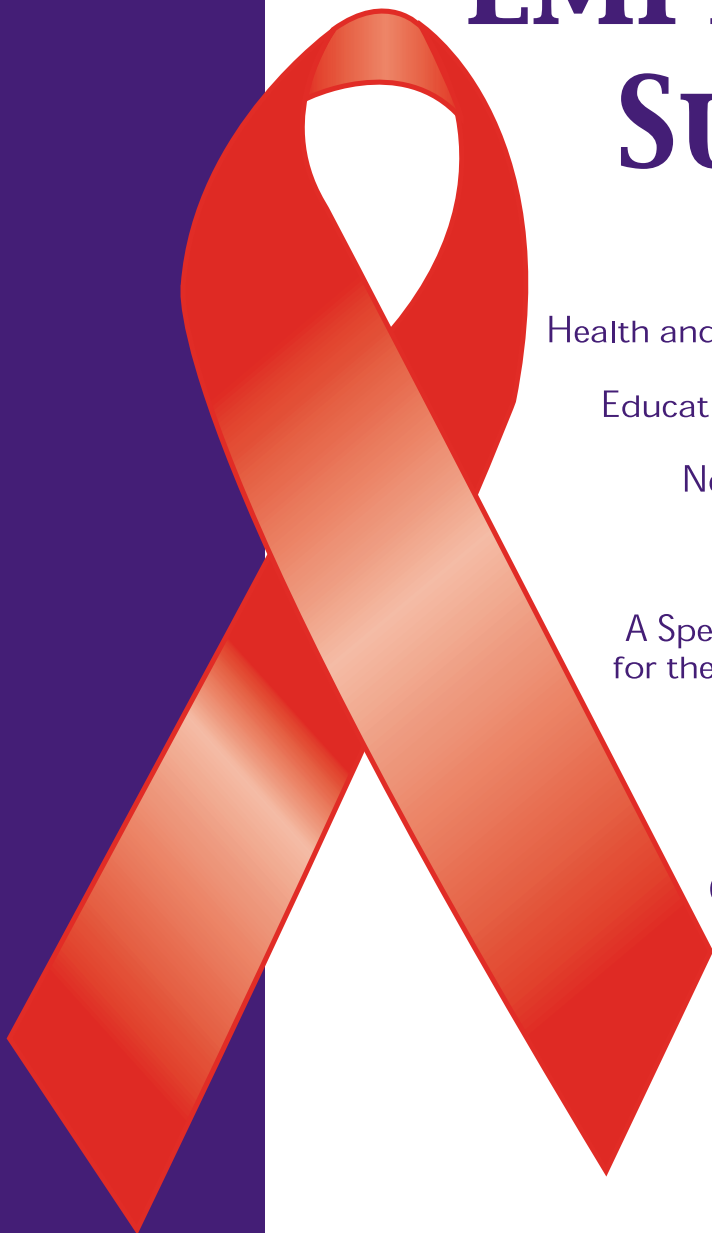


A CALL TO ACTION

**HIV/AIDS,
HEALTH,
SAFETY, AND
THE YOUTH
EMPLOYMENT
SUMMIT**



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A Special Breakout Session Paper
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HIV/AIDS, Health, Safety, and the Youth Employment Summit: A Call to Action

Introduction and Purpose

HIV/AIDS is dramatically affecting workers, workplaces, and economies around the world, and business, government, and labor leaders at every level are acknowledging their key roles in stemming the disease's catastrophic effects. In anticipation of the *Youth Employment Summit in September 2002, and as together we plan activities for the next decade*, this paper discusses five important questions:

1. What challenges do HIV and other health issues create for youth and employment?
2. How does the concept of "Health-Promoting Workplaces or Livelihoods" apply to the prevention of HIV/AIDS and other health risks?
3. What examples exist of "best policies and practices"?
4. Where can Youth Employment Summit participants find resources?
5. What questions or concerns should we address at the Youth Employment Summit?

1. What Challenges Do HIV/AIDS and Other Health Issues Create for Youth and Employment?

Across sectors, awareness is growing concerning the impact of HIV/AIDS on work. Health, labor, and business leaders agree: Employers and others who influence work and work conditions must play a leadership role in prevention and treatment. With the launching of the International Labour Organization's (ILO) global program on HIV/AIDS in November 2000, Juan Somavia, ILO Director-General, noted, "AIDS has a profound impact on workers and their families, enterprises, and national economies. It is a workplace issue and a development challenge."¹ In 2000, the Harvard Institute for International Development declared that "a frontal attack on AIDS in Africa may be the single most important strategy for economic development."² The UNAIDS program has issued this call to action: "At the broadest level, businesses are dependent on the strength and vitality of the economies in which they operate. HIV/AIDS raises the costs of doing business, reduces productivity, and lowers overall demand for goods and services. It therefore makes sense to invest in prevention, care, and support programs to stem declining business productivity and profitability."³ Richard Holbrooke, President and CEO of the recently created Global Business Coalition on HIV/AIDS, said, "HIV/AIDS directly threatens the security and prosperity not only of the highly affected countries, but [also] our global society. Business has a key role to play in fighting this disease."⁴ As Dr. Helene Gayle, now Director of HIV/AIDS and Tuberculosis at the Gates Foundation, said at the Workplace Conference 2000, "The number-one weapon in fighting AIDS is prevention."⁵

Forty million people are currently living with AIDS, with 28.1 million in sub-Saharan Africa alone. Half of the new infections occur in youth,⁶ making the eradication of this disease a priority for world leaders who want to build a future for our youth. We are just beginning to understand the effects of this deadly disease on the world of work and in the global economy. Economic repercussions are being felt on the individual, corporate, regional, and national levels. In some of the hardest-hit countries, such as South Africa, the disease threatens to undermine years of developmental gains and the promise of prosperity.⁷ HIV/AIDS has weakened the economy of sub-Saharan Africa, with the rate of economic growth reduced by

HIV/AIDS, Health, Safety, and the Youth Employment Summit: A Call to Action

as much as 4%, and Botswana losing 20% of public revenue by 2010 because of AIDS. Productivity has been cut by up to 50% in some countries.⁸ Many nations that want to take action cannot because huge percentages of their national budgets are used to repay debts to creditor nations and institutions. Many HIV/AIDS activists are calling for debt cancellation to free up resources for poverty reduction and health initiatives.

Attachment I presents the basic facts about the virus, how it spreads, and how to protect oneself. Attachment II lists other statistics and briefly describes how HIV/AIDS is burdening the teaching and agricultural sectors.

Employment-Related Risks

HIV is primarily transmitted through sexual activity.⁹ 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 like they have no alternative. Often family members travel away from home to find jobs. HIV rates are unusually high among these mobile populations, disproportionately affecting the agriculture, transportation, and mining sectors.¹⁰ 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.¹¹ 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.¹² 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.¹³

Although youth in these types of employment are difficult to reach through “workplace” policies and practices, all sectors—business, government, and non-governmental agencies—have a role to play in informing youth about and protecting them from HIV infection. Workplaces are a central stabilizing influence in communities and countries, and workers reached there have the power to reach the unemployed, young people, and others.

Other Work-Related Health Threats

While HIV/AIDS is a major global threat to health, it is not the only health-related concern that employers and workplaces can address. Vigilance is necessary to protect workers’ health from a number of substances and conditions. Though data on workplace health risks is rare, especially in resource-poor countries, current global data indicate that there are an estimated 1.1 million deaths per year due to work-related causes. The two leading causes are cancers caused by solvents, pesticides, chemicals, and ionizing radiation exposure, as well as injuries from heavy workloads or ergonomically poor work conditions.¹⁴ Trends towards the globalization of production and industry pose added health risks, especially for resource-poor nations that are often unable or unprepared to develop safety measures and enforce standards.

HIV/AIDS, Health, Safety, and the Youth Employment Summit: A Call to Action

According to the ILO, of the 250 million children between the ages of 5 and 14 working in developing countries today, nearly 70% work under hazardous conditions.¹⁵

Dr Richard Helmer, the director responsible for occupational health at WHO, points out, “The problem is that many of these countries lack the technical and social infrastructure to provide protection for their working and non-working populations against hazards of a physical, chemical, biological, psychosocial, or ergonomic character. As a result, what is an economic blessing today may lead to considerable deterioration in the health status of working populations of the developing world tomorrow.”¹⁶ Hazardous and cancer-causing chemicals are an issue across the world, with governments, corporations, and communities in resource-rich and resource-poor countries alike struggling to create healthy workplaces without the ill effects of chemical exposure.

Although data on injuries to young workers in developing countries is not collected systematically, the situation is likely to be similar to that in developed countries. Workplace injuries are a serious problem for young workers. They are injured at higher rates than adult workers, because of a lack of experience, a lack of youth-specific training, the hazards associated with jobs available to youth, and the mismatch of youth ability and the skill necessary to do the job.¹⁷ Employers need to provide a safe workplace and to provide young workers with task-specific, developmentally appropriate training. Redesigning the workplace and the way work is done is a better approach than simply providing safety equipment. Government agencies, nonprofit organizations, and parents can provide employers with information and materials on the unique training needs of youth. Youth themselves can become advocates, activists, and educators for creating health-related protective policies and practices.

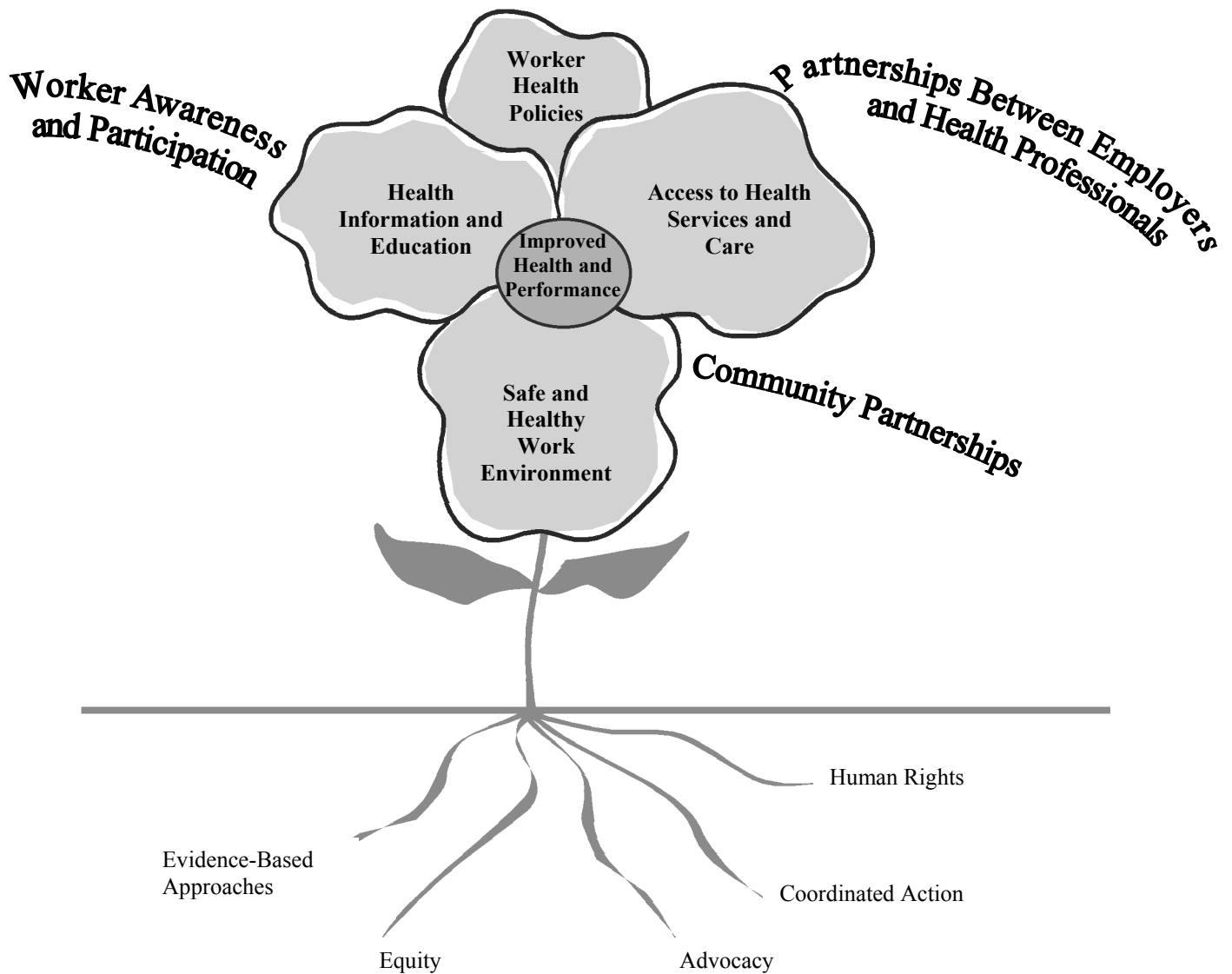
2. How Does the Concept of “Health-Promoting Workplaces and Livelihoods” Apply to the Prevention of HIV/AIDS and Other Health Risks?

In 1986, the first International Conference on Health Promotion prepared the Ottawa Charter, which states that health is created and lived by people within the settings of their everyday lives, where they learn, work, play, and love. Health is not just the responsibility of the health sector, but also of the schools, the workplaces, and the communities.¹⁸

A healthy workforce is vital for sustainable, stable economic development. To safeguard the health of young people where they work, whether it be in a local business, rural farm, multinational corporation, or entrepreneurial activity of any size or scale, Youth Employment Summit participants must advocate for and implement the model of “Health-Promoting Workplaces” (see the diagram below). “Health-Promoting Workplaces” coordinate with communities and family to (1) have policies that address workers’ health; (2) provide health information and education to workers in order to develop their personal skills for prevention and protection; (3) offer access to health services and care; and (4) provide a safe and healthy work environment.¹⁹ These components can serve as guides for all sectors, but especially for governments, multinational corporations, and employers, in developing HIV/AIDS programs for workers and their families. They can also be a call to action for non-governmental organizations working to end this epidemic.

HIV/AIDS, Health, Safety, and the Youth Employment Summit: A Call to Action

Health-Promoting Workplaces (Circumstances) and Capacities to Support Them



UNAIDS, in its “Best Practice Summary Booklet,”²⁰ recommends that workplace HIV/AIDS programs include the following components:

- ◆ An equitable set of policies, communicated to all staff and properly implemented
- ◆ Ongoing formal and informal HIV/AIDS education for all
- ◆ Availability of condoms
- ◆ Diagnosis, treatment, and management of sexually transmitted diseases for employees and their sex partners
- ◆ HIV/AIDS voluntary testing, counseling, care, and support services for employees and their families

HIV/AIDS, Health, Safety, and the Youth Employment Summit: A Call to Action

Successful intervention programs involve a continuum, from prevention to treatment. Researchers have identified best practices (mainly from U.S.-based studies) of successful education programs that focus on decreasing risky behavior through clear messages about condom use, the teaching of refusal skills and how to deal with peer pressure, and by using methods and materials that are age- and culturally appropriate.²¹ More specifically:

- ◆ Education efforts must address the issue of power relations between young men and women as central to prevention, and must ensure that prevention programs are gender-sensitive, providing women with the skills to negotiate effectively about their bodies and instilling men with respect for the rights of women.
- ◆ Anti-discrimination policies are particularly important for changing the company culture towards one of acceptance so that the availability of condoms and treatment, free from the stigma associated with HIV/AIDS, is possible.
- ◆ The availability of condoms is especially an issue for youth, as youth need the tools to protect themselves from HIV despite cultural sensitivities about youth sexual activity.
- ◆ A combination of strategies works better than single initiatives, and programs that address the root causes of HIV/AIDS are more successful than those that simply address symptoms.²²

Since most workers do not know if they are infected with HIV, it can be difficult to initiate successful treatment programs. A major concern in the treatment of HIV is the use and distribution of antiretroviral (ARV) drugs. These drugs are traditionally very expensive, although some pharmaceutical companies are beginning to listen to the millions of AIDS sufferers and are selling some of these drugs at reduced prices. GlaxoSmithKline was the first such company to offer preferential prices to resource-poor nations,²³ and others are now following suit. Nevertheless, much more must be done in this area. Whenever possible, governments and corporations have a responsibility to make ARV drugs available to the people at no or low cost, allowing those infected with HIV to continue to contribute to society for as long as possible. Finally, all programs can be enhanced with monitoring and evaluation activities.²⁴

3. What Examples Exist of “Best Policies and Practices”?

Below are a few examples of best policies and practices, drawn from different types of organizations that will be represented at the Youth Employment Summit:

Awareness Campaign: International Federation of Red Cross and Red Crescent Societies
“Open your eyes—stigma kills,”²⁵ says Didier Cherpitel, Secretary General, International Federation of Red Cross and Red Crescent Societies. Stigma around HIV/AIDS is an obstacle to hiring and retaining employees and to providing a supportive environment for youth as they attempt to make healthy decisions and maintain employment. Stories of employer discrimination abound but are rarely documented. The **International Federation of Red Cross and Red Crescent Societies** launched a campaign in May 2002, “The truth about AIDS. Pass it on . . .,” which aims to *reduce HIV/AIDS-related stigma and discrimination*, to pass on the truth about how HIV/AIDS is transmitted, and to warn against the dangers of stigmatizing those who are infected or their families. The campaign has started within the Red Cross organization and will eventually be expanded throughout the

HIV/AIDS, Health, Safety, and the Youth Employment Summit: A Call to Action

world. Each national chapter is tackling the issue with unique interventions. For example, Nepal is training young peer educators; Thailand Red Cross officials are giving tours of Positive Lives, a travelling exhibition centered around people living with HIV/AIDS; Romania has a radio show on stigma and HIV/AIDS awareness and prevention; and volunteers in the Dominican Republic are organizing sporting events for youth that also include HIV information sessions. Other nations are symbolically removing blindfolds on public figures or statues. Check out the Web site for more stories and ways to get involved in the campaign: www.ifrc.org/news/events/8may2002/index.asp.

Policy Development: International Labour Organization

The global **International Labour Organization** (ILO) is developing *policies to combat HIV/AIDS-based discrimination and to prevent and treat the disease*. In 2001, ILO put forth a code of practice for HIV/AIDS in the world of work, the key principles of which are as follows:

- ◆ 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 workers²⁶

Further information on the code of practice for HIV/AIDS can be found online at www.ilo.org/public/english/protection/trav/aids/code/codemain.htm.

Teacher Training: Education International

Working with WHO, Health and Human Development Programs/EDC, UNICEF, and UNESCO, **Education International** (EI), the global union of teachers, has developed an HIV prevention program that provides training materials for teachers to improve their own knowledge and skills about prevention, promotes a code of teacher conduct, and equips teachers with skills to teach their students and to serve as leaders and advocates in their local communities. The training has been conducted in all regions of the world, with a focus this past year on countries in southern Africa. The materials are available in English and French on EI's Web site: www.ei-ie.org.

HIV/AIDS, Health, Safety, and the Youth Employment Summit: A Call to Action

Corporate Engagement: DaimlerChrysler

DaimlerChrysler (DC) has set *corporate policies regarding HIV/AIDS* and has created an HIV/AIDS prevention and treatment program that covers its employees and family members (a total of 23,000 people in the South African plants alone). The package includes employee sessions with trained *peer educators*; *education materials* to address HIV prevention and non-discrimination, *condom availability*, and *voluntary counseling and testing*; and *extensive health benefits* that cover treatment of opportunistic infections, sexually transmitted diseases (STDs), antiretroviral (ARV) therapy, monitoring, and hospitalization. This plan was developed with the support of the German Government's international technical cooperation agency, GTZ, the employees and their trade union, and several NGOs working in the community. The peer educators were trained to offer monthly sessions and informal contacts, and all company supervisors and shop stewards were trained to be supporters. DC also built a monitoring and evaluation system into the program. Access to ARV therapy, requested by the trade union, has helped to achieve high levels of employee involvement and satisfaction. Although many companies have calculated that giving employees ARV drugs has long-term cost benefits,²⁷ few actually supply them. For further information, contact Karl-Heinz Schlaiss, DC South Africa, or The Global Business Coalition on HIV/AIDS, www.businessfightsaids.org, for more information.

Small-Business Initiative: Illovo Sugar

In partnership with the University of British Columbia, **Illovo Sugar** began a pilot program in one of its eight South African mills. With HIV prevalence in the area at nearly 30% in 1999, Illovo coordinated a program of prevention and education, including socially marketed *subsidized condoms*, *workplace peer sex education*, *promotion of voluntarily confidential testing*, and *treatment*, which includes treatment of STDs and opportunistic infections, medical monitoring, physical exams, and counseling. Condom use rose from 34 to 80%, and STDs have declined by 88%. According to a computer analysis, the program resulted in the avoidance of 11 new HIV infections.²⁸ Contact Dr. Chester Morris at Illovo Sugar in South Africa, or The Global Business Coalition on HIV/AIDS, www.businessfightsaids.org, for more information.

Improving Income and Health: Cambodian Rice Farmers

In Cambodia, the **United Nations Development Programme (UNDP) South East Asia HIV and Development Project** developed a strategy for reaching *rural farmers regarding HIV prevention*. The *Farmer Life Schools* (FLS) program, which offers farmers education and practice in analyzing the systems and problems of their farms, has expanded to include an HIV prevention program, based on the same framework as the teaching of agriculture. The HIV component capitalizes on the same analytical and observational skills the farmers use in the FLS, but examines *the human ecosystem and how to maintain health and avoid HIV*. A notable innovation of this project was the introduction of palm sugar farming in the dry season, which both increases income and reduces off-season idle hours, when many men were visiting prostitutes.²⁹ For more information, check out the UNDP Web site at www.undp.org.

Stopping Abuse and Sex Work in Brazil: Women/Life Collective

The **Women/Life Collective**, with funding from UNICEF, is *tackling the larger issues of poverty and avoidance of sex work* with young women in an effort to prevent violence

HIV/AIDS, Health, Safety, and the Youth Employment Summit: A Call to Action

against young girls, sexual abuse, and HIV infection. When programs are combined with housing, mental health services, drug abuse treatment, education, job training, and legal services, they have higher rates of success.³⁰ Through questionnaires in public schools, the program selects at-risk teens to join a support group with an adult educator and a teen monitor. With support, the girls confront and modify their situations. Temporary living accommodations are provided to girls if family issues cannot be resolved. The program also includes professional courses and job skills training, life skills education in a variety of areas, and HIV/AIDS and STD education.³¹ For more information, contact Marcia Dangremon at the Women/Life Collective in Brazil, or check out the best practices portion of the UNAIDS Web site, www.unaids.org.

Peer Education: University Association for Research and Moral Advocacy

Research shows that peer education is a highly effective educational method. Trained peer educators can serve as positive role models and set clear standards for acceptable behavior through their own actions.³² The **University Association for Research and Moral Advocacy** (UARMA-ZAMBIA), a youth-led nonprofit association for students in colleges and universities in Zambia, offers *ongoing formal and informal education, including peer education*, with the following objectives:

- ◆ Educate students about ethics and morality
- ◆ Sensitize students to the dangers of unsafe sex practices and HIV/AIDS
- ◆ Empower students with development skills through capacity-building seminars and workshops
- ◆ Conduct research on youth and the nation at large
- ◆ Encourage youth self-esteem

Between January and June 2002, UARMA-ZAMBIA reached more than 10,000 Zambian college students with a campaign focusing on HIV/AIDS and avoidance of risky sex practices. The organization has taken on service projects and entrepreneurial skill-building projects in an effort to address some of the contributing factors to HIV infection: poverty, unemployment, peer pressure, insufficient recreational facilities, cultural norms, and insufficient education. The organization is working with the Human Rights Youth Network and would like to network with other organizations. For more information, check out their Web site, www.geocities.com/uarmazambia.

Condom Use Campaign: Thailand

Thailand has been commended by United Nations agencies, the World Bank, and many other organizations for conducting one of the world's most successful AIDS prevention and awareness programs. In 1989, the Thai government launched a massive prevention campaign, *100% Condom Use*, to help end the epidemic.³³ This campaign focused on the finding that the main transmission route for STDs in Thailand is between young female sex workers and male clients. It sought to enforce condom use in all commercial sex establishments through advertising, condom distribution campaigns, and tough sanctions and fines for commercial sex establishments not using condoms. The government had previously established clinics called Venereal Disease (VD) Units, providing STD treatment to the general population and to sex workers, who were urged to stop receiving customers until they were cured. The VD Units also provided contact tracing of the STD back to the sexual

HIV/AIDS, Health, Safety, and the Youth Employment Summit: A Call to Action

partner, prevention education, anonymous testing, and counseling. In response to HIV infections, the government increased the number of VD clinics over the early '90s more than twofold. Before the epidemic began, surveys showed that condoms were used in about 15% of sexual acts involving prostitutes. By 1994, this number rose to more than 90%, primarily due to widespread condom use. In addition, the number of young prostitutes has dropped 25% since 1989, when there were about 85,000 young sex workers working in Thailand.³⁴ To address the issue of *adequate treatment*, in April 2002, the Thailand Government Pharmaceutical Organization began selling ARV drugs to AIDS patients at subsidized prices of US \$1 per day—which is currently the cheapest price in the world!³⁵ For more information, visit the Ministry of Foreign Affairs Web site at 203.150.20.51/web/22.php, or read the related articles produced by Family Health International, available online at www.fhi.org.

4. Where Can Youth Employment Summit Participants Find Resources?

UNAIDS, a Joint United Nations Programme, is the leading advocate for global action against HIV/AIDS. It is comprised of WHO, ILO, UNICEF, UNDP, UNFPA, UNESCO, and the World Bank, who act both in unison and independently against the spread of the virus. Every year, UNAIDS (www.unaids.org) creates a booklet of best practices from around the world, highlighting hundreds of programs and studies. In addition, WHO has a global school health program that would be useful for those working with children, available online at www.who.int/school-youth-health.

The World Wide Web offers access to many valuable resources on HIV/AIDS education and prevention information, statistics, success stories, and “best practices,” along with contact information for HIV/AIDS organizations working around the world. A very complete search engine is www.google.com. You can use such search words as AIDS, peer education, or adolescent health, or other descriptors specific to your needs, to find resources and links to AIDS organizations. The following Web sites are useful starting places for HIV research and global networking:

- ◆ Stop Global AIDS: www.stopglobalaids.org
- ◆ Youth Net, the Web site of a Family Health International project dedicated to reproductive health and HIV prevention for youth: www.fhi.org/en/youth/youthnet/ynetindex.html
- ◆ Global Health Council, which hosts a yearly international HIV/AIDS conference and disseminates other HIV information: www.globalhealth.org
- ◆ United Nations General Assembly Special Session on HIV/AIDS, which includes the proceedings of and documents related to the meeting in June 2001: www.un.org/ga/aids/coverage
- ◆ Centers for Disease Control and Prevention (CDC) National Center for HIV, STD and TB Prevention, Division of HIV/AIDS Prevention: www.cdc.gov/hiv/dhap.htm
- ◆ CDC's Business and Labor Responds to AIDS Programs: www.brta-lrta.org
- ◆ Health and Human Development Programs/EDC, a nonprofit U.S.-based organization working on global HIV/AIDS issues and other health concerns: www.edc.org/HHD

HIV/AIDS, Health, Safety, and the Youth Employment Summit: A Call to Action

For facts about youth and HIV/AIDS, the Populations Information Program at Johns Hopkins University produced Population Reports: *Youth and HIV/AIDS, Can We Avoid Catastrophe?* as part of its Issues in World Health series.

Sample workplace policies can be helpful as a business begins its fight against HIV/AIDS:

- ◆ The Global Business Coalition Against HIV/AIDS (www.businessfightsaids.org) presents policies and case studies of successful business treatment programs and prevention efforts.
- ◆ Both ILO (www.ilo.org) and the Society for Human Resource Management (www.shrm.org) offer sample policies on their Web sites.
- ◆ Family Health International (www.fhi.org) offers both sample policies and a guide for managers (Workplace HIV/AIDS Programs: An Action Guide for Managers).

The International Federation of Red Cross and Red Crescent Societies' HIV/AIDS anti-stigma and discrimination campaign, "The Truth About AIDS. Pass It On . . .," is available online at www.ifrc.org.

Macroeconomics and Health: Investing in Health for Economic Development is a report from WHO's Commission on Macroeconomics and Health, presented by Jeffrey Sachs, December 2001. This report describes the economic impact of the spread of HIV and outlines detailed economic plans for the successful treatment and prevention of this disease and many other global health threats. It can be downloaded from the Web at www.cid.harvard.edu/cidcmh/CMHReport.pdf.

Many labor unions have joined the fight against HIV/AIDS, developing guidelines and drafting policies for workplace prevention and care. The International Confederation of Free Trade Unions has created a Framework of Action—Fighting HIV/AIDS in the Workplace, available online at www.icftu.org.

5. What Questions or Concerns Should We Address at the Youth Employment Summit?

The following questions are presented to stimulate discussion, ideas, and inspiration at the Youth Employment Summit session on HIV/AIDS in September, and to help us to lead the youth movement against HIV/AIDS and other work-related health threats. Through the World Wide Web, we encourage and invite people to add questions or to offer reactions online before we arrive in Alexandria.

1. Where and how can prevention and treatment be addressed most effectively for young people who work?
2. How can we provide young people with accurate, unbiased information about HIV/AIDS, especially in countries that have few resources or minimal support for this kind of education? What can be done when sex education is not the cultural norm?
3. What are some of the gender issues associated with HIV/AIDS, young people, and youth employment, and how can they be addressed?

***HIV/AIDS, Health, Safety, and the Youth Employment Summit:
A Call to Action***

4. How can we protect young people from too-early and risky employment? What are some possible alternatives that might be considered?
5. How can we strengthen the infrastructure, create opportunities for young people, and increase the paid workforce to fight the epidemic? How can education and training be provided efficiently to young people so that they can assume roles as health educators and health workers?
6. What can be done in poor countries or communities that are unable to sustain public health infrastructures? What role should debt cancellation or the Global Fund to Fight AIDS, Tuberculosis, and Malaria play in effecting change in the area of youth HIV in the workplace? What more can employers and governments do to provide ARV drugs free or at reduced cost?
7. How can we maximize the role of young people, in particular, as leaders in preventing HIV/AIDS?
8. What other major health threats must be addressed for young people and the world of work?
9. How do health issues/HIV relate to other themes at the conference, e.g., microcredit, entrepreneurship, and educational needs and opportunities?

This paper is a call to action in the global fight against youth HIV/AIDS and other health risks. With the information and connections we gain at the Youth Employment Summit, we have a responsibility to return to our workplaces and communities prepared to take effective action against this deadly disease and other work-related health threats.

HIV/AIDS, Health, Safety, and the Youth Employment Summit: A Call to Action

Attachment I. 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 2–10 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 2–10 years of HIV infection, a person may be healthy looking.

HIV is most often transmitted in the following ways:

- ◆ Vaginal or anal sexual intercourse, the most common means of transmission worldwide.³⁶
- ◆ 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.³⁷
- ◆ 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 also 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.³⁸

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 breastmilk, to reduce the risk of transmission of the virus.³⁹

HIV/AIDS, Health, Safety, and the Youth Employment Summit: A Call to Action

Attachment II. Statistics on HIV/AIDS Worldwide

HIV/AIDS Statistics

- ◆ Coinciding roughly with the next decade of the Youth Employment campaign, it is expected that 45 million new infections will occur by 2010. United Nations researchers believe that more than 60 percent can be avoided if the world increases spending on AIDS prevention by \$5 billion a year.⁴⁰
- ◆ The crisis is worst in sub-Saharan Africa, with 28.1 million people infected. Although this number seems enormous, the epidemic is threatening to explode in Asia, which currently has 6.1 million infections. Asia threatens to surpass the African countries by 2010.⁴¹ India currently has 3.5 million infections, second only to South Africa, and the epidemic is just beginning to spread in Russia, with about 1 million people currently infected; conservative estimates show 5.25 million infections in Russia by 2010.⁴²
- ◆ Half of all new infections occur in youth between the ages of 15 and 24, which was 2.5 million infections in 2001, or nearly five new youth cases every minute.⁴³
- ◆ Although the means to prevent mother-to-child transfer of the disease are available, 500,000 babies are born with HIV each year. This is often because mothers prefer not to take the HIV test for fear of the stigma and discrimination from families, friends, churches, employers, or authorities if they test positive.⁴⁴
- ◆ “Comprehensive care and support depends upon improved health systems to boost access to comprehensive care and support services, including the life-saving drugs people living with the virus need. . . . Access will remain uneven and compromised until countries are able to afford AIDS-related drugs and diagnostic equipment and equip their health systems with the necessary infrastructure and adequately trained staff.”⁴⁵
- ◆ With changes in the health care structure, scaled-up donations of resource-rich countries, and the development of the Global Fund to Fight HIV/AIDS, Tuberculosis, and Malaria, it is estimated that by 2010, around 8 million lives could be saved per year.⁴⁶
- ◆ According to a World Bank study, AIDS is likely to subtract up to 1.4 percent of the world gross domestic product annually. By the year 2020, there will be significantly fewer people in the labor market than there would have been without HIV/AIDS.⁴⁷
- ◆ In Burkina Faso, 20% of rural families cut back their farming activities because of AIDS.⁴⁸
- ◆ In 1999, an estimated 860,000 children in sub-Saharan Africa lost their teachers to AIDS,⁴⁹ placing the Millennium Summit goal of ensuring universal primary education by 2015 at risk in the worst-affected countries. In the first 10 months of 1998, Zambia lost 1,300 teachers; in the Central African Republic and Cote d’Ivoire, more than 70% of teacher deaths are linked to AIDS.⁵⁰

HIV/AIDS, Health, Safety, and the Youth Employment Summit: A Call to Action

Endnotes

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HIV/AIDS, Health, Safety, and the Youth Employment Summit: A Call to Action

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