

**Inter-Agency Task Team
on HIV and Young People**

GUIDANCE

■ BRIEF

**HIV Interventions
for Young People
in the Workplace**



■ PURPOSE

This Brief has been developed by the Inter-Agency Task Team (IATT) on HIV and Young People¹ to assist United Nations Country Teams (UNCT) and UN Theme Groups on HIV/AIDS² in providing guidance to their staffs, governments, donors and civil society on effective HIV interventions for young people³ in workplace settings. It is part of a series of seven global Guidance Briefs that focus on HIV prevention, treatment, care and support interventions for young people that can be delivered through different settings for a range of target groups.

The purpose of these Briefs is to help decision makers understand what needs to be implemented, based on the latest global evidence on effective interventions for young people. The Briefs provide an overview of evidence-informed interventions (not a blueprint for national programmes) in response to specific epidemic scenarios in different countries.⁴ Special attention should be directed to young people most at risk of HIV in all countries. In generalised and hyperendemic settings, interventions to prevent HIV also need to be directed to the general population of young people.⁵

The Briefs do not say “how to” implement the interventions outlined, but key resources are listed to provide further guidance. The Briefs also do not attempt to address the many cultural, institutional and structural specificities and factors that confront decision makers in different countries. They are therefore likely to require further adaptation and translation if they are to be used by national counterparts. The engagement of young people in the adaptation of the materials will enhance their usefulness.

■ INTRODUCTION

The majority of people living with HIV are engaged in some sort of productive activity.⁶ Certain types of work are known to increase vulnerability to HIV,⁷ but exposure to risk may arise from a broad range of working conditions, including mobility, isolation, stress, single-sex living arrangements and gender inequalities at the

workplace.⁸ Other workplace issues include discrimination and stigma on the basis of real or perceived HIV status, and the fear of both.

The workplace provides an opportunity to extend access to HIV prevention, treatment, care and support services through education and training programmes, health and safety policies, support for treatment adherence, skills development and income support, and occupational health services. In addition, workplace policies set standards for the protection of workers' rights, including non-discrimination related to HIV status.⁹

Young people, work and HIV

Since four out of ten of all new HIV infections are among youth 15 to 24¹⁰ years of age, this has serious implications for productivity today and the workforce of tomorrow. High levels of youth poverty¹¹ and unemployment¹² contribute to HIV vulnerability, and when income is needed, young people may undertake work that is marginal, dangerous or illegal. The absence of decent work¹³ opportunities and poverty may lead to a lack of a sense of purpose and social exclusion. As a result, young people may become homeless or be coerced into sex work. Both situations are associated with higher levels of HIV-risk behaviours.¹⁴

The loss of parents due to AIDS¹⁵ and/or the need of HIV-affected households for additional income may also expose young people to the worst forms of child labour.^{16 17} According to the Global Report on Child Labour, there are an estimated 218 million child labourers

¹ The Inter-Agency Task Team on HIV and Young People was established in 2001 to enhance the effectiveness of the global response to AIDS in the context of young people. Further information about the IATT on HIV/YP is contained at the end of the document.

² This includes Joint UN Teams on AIDS (JUNTA) and/or Technical Working Groups (TWG) on AIDS.

³ The UN defines young people as age 10 to 24 years, youth as 15 to 24 years and adolescents as 10 to 19 years.

⁴ Detailed information on what actions (for populations of all ages) should be taken for each stage of the epidemic can be found in UNAIDS (2007) Practical Guidelines for Intensifying HIV Prevention: Towards Universal Access. UNAIDS, Geneva.

⁵ Information and education about HIV should be available to all young people, irrespective of the stage of the epidemic. There are global indicators to monitor the percentage of youth age 15 to 24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission.

⁶ ILO (2006) HIV/AIDS and Work: Global estimates, impact on children and youth, and response. ILO, Geneva.

⁷ ILO and WHO (2005) Joint ILO-WHO guidelines on health services and HIV/AIDS. ILO, Geneva.

⁸ ILO (2002) Implementing the ILO Code of Practice on HIV/AIDS and the World of Work: An education and training manual. ILO, Geneva.

⁹ ILO (2001) The ILO Code of Practice on HIV/AIDS and the World of Work. ILO, Geneva.

¹⁰ UNAIDS (2007) AIDS Epidemic Update: Briefing Booklet. UNAIDS, Geneva. Data are not disaggregated for those age 10 to 14.

¹¹ Youth are over-represented among the world's poor (ILO, 2006) HIV/AIDS and Work: Global estimates, impact on children and youth, and response. ILO, Geneva.

¹² Young people are two to three times more likely to be unemployed than adults, with significantly higher levels of poverty and unemployment among young women (ILO, 2006) HIV/AIDS and Work: Global estimates, impact on children and youth, and response. ILO, Geneva.

¹³ Decent work is fairly paid, in reasonable working conditions, respecting the rights of workers and equal opportunities for women and men. <http://www.ilo.org/public/english/decent.htm>

¹⁴ Republic of Armenia, National Centre for AIDS Prevention (2006) Results of behavioural and biological HIV surveillance in the Republic of Armenia: 2002/2005 found that in 2004, 73% of first injecting drug use in Armenia was in men over 30 years, whereas 48.5% of first injecting drug experience outside Armenia occurred in younger men age 20 to 29 years.

¹⁵ In 2007, it was estimated that 15 million children had lost one or both parents to HIV. Millions more have experienced deepening poverty, school dropout and discrimination as a result of the epidemic - UNICEF, UNAIDS and WHO (2008) Children and AIDS: Second stocktaking report. UNICEF, Unite for Children, Unite against AIDS, New York.

¹⁶ Not all forms of work undertaken by children are considered child labour under ILO standards. Light work that does not interfere with education is permitted from the age of 12 years, as is work by children 15 years and above that is not classified as hazardous. See the website of the ILO Programme to End Child Labour (IPEC) <http://www.ilo.org/ipecc>

¹⁷ Two important documents identify the worst forms of labour for children: the United Nations (1989) Convention on the Rights of the Child, UN, New York and the ILO (1999) Worst Forms of Child Labour Convention, ILO, Geneva.

below the age of 18 in the world.¹⁸ A rapid assessment study by the ILO in Zambia in 2002 estimated that HIV/AIDS increased the child labour force between 23 and 30 per cent. A survey in Uganda in 2004 found that more than 95 per cent of children living in AIDS-affected households were engaged in some type of work. Sixteen per cent of the working children - mostly girls - worked both day and night.¹⁹

Gender

Girls are more likely overall than boys to stay at home and look after ill parents or younger siblings, thereby foregoing education.²⁰ The effects of not attending school are greater for girls than for boys, and their impact transfers to the next generation. Whether educated or not, girls are more vulnerable than boys to sexual abuse, exploitation, trafficking and domestic labour,²¹ putting them at serious risk of HIV.²²

Various types of work may oblige young people to spend time away from home, and this often has a gender dimension. Military personnel (who are predominantly young and male) may face above-average risk for STIs, including HIV.²³ ²⁴ Underage and child soldiers (predominantly boys) are a particular concern.²⁵ ²⁶ Truck drivers and their mates in Africa and India are often young males who may have girlfriends, including sex workers, at a number of truck stops.

Children orphaned by AIDS suffer in a variety of ways. Not only do they lose their parents, but with them essential life skills and traditional knowledge (such as farming skills).²⁷ Without access to assets, and often left with the responsibility for their households and younger siblings, many children are forced into work, becoming especially vulnerable to exploitation and harassment.²⁸

The estimated 50 million children orphaned as a result of AIDS over the next two decades will enter the workforce with many disadvantages: gaps in education, psychological problems associated with the trauma of a lost parent or parents, lack of social structure to guide effective decision making, and the stigma and discrimination surrounding people affected by HIV/AIDS. They will not be the first choice of formal-sector employers unless they have completed their schooling.²⁹

Without guardians, social support or income, young people may also be forced onto the streets. UNAIDS estimates that more than 120 million children worldwide live (and scrape out a living) on the streets.³⁰ High levels of sexually transmitted infections,³¹ including HIV, have been reported among these children,³² making it critical that HIV interventions are targeted to them.³³

The majority of young people are forced to find or make opportunities to earn their livelihoods in the informal economy, where underemployment, poor working conditions and the lack of labour protection are endemic. These young workers need targeted interventions at both policy and workplace levels.³⁴

In some countries the lack of work opportunities leads to the migration of young people in search of employment, including to countries with higher HIV prevalence. Young migrant workers away from their usual home environments, social norms and community structures may be under great pressure to have sex that is often unprotected. For example, young factory workers in Nepal, who had migrated from rural areas for work, reported experiencing sexual intercourse (one in five boys and one in eight unmarried girls), despite religious and cultural restrictions. Half of international migrants, about 95 million, are women and girls. They make substantial contributions to their families at home and communities abroad, but their needs continue to be overlooked,³⁵ including their disproportionate vulnerability to trafficking, exploitation and abuse.³⁶

¹⁸ Of these about 166 million are age 5-14, and approximately 52 million are between 15 -17 years of age; 126 million child labourers work in hazardous conditions. In sub-Saharan Africa, the country with the deepest and most extensive AIDS pandemic, there are almost 50 million child labourers age 14 or under. This is 26.4% of the under-15 population. There are also an estimated 122 million child labourers under 15 in the Asia and Pacific Region and 5.7 million in Latin America. There are a further 13.4 million in other regions. - see ILO (2006) Global Report on Child Labour. ILO Programme to End Child Labour (IPEC), Geneva.

¹⁹ Rau, B. (2002) Combating child labour and HIV/AIDS in sub-Saharan Africa: A review of policies, programmes, and projects in South Africa, the United Republic of Tanzania and Zambia to identify good practices. ILO IPEC Working Paper no 1, Geneva. Rau, B. (2002) Intersecting Risks: HIV/AIDS and Child Labour. ILO IPEC Working Paper no 8, Geneva.

²⁰ See Inter-Agency Task Team (IATT) on HIV and Young People (2008) Global Guidance Brief on HIV Interventions for Young People in the Education Sector.

²¹ Fyfe, A. (2007) The Worldwide Movement Against Child Labour: Progress and Future Directions. ILO, Geneva.

²² The Global Task Force on Child Labour and Education for All (2007) Reaching the unreached - our common challenge. ILO, Geneva.

²³ Boyer, C. et al (2001) "Prevention of sexually transmitted diseases and HIV in young military men" Sexually Transmitted Diseases, 28(6): 349-355. June.

²⁴ Scalway, T. (2001) Young men and HIV: Culture, poverty, and sexual risk. UNAIDS, PANOS, London.

²⁵ The UN lists 12 countries in which an estimated total of 250,000 children are found in military service, among them Sri Lanka, Uganda, Nepal, and Philippines. There may be as many as 70,000 child soldiers engaged in government and rebel armies in Burma. These countries are now under pressure to sign the "Optional Protocol" to the CRC which would compel new laws and reintegration of child soldiers into normal life. The International Criminal Court already considers the recruitment of children under age 15 for military purposes to be a war crime.

²⁶ <http://www.aidsandemergencies.org/overview2.html>

²⁷ Agriculture accounts for 70 per cent of child labour worldwide. <http://www.fao.org/newsroom/en/news/2006/1000394/index.html>

²⁸ <http://www.fao.org/newsroom/en/news/2006/1000394/index.html>

²⁹ Rau, B. (2002) Combating child labour and HIV/AIDS in sub-Saharan Africa: A review of policies, programmes, and projects in South Africa, the United Republic of Tanzania and Zambia to identify good practices. ILO IPEC Working Paper no 1, ILO, Geneva.

³⁰ UNAIDS (2002) HIV/AIDS stigma and discrimination. UNAIDS Best Practice Collection, Geneva.

³¹ In Jakarta, Indonesia, one in every seven street children had a history of STIs, Monitoring the AIDS Pandemic (MAP) Network (2001) The status and trends of HIV/AIDS/STI epidemics in Asia and the Pacific. Melbourne. <http://www.aids.org/hivaidsinfo/statistics/map/MAP2001.doc>

³² Saint Petersburg, 37.4% of 313 street children in were found to be HIV positive. Kissin, D. M. et al (2007) "HIV seroprevalence in street youth, St Petersburg, Russia," AIDS, 21(17): 2333-2340, November.

³³ See Inter-Agency Task Team (IATT) on HIV and Young People (2008) Global Guidance Brief on HIV Interventions for Most-at-risk Young People for more information on the interventions and the most appropriate methods for delivering them in different contexts.

³⁴ ILO (2005) Youth Employment: Pathways to Decent Work. Report VI, International Labour Conference, ILO, Geneva.

³⁵ UNFPA (2006) A Passage to Hope: Women and International Migration. UNFPA, New York.

³⁶ Puri, M. and Cleland, J. (2006) "Sexual behaviour and perceived risk of HIV/AIDS among young migrant factory workers in Nepal," Journal of Adolescent Health, 38(3):237-246.

■ EFFECTIVENESS OF WORKPLACE-BASED HIV INTERVENTIONS

Young people who are at the centre of concentrated epidemics urgently require interventions based on good practice.³⁷ There is a significant body of evidence³⁸ that demonstrates the effectiveness of HIV interventions in the prevention and treatment of HIV among young people. The world of work is a vital channel for reaching young workers, the young unemployed and young people in vocational training. The challenge is to extend these evidence-informed interventions to young people involved in the informal economy, child labourers and those who have been trafficked for employment and sexual exploitation.

■ NATIONAL AIDS RESPONSES

The location and nature of workplace interventions will depend on the stage of the epidemic. In low-level and concentrated epidemics, the emphasis should be on prevention and non-discrimination, with a focus on identifying economic sectors and populations with higher than average levels of risk, including child labourers, transport workers, miners and workers in the leisure industry. The formal-sector workplace, which is male-dominated in many countries, also offers opportunities to reach the clients of sex workers. Their health and safety/employee assistance programmes often include interventions on substance abuse, which can be linked to HIV-risk reduction.³⁹ In generalised or hyperendemic situations, broad-based HIV interventions at the workplace should be core elements of the national AIDS strategy.⁴⁰

Behaviour change communication

Education, training and life skills help prepare a young person for adult life and work. Workplace settings (including apprenticeship and vocational training programmes) are ideal for imparting life skills, providing HIV information and education, and influencing behaviour. Workplaces provide an environment where young people may come together with adults to discuss, interact and learn from each other. In Papua New Guinea, HIV has been incorporated into the curriculum of all vocational training under the direct control of the Ministry of Labour. In Vietnam, job centres that are part of a national network have become social gathering points for young people, and they increasingly convey HIV information as well as job offers.

Peer education is a successful strategy in many settings, especially as part of behaviour change communication.⁴¹ In Ghana, an ILO project linked up with apprentice mechanics and trained a corps of peer educators in small garages in and near the main cities. In Abidjan, Cote d'Ivoire, peer education has been successful in building unity among sex workers to insist on condom use.⁴² In Brazil, HIV interventions with young military conscripts have been conducted since the 1990s with remarkable success: there has been a consistent increase in the use of condoms among young conscripts, from 38 per cent in 1997 to 50 per cent in 2000. Since then, new course materials have been developed, including a training guide and a peer-education toolkit specifically adapted to the Brazilian setting.⁴³

Examples of the awareness-raising activities that need to be in place when working with young people in both the formal and informal economies have been identified in the manual on Supporting Children's Rights through Education, the Arts and the Media (SCREAM) and include:

- Increasing community awareness about the problem of HIV and child labour
- Educating and empowering young people to give them responsibility for awareness-raising and to participate fully with other young people in finding solutions
- Fighting stigma targeted at individuals infected and affected by HIV in schools, the workplace and society
- Promoting responsible sexual behaviour and faithful relationships; encouraging young people to talk about sex, its dangers and safe practices; and educating men to respect women's rights to "say no to sex"
- Sensitising the community about sexual and reproductive health (including homosexuality), gender-based violence and sexual abuse, and substance use; promoting more awareness and responsibility among men for reproductive health issues
- Identifying and disseminating good practices on HIV and child labour^{44 45}

Access to health services⁴⁶

Employers are improving access to health services for young people, both directly and indirectly. Occupational health services are being

³⁷ Aggleton, P. and Rivers, K. (1999) "Interventions for adolescents" in: Gibney, L., DiClemente, D. and Vermund, S. eds. Preventing HIV in developing countries: Biomedical and behavioral approaches. New York, Plenum Publications: 231-255.

³⁸ WHO, UNFPA, UNODC, UNAIDS, YouthNet (2004) Protecting Young People from HIV and AIDS: The Role of Health Services. WHO, Geneva. http://www.who.int/child-adolescent-health/publications/ADH/ISBN_92_4_159247_8.htm WHO, UNFPA, UNAIDS, YouthNet (2003) Achieving the Global Goals: Access to Services, Technical Report of a Global Consultation on the Health Services Response to the Prevention and Care of HIV/AIDS among Young People. WHO, Geneva. http://www.who.int/child-adolescent-health/New_Publications/ADH/ISBN_92_4_159132_3.pdf

³⁹ <http://www.ilo.org/public/english/protection/safework/>

⁴⁰ <http://mirror/public/english/protection/trav/aids/publ/access.pdf>

⁴¹ ILO/Family Health International (2003) HIV/AIDS Behaviour Change Communication: A tool kit for the workplace. ILO, Geneva - provides examples and guidance, including a chapter on peer education. <http://www.ilo.org/public/english/protection/trav/aids/publ/bcctoolkit.htm>

⁴² ILO (2002) Implementing the ILO Code of Practice on HIV/AIDS and the World of Work: An education and training manual. ILO, Geneva.

⁴³ http://www.unaids.org/en/KnowledgeCentre/Resources/FeatureStories/archive/2006/20060227_brazil.asp

⁴⁴ ILO (2008). SCREAM Supporting Children's Rights through Education, the Arts and the Media: A special module on HIV, AIDS and child labour. International Programme on the Elimination of Child Labour (IPEC), ILO, Geneva.

⁴⁵ ILO (2004) Youth at risk: The role of skills development in facilitating transition to work. In Focus Programme on Skills, Knowledge and Employability, ILO, Geneva

⁴⁶ See Inter-Agency Task Team (IATT) on HIV and Young People (2008) Global Guidance Brief on HIV, Young People and Health Sector Interventions for information on an evidence-informed package of health interventions and the most appropriate methods for delivering it in different contexts.

adapted to provide HIV prevention and care, including treatment of sexually transmitted infections (STIs) and opportunistic infections as well as antiretroviral therapy. These services lend themselves well as support for treatment adherence. Smaller enterprises are pooling resources to share the services of a nurse on a part-time basis. Workplaces promote access to health through health insurance and referral to public services. Evidence from many enterprises shows that uptake of HIV-prevention messages, as well as of opportunities for voluntary HIV testing and treatment, is greater where trust has been built as a result of employment protection, non-discrimination and employer-worker collaboration.⁴⁷

Mechanisms need to be in place to extend these services to young people working informally who may not have health insurance or who need access to prevention and care services without the consent of parents/guardians.

Creation of a safe and supportive environment

The creation of a safe and supportive environment includes non-discrimination and respect for the rights of young people. This involves listening to the needs of different groups of young people, including those living with HIV, young women, men who have sex with men, young migrants and refugees, and rural youth.

Two sides of the same coin

The ILO, with several UN partners, held a youth consultation on HIV in Kigali, Rwanda, in November 2007. The aim was to listen to young people's own views of their needs and work out joint responses. A key issue was to make sure that AIDS policies and programmes address youth employment issues and vice versa. For young people, opportunities for decent and productive work and HIV prevention are two sides of the same coin. The meeting, which was attended by the Ministries of Youth and Labour as well as the President of the National AIDS Council, adopted the "Kigali Call to Action" and made a number of recommendations. Follow-up will include an integrated package of measures to promote youth employment and prevent HIV.

Workplace programmes based on the 10 key principles of the ILO Code of Practice on HIV/AIDS and the World of Work help protect the health and the rights of young people as well as reducing the social and economic impact of the epidemic.⁴⁸ These principles include the recognition of HIV as a workplace issue, confidentiality, gender equality, healthy work environments (including HIV prevention, treatment, care and support interventions), non-discrimination and social dialogue. In addition, the principles state that screening for HIV should not be required of job applicants or persons in employment and that HIV infection is not a cause for termination of appointment. The Code of Practice will be complemented by a new international labour standard on HIV/AIDS, currently

under preparation for adoption by the 2010 International Labour Conference.

The world of work also provides structures and mechanisms to address social and economic issues such as: school-to-work transitions that include career planning and vocational/entrepreneurial skills; job security; access to youth-friendly credit and financial services, social and welfare benefits; referrals to relevant legal services, self-help, youth and other community-based groups.⁴⁹

Trade unions often have programmes to promote the engagement of young people as well as protecting the rights of workers facing HIV-related discrimination. Youth and Unions (UNI Youth) is working with governments, NGOs and community-based organizations⁵⁰ to enhance capacity and resources to progressively eliminate child labour, promote "Education for all" by the year 2015 and combat HIV/AIDS.⁵¹

For young unemployed people and those involved in the informal economy, attention needs to be placed on the development of livelihood skills. Tailored training programmes have been developed for vulnerable groups of young people. Examples include the Food and Agriculture Organization (FAO)-supported Junior Farmer Field and Life Schools in Africa, which provide agricultural training and education to out-of-school youth and young people orphaned by AIDS.⁵² In addition, mechanisms need to be in place to:

- Provide vulnerable children affected and infected by HIV with social protection when their parents fall ill, lose their jobs or die; the aim is to prevent these children from becoming child labourers
- Resuscitate community-level social protection strategies so that children can be integrated rather than isolated as a result of HIV
- Provide subsidies to families for child care, food and education support, as well as life skills and vocational training to orphaned children, so that all children are guaranteed a childhood and can grow up to be productive, educated members of society⁵³

In the Philippines, the National Union of Workers in the Hotel, Restaurant and Allied Industries (NUWHRAIN) has included a clause about sex tourism in its collective agreements with hotels.

⁴⁹ ILO (2004) Youth at risk: The role of skills development in facilitating transition to work. In Focus Programme on Skills, Knowledge and Employability, ILO, Geneva.

⁵⁰ For more on community-based HIV interventions see Inter-Agency Task Team (IATT) on HIV and Young People (2008) Global Guidance Brief on Community-based HIV Interventions for Young People.

⁵¹ Youth and Unions - UNI Youth (2004) World Youth Action Plan. Adopted by the 1st UNI World Youth Conference, 23/24 Oct. 2004, Berlin. <http://www.union-network.org/uniyouth/nsf/9548462b9349db27c125681100260673/574f66b5650708fcc1256f5100480ed4?OpenDocument>

⁵² http://www.fao.org/tc/tce/pdf/Swaziland_factsheet.pdf

⁵³ ILO (2008). SCREAM Supporting Children's Rights through Education, the Arts and the Media: A special module on HIV, AIDS and child labour. International Programme on the Elimination of Child Labour (IPEC), ILO, Geneva.

⁴⁷ ILO (2001) The ILO Code of Practice on HIV/AIDS and the World of Work. ILO, Geneva.

⁴⁸ *ibid*

HIV Interventions for Young People in the workplace

The clause is based on a model agreement developed by the International Union of Food Workers (IUF), which outlines the rights of employees and responsibility of hospitality facilities (hotels, restaurants and bars) in the fight against sex tourism.⁵⁴

Given the wide variation in sexual risk associated with the workplace, HIV intervention strategies should be tailored to address occupational-related factors as well as prevention more generally. Activities focusing on increasing young workers' ability to identify and avoid potential risk situations, to resist sexual advances and/or to negotiate condom use should be included in work orientation.⁵⁵

■ PARTNERSHIPS AND MULTI-SECTORAL APPROACHES

A wide range of partners in public, private and non-profit sectors are already involved, or have the potential to become involved, in workplace-based HIV interventions with young people. Key actors are the organizations of employers and workers who work with ministries of labour to implement comprehensive programmes in the world of work: from skills and entrepreneurship development to gender equality and standard-setting, youth employment is a high priority. HIV and AIDS are being progressively integrated into these programmes. Some other partners and examples of their work are shown below. For potential partners, capacity may need to be built so they are aware of the range of effective responses and methodologies for delivering the interventions.

The Youth Employment Network (YEN)⁵⁶ - a joint initiative of the UN Secretary General, the World Bank and the ILO - provides a framework for action to promote, protect and support young people through employability, equal opportunities, entrepreneurship and employment creation.

The United Nations Foundation and United Nations Fund for International Partnerships (UNFIP) are collaborating with the Ethiopian Government, UNFPA, the Nike Foundation, the Population Council and local and international NGOs. In Addis Ababa and Bahir

Comprehensive Partnership Strategies for HIV/STI Prevention among Young People in the Russian Federation (DFID-UNFIP)⁵⁷

This project involved a number of UN agencies in partnership with government authorities and academic institutions. The ILO component covered:

1. Training staff in the vocational training and employment centres in the Altai territory and the Volgograd region
2. Developing an HIV/STI system ensuring access to information and medical services for vocational students and unemployed young people visiting these centres
3. Developing "Your Health" kit, 12 booklets on health issues for young people
4. Disseminating information about the project to other regions of the Russian Federation and nearby countries

Lessons learned

The best HIV-prevention practice is to integrate prevention education into information, occupational guidance and club activities aimed at older school children, students in vocational training and unemployed young people.

■ MONITORING AND EVALUATION

Mapping is required to track HIV interventions among young people at the workplace in order to extract lessons learned as well as to identify opportunities for HIV mainstreaming. Indicators for monitoring and evaluating workplace-based HIV interventions are included in UNGASS core indicators⁵⁸ as part of the National Composite Policy Index and as 1) a percentage of transnational companies in developing countries and that have workplace HIV policies and programmes;⁵⁹ and 2) a percentage of international organizations that have workplace HIV policies and programmes.⁶⁰ However, none of these indicators make specific reference to the need to disaggregate data by age, sex and diversity of the workforce.

Monitoring progress towards the Millennium Development Goal (MDG) 8⁶¹ target (in cooperation with developing countries) to develop decent and productive work for youth involves reporting on youth unemployment rates. This, together with monitoring progress

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