youth. Young people can provide valuable input on how to make services “youth friendly.”

Young people can play significant roles in designing VCT services, providing education, and promoting the services to youth. It is also important for them to be involved in ongoing monitoring and evaluation to make sure that the services meet young people’s needs. One way that youth are being involved in supporting VCT programs is through special clubs formed for that purpose. Through Kara Counselling and Training Trust in Zambia, youth who have had the HIV test, whether they tested positive or negative, are involved in a “post-test” club to support the program. Through the Adolescent Counselling and Recreation Centre Club, launched by the Kenya Association of Professional Counsellors, tested and untested youth in Kenya meet regularly to plan VCT services for youth.

Young people have been successfully trained as peer counsellors for VCT programs. However, a few studies have found that young people prefer as counsellors young adults who are not their peers, specifically for pre- and post-test counselling (i.e., not their friends or co-workers).

A new, innovative project is involving youth in all aspects of providing VCT, including counselling. Advocacy for Youth’s YouthLIFE project is working with a youth-led organization called Youth Action Rangers of Nigeria (YARN). In July 2003, youth researchers studied VCT facilities in Lagos to measure their “youth-friendliness.” They are using the results to offer their services to assist staff in creating more youth-friendly services. In January 2004, YARN plans to open its own VCT facility at its office/youth centre. They will coordinate with a medical centre that will perform the antibody tests. YARN staff and volunteers (all under age 25) are currently receiving training so that they will be able to conduct all of the counselling procedures as well as set up referral networks on treatment for youth who test positive for HIV. YARN also intends to create space in its centre for young people who are HIV-positive to gain support from each other.

Medical Treatment and Ongoing Care for People with HIV/AIDS and Care of Survivors

Medical treatment and ongoing care and support for those with HIV/AIDS is vital for slowing the progression of the disease, controlling complications, extending life, and improving the quality of life for people living with the disease. Access and adherence to medications that fight the virus and HIV-related illnesses and manage pain are especially important. Health care services need to be accessible at the primary, secondary, and tertiary levels. Home and community-based care,



including social services, psychosocial support, and support for caregivers, must be provided on a long-term basis and should be able to accommodate individuals' changing needs as their condition progresses through the different stages of HIV/AIDS. Home-based care and community-based care are especially important where hospitals are overcrowded, which is the case in most parts of Asia. Youth can play a significant role in providing home-based care. Indeed, young people are often well experienced in providing care to members of their own family.

Survivors are the family members of people who have died from HIV/AIDS. An especially serious problem is the care of children who become orphaned as a result of the disease. In South and Southeast Asia, there are approximately 1.8 million children orphaned due to HIV/AIDS. This number will increase as the epidemic spreads and more parents with the disease die. These children become vulnerable in a number of ways as their parents' disease progresses. They are more likely than orphans from other causes to experience stigma and ostracism and end up living on the street. Some of them also have HIV/AIDS themselves and need additional special care.

Services for children and youth who become vulnerable and orphaned due to HIV/AIDS must be sensitive to their particular needs. These children and youth should also be empowered to become active participants in planning and carrying out efforts to improve their situation. Youth can play a significant role in working with orphans and vulnerable children. In particular, older orphans can be trained to work with younger children. In some families, they have already become heads of households. Yet their age-related and developmental needs must also be addressed.

Selected examples involving youth in caring for people with HIV/AIDS and/or survivors are described below:

Funded by the Deutsche Bank, HHD is working with the SEM Foundation, the Life Skills Development Foundation, and the Mae Suai Public Health Bureau on an innovative education project for HIV/AIDS orphans in northern Thailand. The project includes three components: 1) providing direct tuition assistance to the poorest HIV orphans; 2) providing vocational, income-generating livelihood training for underprivileged children, and 3) working with the local public health bureau to improve understanding of the local HIV situation.

In a project in India called Providing Community-Based Care and Support to Infected and Affected Children in Parts of Delhi and Andhra Pradesh implemented by Catholic Relief Services, Women's Action Group/Chelsea, St. Paul's Trust, and Family Health International/IMPACT, the goal is to improve the well-being of children infected with or otherwise affected by HIV/AIDS by providing a variety of care and support programs. Forty-eight peer educators, ages 15 to 19, are actively involved in this project.

Implemented by CARE International/Cambodia, Children in Distress is a project to improve the well-being of orphans and other vulnerable children and youth in Cambodian-Thai border communities. The four major aspects of the project are to provide succession planning, educational and vocational training opportunities to ensure that orphans and vulnerable children can attend school without charge, psychosocial support, and therapeutic playgroups. Youth volunteers are involved in the latter two aspects, and they are planning to expand youth leadership in these activities.



In a study in Zambia by the Horizons Program in conjunction with Care International and Family Health Trust, young people in semi-urban and rural communities were trained to provide care and support to people affected by AIDS. The kind of help they provide to people with HIV/AIDS includes cleaning, nursing care, counselling, and making clinic referrals. The young people also help orphans and vulnerable children by involving them in recreational activities, contacting schools to make sure their needs are met, and making referrals to NGOs when additional support is needed. Both the caregivers and the people they help benefit from the program. In addition to gaining knowledge and skills, the caregivers gain personal satisfaction, the respect of their communities, and involvement in income-generating activities. Involvement in the program also appears to encourage the young people to adopt some protective behaviour in relation to sexual activity.

In Tanzania, the community-based organization Humuliza has a completely youth-run program called Vijana Simama Imara (Swahili for “adolescents stand firm”) that helps orphans gain skills. The older orphans function as resources for the younger ones.

An important development that has occurred in a number of countries in the last few years has been an attempt to bring together microenterprise activities and HIV/AIDS programs. Driven by the economic destitution that occurs when one or more individuals in a family become infected with HIV, some HIV/AIDS funders and researchers are exploring how to establish and support microenterprise programs to assist individuals affected by HIV, especially young people who end up as the heads of households. At a very small level, efforts are being made to transform traditional microenterprise activities within areas affected by HIV/AIDS. With respect to youth, researchers are asking the following questions:

- Can microfinance institutions (MFIs) allow younger clients to use their services if they come from an AIDS-affected household?
- If clients become ill, can MFIs or borrower groups mentor younger family members to take over businesses and replace sick adults as MFI clients?
- How can intergenerational business mentoring become a more broad-based effort to build youth entrepreneurship skills and to link youth to microfinance services?

Youth Involvement in HIV/AIDS Needs Assessment, Program Development, Advocacy, and Policymaking

Other important areas of youth involvement are in the following areas:

- Developing and implementing community needs assessments for determining priorities and community-based services to address the priorities
- Advocacy efforts, such as educating and mobilizing youth to work for changes in services and policy
- Influencing and representation in decision-making bodies that work on HIV/AIDS policy

Below are some case examples from different countries:

In Burkina Faso, Advocates for Youth and Mwangaza Action carried out a four-year program focused on sexual and

reproductive health, including HIV/AIDS, among youth. In the first phase of the project, they trained young people to conduct participatory workshops with committees of young people in villages. During the workshops, priority needs were determined. The youth then conducted focus groups to help the committees determine strategies to address these needs. In the second phase of the project, youth were trained to carry out the strategies, including peer education through community events and home visits and training of health centre staff on providing youth-friendly services. The results of this project showed increases in knowledge about HIV and where to get contraception and services, access to services, and use of condoms. In addition, a group of youth had been created in the community who were respected and looked to for information and counselling.

In March 2003, HHD worked with UNICEF on a series of consultations with young people in four countries in Southeast Asia on HIV and drug use and asked for recommendations regarding treatment policy. The views of these young people were then presented by representatives from each meeting at the International Conference on the Reduction of Drug Related Harm that was held in Chiang Mai, Thailand in April 2003. Key recommendations included identifying networks and mobilizing community groups and NGOs for harm-reduction programmes; involving peer groups (ex- and current drug users) in programme planning, implementation, and evaluation; and improving youth-friendly services including the expansion of VCT, training of health care workers and promoting condom use.

In October 2001, the organization Advocates for Youth launched a three-year initiative in Africa called Youth Leadership in Fighting the Epidemic (YouthLIFE). Its goal is to build the leadership capacity of youth in providing HIV/AIDS prevention programs and advocacy specifically for youth. YouthLIFE involves partnering with four youth-led NGOs in three countries: the Youth Health Organization of Botswana, the Youth Action Rangers of Nigeria, (the Township AIDS Project in South Africa, and the South African Centre for Organisational Development. Efforts include skills-based training, advocacy, program implementation, organizational development, and involvement in policymaking.

In conjunction with YouthLIFE in Botswana, participants formed a Youth Activist Network (YAN) to bring together youth from NGOs to work on improving reproductive and sexual health in local communities. The YAN offers a weekly forum for young leaders to share information, brainstorm collaborative ideas, and gain skills. Young people also successfully advocated for a position on the National AIDS Coordinating Association (NACA). The YAN representative on the NACA successfully advocated for a 50 percent increase in funding for youth programs, including programs to improve youth access to condoms.

In conjunction with YouthLIFE in Nigeria, one young activist educated his peers about the importance of youth participation in decisions that affect their reproductive and sexual health. These youth then helped gain a position for a young person on the Nigerian national coordinating mechanism for the Global Fund on HIV/AIDS, TB and Malaria.

There have been a number of recent regional meetings of young activists in South Asia including the South Asia Girl Child Symposium in Pakistan, the Regional Consultation on Ending Commercial Exploitation of Children in Bangladesh and the South Asia Regional Forum for Young People on HIV/AIDS in Nepal.



On the international level, the Barcelona YouthForce is a network of youth activists and adult allies from developing and developed countries who attended the 2002 International AIDS Conference. It has been organized by Youth Against AIDS, The Student Global AIDS Campaign, Advocates for Youth, and the YOUTHNET Program of Family Health International. Its goals are to increase the visibility of youth and their issues, encourage HIV/AIDS organizations to involve more youth, and work more closely with young people to ensure that they are included as partners in the design, implementation, and evaluation of programs and policies.

Another project that promotes HIV/AIDS advocacy opportunities for youth on the international level is the web site YouthHIV, a project of Advocates for Youth. YouthHIV was created by and for youth who are HIV-positive and HIV peer educators. It also provides information, resources and referrals, peer education, and community support.

Youth Involvement in Providing Water, Sanitation and Food

Access to safe water, sanitation, and food is important in preventing the spread of life-threatening diseases, including HIV/AIDS, and is particularly crucial for people living with HIV/AIDS. Such access helps people with HIV/AIDS stay healthy longer, facilitates provision of home-based care, and increases people's dignity. It is particularly urgent to reduce the spread of diarrhea and skin diseases, which are some of the most common opportunistic infections. Clean water is also necessary for taking medicines. Access to safe water needs to be close enough that people weakened by HIV/AIDS can get it. Nutrition should be included as a key component of HIV/AIDS care. Water, sanitation, and food security programs need to integrate approaches to assessing and dealing with the impact of HIV/AIDS on their organizations and services and also examine how they can influence the epidemic.

Hygiene education is needed in order for people to use the safe supplies effectively. Such education should be given on a community-wide basis and should be specifically included in the training of people who provide home-based care. A similar approach can be used in providing education about HIV/AIDS prevention and care and hygiene, and they can be provided together. It needs to build community capacity to assess risks and barriers and develop solutions and action plans to change behaviour.

There are programs involving youth as peer educators that have begun to combine education about HIV and hygiene. In Nepal, the Junior/Youth Red Cross, a wing of Nepal Red Cross Society, involves youth in leading activities to generate awareness about safe water, sanitation, HIV/AIDS, and organizational development. In some Sub-Saharan African countries, the Global Alliance for Workers and Communities, an initiative of the International Youth Foundation, has trained peer educators to provide health information about reproductive health, HIV/AIDS prevention, nutrition, and sanitation.

Current Work on HIV/AIDS and Youth Employment among the YES Networks Globally

YES Networks are youth-led national coalitions that work with diverse stakeholders to develop projects and programs that promote youth employment. Membership in these networks includes youth-serving organizations, business groups, development agencies, and government officials, but it is the youth participants who are key to the networks' success. There



are several YES Networks in different countries that have projects related to HIV/AIDS. Below are brief descriptions of three of these projects:

YES! is a community health initiative managed by the AMAL Human Development Network, a registered nonprofit organization and part of YES/Pakistan. YES! is a community-based, life skills, HIV/AIDS, and peer education awareness project that is being run in Quetta City, Pakistan from 2003 to 2005. The target population for YES! is out-of-school male and female youth between ages 10 and 17. The majority of the labour force working in these shops, workshops, and in the carpet weaving industry are young children. Many of them are paid Rs 5-10 (less than US \$1) per day for their apprenticeships and labour. Most of them are migrant children who are vulnerable to physical and sexual abuse.

Under the YES! Project, AMAL provides a series of results-oriented activities like HIV/AIDS awareness and sensitization, rights-based training, life skills training, non-formal education/vocational training, assertiveness and self-protection training, peer education, training of trainers, monthly social and cultural activities, and development of community organizations.

YES/Honduras has launched an \$80,000 project funded by USAID. YES Network member organization Centre for Health and Family Assistance (CEPROSAF) was awarded the grant on behalf of YES/Honduras to work with people infected with HIV/AIDS, the majority being people under age 35. The project focuses on building the capacity of people living with or affected by HIV/AIDS. The focus is on youth creating productive and sustainable livelihoods, in line with the goals of the YES Campaign. Activities include vocational and technical training in a wide variety of skills. The 15-month project will also include local authorities, churches, health workers, communities, and families of people living with HIV/AIDS.

Several occupational workshops will be held in which participants will learn how to make cards out of recycled paper and other products such as scented candles. Profits from the sales of these products will benefit youth living with HIV/AIDS and their families. USAID is providing 70 percent of these funds and CEPROSAF the remaining 30 percent.

YES/Kenya works with AIDS support organizations, young people living with AIDS, and others affected by AIDS to link them with other organizations serving people who live with HIV/AIDS as well as with financial institutions. The goal is to assist the young people in accessing credit so that they can start their own businesses and to have the institutions build the young people's capacity in managing their finances and businesses. The YES/Kenya approach is to have HIV-positive young people speak to other young people. Jobs are also being created for artists. Theatre, puppetry, and poetry are being used to disseminate information on HIV/AIDS.

Here are quotes from youth involved in two of these YES Networks:

“Remuneration is the bedrock for the empowerment of young people. It creates a bargaining power and enables the right of choice with regard to HIV/AIDS vulnerability. The involvement of young people in HIV/AIDS prevention and care activities can be a two-way, mutually beneficial engagement providing sustainable livelihoods to young people as they engage their professional abilities in assisting their communities to address the impact of HIV/AIDS. To include youth in the fight against HIV/AIDS is to preserve the future. To exclude them is to jeopardise both the future and the present.”



Pamela Ateka, an AIDS activist who works with Community Focus Group and is an active member of the YES/Kenya Network

“There needs to be better coordination between the government and NGOs to mobilize resources effectively and mobilize youth. There is a great need to decrease stigma and discrimination. Young people can be involved in peer education programs and also get further schooling to become social workers who do counselling and doctors who carry out testing.”

Rana Gulzar Ahmad, who works with the AMAL Human Development Network and is an active member of YES/Pakistan

New Projects to be Launched by the YES Academy in Partnership with HHD and YES

The following two projects for implementation by the YES Academy will be announced at the Hyderabad Regional Forum, December 14-18, 2003.

Chief Minister’s Empowering Youth Program (CMEY) project. HHD and YES propose to work in partnership with the Ministry of Education and the Ministry of Youth Services in Andhra Pradesh (AP), India to train a core group of CMEY leaders to work on HIV/AIDS issues and services. CMEY leaders have already been working on other issues in rural communities across AP. Through this new project, they will gain the knowledge and acquire the practical tools to:

- 1 Assess the HIV/AIDS risk and protective factors in their rural areas
- 2 Design and deliver programs to address stigma
- 3 Teach critical prevention skills and behaviours
- 4 Encourage people to seek voluntary counselling and testing
- 5 Guide people to available treatment and care, where possible
- 6 Identify entrepreneurial/livelihood opportunities involved in HIV/AIDS work

The CMEY leaders will be included in all phases of program development, implementation, outreach, monitoring, and evaluation. Linkages will be created between the CMEY actions and delivery systems at the state level for replication of the program in other sites throughout the state.

Program for college students. HHD and YES propose to work in partnership with the Ministry of Education and the Andhra Pradesh (AP) AIDS Control Organization to develop a health/HIV curriculum and component for the community service program for AP college students. The project will emphasize the “employability” of youth (all college-going youth-preparing them for the future of HIV/AIDS around them; providing information and practice with life skills to protect their health, etc.)

A core group of National Service Scheme (NSS) leaders will be trained who will gain the same knowledge and practical tools as the CMEY leaders (see above). The NSS provides an essential link between college campuses and their surrounding

communities. The NSS represents an important avenue to reach thousands of young people in university and college settings with significant — if not life-saving — information, skills, and services. HHD and YES will identify two to three universities in Hyderabad with strong NSS programs, identify and train NSS volunteers to carry out a baseline needs assessment, regroup NSS volunteers to develop pilot projects, and expand the project to other universities.



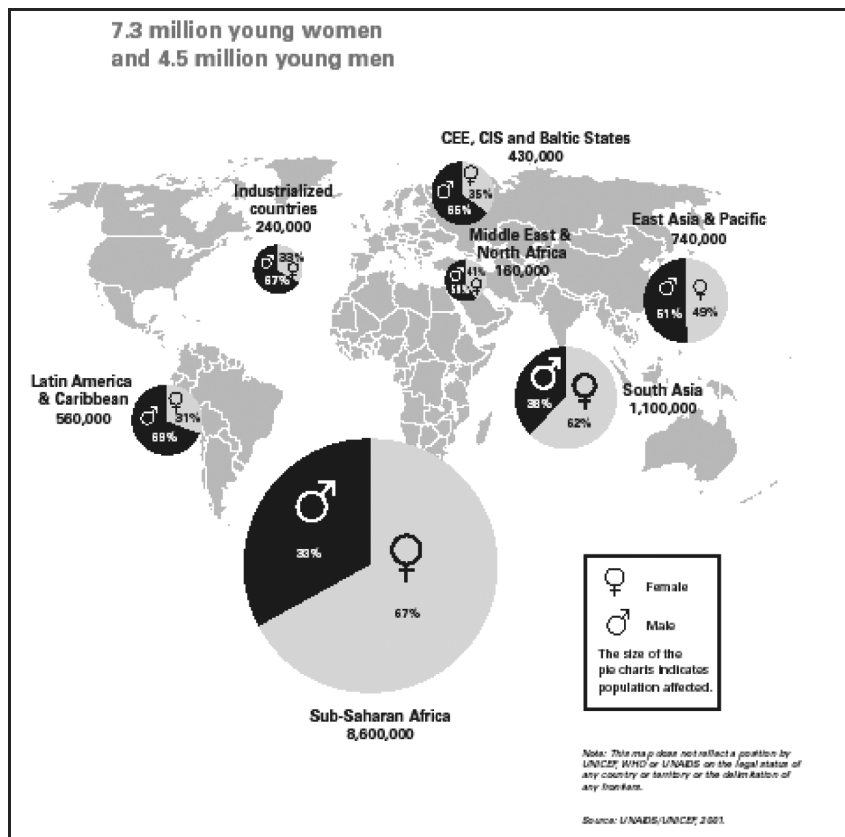
What HHD and EDC Can Do in Partnership with Countries

The essential components of enabling young people to become involved in HIV/AIDS work are to identify and develop opportunities, create greater awareness of those opportunities, and provide skills training and mentoring, including through paid work. HHD/EDC is committed to working across sectors to support governments, NGOs, youth networks, businesses, and labour leaders with a variety of services to involve youth along the continuum from HIV prevention through care. HHD/EDC will develop, evaluate, and disseminate information, tools, and skills training in a broad array of areas such as comprehensive school-based health promotion, youth-friendly counselling and testing, supportive workplace policies, and ongoing care of people with HIV/AIDS and survivors.

Appendix A:

Global Overview of Young People (15-24) Living with HIV/AIDS

Source: UNAIDS/UNICEF/WHO 2002



Regional HIV/AIDS Statistics and Figures, End of 2003

Region	Adults and children living with HIV/AIDS	Adults and children newly infected with HIV	Adult prevalence (%)*	Adult & child deaths due to AIDS
Sub-Saharan Africa	25.0 - 28.2 million	3.0 - 3.4 million	7.5 - 8.5	2.2 - 2.4 million
North Africa & Middle East	470,000 - 730,000	43,000 - 67,000	0.2 - 0.4	35,000 - 50,000
South & Southeast Asia	4.6 - 8.2 million	610,000 - 1.1 million	0.4 - 0.8	330,000 - 590,000
East Asia and Pacific	700,000 - 1.3 million	150,000 - 270,000	0.1 - 0.1	32,000 - 58,000
Latin America	1.3 - 1.9 million	120,000 - 180,000	0.5 - 0.7	49,000 - 70,000
Caribbean	350,000 - 590,000	45,000 - 80,000	1.9 - 3.1	30,000 - 50,000
Eastern Europe & Central Asia	1.2 - 1.8 million	180,000 - 280,000	0.5 - 0.9	23,000 - 37,000
Western Europe	520,000 - 680,000	30,000 - 40,000	0.3 - 0.3	2,600 - 3,400
North America	790,000 - 1.2 million	36,000 - 54,000	0.5 - 0.7	12,000 - 18,000
Australia & New Zealand	12,000 - 18,000	700 - 1,000	0.1 - 0.1	<100
TOTAL	40 million (34 - 46 million)	5 million (4.2 - 5.8 million)	1.1% (0.9 - 1.3%)	3 million (2.5 - 3.5 million)

* The proportion of adults (15 to 49 years of age) living with HIV/AIDS in 2003, using 2003 population numbers. The ranges around the estimates in this table define the boundaries within which the actual numbers lie, based on the best available information. These ranges are more precise than those of previous years, and work is under way to increase even further the precision of the estimates that will be published mid-2004.

Source: UNAIDS. *AIDS epidemic update*. December 2003.



HIV Prevalence (%) in Young People Ages 15-24

Country	Female		Male	
	Low estimate	High estimate	Low estimate	High estimate
Afghanistan	-	-	-	-
Bangladesh	.01	.01	.01	.01
Bhutan	-	-	-	-
Cambodia	1.99	2.98	.77	1.16
China	.06	.11	.11	.20
Fiji Island	-	-	-	-
India	.46	.96	.22	.46
Indonesia	.05	.07	.05	.08
Iran	.01	.01	.03	.06
Japan	.03	.04	.01	.02
Nepal	.18	.38	.17	.36
Pakistan	.03	.07	.04	.08
Philippines	.01	.02	.01	.02
Thailand	1.32	2.00	.88	1.33
Vietnam	.13	.20	.25	.38

Source: UNAIDS. *Report on the global HIV/AIDS epidemic. 2002.*

Appendix B: Basic HIV/AIDS Prevention

Know the Facts!

HIV stands for the Human Immunodeficiency Virus. HIV is the cause of AIDS, which stands for Acquired Immune Deficiency Syndrome. HIV is carried through the body by blood, semen, vaginal fluids, and mother's milk. HIV attacks and destroys the cells in your body that protect you from disease, called white blood cells, so that your body can no longer fight disease. After a long period of infection and blood cell deterioration, usually 2 to 10 years, your body can no longer protect itself against other infections. This is the stage of HIV when you become sick, which is known as AIDS. It is important to remember that for the first 2 to 10 years of HIV infection, a person may look healthy.

HIV is most often transmitted in the following ways:

- Vaginal or anal sexual intercourse, the most common means of transmission worldwide
- Transmission from mother to baby during childbirth, through breastfeeding, or during pregnancy
- Sharing needles-especially for intravenous drug use
- Receiving a blood transfusion with contaminated blood, or a transplant of a contaminated organ. This is rare in the industrialized world because of testing, but HIV transmission related to blood transfusion and unsafe medical practices accounts for up to 10 percent of HIV infections in resource-constrained countries.
- Being tattooed, receiving a body piercing, or being cut by an object that has not been sterilized and is contaminated with HIV

Certain risk factors increase the likelihood of contracting HIV:

- Women are biologically more susceptible because the lining of the vagina often tears during intercourse, giving the virus an easy pathway into the body.
- The presence of other sexually transmitted diseases can make infection more likely.
- The malnutrition often accompanying poverty can make the body more susceptible to infection.
- Youth are particularly vulnerable to HIV/AIDS because adolescents tend to take risks in many areas, including sexuality. Remember: It is not possible to "catch" HIV like a cold or the flu, or by coming into contact with infected people at school, work, or in your community.

People can protect themselves from this disease by:

- Practicing abstinence from sexual intercourse
 - Practicing safe sex using a condom or a dental dam
 - Having sex with a partner who is not having sex with other partners and has tested negative for HIV (It is important to remember that in the first few months of infection the virus may not show up in a test.)
 - Not sharing needles with other users, if you use injection drugs
- HIV-positive mothers can protect their children by using antiviral drugs, like zidovudine, and feeding babies formula rather than breast-milk in order to reduce the risk of transmitting the virus.



Appendix C: United Nations Declaration of Commitment on HIV/AIDS

The United Nations Declaration of Commitment on HIV/AIDS was adopted at the UN General Assembly Special Session on HIV/AIDS. It set up a number of targets and goals regarding young people, including:

- By 2005, ensure that a wide range of prevention programmes are available in all countries
- By 2005, ensure that at least 90 percent of young people ages 15-24 have access to information, education, and services necessary to develop the life skills needed to reduce their vulnerability to HIV, and 95 percent by 2010
- Reduce by 25 percent the rate of HIV infection among young people ages 15-24 in the most affected countries by 2005, and globally by 2010
- Reduce by 20 percent by 2002 and 50 percent by 2010 the proportion of infants born with HIV
- By 2003, enact or strengthen anti-discrimination and human rights protections for people living with HIV/AIDS and for vulnerable groups
- By 2003, develop or strengthen participatory programmes to protect the health of those most affected by HIV/AIDS
- Empower women as an essential part of reducing vulnerability to HIV
- Make treatment and care for people with HIV/AIDS as fundamental to the AIDS response as is prevention

Source: The United Nations Declaration of Commitment on HIV/AIDS, adopted at the UN General Assembly Special Session on HIV/AIDS. June 2001.

Appendix D: Work-Related HIV/AIDS Policies

The Thailand Business Coalition on AIDS stresses that in working to implement HIV/AIDS policies in the private sector, it is crucial to be flexible and non-judgemental and to develop relationships with companies. It has suggested five successful strategies for advocates to use in convincing companies in Thailand to adopt HIV/AIDS policies in the workplace:

- Use of a non-confrontational, non-threatening approach
- Use of a compassionate and understanding tone, with human rights discussed as an important (in terms of confidentiality and the right to work) yet secondary issue
- Use of persuasive case studies to illustrate the importance of developing and instituting an HIV/AIDS workplace policy
- Use of a top-down approach, arranging initial meetings with high-level corporate staff (i.e., meet with the General Managers to obtain their endorsement early on)
- Do not highlight existing general laws unless they are inherently useful and conducive to businesses trying to manage HIV/AIDS issues in a manner that is effective and supportive to people with HIV/AIDS

Source: The Thailand Business Coalition on AIDS (TBCA): The business response to AIDS in Thailand. Thailand Business Coalition on AIDS, Bangkok, Thailand. January, 2002.



Appendix E: Electronic Information Resources

Health & Human Development Programs/Education Development Center Inc.

www.hhd.org

HHD is a U.S.-based nonprofit organization that works on global HIV/AIDS issues and other health concerns.

The HIV/AIDS Ports for the Asia Pacific. United Nations Development Programme.

www.youandaids.org/

United Nations Secretary-General's Youth Employment Network

www.un.org/esa/socdev/unyin/iyouthday/iyd2003.htm

YouthHIV

www.youthhiv.org/

YouthHIV is a web site created by and for HIV-positive youth and HIV peer educators. Its purpose is to provide a safe and effective web site offering sexual and mental health information, community support, opportunities for advocacy, resources and referrals, and online peer education.

Youthshakers

www.youthshakers.org/

Youthshakers is a global network of youth working on sexual health issues.

Advocates for Youth

www.advocatesforyouth.org

Advocates for Youth is dedicated to creating programs and advocating for policies that help young people make informed and responsible decisions about their reproductive and sexual health. Advocates provide information, training, and strategic assistance to youth-serving organizations, policy makers, youth activists, and the media in the United States and the developing world.

Youth Resource

www.youthresource.com

YouthResource, a web site created by and for gay, lesbian, bisexual, transgender, and questioning (GLBTQ) young people 13 to 24 years old, takes a holistic approach to sexual health by offering support, community, resources, and peer-to-peer education about issues of concern to GLBTQ young people. YouthResource has four focus areas: health, advocacy, community, and issues in our lives.



“The Past, Present and Future of Youth Involvement” December 3, 2002. YouthNet/FHI and USAID, Washington, DC

www.kaisernet.org/health_cast/hcast_index.cfm?display=detail&hc=727

Session from the meeting “Future of Youth Involvement” sponsored by YouthNet/FHI and USAID. Discussion focuses on the past, present, and future of youth involvement in reproductive health and HIV/AIDS programs and identifies “next steps” for organizations interested in promoting the youth participation agenda.

Barcelona Youth Force

www.fhi.org/en/Youth/YouthNet/Publications/barcelonayouthforce.htm

The Barcelona YouthForce is an international network of youth activists and adult allies who worked to raise awareness of youth at the XIV International AIDS Conference in Barcelona. Its current goals are to increase the visibility of youth and their issues, encourage HIV/AIDS organizations to involve more youth, and work more closely with young people to ensure that they are included as partners in the design, implementation, and evaluation of programs and policies.

Youth Issues Papers

www.fhi.org/en/Youth/YouthNet/Publications/YouthIssuesPapers.htm

Youth Issues Papers are in-depth reviews of critical topics regarding youth reproductive health and HIV/AIDS prevention. They include an analysis of the issue, a literature review, case studies, lessons learned, and ideas about criteria for best practices.

HIV/AIDS Prevention and Care Success Stories

www.usaid.gov/pop_health/aids/News/success.html

HealthDev.net - AIDS regional and topic online forums

www.hivnet.ch/fdp/HealthDev/healthdev.html

This is a global health information exchange platform that supports partnerships between people and organizations working on HIV and AIDS in developing countries.

Mobilizing Young People for the Care and Support of People Living with HIV/AIDS in Zambia - Research Summary

www.popcouncil.org/horizons/ressum/youthinvsum_zambia.html

State of the World’s Population 2003. Making 1 billion count. Investing in adolescents’ health and rights.

www.unfpa.org/swp/2003/english/ch1/index.htm



United Nations Development Programme - South Africa

www.undp.org.za/holistic.html

Global Business Coalition on AIDS

www.businessfightsaids.org/

United Nations Joint Programme on HIV/AIDS (UNAIDS)

www.unaids.org

UNAIDS, the Joint UN Programme on HIV/AIDS, produces a number of useful resources on the epidemiology of HIV/AIDS and prevention and care. Refer to the UNAIDS web site for a wide array of references and annual HIV/AIDS figures.

World Health Organization (WHO)

www.who.int/hiv/en/

WHO provides detailed information on the technical aspects of the epidemic including program guidance on prevention, care, support and treatment, current clinical guidelines, and disease surveillance.

International Labour Organization (ILO)

www.ilo.org

Centers for Disease Control and Prevention (CDC)

www.cdc.gov/hiv/pubs/facts.htm

CDC is the leading public health agency of the United States government. The agency houses detailed information on trends, prevention and treatment protocols, and intervention tools for leaders in business and labour in U.S.-based companies and labour organizations.

BUSINESS ORGANIZATIONS

United Nations Global Compact

www.unglobalcompact.org

The Global Compact is a network-oriented organization that promotes corporate leadership around sustainable growth by bringing companies together with UN organizations, international labour organizations, and other civil society groups. It aims to contribute to the emergence of shared values and principles, which give a human face to the global market. The Global Compact supports HIV/AIDS-related activities by its member companies.

International Business Leaders Forum (IBLF)

www.iblf.org



IBLF is a membership organization working at a global level to promote responsible business practices and sustainable development. It has worked extensively on the business response to HIV/AIDS and produced a joint publication with UNAIDS and the Global Business Coalition on HIV/AIDS that is included in the publications section of its web site.

The Corporate Council on Africa (CCA)

www.africacncl.org

CCA is a membership organization of corporations dedicated to strengthening and facilitating economic and commercial relationships between African and American corporations, organizations, and individuals. The CCA task force on HIV/AIDS has investigated how American corporations can best address HIV/AIDS in Africa. The report is available for purchase from the Council.

The Global Reporting Initiative (GRI)

www.globalreporting.org

GRI is working to elevate corporate responsibility reporting to a level equivalent to financial reporting through development of a generally accepted reporting framework. Participating entities include companies; the United Nations; labour, environmental, and human rights groups; accountancy and industry associations; and governments. GRI is administering a grant from the Bill and Melinda Gates Foundation to develop corporate reporting protocol for HIV/AIDS.

Business for Social Responsibility (BSR)

www.bsr.org

BSR is a membership organization that provides resources and services to promote corporate responsibility and help businesses operate in ways that demonstrate respect for ethical values, people, communities, and the environment. It offers members support by providing education and training, research, and technical assistance on corporate responsibility.

Business & Human Rights Resource Centre

www.business-humanrights.org

The Business & Human Rights Resource Centre is an online library providing links to a broad range of materials related to human rights, labour, and business from academic institutions, governing bodies, and companies. The resource provides useful links for all sectors on issues pertaining to the workplace, including HIV/AIDS, gender, and the environment.

Business Exchange on AIDS and Development (BEAD)

BEAD is an NGO that brings together representatives from multinational companies, universities, WHO, DFID, and others in the NGO sector. BEAD aims to bring businesses working in developing countries together to enhance communication and help foster an effective response to disease.



Academy for Educational Development (AED)

www.aed.org

Under the auspices of the U.S. Department of Labor, AED is launching the HIV/AIDS Global Workplace Prevention and Education Program in Africa, the Americas, Asia, and Eastern Europe. The four-year program is designed to assist businesses in establishing effective and comprehensive workplace HIV/AIDS prevention programs and policies.

International Chamber of Commerce (ICC)

www.iccwbo.org

ICC is an international business organization representing all sectors throughout the world. Operating within the international trade regime, ICC sets voluntary rules that govern the conduct of business across borders. ICC fosters dialogue between business and humanitarian organization leaders. Recent attention has been given to HIV/AIDS in the workplace.

Autocluster -Automotive Industry News

www.autocluster.com/aids

This is a virtual portal on HIV/AIDS for the automotive, manufacturing, and transport sectors. Autocluster's main concern is to provide information that will assist in strategic planning and will offer information on how HIV/AIDS will impact industry in both the immediate future and longer term. This web resource facilitates the exchange of noncompetitive information on HIV/AIDS between companies so that managers have a resource on which to draw.

CSR Data Networks

www.csrdatanetworks.com

CSR Data Networks is an independent organization that brings together like-minded business organizations to develop greater communication and provide a confidential environment to discuss shared business challenges and find possible solutions through sector-specific Round Table Discussions.



HIV/AIDS ORGANIZATIONS

International AIDS Trust (IAT)

www.aidstrust.org

IAT was established to create strategic opportunities in the public and private sectors to spur leadership, mobilize resources, and promote effective interventions in the fight against HIV/AIDS. IAT aims to create opportunities through public education and policy development and to promote leadership through partnership and investment.

Family Health International (FHI)

www.fhi.org

As part of its mission to improve reproductive and family health, FHI is active in HIV/AIDS prevention and care. A number of its publications are useful in the business response to HIV/AIDS and have been included as references on its web site.

The National AIDS Trust (NAT)

www.nat.org.uk

NAT works broadly around HIV/AIDS and is active in policy research and campaigning, vaccine development, and employment rights for people living with HIV. Its web site provides links to a number of useful projects, publications, and initiatives in the fight against HIV/AIDS.

The International AIDS Economics Network (IAEN)

www.iaen.org

IAEN is an informal group of researchers, policy makers, consultants, and others from various organizations, including NGOs, development agencies, multilaterals, and universities. The site focuses on the economics of AIDS in developing countries and includes information about conferences and general HIV-related news.

International Center for Research on Women (ICRW)

www.icrw.org

ICRW works to improve the lives of women in poverty through partnerships and policy development in the areas of economic development, equity, and human rights. It has an active research program in HIV/AIDS focused on HIV-related discrimination and stigma.

International HIV/AIDS Alliance

www.aidsalliance.org

The Alliance is a leading international NGO supporting communities in developing countries in the global response to HIV/AIDS. It was established to help foster partnerships between community-based organizations, governments, and donors. Some of its publications are useful for increasing understanding of community mobilization and prevention.



Funders Concerned About AIDS

www.fcaaid.org

FCAA mobilizes philanthropic leadership and resources, domestically and internationally, to eradicate the HIV/AIDS pandemic and to address its social and economic consequences. FCAA provides a full range of programs and services for domestic and international grant makers working on HIV/AIDS exclusively and in a variety of program areas closely related to HIV/AIDS.

Global Network of People Living with HIV/AIDS (GNP+)

www.gnpplus.net

GNP+ aims to improve the quality of life of people living with HIV/AIDS. This is achieved by helping to build the capacity of people with HIV/AIDS on the global, regional, and national levels through international conferences and lobbying.

International Community of Women Living with HIV/AIDS (ICW+)

www.icw.org

ICW's overall goal is to improve the lives of women with HIV and AIDS throughout the world. It works to ensure that HIV-positive women have input at the local, national, and international levels and are represented in decisions, policymaking, service development, and research likely to have impact on their lives.

International Council of AIDS Service Organizations (ICASO)

www.icaso.org

ICASO is a global network of NGOs and community-based organizations. It works to mobilize communities and their organizations to participate in the response to HIV/AIDS and advocates for their needs.

National AIDS Manual (NAM)

www.nam.org.uk

NAM is a community-based information provider based in the UK whose sole aim is to combat the AIDS epidemic through accurate, accessible, and up-to-date information. It produces extensive information on treatments, both in book form and as a searchable database on its web site. It also has a range of publications on organizations, as well as an online international resources database that is searchable in six languages.

The Body

www.thebody.com

This HIV/AIDS web site has valuable treatment and prevention resources, including online doctors, an interactive prevention section, and over 40,000 documents on a wide assortment of HIV-related subjects.



AIDS Education Global Information System (AEGIS)

www.aegis.com

AEGIS is an online resource centre offering extensive information on HIV-related news including, current political developments and clinical information.

HealthLinks

www.healthlinks.net

This web site is a free service for health care professionals and consumers. It assists in locating medical and health care information, products, resources, services, and practitioners on the web.

Médecins Sans Frontières (MSF)

www.msf.org

MSF is an international humanitarian aid organization that provides emergency medical assistance to at-risk populations in more than 80 countries. It has done extensive work in HIV/AIDS as part of its Access to Essential Medicines campaign.

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