

THE INTERNATIONAL TRANSPORT WORKERS' FEDERATION

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agenda

CHALLENGING HIV/AIDS IN TRANSPORT

***REST
WITHOUT
RISK?***





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ITF Regional Offices

African Regional Office

PO Box 66540,
Westlands, Nairobi, Kenya
Tel: +254 (0) 20 44 480 19
Fax: +254 (0) 20 44 480 20
Email: itf@kenyaonline.com

African Francophone Office

1450 Avenue Kwame Nkrumah,
11 BP 832 CMS Ouagadougou,
Burkina Faso
Tel: +226 (0) 50 301 979
Fax: +262 (0) 50 333 101
Email: itfwak@fasonet.bf

Asia/Pacific Regional Office

Tamachi Kotsu Building,
3-2-22 Shibaura, Minato-ku,
Tokyo 108-0023, Japan
Tel: +81 (0) 337 982 770
Fax: +83 (0) 337 694 471
Email: mail@itftokyo.org
Website: www.itftokyo.org

Asian Sub-Regional Office

12D College Lane,
New Delhi, 110001 India
Tel: +91 (0) 11 2335 4408 / 7423
Fax: +91 (0) 11 2335 4407
Email: itfindia@vsnl.com

Inter-American Office

Av. Rio Branco, 26-11 Andar, CEP
20090-001 Centro,
Rio de Janeiro, Brazil
Tel: +55 (0) 21 2223 0410
Fax: +55 (0) 21 2283 0314
Email: rio@itf.org.uk
Website: www.itf-americas.org

Caribbean Sub-Regional Office

198 Camp Street,
South Cummingsburg,
Georgetown, Guyana
Tel: +592 (0) 227 5907
Fax: +592 (0) 225 0820
Email: glu@solutions2000.net

European Transport Workers' Federation (ETF)

Rue du Midi 165,
B-1000 Brussels, Belgium
Tel: +32 (0) 2 285 4660
Fax: +32 (0) 2 280 0817
Email: etf@etf-europe.org
Website: www.etf-europe.org

Moscow Office

21/1 Sadovaya Spasskaya,
Office 729, 107217, Moscow, Russia
Tel: +7 495 782 0468
Fax: +7 095 782 0573
Email: itur@orc.ru
Website: www.itf.ru

Arab World Office

P.O. Box 925875
Amman 11190 Jordan
Tel: +962 6 56 99 448
Fax: +962 6 56 99 448
Email: arab-world@itf.org.uk
Website: www.itfglobal.org/itf-arab-world

Editorial

ITF global HIV/AIDS project
coordinator: Dr Syed Asif Altaf
Editor: Kay Parris
Tel: +44 (0) 20 7403 2733
Fax: +44 (0) 20 7357 7871
Email: mail@itf.org.uk
ITF House, 49-60 Borough Road,
London, SE1 1DR

Cover photo: REUTERS/Jorge Silver

UNIONS IN ACTION



WORKERS UNITE FOR WORLD AIDS DAY

World AIDS Day 2006 provided a perfect launchpad for the ITF's reinforced, long-term campaign to get more unions involved in HIV/AIDS programmes and activities – to prevent future infections and provide care and support to infected members and their families. Affiliated unions all over the world responded with a huge range of events and actions.

The Pakistan Transport Workers' Federation achieved considerable local and national media coverage for the seminar and cultural programme it organised in partnership with the National AIDS Control Programme.

Rallies, seminars and other education were conducted by various unions in India and Bangladesh, while two Indian railway union leaders also travelled to Austria to join a special executive board meeting of the railway union there. In the Philippines, seafarers' wives and women staff from several manning agencies participated in a symposium against violence against women, and for HIV/AIDS awareness, which was organised by the Seafarers' Union.

Stigma and discrimination were the subjects of a number of dramas staged in workplaces in Papua New Guinea by the Maritime Workers Industrial Union. In Kiribati an executive board meeting of the Overseas Seafarers' Union met to discuss a community prevention project they plan to launch in conjunction with their wives' association, national AIDS programme and ministry of health and family welfare.

On the same day in Guyana, employers participated in a training day aiming to encourage them as active participants in an ongoing prevention and care project being implemented by the Clerical and Commercial Workers' Union in conjunction with the government and the World Bank.

Workers attended rallies and discussions held by the Federation Nationale des Taxi in Burkina Faso and by the Railway Workers Union in Tunisia, while in Jordan the Air Transport Union organised a day-long seminar.

ITF general secretary David Cockroft said: "With the strength of nearly 700 ITF-affiliated unions worldwide, we know we have the potential to reduce the impact of the HIV pandemic. A great deal of work has already been done by many of our affiliates. Now we want to see more unions bringing HIV/AIDS work further into their core programmes, and lobbying to establish HIV as a workplace issue."

He continued: "It is now widely understood a viable response to this disease is impossible without the active involvement of transport workers and their unions."

As Agenda went to press, unions were busy planning their actions for the 2007 World AIDS day, once again under the slogan "Stop AIDS. Keep the promise".

UNIONS CONDEMN G8 BACKSLIDING

Despite gains for better G8 monitoring, trade unions joined HIV/AIDS activists in condemning the G8 Summit of industrialised countries, held in Germany in June 2007, for backsliding on its promise of universal access to prevention, treatment, and care by 2010.

In the final communique the G8 almost halved its goal by targeting only 5 million people in Africa with life-saving antiretroviral drugs.

More than 11 million people will need antiretroviral treatment by the year 2010. Yet the G8 has vaguely promised only US\$60bn to be shared between treatments for AIDS, TB and Malaria. This promise is made without concrete targets or timelines and with the aim of also strengthening health systems; an amount that pales in comparison to the need for HIV/AIDS, alone.

It wasn't all bad news. Following two years of lobbying by trade unions and others, the G8 agreed to undertake a first-ever monitoring exercise on AIDS, malaria and TB, and affirmed it would "continue this close monitoring process regularly".

The summit also called on African countries, along with the World Health Organisation, UNAIDS, World Bank, Global Fund and other stakeholders to help deliver "next steps" for universal access. And it acknowledged the need to recruit, train and retain more health workers in currently under-resourced health sectors - a problem the World Health Organisation (WHO) is now focusing on.



STEPHEN ROSSOUW

Flying high but for how long? Pilots stand to lose their licences if new regular health tests reveal they are HIV positive

PILOTS IN BOTSWANA ANGRY AT NEW TEST RULES

Pilots and air traffic controllers in Botswana will be tested regularly for HIV, diabetes and high blood pressure following a new government ruling.

Government policy states that an employee should not lose their job because they have HIV, but under the new guidelines, pilots and air traffic controllers found to be HIV-positive, or to have hypertension or diabetes, could have their licences withdrawn.

The new regulations require that a young pilot is tested at least once a year, while older staff would be tested more regularly.

"There's suddenly a growing feeling of uneasiness amongst controllers and pilots," said Moetapele Motale of the Botswana Air Traffic Controllers' Association.

Botswana has one of the world's highest rates of HIV infection, but also has one of Africa's most advanced AIDS treatment programmes and readily available anti-retroviral drugs.

CALL FOR MORE COLLABORATION

Global union federations and their affiliates working on HIV/AIDS programmes need to foster a more coordinated approach in a bid to strengthen their lobbying power.

That was the conclusion of a meeting of the Global Union Federations (GUFs) HIV/AIDS advisory committee in Geneva, Switzerland in 2007, and is a reality accepted by many unions engaged in programme work.

Delegates at the meeting, including representatives from the ITF, the International Labour Organization, UNAIDS and donor organisations such as FNV, discussed ways of enhancing coordination at both national and regional levels, thereby enhancing their lobbying power to secure funding, policies and programmes to tackle HIV in the workplace.

Such coordination has already begun. GUF unions in Ghana and Nigeria for example have taken the decision to work through their national centres, which represent workers' views at both countries' national AIDS coordinating committees. These committees are not only the main decision-making bodies on HIV, but they also hold the government and global purse strings.

Dr Syed Asif Altaf, ITF global HIV/AIDS project coordinator commented: "If more GUF unions worked jointly with unions in other sectors and with national centres, rather than on their own, this would increase our capacity to push governments to acknowledge HIV and AIDS as a workplace and trade union issue."

He continued: "It would force them to introduce plans of action to stop the spread of HIV at work. Good coordination could also make it easier for GUF unions to secure the funding they need to carry out their own HIV/AIDS programmes."

Representatives of the GUF programme's steering committee are to meet with the Global Fund against HIV, TB and Malaria early in 2008, to discuss ways of creating greater access for trade unions to global funds allocated through Country Coordination Mechanisms (CCM).

The Global Fund – a partnership between governments, civil society, the private sector and affected communities has recently approved a fund of US\$8,000 to be allocated to surveying trade union involvement in HIV/AIDS.

MAPPING THE PROBLEM

NEW RESEARCH REVEALS IMPACT OF HIV/AIDS ON TRANSPORT WORKERS GLOBALLY, AS DR SYED ASIF ALTAF REPORTS

A recent mapping exercise conducted by the ITF among its affiliates has given the first picture of the prevalence and impact of HIV/AIDS among transport workers globally. The findings, from the 97 affiliates who participated, reflect the heightened concerns of particular regions: 40 came from Asia Pacific, 31 from Africa, 11 from Europe, 13 from Latin America and the Caribbean, and two from Arab countries.

However the findings showed that the disease is a problem for every region, and every sector. Railway and road transport workers were the groups currently most affected by the disease, with aviation workers the group most starting to be affected.

The findings coincide with data from UNAIDS and other agencies. In some Asian and African countries, HIV prevalence is higher among transport workers than the general population, especially for long distance drivers on some major routes.

A study along the Dar-es-Salaam highway in Tanzania found an HIV prevalence rate of 28 per cent for truckers and 56 per cent for their female partners.

The Ugandan railway union reported that it had lost 5,600 workers due to HIV/AIDS in the 1990s - 15 per cent of all the company's workers.

Although there is a lack of information in the fisheries and navigation sections, the few studies in these areas reveal a very alarming situation. The World Food Programme, for example, estimates that HIV affects 16 to 17 per cent of Burmese fishermen.

Effects in the workplace

HIV/AIDS affects individual workers infected with the disease, their colleagues in the workplace, the union and the employer. The worker loses income and faces stigma and discrimination, and colleagues are faced with the impact of absenteeism, as well as the effects of deaths of their workmates and union representatives. The knock-on effects on employers include falling productivity and reduced profits.

The survey found that the greatest impact at work is felt in the death of colleagues, co-workers and union members, and also the resulting absenteeism, skills shortages and discrimination by employers. With the growing "feminisation" of HIV/AIDS infection, the disease now has a disproportionate effect on women, who often experience greater stigma and discrimination.

Impact of HIV/AIDS on transport sector

Sector	Clearly affect (%)	Starting to affect (%)	No effect (%)	Don't know (%)
Seafarers	25 (52%)	12 (19%)	3 (9%)	10 (29%)
Railway workers	22 (67%)	8 (5%)	6 (9%)	7 (19%)
Road transport workers	31 (63%)	9 (19%)	6 (9%)	10 (9%)
Dockers	23 (50%)	10 (18%)	3 (7%)	13 (25%)
Aviation workers	18 (48%)	10 (28%)	3 (7%)	10 (20%)
Fishers	15 (47%)	5 (6%)	1 (1%)	17 (47%)
Inland navigation workers	19 (52%)	6 (4%)	2 (3%)	17 (44%)

The findings also showed that transport unions themselves are affected, through the loss of members and experienced leaders, which weakens the ability of the unions to organise and represent their members.

Union interventions

Education is key to HIV prevention, and unions worldwide are implementing programmes to raise awareness of the disease among members. But the survey found that although 65 per cent of unions have prevention programmes, and 60 per cent educational activities, the level of awareness among members is still very low. Only 20 per cent of affiliates felt their members had a high level of awareness of HIV/AIDS.

There were also very few reported union programmes to distribute condoms or provide health or welfare clinics with treatment for sexually transmitted infections (STIs).

The unions reported a lack of involvement (only 44 per cent) by national trade union centres in HIV/AIDS programmes.

National programmes for transport workers

A more encouraging finding is that voluntary counselling and testing facilities are available for transport workers in more than half the countries surveyed. Such provision is a good basis for unions to encourage their members to be tested. And the falling price of antiretroviral treatment means this is now available through the public health system in half the countries covered.

Specific interventions targeted at transport workers were reported in 60 per cent of countries, and most unions claimed to have good contacts with the non-governmental organisations providing them.

Workplace policies

Very few unions surveyed - only a quarter - reported they had developed workplace policies on HIV/AIDS, although most (79 per cent) said they had plans to develop these. More than half reported a lack of workplace policies in companies where their members worked. The vast majority (82 per cent) had not yet signed collective bargaining agreements with specific HIV/AIDS-related clauses.

Assistance from ITF

The affiliates surveyed pointed to the need for a range of support from the ITF. Most described information as the most important resource, but support to develop union policy, education materials and training was also cited. Almost half also wanted support to develop workplace policy.

Areas for development

The mapping exercise revealed the extent of the impact of HIV/AIDS among transport workers, but also that affiliated unions have started to take action to control the epidemic. This is a positive basis on which to intensify efforts and make an impact in developing such programmes as workplace policies to protect members with HIV from stigma and discrimination.



REUTERS/EDUARDO MUNOZ

The mapping survey showed very few unions have programmes to distribute condoms, and though many run education programmes, the level of awareness among union members is still very low

Other areas for development include:

- Innovative ways to provide information to transport workers to prevent new infections and resolve misconceptions, including encouraging members to go for testing.
- Union partnerships with other organisations to provide medical services such as condom distribution and STI treatment.
- Campaigning with other AIDS activists for free or subsidised provision of HIV drugs.
- Transport union involvement with national trade union centres in HIV/AIDS programmes and collaboration with national centres that run programmes.
- Taking up ITF material about HIV/AIDS and taking part in the ITF Global HIV/AIDS Project regional workshops/training.

For a copy of the full report, HIV survey on HIV/AIDS, contact education@itf.org.uk



**“WE
HAVE
TO
INVEST
IN
TOMORROW”**

REUTERS/MIKE HUTCHINGS

UNAIDS EXECUTIVE DIRECTOR DR PETER PIOT HAS ALREADY DEDICATED ALMOST 25 YEARS OF HIS LIFE TO THE BATTLE AGAINST THE HIV/AIDS PANDEMIC. HE BELIEVES TRADE UNIONS WILL HAVE A CRITICAL ROLE TO PLAY IN THE GLOBAL RESPONSE FOR THE NEXT 25 YEARS AND BEYOND, AS KAY PARRIS REPORTS

One morning in 1976, when Peter Piot was a young doctor working at the Institute of Tropical Medicine in Antwerp, a package arrived from Kinshasa in what was then the Belgian Congo (now Zaire). It contained pieces of liver from a woman who had died from a mysterious new fever gripping parts of the country.

Invited to join a World Health Organisation investigation of the outbreak, Dr Piot travelled to Kinshasa where villages had been stricken by the unknown bug. He was part of a team that unearthed a new pathogen – the potentially deadly and highly contagious Ebola virus, which, the team discovered, was easily transmitted through sex as well as through other body fluid contacts.

It was a terrifying foretaste of the much more powerful HIV virus, which emerged only a few years later, and rapidly gained epidemic, and then pandemic proportions.

Back in Kinshasa in 1983, Piot and his colleagues were among the first to demonstrate that this new disease of the immune system, which initially appeared to target gay men, needle users, haemophiliacs and other transfusion recipients, all over the US and Europe, was spreading on a far greater scale through general heterosexual populations.

Breaking the silence

As the infection figures have climbed in 25 years since the first identification of the disease, from five to 40 million cases, AIDS campaigners like Piot have spent much of their time locked in a battle against denial.

The denial of national leaders, who refuse to get to grips with the reality of sexual transmission, why and how it happens, how it can be stopped.

The denial of societies and individuals wanting, as we all do, to protect their prejudices and accustomed behaviours, the denial of employers reluctant to face up to the measures they need to take, trade unions shying away from the daunting responsibility of addressing their members' vulnerabilities and lifestyles.

To Piot, executive director of the United Nations Joint Programme on HIV/AIDS since its foundation in 1964, stigma is the central obstacle to be faced here - and leadership, at every level, is the key to overcoming it.

"First we have to ask, what does leadership really mean?" he says.

"Speaking up, breaking the silence, that is the first step. Then, leading by example. For unions in badly affected countries, it means including AIDS in collective bargaining agreements, helping to develop prevention programmes, and tackling this stigma and discrimination, which most of the time are about something else – sex, sexual orientation, taboos, deep beliefs."

Taking stock

Twenty five years is a long time to spend battling against a relentlessly growing pandemic. Piot appears to have lost none of his passion for the task in that time, but he has gained a profound sense of realism, and he wants this to inform future campaigning, over the next 25 years and beyond.

"We have an understanding now that AIDS is with us for a long time. We should be thinking in terms of decades, generations. We have to decide, what do we do today, in order to have the best possible outcome in the long term?"

While antiretroviral treatment is now reaching many

more people, for example, prevention strategies are still often failing to get through. For every one person who begins treatment, another five contract the virus.

Piot says he is haunted by the vision of queues for treatment getting longer and longer, while the security of treatment provision is far from assured.

"In the poorest countries, someone on antiretroviral treatment depends on donors, or on whether the government decides to divert money to fund ever growing treatment programmes. How do these treatments become sustainable?"

Similarly the leadership influence he holds to be of such vital importance – "whether through charities, businesses, unions or governments" – must be strong enough to last, regenerate and develop indefinitely.

"How do we sustain it? How do we expand it? We are so busy with crisis management, but we have to make time to look at these questions."

The plan is to review every aspect of HIV awareness, prevention, treatment approaches and contexts worldwide in order that come 2031 – 50 years after the first HIV case was reported – the AIDS response will have had maximum impact.

TWENTY FIVE YEARS IS A LONG TIME TO SPEND BATTLING AGAINST A RELENTLESSLY GROWING PANDEMIC. PIOT APPEARS TO HAVE LOST NONE OF HIS PASSION FOR THE TASK IN THAT TIME.

The taskforce to spearhead the plan, the AIDS 2031 Consortium, is focused in particular on examining the "social drivers" of HIV/AIDS – the social, cultural and political injustices that allow AIDS to thrive in the midst of gender inequality, economic marginalisation, stigma and discrimination.

Trade union role

These are all problems that Piot, who has a deep belief in the power of community and collective action, feels trade unions are compelled and equipped to address. And he seems to believe the ITF and its affiliates are heading in the right direction with the programmes they have developed so far.

"The thing the best ones have in common is that they are run with, not for, the workers. I think the ITF takes a human rights approach, and this is the right approach to take. It says that tackling stigma and discrimination is key to tackling the problem, and it centres on involving individuals. And it's about reaching people in a way that fits, in terms of language and circumstances – for example, the audio tapes for the road your Swedish affiliate has sponsored. I wish every sector could be the same."

This does not imply that transport trade unions have got their HIV response sorted out. Most are at an early stage in their programming and many are far from even beginning, often because they are under-resourced or not yet established. And as Piot points out, even where active programmes are running, "Astonishingly, a lot of workers still lack basic knowledge."

Unions in some countries may believe that relatively low prevalence means they need not act, he observes. This is misguided.

"With AIDS, having no problem today does not mean no problem tomorrow. You have to make sure there is prevention, we have to invest in tomorrow. The disease is



REUTERS/MOHAMED NURELDIN ABDALLAH

very high now in truckers' populations in East Africa, for example. Whenever this happens, it means there was a failure, in not acting when this could have been prevented."

Of course the union role does not end with prevention programmes, however crucial they may be. Unions have a responsibility to represent members in their right to seek protection and treatment.

Fortunately many governments, including in parts of Africa, are now providing, or on their way to providing, proper treatment programmes. In Botswana, 85 per cent of people who need treatment now have access to it. In Kenya the figure is 50 per cent.

This still leaves unions with the challenge of securing access for their members. "It is a case of making sure arrangements are in place to facilitate access," says Piot. "For example, this might mean ensuring there is a non-discriminating environment in the workplace. You must create a safe space. If I think I may be HIV positive, I need information to help me understand whether I should be worried, and then I need the mechanisms to support me, and to give me confidence that I won't be fired or found out by my peers if I get tested and get a positive result, and that in fact I will get help and treatment.

"Of course, where there is still no state funding for treatment, we must push employers to pick up the bill."

Attitude change

In common with any serious campaigner against HIV/AIDS, Piot sees gender inequalities as one of the most central problems to address. He recognises this

Building campaigns for the future: a youth rally against HIV/AIDS in Ethiopia

is not the easiest focus for trade union work.

"There is a macho environment in the unions, not just the transport unions – and I am speaking as a former trade union activist myself. In general, trade unions are not gender sensitive.

"There is a lot of work to be done here – and there would be even without AIDS. We are asking a lot, but the specific needs of women and girls must be addressed, and this is beginning to happen.

"In South Africa there are projects focusing on men as partners, showing how often women are blamed, especially sex workers, when in fact it is mostly male sex behaviour or drug-taking behaviour that is the problem. In transport, where men suffer so many stresses and deprivations while away from home, they are particularly likely to show these behaviours. Men must be part of the solution, they have to take responsibility."

In the meantime, Piot is pleased to pick up some signs at least that women are gaining in confidence, and that cultural barriers to change are beginning to shift.

"This is not very scientific, but whenever I visit a big city I always ask for a meeting with people with HIV. In Nairobi, for example, when I was doing this 10 years ago it was a very big challenge, you couldn't find anyone who wanted to come and talk. But it has become less and less of a challenge. This year in Nairobi I attended a meeting of 2000 women, 500 of whom were openly positive. HIV has become more discussable."

Dr Peter Piot is executive director of UNAIDS and under secretary general of the United Nations

INTER-UNION SOLIDARITY

ZOE REYNOLDS EXPLAINS HOW THE MARITIME UNION OF AUSTRALIA IS WORKING TO SUPPORT HIV PROJECTS IN SOUTH AFRICA

The Tas Bull Memorial International Aid Committee was created after a delegation from the Maritime Union of Australia attended the ITF congress in Durban in 2006.

With the support of trade unions in Australia and New Zealand, the committee has been raising funds for various HIV projects in South Africa.

The Maritime Union of Australia (MUA) is also sending containers of goods from Australia to disadvantaged schools and HIV orphanages in South Africa. The Committee is encouraging MUA members to become regular

monthly donors to Union Aid Abroad – Apheda.

Proceeds from the raffle have been distributed to five children's projects in South Africa, such as projects for HIV orphans.

The first container, of children's school supplies from Tasmania and Melbourne, arrived in Cape Town in late March and was handed over to one of the at-risk schools. A second container is being fitted out as a facilities block for a school in the Cape Flats.

Costs and transport for the container delivery were contributed by SAFMarine / Maersk. The local transport union, Satawu,

Union Aid Abroad and EduCompass were instrumental in it getting to the schools.

The MUA and Union Aid Abroad discussed potential HIV education strategies with Satawu and the South African trade union body, COSATU. The MUA already assists an HIV education program with the Zimbabwe Amalgamated Railway Workers Union through Union Aid Abroad – APHEDA.

Zoe Reynolds is communications officer of the MUA



AIDS orphans at the Carl Sithole, Children's Services Centre in Soweto.

AVERTING A FIRESTORM

THE TRANSPORT AND COMMUNICATION WORKERS TRADE UNION INDUSTRIAL FEDERATION IN ETHIOPIA HAS WORKED INTENSIVELY TO ADVOCATE FOR INDIVIDUAL MEMBERS AND TACKLE HIV RISK, AS DANIEL GEBEYEHU REPORTS

Two years ago when a manager told one Ethiopian long-distance truck driver that he was to lose his job because he was HIV positive, his despair led him to threaten to set light to his tanker lorry – with him inside. Only swift action by the police saved his life. When his case came to court he explained how the stigma he had suffered in his workplace because of his HIV status had driven him to take this extreme and near-tragic action.

In this case, it is a story with a hopeful ending. After intense efforts working with him, the man eventually emerged from his traumatised state and became a peer-to-peer educator – helping to teach other drivers of the dangers of contracting the virus and the need to take action to prevent it.

But the wider problem of workplace stigma of workers with HIV/AIDS remains a major problem in Ethiopia. That's why we in the Transport and Communication Worker's Trade Union Industrial Federation (TCWTUIF) have been taking initiatives in response to this pandemic since 1998, when Ethiopia adopted a comprehensive HIV/AIDS policy.

The high profile component of our new long-term strategy was setting up anti-

HIV/AIDS committees in workplaces and launching a prevention campaign through education, film, media and radio. But it also involved encouraging local branch unions both to bring HIV/AIDS work into their mainstream programmes with workers and to bargain to establish HIV as a workplace issue.

Policy and behaviour

As a result TCWTUIF, and the Confederation of Ethiopian Trade Unions (CETU) of which it is part, adopted workplace HIV/AIDS policy guidelines and designed a strategic plan to prevent HIV/AIDS among the workforce. It stressed the need to institutionalise HIV/AIDS care and support programmes in all workplaces, and to support campaigns for counseling and testing facilities, for anti-retroviral drugs and against prejudice.

Research showed that HIV/AIDS was particularly concentrated among workers in manufacturing, and the transport and communication industries – with growing problems of absenteeism due to the virus. So, as well as the direct human toll, this pattern of infection threatened to have a disproportionate economic impact on the country.

We have tried to focus our communication on bringing about real changes in behaviour and attitudes among the workforce: reversing negative attitudes towards condom use among men; addressing the social stigma towards people living with HIV/AIDS and the large number of children orphaned by the disease. However this is a struggle.

The still low level of awareness about HIV/AIDS within the wider community, combined with risky sexual behaviour, multiple partners, and wider community health problems are still huge obstacles to be overcome.

Support from the ITF and donors has been crucial. But the TCWTUIF is determined not always to rely on external support. We are committed to using the existing union structure to develop home-based care that deals with the range of challenges facing people living with HIV/AIDS, and by developing programmes to generate income to help AIDS orphans and families affected by the virus.

Daniel Gebeyehu is general secretary of the Transport and Communication Worker's Trade Union Industrial Federation (TCWTUIF), Ethiopia



DRIVING HOME THE MESSAGE

A GROUP OF AUTO-RICKSHAW DRIVERS IN BANGALORE ARE LEADING THE WAY IN RAISING AWARENESS AMONG THEIR PEERS, SAYS NISHI KAPAH

The Adarsha Auto and Taxi Drivers' Union represents young drivers, driving taxis and auto rickshaws or tuk tuks in the city of Bangalore. Of some 50,000 auto rickshaw drivers working in the city, around 15,000 are members of the union.

Having attended one of the ITF's initial meetings on HIV/AIDS held in Hyderabad in 2003, the union leadership decided to try and involve their drivers in HIV-related work. A general seminar on HIV/AIDS was organised for 40 members of this union, giving them a basic grounding in the gravity of the problem in India and the need for the trade unions to be involved.

At the end of the programme, a group of volunteers pledged to help educate their fellow drivers around Bangalore. This group of peer educators went on to receive not only academic training about HIV/AIDS and its related issues, but also underwent sensitisation towards the people most affected by the crisis, by visiting hospitals, red light areas and a care home for positive people.

Ready and willing

This training was a whole new experience for the drivers and their excitement was very visible. They were full of questions, seeking clarifications on every issue they were exposed to, with new ideas on how to bring about changes. They had, after all, taken time out at the cost of their daily earnings to attend this four-day training, and they had to make full use of it.

With their batteries fully charged, they started to talk, teach, learn, share information and create awareness with whomsoever they came in contact with – their families, friends, co-workers and even passengers. They put up

messages on their vehicles, in English and Kannada, the vernacular language of Karnataka, about HIV/AIDS, practising safe sex and combating drug abuse. And they distributed handbills and leaflets containing basic information on HIV/AIDS and even condoms to passengers wanting to visit the red light areas.

As a group they continue to hold education and information sharing sessions for their fellow auto rickshaw and taxi drivers at any parking place. At least once a month they hold huge rallies in other districts of Karnataka, which is one of the six worst affected states of India, and try to create awareness by way of street plays, demonstrations and lectures. Often senior police officials or local politicians are invited to these events to gain support and goodwill. The union has a respectable standing with the local police and transport authorities.

To set an example among their co-workers, all members of the peer educators group have voluntarily got themselves tested for HIV and they encourage their co-workers to do the same. Most of them renew their commitment to care for and support people living with HIV/AIDS by making a small monetary contribution to "Snehalaya", a care home for positive people.

The Adarsha Auto and Taxi Drivers Union has big plans for the future. Very soon it will be demanding a workplace policy for the privately run autos and taxis, which would include HIV/AIDS policy as well. The union plans to place this demand before the regional transport office, which plays a very important role in the road transport industry in India.

Nishi Kapahi works for the ITF Delhi office



AJAY RAY REPORTS ON AN EXPANDING GRASS ROOTS PROGRAMME RECEIVING POPULAR SUPPORT IN HIS UNION

AWARENESS AND RECRUITMENT TOGETHER

You can now see plastic stickers with HIV/AIDS awareness slogans in the backs of hundreds of taxis and buses in Kathmandu, thanks to members of the Nepal Yatayat Mazdoor Sangh (NETWON).

This is just one of a raft of initiatives being carried out by our union since an ITF-backed seminar in Nepal in 2005 helped create a new awareness that HIV/AIDS was not just a social problem but a workplace issue – and one that could hit crisis levels if not checked. Taxi unit leaders and activists saw a new role for themselves in not only spreading awareness to their members, but also among the public and their customers.

The union's action on the issue has grown since: NETWON conducted five one-day education programmes as a follow up, and later trained a group of activists in the issues. The ITF Delhi office helped develop a peer educators' training programme for 16 participants in January 2006. Since then the union has conducted several one-day awareness programmes for members at the local level and has trained members as peer educators. In fact a session on HIV/AIDS is now mandatory across all other education programmes too.

The International Labour Organization (ILO) has now also involved our union in a six-month project on HIV/AIDS, including training a further group of peer educators. We are gearing our efforts to spread the reach of the awareness programme to far flung districts of the country and to cover all categories of transport workers employed in buses, trucks,

mini-buses and taxis. Apart from raising awareness of HIV/AIDS it gives our activists a chance to interact with many transport workers and so help recruit some of them into our union. The union now has a department of 15 members to plan and look after its HIV/AIDS work.



Levels of risk

The first case of HIV was reported in Nepal in 1988, and, according to UNAIDS, over 70,000 people are now living with the disease. More than half of the newly-infected are below the age of 25. The virus has been particularly concentrated among at-risk groups like injecting drug users, sex workers, men who have sex with men, and migrants. But transport workers are also at great risk. Many don't know how HIV is transferred and how it can be prevented. Others may be partially aware, but macho attitudes and peer pressure mean they have unsafe sex. When their jobs take them away from their homes and

families for long periods of time, they may go to sex workers or drink alcohol in wayside bars before indulging in unprotected sexual contacts, risking infection with HIV/AIDS.

While we have been taking small steps in integrating HIV/AIDS work into our regular union activities, a lot still remains to be done. Our leadership has identified areas for future work, including persuading our government to develop a policy on HIV/AIDS for transport workers and transport employers. This will help us to implement a workplace policy on HIV/AIDS.

We also plan to continue awareness campaigns among transport workers through, for example, producing and distributing stickers, pamphlets, leaflets and posters and facilitating more condom vending outlets at workplaces. We would also like to set up mobile HIV/AIDS check-up camps for our workers at least once a month.

Ajay Ray is president of the Nepal Yatayat Mazdoor Sangh (NETWON).



ADVOCACY & UNDERSTANDING



REUTERS/KAMAL KISHORE

BOTH ARE CRUCIAL CHALLENGES IN THE PORT OF KANDLA, INDIA, SAYS JOSEPH CHACKO

It was after getting an urgent phone call in the middle of the night that I recently witnessed another example of how HIV positive people face discrimination in their daily lives – as well as the difference workers' practical solidarity can make to those living with the virus.

A very worried Anita Pandey of the Kutch Network of Positive People was on the line. She had spoken very movingly about her and her husband's experience of being HIV positive as a couple at an awareness-raising seminar we had organised for workers in the busy Indian port of Kandla. We were all so touched by what she described, that my wife Leena and another union official, Seema Mohan, got up at the end of the address and hugged her in front of the participants. It was a way of trying to set an example to overcome the deep stigma still attached to people with HIV/AIDS in India.

“HE NEEDED FURTHER TREATMENT, AND WE FOUND LOCAL HOSPITALS WERE NOT PREPARED TO TAKE A PERSON WHO WAS HIV POSITIVE”

Now Anita Pandey was calling me from Delhi, over 1000 km from Kandla, one of India’s leading freight ports serving a huge hinterland in the northwest corner of India. The police had just told her that her husband had been seriously injured after being knocked off his bicycle on the main road back from his workplace in Kandla.

Co-workers rally round

We quickly used our contacts to get him admitted to hospital for first aid. However he needed further treatment, and we found local hospitals were not prepared to take a person who was HIV positive. Only with the help of our general secretary, Mr M.L. Belani, did we manage to get him into a private clinic for the operation he needed. The next morning our sisters from the union went round to the houses of the workers collecting generous contributions to help with Mr Pandey’s hospital expenses.

The problem of finding a hospital was just one illustration of the added disadvantages facing workers with HIV/AIDS. And it was to overcome such discrimination – as well as to support efforts to educate people about the disease and how to prevent it – that the Transport and Dock Worker’s Union in Kandla decided to draw up a formal policy on the issue. Its main aim was “to ensure that the rights of employees with HIV/AIDS are fully respected, and to promote non-discriminatory workplaces”.

There is no doubt unions need to counter the stigma, discrimination and misconceptions that surround the disease in India. When we started our awareness-raising work in Kandla with seminars, posters and activities to mark World AIDS Day on 1 December, it was very difficult to involve the workers in the programme. “What does HIV/AIDS have to do with us?” was their usual response. But the activities and powerful testimony of Anita Pandey helped to start getting the message through to workers about the real need to protect themselves from infection, whilst also overcoming prejudices towards those with the condition.

The need for action is particularly pressing in a port like Kandla, where 7,300 people work directly for the Port Trust or for private contractors. Just over 2,000 of them are in our union. There is a large floating population in the port. Some of those most vulnerable to becoming infected with the virus are the many migrant workers who come from places like Bihar, Uttar Pradesh, Orissa and West Bengal, and are used by contractors as labourers in the port.

Also at particular risk are drivers of the some 5,000 trucks that visit the port each year. Away from their homes, workers in both groups are frequent visitors to the 2,000 commercial sex workers who live near the port, where unprotected sex is widespread.

Sensitisation

The aim of our work is to sensitise our members to the reality of how HIV/AIDS is consuming our workforce. Our union is trying to break through the dangerous silence and prejudice that prevents people learning how to stop the spread of HIV/AIDS and support those who are HIV positive. That’s why our policy document encourages people to contact the union to discuss their concerns about HIV/AIDS and to obtain information. It stipulates that workers living with or affected by HIV and AIDS be “treated with compassion and understanding as would employees with other disabling conditions”. The union has committed itself to support this by developing union officials’ counselling skills.

We recently took another step in our HIV/AIDS strategy by forming a seafarers’ port welfare committee in Kandla, in response to an initiative by Dr Suresh Idnani of the International Committee on Seafarers’ Welfare (ICSW). The committee plans to set up a drop-in centre in the port area for seafarers, port workers and truckers with education materials, training programmes and awareness work on HIV/AIDS.

We also plan a medical centre with a professional counsellor for those concerned about HIV/AIDS and doctors able to provide treatment for sexually transmitted infections (STIs).

Joseph Chacko is organising secretary of the Transport and Dock Workers’ Union, Kandla Port, India

Workshop tackles gender issues

Kandla Transport and Dock Workers’ Union, with active support from Kandla port trust authority, organised a gender sensitisation workshop for port workers in September 2007. The chairman of the port trust, who in his opening statement applauded the initiatives taken by the union to help its members fight the infection, inaugurated the workshop.

Gender roles and relations, which influence the course and impact of the HIV/AIDS epidemic, were the central point of discussion and debate during the workshop. According to the participants, the key factors that contribute to women’s vulnerability to HIV are:

- Social norms that deny women sexual health knowledge
- Practices that prevent them from controlling their bodies or deciding the terms on which they have sex.
- The prevalence of HIV-related stigma and discrimination, which hinders testing and disclosure of status
- Gender-discriminatory beliefs, which are associated with sexual risk-taking

DRIVERS' TOOLKIT

STIRLING SMITH EXPLAINS HOW A NEW RESOURCE BACKED BY UNIONS, EMPLOYERS AND GOVERNMENTS AIMS TO REDUCE HIV IN THE ROAD TRANSPORT INDUSTRY



REUTERS/LUC GNAGO

It is well documented that truck drivers on long trips in many parts of the world suffer from a lack of secure parking, accommodation, recreation, welfare, sanitation and refreshment services. The natural consequences are stress and fatigue – leading to traffic accidents and health problems.

One particular problem is that drivers become vulnerable to sexually transmitted diseases, such as HIV/AIDS. Commercial sex workers – usually desperately poor women – congregate at border crossings and spending a night with them is often the cheapest and most comfortable accommodation option for drivers.

In October 2006 a meeting of the International Labour Organization – the UN agency that brings together employers, trade unions and governments – agreed to take action to help drivers improve their awareness of HIV (see box “Vulnerable workers”). It was decided that the ILO, the ITF and the employers’ organisation, the International Road Transport Union (IRU) would collaborate to develop a

toolkit, to ensure that the message reached as many stakeholders as possible.

The toolkit is intended principally for union educators, road transport company managers and drivers. It consists of a manual, a DVD explaining the objectives of the toolkit, four power point presentations, photographs, condoms and a penis model, to be supplemented with locally produced education material on HIV/AIDS, such as posters, leaflets and stickers.

To make sure the toolkit really is useful, it was agreed to field test it in two countries: first in Uganda, where the Amalgamated Transport & General Workers Union (ATGWU) has been campaigning on HIV/AIDS for years, and then Russia.

Drivers at a container depot in Kampala where some of the field testing took place



Vulnerable workers

International drivers are among the most vulnerable categories of workers to HIV/AIDS due to the particular conditions of their work. Their vulnerability to sexually transmitted infections (STIs), including HIV, substantially increases at border crossings where unduly long delays are experienced.

Transport enterprises are also at risk because of the negative impact on their workforce. Inevitably, this situation has a negative impact on national economies and consequently on the whole world.

From the conclusions of the Tripartite Meeting on Labour and Social Issues arising from Problems of Cross-border Mobility of International Drivers in the Road Transport Sector, Geneva, 23-26 October 2006

Uganda

Uganda's HIV infection rate, at eight per cent of the population, is not as high as that experienced by some sub-Saharan African countries, but still represents a very severe problem.

Long distance trucking routes criss-cross the country, taking trade, for example, from Central Africa to the coastal ports of East Africa or up into southern Sudan. Truck drivers keep the system going, but no proper provision is made for them.

The Amalgamated Transport and General Workers' Union of Uganda has managed to secure funding to set up centres at border crossings to advise drivers on the risks of unprotected sex and on how to protect themselves and their families.

The union played a major role in setting up a series of workshops in the capital Kampala, which for the first time brought together all the key players from government and the industry – including both managers and drivers – to examine the ILO toolkit and try parts of it.

The toolkit was taken out to transport depots and used with drivers. It was noticeable that in the unionised depots, drivers were more aware about HIV/AIDS issues than in the non-unionised depots.

As Agenda went to press, tests were being completed in Moscow, with an employer-led group, before final changes were to be agreed. ITF unions will soon have a new weapon to assist drivers in the fight against HIV and AIDS.

Stirling Smith is the author of the ITF-ILO-IRU Training Toolkit on HIV/AIDS for the Road Transport Sector, commissioned by the ILO. Copies will shortly be available from the ITF website www.itfglobal.org

Uganda road test

David Baliraine reports on the experience of field testing the ILO toolkit in Uganda

Transport and logistics managers, trade union leaders, truck drivers, workers' educators and health communication specialists all turned up to participate in the ILO HIV toolkit validation workshop in Kampala in July 2007. They were joined by government specialists, representatives from the Federation of Ugandan Employers, ITF representatives and coordinators of ILO HIV/AIDS projects in Uganda.

The participants planned and delivered short sessions using the materials in the manual, to practice active teaching and learning techniques and familiarise themselves with the toolkit – which gives step-by-step guidance and encourages active participation in education sessions.

They all found the kit user friendly and very helpful.

During the workshop process, participants identified a number of areas where more information would be helpful – for example on myths surrounding HIV/AIDS, gender issues and nutrition advice. The consultant promised to take these into consideration while compiling the final version of the kit.

A "lesson plan" for managers was tested with a group of managers, who afterwards pledged to promote the manual among their own constituents and employees, and discussed personal action plans for follow up work on HIV/AIDS.

The draft programme for drivers was validated with a group of drivers through interactive discussion sessions at the worksites of two freight logistic companies, one unionised and the other currently organising.

The participating truck drivers expressed their appreciation of the toolkit initiative and the concern it shows for the problems they are experiencing. The employers felt challenged and noted that there is still a lot to be done in addressing HIV/AIDS in the transport sector.

ATGWU feels honoured to have been chosen to be part of the organising team that mobilised participants and took part in facilitating this important workshop process. The experience the union gained from this process enabled us to organise other training sessions and include them in the union's activities for World AIDS Day on 1 December 2007.

David Baliraine is section secretary for aviation, information, education and training at ATGWU-Uganda



SEXUAL HEALTH IN THE CITY

HIV PREVENTION WORK IN SÃO PAULO, BRAZIL, HAS TAKEN OFF SINCE A GROUP OF UNION WOMEN WERE INSPIRED BY A SERIES OF TALKS ON THE ISSUE TWO YEARS AGO, SAYS DONATILLA BRASIL ROCHA

The ITF-affiliated National Confederation of Land Transport Workers has developed and supported a series of HIV/AIDS awareness-raising and prevention activities in São Paulo, in partnership with the São Paulo State Federation of Road Transport Workers (FTTRESP), the Nova Central Sindical de Trabalhadores Workers' Confederation and the Resgate de Cidadania ("Recovery of Citizenship") Institute.

The work began during a week of activities for women road transport workers in March 2006, as part of the CNTTT's women's project. Women workers attended talks on HIV/AIDS at the union's auditorium, in São Paulo and, for the first time, heard an HIV-positive worker talk about her personal experience, which had a major impact on them.

They were also introduced to the work of the Brazilian journalist, Roseli Tardelli, chief editor of the AIDS Agency (www.agenciaaids.com.br) as well as studying articles, personal testimonies and an AIDS map of the world.

In August of the same year, myself and a colleague were CNTTT delegates to the ITF congress in Durban, South Africa. We were shocked by what we heard there, including through a screening of the ITF film *Highway of Hope*, which painted a frightening picture of how AIDS was affecting African lorry drivers.

On our return to Brazil, we called a meeting for both men and women workers at the FTTRESP offices in São Paulo and passed on what we had learned.

Growing momentum

The issue of HIV/AIDS has become an integral part of all projects organised by the CNTTT women's coordinating committee, and a major issue for FTTRESP and the Resgate de Cidadania Institute.

During World Action Week, in October 2006, medical staff from the municipal Workers' Health Centre gave mini-talks at bus and lorry stops on São Paulo's main roads, while trade union leaders and volunteers distributed thousands of condoms to drivers and showed how to use them. The same team carried out a similar action on 1 December, on World AIDS Day.

The number of participants has continued to increase with every event.

On International Women's Day, in March 2007, talks were given on alcoholism, drugs and HIV/AIDS, with further testimony by HIV-positive workers (including transport workers who had until then kept their situation secret for fear of rejection by colleagues and society in general).

In addition, in an unprecedented event at the FTTRESP auditorium, 300 women workers were shown how to use female condoms and Roseli Tardelli, from the AIDS Agency, gave an update on her work.

Contacts with the São Paulo municipal government led to the development of a five-day training course by the Paulo César Bonfim Centre for the Prevention and Treatment of STDs and AIDS (CTA-LAPA).

Fifteen union employees and officers, transport workers and volunteers attended the course, which covered sexuality, drug use and how to reduce the damage caused by HIV/AIDS. Participants were trained to raise these issues with the approximately 25,000 male and 980 female transport workers based at the capital's 27 bus garages.

The initiative has already produced its first results: in August 2007, the newly-trained educators talked with workers at the Imigrantes and Campo Belo bus garages, distributed information, answered questions and distributed hundreds of condoms provided by the Resgate de Cidadania Institute.

The CNTTT is in the process of concluding an agreement with the São Paulo government for a drivers' project, in which the state health secretariat's HIV/AIDS reference and training centre will carry out research to establish a profile of the state's bus and lorry drivers.

The data collected will be input into a database and analysed to help with the training of a new group of educators. The new group will regularly distribute information at the workplace and/or the roadside stops used by São Paulo city's 75,000 transport workers.

Donatilla Brasil Rocha is a member of the CNTTT women's coordinating committee

Major transport infrastructure contractors involved in World Bank projects must commit to providing HIV/AIDS awareness and prevention measures



PLANNING AND PREVENTION

GOVERNMENTS MAY FIND THEMSELVES COMPELLED TO BUILD HIV PREVENTION INTO THEIR TRANSPORT DEVELOPMENT PLANS AS A REQUIREMENT FOR INVESTMENT, AS STEPHEN BRUSCHETT OF THE WORLD BANK EXPLAINS

The World Bank has consistently been one of the major sources of funding for the response towards HIV/AIDS worldwide, as well as a co-founder of the United Nations Programme on HIV/AIDS (UNAIDS).

The Global HIV/AIDS Programme (GHAP) was created in the Bank in 2002 to support efforts to address the pandemic from a cross-sectoral perspective and to ensure the “mainstreaming” of effective responses to HIV/AIDS within the various economic sectors.

The transport sector has been recognised as needing to play a role in mitigating HIV/AIDS transmission in view of transport routes being a key vector and due to the nature and environment of activities in the sector.

There are a number of high-risk, vulnerable groups served by or working in the transport sector, such as long distance transport operators and road construction workers. Transport improvements bring in their train the likelihood of engagement in risky behaviours and increased incidence of HIV/AIDS from greater mobility, difficult working conditions and long stays away from home.

For this reason the transport group within the World Bank has been one of the most active in seeking to design and implement sector-level programmes to combat HIV/AIDS. GHAP recognises that transport – along with education – has been the most effective in the “mainstreaming” of an HIV/AIDS response into World Bank supported projects.

Regional variations

However the integration of HIV/AIDS concerns has to date been uneven across regions. Unsurprisingly perhaps, programmes are most developed in the areas with the highest HIV/AIDS prevalence – initially Sub-Saharan Africa and now to an increasing extent in South Asia.

The World Bank is committed to ensure that all regions create an effective and appropriate response in the transport sector. To this end it has, among other things: put on regular training events to increase staff awareness and knowledge; and developed a web site through which staff and clients can access research materials and related resources.

Most recently, incentive funding has been secured through a trust fund set up with GHAP support to allow regions to either start new activities or to scale up the work they are already doing on transport and HIV/AIDS.

Over the past 10 years or so we have broadened our support to client governments and beneficiaries through particular Bank projects and through analytical and advisory services, with consequent benefits to those concerned. Our initial efforts to systematise the sector's response to HIV/AIDS focused on the development of contract clauses to be included in construction contract documents. These required the contractor to provide awareness raising and other mitigation measures as part of his or her obligation. Such clauses are, since May 2006, mandatory for contracts in excess of US\$10 million in World Bank projects.

The Bank is now going further in a number of countries to support client governments in the use of such clauses in all construction documents. In addition, we have launched an initiative in the East Asia region to develop a standard model for the provision of training on HIV/AIDS prevention to contractors' staff, involving where applicable the unions that represent them. We hope this model may eventually be widely used on a global scale.

'IT IS DIFFICULT TO BRING ABOUT CHANGES TO ATTITUDES AND PRACTICES IN REGARD TO SEXUAL BEHAVIOUR, PARTICULARLY WHERE TRUCK DRIVERS AND TRANSPORT OPERATORS ARE CONCERNED'

Key projects

In 2005, the World Bank South Asia vice-presidency made a commitment to support a multi-sectoral response to HIV/AIDS, with the transport sector an integral part of the effort. In transport, this specifically involves: screening all new projects under preparation to determine whether or not an HIV/AIDS prevention component should be included; providing seed money to client governments and sector agencies for HIV prevention activities; monitoring programme impacts and evaluating interventions.

There are currently seven projects with HIV/AIDS components under implementation or preparation – in India, Nepal, Bhutan and Sri Lanka. One particularly innovative awareness programme has been launched by the India National Highways Administration (Pathik Mela). The region has also just appointed a full time focal point on transport and HIV/AIDS – there has been such a focal point for Sub-Saharan Africa since 2004.

The East Asia and Pacific transport programme has adopted a regional HIV/AIDS strategy, which proposes to include specific HIV/AIDS intervention programmes as part of all new projects. The primary focus is on mainstreaming simple, low cost and already available information dissemination activities under transport projects.

The recent mainstreaming of "HIV Clauses" into the Bank's standard works bidding documents is helping with this effort. To date the regional transport strategy has been implemented in three projects in China – the Hubei Shiman Highway Project, the Fifth Inland Waterways Project and the Third Jiangxi Highway Project.

Support for vulnerable corridors

Within the transport sector, the World Bank recognises there are areas of particular vulnerability that require special attention and direct funding. Transport corridors – particularly those which are cross border – represent one such area, information on which has been generated through the substantial research carried out in various regions in the 1990s.

A pioneer project, supported by the Bank, targeted the Abidjan-Lagos Transport Corridor, through a variety of approaches such as funding clinics and counsellors and providing training for key employers and trade unions. The project was formally launched in December 2003, supported by a grant of US\$16.6 million and implemented by five countries working in concert.

The project has been successful in delivering increased prevention, treatment and care services to mobile populations, including transport sector workers, in the corridor – and also successful in supporting the establishment of a regional HIV/AIDS management organisation – ALCO. ALCO is now supporting regional efforts to reduce other barriers to trade and transit in this corridor.

Subsequent attention has been paid to the other most highly trafficked corridors in the Sub-Saharan Africa region – notably the West Africa Corridors (Tema-Bamako), the Northern Corridor in East Africa and the Southern Corridor through South Africa to the Democratic Republic of Congo. A start has been made in supporting HIV/AIDS prevention activities in transport corridors in the Central Asia region.

Challenges that will need to be properly addressed in the future include: firstly, ensuring effective action is taken

Mainstreaming HIV

The Bank's efforts have turned towards developing ways to support "mainstreaming" in the transport industry, including sector agencies and ministries as well as operators and employees. These efforts have been inspired in some measure by the work of the International Labour Organization (ILO), which established a Code of Practice on HIV/AIDS and the World of Work in 2001 in regard to how to set up a policy, and legal and institutional framework for addressing HIV/AIDS in the workplace.

We have had some highly promising experiences in Sub-Saharan Africa. In Ethiopia for example, the Bank team has been working since 1998 with the national road agency (ERA) to raise awareness and address traditional taboos concerning the discussion of sex and sexually transmitted diseases (STD). A voluntary counselling and testing (VCT) programme has been established within ERA's health services. Ethiopia shared its experiences with five other Sub-Saharan African countries in a July 2004 workshop.

The Bank has since 2004 supported these countries and a number of others, sometimes through the "retrofitting" of existing projects to include HIV/AIDS programmes and sometimes through the design of new projects to support improved awareness, care and treatment programmes. Through these efforts, some 25 out of 39 total transport projects in the Sub-Saharan Africa region have HIV/AIDS components.

These components produce a high "social return" in terms of healthier employees, who are not only more productive on the job, but able to lead fuller lives. This is from an outlay that, at around US\$300-500,000 per "retrofit", is quite small in relation to the investment in the transport sector project as a whole.



Bank supported projects can include clinical services, counselling and education work at key points along vulnerable transport routes

in other regions – such as Latin America – where there is high vulnerability in some international corridors such as in Central America and the Southern Cone. Secondly, developing and implementing approaches to mitigate HIV/AIDS in ports, and the cities and populations that serve them, as another specific case of high vulnerability which is transport sector-related.

It is important to stress that all these efforts have quite explicitly been developed and implemented with a variety of international and local partner organisations. The effectiveness of Bank support would have been much less without the support of other funding programmes and without the technical input provided by the World Health Organisation among others in the UNAIDS family.

Trade unions need to be effective partners to employers and management to ensure that every reasonable effort is made to provide workers with access to information, counselling and training, and to support the development of HIV/AIDS policies in the workplace.

It is difficult to bring about changes to attitudes and practices in regard to sexual behaviour, particularly where truck drivers and transport operators are concerned, but it is clear that change initiatives meet less resistance when peer groups are actively involved in training. There are a number of examples, especially in West and East Africa and in India, where improvements in awareness have been obtained and where consequent, measurable changes in behaviour (including condom use) have been achieved.

Stephen Brushett, is lead transport specialist for the Latin America and Caribbean Region at the World Bank. The author would like to acknowledge the assistance of Sachiko Gause and Julie Babinard in the preparation of this report.

Involving stakeholders

At the national level, experience suggests that successful HIV/AIDS programmes cannot be sustained without the active involvement of stakeholder organisations, who can mobilise local participation and commitment. Non government organisations and civil society organisations including trade unions, have the local knowledge and experience to mount effective programmes.

Among the specific partnerships could be mentioned the joint initiative of the World Bank and four other development agencies to address the issues of HIV/AIDS in infrastructure. This was formalised during the 16th International Congress on HIV/AIDS in August 2006 with a view to harmonising efforts and to disseminating good practices in infrastructure projects, including transport.

There has also been an effective partnership between the transport group in the World Bank and the ITF, under which the ITF has been contributing to various HIV/AIDS and transport-related events with the Bank, such as World AIDS Day and the Transport Forum.

In the Bank's view, more could always be done to involve transport employees' organisations and employers in HIV/AIDS awareness programmes. The Bank would expect to see an increasing share of HIV/AIDS activities in the transport sector in the future being initiated and implemented by these sector organisations, as a critical dimension of their corporate social responsibility (CSR).

Our experiences of such involvement to date are largely positive – such as in the case of the Sukhad Yatra and Kavach Projects in India – as transport sector organisations, have a clear interest in protecting the health, productivity and economic welfare of their constituents.



REUTERS/GLEB GARANICH

A pilot project at the Donetsk railway aims to develop materials suitable for workers in any sector

PIONEERING PARTNERS IN INDUSTRIAL HEARTLAND

JAN EDWIN WAANDERS EXPLAINS HOW AN NGO-TRADE UNION ALLIANCE IS AIMING TO BREAK NEW GROUND IN UKRAINE'S APPROACH TO PRIMARY PREVENTION

Ukraine is the country with the highest HIV/AIDS incidence (1.4 per cent) in Europe and the former Soviet Union, while also TB is strongly on the rise in the country. Donors and national government so far have concentrated on high-risk groups such as intravenous drug users and commercial sex workers. As a result there are virtually no funds available for primary prevention activities, and HIV/AIDS and TB services at the local level continue to be of poor quality.

Predictions from the World Bank are that by 2014 around 3.5 per cent of the adult population will be infected with HIV/AIDS. Gloomy but realistic predictions, as the trend in data on new HIV cases strongly suggest that Ukraine has not managed to contain HIV/AIDS within high-risk groups, and that the epidemic has spread to the general population. Also the number of TB cases outside high-risk groups is increasing to an alarming level.

This all indicates that a new approach is needed, with a sharper focus on primary prevention and innovative approaches to reach adults and youth.

The Ukrainian non government organisation Labour, Health and Social Initiatives (LHSI), in cooperation with the Trade Union of Railway Workers and Transport Constructors of Ukraine (TURW), has developed a project to increase the union's capacity and resources to carry out HIV/AIDS and TB workplace prevention programmes. The project also aims to increase the participation and influence of trade unions in policy-making processes.

The project will carry out pilots in three cities in Donetsk - Ukraine's most industrialised region, with one of the highest HIV/AIDS and TB incidence rates of the country.

Planned activities include the training of trade union peer educators and medical staff of the Donetsk Railway, as well as carrying out education sessions for 18,000 union

members. We are also planning to run an information campaign at railway stations, on trains and through union media.

At the policy level, regional and national HIV/AIDS and TB coordination councils have been established to work with the union membership. We will be lobbying to address HIV/AIDS and TB issues in the collective bargaining agreement, and also to ensure that trade unions are included in the development of the new HIV/AIDS and TB strategy for Ukraine.

Template for unions

Since this is the first combined HIV/AIDS and TB workplace prevention programme in Ukraine, special attention will be devoted to developing materials that can be re-used by other Ukrainian trade unions, such as manuals, guidelines and best practice publications.

The project has been submitted for financing to FNV Mondiaal, the international cooperation unit of the Federation of



REUTERS/ALEXANDER KHUDOTIOPLY

Collaboration

As Nataliya Lukyanova, chair of the board of LHSI, states:

“When we started the SMARTWork project in 2002, there was no knowledge about workplace prevention programmes and no awareness of the role that trade unions could play in Ukraine’s HIV/AIDS and TB efforts.

“LHSI and the trade unions have now managed to include workplace prevention programmes and trade union involvement in Ukraine’s 2006 and 2007 proposals to the Global Fund. Also the prospect of trade unions becoming official members of the National Coordination Council for HIV/AIDS and TB (NCC) is very real. We have come a long way.”

Cooperation between the NGO and the unions begins at the board of LHSI, where the Federation of Trade Unions and the TURW have representatives. Board members set the agenda and decide on strategy, while the employees of LHSI have experience with project management, proposal writing and resource mobilisation. The unions for their part have resources for project implementation.

“This division of labour works very well,” comments Nataliya Lukyanova. “We think it is a good example of successful collaboration between an NGO and trade unions, which also could be used in a broader way for trade union capacity building.”

Alexandr Gnatuk, representative of TURW on HIV/AIDS, remarks:

“Our trade union is very committed to take its social responsibility in addressing HIV/AIDS and TB. With both diseases strongly on the rise in Ukraine this is going to have an immediate impact on the living and labour conditions of our members. A recent survey showed that a large majority of our members are very worried about HIV/AIDS and TB, and that they think that trade unions should play a leading role in informing their members about these diseases.

“We are proud that our trade union is leading the way and showing what trade unions can do to address HIV/AIDS and TB. This project will be an example for other trade unions in Ukraine and maybe even in other countries of the former Soviet Union. In our trade union we do not have the necessary expertise for project development, but we have other strengths such as our ideas, knowledge of needs, resources and regional representation.

“Both organisations have their goals and we do not have an exclusive partnership, but the fact is that we work together very fruitfully, so whenever we can work together we will do so.”

Jan Edwin Waanders is a Kiev-based consultant who volunteered his services to LHSI and the Trade Union of Railway Workers and Transport Constructors of Ukraine to write the FNV project proposal

Netherlands Trade Unions, and will be managed by LHSI in close cooperation with the TURW.

LHSI was established in 2006 by trade unions, individuals and the ministry of labour, as part of their joint effort to introduce a workplace prevention programme known as the SMARTWork project (which was financed by the US department of labour and implemented by the Academy for Educational Development).

The project supported the HIV/AIDS workplace prevention activities of 23 public sector enterprises and trade unions. In order to sustain the experiences gained in the SMARTWork project, and to advocate involvement of trade unions in HIV/AIDS and TB policy development, a decision was made to institutionalise experience and expertise, and as a result LHSI was created.

Ukraine’s most industrialised region, Donetsk has one of the highest HIV/AIDS and TB incidence rates in the country

HIV/AIDS AS A BUSINESS PRIORITY



REUTERS

THE NORTH STAR FOUNDATION, SET UP BY INTERNATIONAL DELIVERY COMPANY TNT, IS MOBILISING TRANSPORT COMPANIES IN AFRICA, INDIA AND ASIA TO HELP PROTECT THEIR DRIVERS AGAINST HIV/AIDS, AS LUKE DISNEY REPORTS

The North Star Foundation (NSF) is establishing a network of health clinics – known as wellness centres – at major truck stops, transport hubs and border crossings in Africa, India and Asia. The centres provide sexual health education, counselling, testing and treatment for transport workers and the communities with which they directly interact, including sex workers.

Wellness centres arise from a simple understanding of the need to protect the prime assets of business, namely the workforce, from the economically devastating scourge of HIV/AIDS.

NSF was founded in 2006 by the international post and parcel delivery company TNT, with support from the United Nations World Food Programme (WFP). It grew out of the experience TNT and WFP gained working together with international aid agencies, local government and business associations to establish the two wellness centres in Malawi in 2005.

The goal of NSF is to bring the transport industry together to address collectively its role in the transmission of HIV and other STIs in low and middle income countries. The foundation is officially supported by the Joint UN Programme on HIV/AIDS (UNAIDS), the ITF and the Federation of East and Southern Africa Road Transport Associations (FESARTA).

Facing up to the challenge of HIV/AIDS in Africa and beyond is an imperative for the transport sector. HIV/AIDS affects transport workers, their families and communities, the enterprises they work for and the economy as a whole. The notion that transport enterprises are at risk is supported by a study in Zimbabwe, which found that the total cost related to HIV/AIDS was equal to 20 per cent of profits in the transport company studied.

Yet the response from business has been disappointing. A 2006 report by the Global Business Coalition on HIV/AIDS found that the transport sector was the least active of 11 sectors assessed for their contribution to treatment and prevention of HIV/AIDS.

Mobilising the private sector

TNT's partnership with the World Food Programme woke the company up to the threat of HIV/AIDS in low and middle-income countries. WFP relies heavily on local transport companies to deliver life-saving food aid in countries all over the world.

Over the years, WFP has provided employee HIV/AIDS prevention training programmes and onsite condom distribution. When TNT indicated its interest in getting involved, the partners decided to try the wellness centre intervention, which they had first seen used by the Trucking Against AIDS initiative in South Africa.

When asked about TNT's decision to intensify its efforts in responding to the AIDS epidemic, TNT CEO Peter Bakker said:

"For too long we members of the transport industry have said: 'HIV/AIDS is not our problem.' Well, I can tell you, it is our problem. It's both a moral and an economic problem, and you can either act now or reap the consequences later."

For NSF, private sector engagement is crucial for long-term sustainability. The burden of responding to the HIV/AIDS challenge is far too heavy for the shoulders of over-stretched national health care systems and foreign aid alone.

Donations from national and international agencies remain a crucial component to NSF's work. However, the

Foundation strives to limit their involvement to the initial phases of network development. Once new centres have been established NSF recruits companies with vested interests in healthy supply chains to sponsor the centres and thus take over their running costs.

Aid agency donors have a clear exit point. Concerned companies get a low-cost and effective intervention with as much or as little hands on management requirements as they deem desirable. Monthly reporting based on key performance indicators, annual financial audits and bi-annual service audits give all stakeholders updates on the effectiveness and efficiency of the intervention.

A world of opportunity

For the next three years NSF will continue to focus on strengthening and developing its nascent network in southern Africa into a robust and sustainable model that can support antiretroviral treatment and other service upgrades. At the same time, it will slowly move into other regions such as East Africa and India.

NSF has already established two wellness centres in Malawi, one in Zimbabwe, one in Zambia and one in Swaziland. Between now and 2010 they plan to open another 10 to 12 centres along the major transport corridors in southern Africa to fill gaps in coverage offered by ongoing initiatives such as the Trucking Against Aids initiative in South Africa. In addition, they expect to open up to 10 centres in the rest of Africa, India and Asia during the same period.

Wellness centres

Wellness centres provide primary healthcare, treatment for sexually transmitted infections (STIs), condom distribution, HIV prevention information, voluntary counselling and testing for HIV, and referrals to follow-up services like tuberculosis treatment and antiretroviral therapy.

NSF centres are usually semi-mobile structures made from renovated shipping containers and situated at carefully identified hotspots such as border points or transit towns, where significant numbers of transport workers congregate and sex work and other informal trade flourish. The wellness centres are opened during the peak interaction hours between truck drivers and sex workers. Health services and information are specifically aimed at truck drivers and sex workers, although community members are not turned away.

The wellness centres usually employ two local staff: an educational outreach officer to run information, education and communication (IEC) activities, and a medical practitioner to offer clinical services.

The outreach officer is trained by NSF and supplied with supporting material developed by various national and international organisations. He or she will offer advice and instruction in many key areas including condom usage, nutrition, STI identification and prevention, gender equity and HIV/AIDS and tuberculosis awareness and prevention.



Five Roadside Wellness Centres currently operate in Southern Africa – Twelve more are planned over the next two years

The medical practitioner is recruited with help from the national health authorities and is officially qualified to offer primary healthcare, treatment for STIs and voluntary counselling and testing. Some of the most common forms of treatment include those for syphilis, gonorrhoea, influenza, backaches, minor cuts and burns and eye infections.

The centres take into account the specific health requirements of the target group in their treatment programmes, as well as other local healthcare initiatives and facilities. For example, if malaria is a serious problem affecting truckers at one site then NSF will attempt to include prevention, testing and treatment programmes in cooperation with other local health care facilities.

Outreach officers and medical practitioners are required to complete an annual NSF-run refresher course in order to sharpen their skills and keep up to date with the latest developments in their professions.

North Star Foundation is currently focusing on the road transport sector, but plans to engage with sea, rail and air transport companies as soon as suitable partners and opportunities can be found.

Luke Disney is director of business development for the Northstar Foundation. For more information on NSF and its activities please visit www.northstarfoundation.org, or contact Luke Disney at luke@northstarfoundation.org.

Meeting demand with effective services

NSF's approach and operational procedures are based on the very successful Trucking Against AIDS (TAA) programme in South Africa, which started more than eight years ago. Data from NSF and TAA Wellness Centres show strong demand for their services:

- Information, Education and Communication sessions: 6,000-8,000 annually/per centre;
- Sexually Transmitted Infections treatments: 2,500-3,500 annually/per centre;
- Voluntary Counselling and Testing referrals: 1,500-2,000 annually/per centre;
- Condom distribution: 150,000 annually/per centre (90% male, 10% female);

The break down in terms of the three main groups being targeted differs per centre. But the tracking of the visitors to the NSF centre at the Mwanza border post in Malawi gives a general indication:

- Truck drivers: 46%
- Sex workers: 7.5%
- Community members female: 16.5%
- Community members male: 30%

NSF has seen that the Trucking Against AIDS initiative has been able to achieve an average reduction in STI prevalence of 17% among drivers, sex workers and community members visiting its Wellness Centres.

HEALTH ISOLATION MUST END



STEVEN C MCKAY

LIFE AT SEA CAN BE STRESSFUL AND LONELY ENOUGH. SEAFARERS SHOULD NOT BE MARGINALISED BY UNFAIR PROCEDURES THAT BRING NO PUBLIC HEALTH BENEFIT, SAYS DR NEBOJSA NIKOLIC

Regardless of whether someone is a tourist or a seafarer, their usual standards of self-control are more likely to be ignored in a foreign setting.

While for tourists such a risky period lasts only for a week or two, for seafarers it is usually counted in months. The longer the time spent away from home, the higher the probability of engaging in high-risk sex.

This is of particular concern since maritime trade involves a number of countries where the prevalence of HIV/AIDS and other sexually transmitted infections,

especially in seaport cities, is high. A study on Spanish seafarers visiting Sub-Saharan Africa revealed that HIV prevalence was nine times higher (2.4 per cent) than in the domestic population of Galicia, while a Danish study found the risk of heterosexually transmitted HIV infection was eight times higher among seafarers than in the general male population.

Recently, important structural changes have re-shaped the maritime trade. The introduction of vessels of higher speed, extensive computerisation and automation of ship

THE SEX INDUSTRY IN MANY PORTS HAS ADAPTED TO RECENT DEVELOPMENTS BY INTRODUCING “SEX CATERING” OR ORGANISED VISITS OF SEX WORKERS TO ANCHORED SHIPS, OFTEN IN COLLABORATION WITH THE PORT AUTHORITIES.

operations and cargo handling in ports has drastically shortened the time spent in ports – rarely allowing the crew to leave the ship. The “tourism element” (including sex tourism) is, thus, rapidly shrinking in contemporary seafaring.

However the sex industry in many ports has adapted to recent developments by introducing “sex catering” or organised visits of sex workers to anchored ships, often in collaboration with the port authorities. Unfortunately, the available data does not suggest a reduction in HIV infection incidence among seafarers.

Confronted with the spread of the AIDS epidemic and pressure “that something has to be done”, many countries are putting restrictions to migration based on the HIV status of travellers. Seafarers are often subjected to those unfair procedures. But are there any real public health benefits coming out of them?

Unreasonable restrictions

The fact is that travel and employment restrictions to protect public health are relevant only in the instance of an outbreak of a highly contagious disease, such as cholera, SARS, plague or yellow fever, with a short incubation period and clinical course. And we should remember that our ability to exclude people from travel, work, immigration and study is largely based on the availability of an inexpensive and reliable test for the virus.

People should not be excluded from fundamental life activities due to the information provided by those tests. Rather, such testing should only be done in order to treat and prevent disease and increase the ability to enhance health.

As well as being stigmatised by the fear of HIV/AIDS and secluded on board ships in ports, seafarers are often submitted to unfair and discriminatory procedures in pre-employment examinations. In the interests of reducing short-term risks, shipping companies request tests that are irrelevant to a decision of whether someone is either fit or not fit for work on board the ship, HIV testing being only one of them.

HIV is not transmitted by the mere presence of a person with HIV or by casual contact and is not therefore a cause in itself for termination of employment at sea. Persons with HIV-related illness should be able to work for as long as medically fit in an appropriate workplace. Any travel or work-related restriction should only be imposed on the basis of an individual interview/examination, as is suggested in recently developed guidelines by the International Maritime Health Association (IMHA).

IMHA is the only medical association in the world solely dedicated to maritime health, and its expert work group recently designed evidence-based guidelines on fitness for work on board, among them guidelines on AIDS and fitness for work.

Rights and dignity

Recently The ITF and IMHA have teamed up to set out a position on HIV/AIDS, the aim of which is to help protect the rights and dignity of seafarers and all those living with the virus. It was presented in August 2007 at the International Congress on AIDS in Asia and the Pacific in Colombo, Sri Lanka (see box below).

IMHA and the ITF strongly expressed the view that selection for employment based on HIV status is

Joint IMHA/ITF Statement on HIV/AIDS at Sea

Through this statement and the position it lays out the ITF and IMHA aim to increase their support for international and national commitments to protect the rights and dignity of seafarers and all people living with HIV/AIDS. The IMHA and ITF consider HIV as a workplace issue that should be treated like any other serious illness/condition on board a vessel.

We believe that HIV/AIDS should not be considered to be a condition that poses a threat to public health in relation to shipping because, although infectious, HIV cannot be transmitted by casual contact or the mere presence of a person with HIV. HIV is transmitted through specific behaviour, which is almost always private. The occupational exposure risks of HIV infection at sea are slight and limited to the treatment of injuries and to procedures undertaken by the small number of healthcare staff working on large vessels.

There are well-established precautions to avoid these risks. Sexual or blood borne transmission are not likely routes for transmission of infection in the normal course of work at sea.

There should be no discrimination against seafarers on the basis of real or perceived HIV status. HIV infection is not a cause for termination of employment at sea and persons with HIV-related illness should be able to work for as long as medically fit in an available, appropriate workplace. Any travel or work related restriction should only be imposed on the basis of an individual interview/examination.

ITF and IMHA consider selection for employment based on HIV status as unacceptable. HIV testing should be a matter for the individual and his/her clinical advisers, and not a condition for obtaining employment. The purpose of maritime medical fitness assessment is to ensure that any medical condition does not put other people at risk and that the individual is not at excess personal risk from the condition while working at sea.

Recognising that many countries require HIV testing for immigration purposes and many employers for pre-recruitment and periodic medical assessment of seafaring personnel for the purposes of establishing fitness, the IMHA and ITF recommend that such testing be conducted only when accompanied by counselling for both HIV-positive and HIV-negative individuals and referral to medical and psychosocial services for those who receive a positive test result.



STEVEN C MCKAY

Fitness to work should be the only criteria for continued employment at sea according to the IMHA and ITF, who stress that no risks are posed to seafarers through normal contact with HIV-positive work mates

unacceptable, and that HIV testing should be a matter for the individual and his/her clinical advisers – not a condition for obtaining employment.

The majority of countries and companies with maritime interests are signatories to international conventions such as the ILO Code of Practice on HIV/AIDS and the World of Work, the UNAIDS /IOM Statement on HIV/AIDS Related Travel Restrictions, and EU resolution 1536.

It should be noted that restrictions that discriminate against people with HIV/AIDS or against people from countries with high rates of AIDS cases, violate a number of provisions of international law (and in many cases also national law) prohibiting discrimination.

HIV is transmitted by personal behaviour. Enforced testing is not the right way to influence its spread. Only health promotional programmes aimed at changing behaviour can do that. If counselling is avoided, someone who tests negative but takes sexual risks, will continue with such behaviour. That happened in Zimbabwe where the spread of HIV continued to an even larger extent.

There is also a phenomenon of “serosorting” where people adopt unprotected sex with people of the same HIV status. People who practice “serosorting” are exposed to higher risk, due for example, to the problem of the “window” – sometimes three months long – when someone is infected but tests negative and is therefore considered “safe”. This proven fact has to be presented to the companies requesting HIV testing.

Programme approaches

Effective HIV/AIDS programmes include not only training for seafarers, but also training for doctors (for example in counselling skills), training for peer educators, training of seafarer representatives, promotional and educational materials (such as those provided by the International Committee on Seafarers’ Welfare), and of course voluntary HIV testing. Serious programmes need evaluation before and after completion, using the standard surveys and proven measures and indicators already used in international projects on AIDS.

The successful implementation of an HIV/AIDS policy and programme requires cooperation and trust between employers, workers and their representatives and the government, where appropriate, with the active involvement of workers infected and affected by HIV/AIDS.

Social partners are in a unique position to promote prevention efforts, particularly in relation to changing attitudes and behaviours, through the provision of information and education, and in addressing socio-economic factors.

I am glad to have been able to join the ITF to emphasise that this is what we stand for, and I sincerely hope that our statement, together with the fitness guidelines we have prepared, will be actively supported by all members and non-members of IMHA as well as the whole shipping industry. I am sure that they will significantly contribute to the improvement in maritime health practice and health on the sea.

Dr Nebojsa Nikolic is president of the International Maritime Health Association (IMHA)

CROSSING A MILE

THE FIRST ITF ARAB WORLD UNION LEADERS' MEETING ON HIV/AIDS HAS HELPED SET UNIONS ON A NEW PATH OF ACTION

Efforts to raise awareness and tackle HIV/AIDS in the Arab World have to be stepped up, delegates agreed at the first ITF workshop on the disease held for unions from across the region in Casablanca, Morocco in May 2007.

Organised jointly with the Moroccan Union of Work (UMT), the event brought together 29 leaders from transport unions in Algeria, Egypt, Jordan, Lebanon, Morocco and Tunisia.

While the prevalence of HIV/AIDS may not be as high as in regions like sub-Saharan Africa or South Asia, infection is now increasing steadily in the Arab World. The need to break through complacency and often low levels of awareness among the public and workers, was a key theme of the workshop discussions.

One aim of the event was to help ITF-affiliated union leaders gain a clearer understanding of the facts about HIV/AIDS and the reasons why transport workers are particularly vulnerable to the disease. Malika Bounab, executive board member of the Algerian General Union of Railway Workers, said:

"I thought I knew everything about HIV/AIDS, but the seminar helped me to understand the illness better – how

it's transmitted and how it can be prevented. It will also help me to deal with this issue in the workplace and make it one of my union's priorities."

THE PREVALENCE OF HIV/AIDS MAY NOT BE AS HIGH AS IN REGIONS LIKE SUB-SAHARAN AFRICA OR SOUTH ASIA, INFECTION IS NOW INCREASING STEADILY IN THE ARAB WORLD.

Delegates shared strategies for making HIV/AIDS a workplace issue, while reporting sharply differing levels of how the disease was recognised and treated in their countries. They agreed it would be important to shift the understanding of workers and management from seeing HIV/AIDS as simply a health issue, towards understanding its wider socio-economic and political context.

They recognised the problem of stigma as another key challenge demanding more work from unions to support workers in their decisions about disclosing their status to

Education stepped up in Jordan

The General Union for Land Transport and Mechanical Workers stresses that it recognised the danger of HIV/AIDS a long time ago, particularly for long-distance drivers.

To overcome the problem that HIV/AIDS is seen as resulting from immoral behaviour, and to facilitate access to information about the disease, the union adopted a strategy of interspersing HIV/AIDS education sessions between lectures on other topics.

The union worked with the Jordanian Ministry of Health, UNAIDS, and lecturers specialising in the disease, to deliver medical messages and advice on HIV/AIDS prevention. Tens of thousands of drivers have been educated on HIV/AIDS in this way.

At the workshop the union pledged to continue this education work in cooperation with the ITF, and to build on it by further plans to:

- Issue brochures containing information about HIV/AIDS - covering methods of infection, prevention and general guidance
- Hold further lectures for workers on HIV/AIDS, supported by audio-visual resources
- Produce information materials on the rights of infected workers and how to deal with employers to secure their labour rights.
- Distribute stickers in prominent places inside vehicles, particularly taxis, with messages about HIV/AIDS and promoting World AIDS Day
- Provide VCT in the workplace in collaboration with other agencies.
- Establish a joint committee of affiliated unions in Jordan

STONE TOGETHER

Delegates put their heads together to find strategies for dealing with HIV/AIDS in the workplace



managers and fellow workers. And they committed to work to ensure that workers are not sacked by employers because of their status and can secure compensation where applicable, or the support they might need to fulfil their work role.

Delegates from Morocco summed up the case for why unions should recognise HIV/AIDS work as one of their areas of responsibility, stressing that it is a key right of transport workers to be aware of this disease and keep themselves safe.

Said al Hareich, general secretary of the Moroccan Ports Workers' Union Confederation said it was the first time his union had attended such a meeting, commenting:

"The seminar has helped our union to establish a strategy on how to deal with this issue in the workplace. We were already faced with one case, where we were able to

support a worker. But the seminar has taught us how to circulate information to help prevent HIV and AIDS."

Delegates also grappled with the more detailed issue of how to develop a workplace policy and collective bargaining agreement on HIV/AIDS, working with stakeholders such as government bodies and voluntary organisations with special knowledge of HIV/AIDS. One of the group workshops concluded: "As trade unions we know how to campaign on trade union issues, we know how to empower our members, and of course, we are much better placed than anyone else to address the underlying root causes that provide the breeding ground for HIV/AIDS."

Developing partnership in Morocco

In one of the first countries in the region to bring the fight against AIDS into the workplace, the Moroccan Union of Work (UMT) plans to develop its partnership with the local non government organisation, Association de Lutte Contre le Sida (ALCS), on a range of programmes – for example building on the voluntary counselling and testing (VCT) programmes the group held in 37 cities in the Kingdom in January 2007. The union's plans include:

- Providing HIV/AIDS information for all transport workers on HIV/AIDS
- Organising sensitisation sessions for 16 union leaders, four from each sector
- Conducting 100 awareness sessions to inform workers about the disease, through conducting 25 meetings for each sector
- Mounting 100 further days of VCT, with 40 estimated tests each day
- Distributing brochures and stickers on HIV/AIDS
- Participating in the World AIDS Day activities organised by the government and ACLS.

GETTING RESULTS

AMRITA SIETERAM REPORTS ON THE OUTCOMES OF ILO SPONSORED HIV INITIATIVES IN SOUTHERN AFRICA

Apart from the heavy toll on the lives of individuals, the global HIV epidemic reduces the supply of labour and undermines the rights and livelihoods of millions of working men and women, and those who depend on them. The loss of skills and experience in the workforce reduces productivity and diminishes the capacity of national economies to deliver goods and services on a sustainable basis.

HIV/AIDS threatens the hopes of many countries for achieving decent working conditions in the foreseeable future.

The ILO response to the epidemic has been the establishment of a dedicated programme to catalyze and coordinate action. On World AIDS Day 2000, the global ILO programme on HIV/AIDS and the World of Work was born.

One of the first initiatives of the new programme was the development of a code of practice on HIV/AIDS and the world of work. The code was adopted in June 2001 and provides practical guidance to policy-makers, governments and employers' and workers' organisations, for developing national and workplace policies to combat the spread of HIV/AIDS and mitigate its impact.

The code is based on widely accepted ILO standards and principles, and covers the key areas of non-discrimination in employment, prevention and behaviour change, protection of workers' rights and benefits, and care and support. The ILO code has also been adopted as the standard for the UN system as a whole

Southern Africa

In February 2002 the ILO started to implement a project on "HIV prevention and impact mitigation in the transport sector". Funded by the Swedish International Development Agency (SIDA), this one year pilot project (2002-2003) covered Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland and Zimbabwe. Those countries were selected because of high levels of HIV prevalence, their strong economic integration and network of trade and transport links.

HIV/AIDS THREATENS THE HOPES OF MANY COUNTRIES FOR ACHIEVING DECENT WORKING CONDITIONS IN THE FORESEEABLE FUTURE

The main aim of the project was to assist regional bodies, national authorities, employers' and workers' organisations, as well as non-governmental bodies, in developing appropriate national strategies for reducing the impact of HIV/AIDS and other sexually transmitted diseases in the transport sector of southern Africa (see box on main outputs).

A substantial degree of networking and dialogue were achieved at both national and inter-country levels through the establishment of consultative and consensus-building mechanisms such as project advisory committees. Key in this was a participatory approach to ensure the active par-

Covering the bases

Every successful HIV/AIDS project brings in multiple approaches. The main initial outputs and activities carried out in the eight countries of the southern Africa project were:

- Assessment of the impact of HIV/AIDS in the transport sector at the country level
- Full project advisory committees (PAC) were established in five countries and interim PAC's in Botswana, Mozambique and Namibia
- Development of national policies on HIV/AIDS prevention in the transport sector
- Training programmes on HIV/AIDS Prevention and Impact Mitigation at the workplace in the transport sector designed and implemented at the national level
- Sub-regional assessment of cross-border regulations and formalities for the prevention of HIV/AIDS transmission in the transport sector

- Sub-regional policy workshop on HIV/AIDS prevention in the transport sector of Southern African countries
- The information brochure "HIV/AIDS prevention in the transport sector of southern African countries" was published and widely distributed.

Phase two of the project began in 2006 and will run until 2009, in Malawi, Mozambique, South Africa and Zimbabwe. The main aims of the project are:

- to increase knowledge on HIV and AIDS and more responsible attitudes to risk behaviour of working men and women and their families
- help limit the spread of HIV and AIDS in the transport sector, and to
- develop a behaviour change strategy for the sector with a particular focus on communication.

Baggage handling at Harare Airport, Zimbabwe, where the ILO has assisted Air Zimbabwe Holdings in developing an HIV/AIDS workplace policy



REUTERS/JUDA NEWENGA

participation of policy makers, managers, project beneficiaries and support institutions at the national level.

The project advisory committees consisted of representatives of the ministries of labour, transport, health, the National AIDS Council, Network of People living with HIV and AIDS, other NGOs and UNAIDS. The workers were represented by their unions, in addition to representatives of the different national confederations. The employers were represented by the employers' central associations and the transport operators' association.

The strategy of identifying a vulnerable sector, mobilising and linking key stakeholders and developing a targeted HIV/AIDS policy and implementation plan has been effective in its own right. The structures built at the national levels, in particular the project advisory committees, assisted in laying a solid foundation. The donor (SIDA) was convinced of the project's success in developing a basis for sustainable action. Consequently a second phase of the project was approved, which started in mid 2006.

In this phase, attention is being paid to capacity building support for ILO constituents, governments, employers' and workers' organisations and other strategic partners in

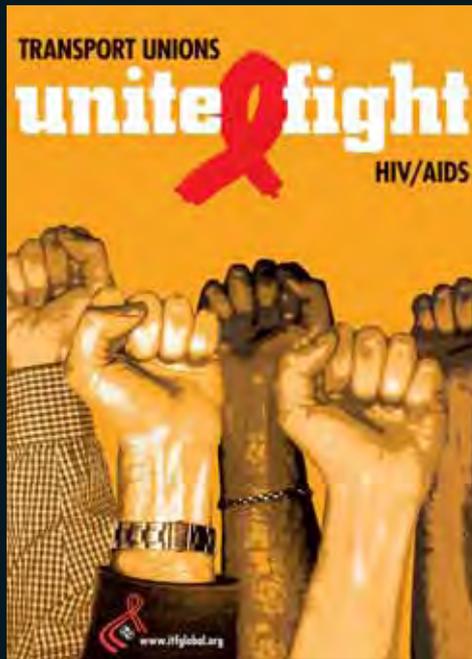
the transport sector. We hope this will help them to translate the plans and policies developed in the first phase into actions that can generate real impact on the HIV/AIDS landscape.

In the current phase of the project, companies are being assisted to develop workplace policies with the active participation of workers in both the consultative processes and the dissemination of the contents to the rank and file. Up to now, the ILO project has assisted four transport companies in developing and finalising an HIV and AIDS workplace policy.

The companies involved are the national railways and air transport companies in Mozambique and Zimbabwe. The workplace policy for Air Zimbabwe Holdings has been approved by management and is in place; the others will follow soon.

The major lesson learned in this type of project is that for any action to have impact, it is critical to have a participatory approach so that the responses are internalised.

Amrita Sietaram is a specialist in the ILO Bureau for Workers' Activities, Geneva



The International Transport Workers' Federation (ITF) is an international trade union federation of transport trade unions, representing four and a half million transport workers in 148 countries. It is one of several Global Union Federations allied with the International Trade Union Confederation (ITUC).

Check out the ITF website for details of the ITF's HIV/AIDS campaign and its other work representing the interests of transport workers, through advocacy, information and solidarity actions.

www.itfglobal.org