
AIDS and Transport in Africa



QUICK REFERENCE GUIDE

**Africa Technical Transport Sector Unit (AFTTR)
The World Bank**

July 2003

The Challenge. AIDS is now a major threat to transport operations in Africa. Transport workers are twice as likely to acquire HIV than workers in ‘low-risk’ occupations.¹ Because of their high-risk sexual behavior, long distance transport service providers have HIV infection rates as high as 30 percent.

The deaths of transport workers due to HIV-related illnesses can lead to serious declines in transport sector productivity, loss of earnings, and attrition in skills and experience. A study among several private firms has estimated that the combined impact of AIDS-related illnesses can cut a firm’s profits by 6 to 8 percent.²

Conversely, transport has an impact on the epidemic. The very nature of the transport sector—to facilitate the mobility of people and goods—fuels HIV transmission. In Mozambique, HIV prevalence rates among the general population range from 11 to 14 percent, but rise to 21 percent among populations residing along the main road to Zimbabwe and Malawi³.

However, transport’s infrastructure and services can be used to increase access to HIV prevention services and AIDS care for millions of people.

Can we meet the challenge? Yes, with resolve, leadership, and a good AIDS strategy.

The Response. The AIDS strategy for the transport sector has three objectives:

- ❖ Prevent transport sector personnel, clients, and communities from becoming infected with HIV;
- ❖ Provide care and support for those transport personnel and family members already infected; and
- ❖ Mitigate the adverse social and economic impact that AIDS has on the transport sector, and the adverse impact the transport sector has on the epidemic.

The transport sector need not carry out this strategy alone. Fortunately, there exist impressive human, material and financial resources inside and outside the sector to help with the five actions proposed

Action I. Leadership—Rising to the Occasion

Policy: Transport leaders must take AIDS on as a priority. must then demonstrate our commitment through words and actions.

Practice: Being an advocate for AIDS control will require new *verbal skills* such as openly discussing the aspects of male sexuality that place many transport managers and workers at

AIDS and Transport

Virtually unknown 20 years ago, AIDS is now the leading cause of death in Africa. In several nations, life expectancy has dropped by over 10 years. By striking young people, HIV/AIDS limits the pool of potential job recruits and diminishes the returns from skilled labor.

Although the number of studies on HIV prevalence may be few, **the evidence is clear**; HIV prevalence is high among some cadres of transport personnel. On the Dar-es-Salaam highway in 1996, HIV prevalence was found to be 28% for truckers and 56% for their female partners.

¹ Research undertaken by the International Transport Workers’ Federation, *Report on the global HIV/AIDS epidemic* 2002, UNAIDS.

² Ibid.

³ T.Judah, BBC World News, *Hunger and AIDS Stalk Mozambique*, June, 2002

increased risk of HIV or the stigma transport employers often place on employees living with AIDS.

Being an AIDS advocate will also require new *behaviors*. Leaders must act as positive role models: in practicing preventive behaviors, demonstrating compassion and understanding for those who are infected, and seeking information when the answers to such a crisis are not so obvious.

Procedure: Formally adopt *The ILO Code of Practice on HIV/AIDS* into transport work settings. Distribute the Code among all workers and discuss with managers the Code's implications.

Consult also *Employees and HIV/AIDS: Action for Business Leaders*, published by the Global Business Council (2001). Ensure the main AIDS-related messages are internalized in transport sector work:

What are the main AIDS and transport sector messages?

✓ **AIDS is impeding the transport sector from achieving its goals.** Illness and early deaths are depleting workforce capacity and increasing costs for worker benefits, recruitment, and training. Personal loss and uncertainty lower morale and quality of life.

✓ **Confronting AIDS is also a transport sector responsibility and priority.** HIV infection can be prevented. The transport sector has a unique role to play and much to offer in the response to AIDS. Already, there are 21 on-going AIDS and transport projects in Benin, Burkina Faso, Burundi, Cameroon, Cote d'Ivoire, Djibouti, Ethiopia, Ghana, Kenya, Lesotho, Mali, Nigeria, Rwanda, Senegal, South Africa, Senegal, Tanzania, Togo, Uganda, Zambia and Zimbabwe.

The transport sector must guard the workforce from HIV. Transport managers and workers need to be skilled in prevention 'know-how' and surrounded by an enabling environment to support their intentions to stay HIV negative

✓ This education process will require looking at sexual identities, attitudes, and practices of both sexes.

✓ **The transport sector must help provide care and support for those employees already infected and their families.** Studies show high HIV infection rates among long-distance transport service providers. Rates are most likely high among other transport cadres as well. Although transport persons living with AIDS (PLWA) can live positive and productive lives, they have significant psychosocial and physical needs. Stigma and discrimination need not find any place in the transport sector.

✓ **Transport's way of doing business will need to adjust to AIDS.** Prevention interventions can begin now. Action on complex care and mitigation issues however, may need additional research and consensus building.

Action II. Collaboration and Coordination—Lessons Learned in Creating Synergies

Policy: *Extensive* collaboration and coordination is desired when setting out to mainstream AIDS into transport **operations. Such efforts bring benefits.**

Practice: Four important steps to remember:

1. Consult with the officials responsible for coordinating the national HIV/AIDS strategy in country. Their multi-disciplinarian experience can save us time and money.

2. Build within the national AIDS strategy. The national AIDS strategy offers institutional and programmatic support. The transport sector needs the cohesion of the national AIDS strategy and

the national AIDS strategy needs the involvement of transport. The HIV/AIDS epidemic can only be contained by a national strategy that emphasizes multi-sectoral approaches.

3. Develop partnerships with the various stakeholders within and outside the transport sector. We'll want and need collaboration in designing interventions with those who are to benefit from the interventions, and from organizations that have the expertise to carry out such interventions.

PLWA associations and NGO's have shown to be instrumental in ensuring that interventions succeed. Women's organizations are often best at identifying the many subtle gender differences or inequalities in attitudes and practices that exist between the sexes. UNAIDS and the in-country UN Theme Group on HIV/AIDS will have a multitude of suggested contacts, ideas and materials.

4. Mobilize resources through the national AIDS councils, the governments, UNAIDS, other multinational agencies, donors, the private sector and within the World Bank.

The World Bank's adaptable lending instrument—the *Multi-country HIV/AIDS Program for Africa (MAP)*—establishes financial pathways and intervention-approval mechanisms to facilitate AIDS-related efforts at national, sectoral and local levels. *Plans and funds are specifically identified to help transport as well as other sectors confront the epidemic* in a variety of ways.

Another source of funding in the World Bank is from 'retrofitting' existing transport projects. Task team leaders from the World Bank's Africa Region have been working with transport ministry officials in Cameroon, Cote d'Ivoire, Eritrea, Ethiopia, Ghana, Mali, Malawi, Niger, Senegal and Zambia to factor AIDS into ongoing project activities.

Last, lobby in the World Bank for funds from PRSP and HIPC Initiatives. AIDS and poverty often-go hand in hand. The conditions of the poor (particularly poor women) can make HIV prevention difficult. Once infected, the poor can be isolated from AIDS care and support services. AIDS' effect on reducing labor and productivity can further increase poverty, especially at the household and sectoral levels. The main development sectors of country simply can't attain their national goals if their work force capacity is diminished by AIDS.

Procedure: Assign AIDS focal point duties to at least one transport professional to ensure AIDS-related issues are addressed. Link up with AIDS organizations and networks to ensure the transport sector has access to state of the art information and that the AIDS organizations have access to the transport sector.

In-Country Lessons Learned in Preparing MAPS

- ❖ *Significant* coordination and planning is required among all stakeholders to ensure these efforts are truly multi-sectoral.
- ❖ The more advanced a sector's AIDS Strategy, the more likely it will benefit early from a MAP's specific facility for sectoral responses.
- ❖ Contracting with one or two strong technical institutions or consultants to handle technical and administrative preparation activities helps facilitate the process.

Action III. Analysis—Assessing how AIDS and Transport are Linked

Policy: Mobilizing resources in support of an AIDS strategy is easier if sound data exist. Simple charts showing the increase in costs for recruiting new managers to replace those who have died for example, makes the silent and invisible epidemic more easily heard and seen. In addition to advocacy, data also help decision-makers design more effective interventions as well as serve as baseline data for evaluation efforts.

Practice: Undertaking an assessment of the links between HIV/AIDS and the transport sector can be overseen in-country by the Ministry of Transport and a task force made up of members from the public and private domains, and preferably members of the national AIDS program. Hiring consultants and/or NGO's to undertake the qualitative (interviews and focus group discussions) and quantitative (sub-population surveys and modeling) research has often been the route taken by Ministry officials.

Procedure: Add AIDS and transport issues to other environment, poverty or social assessments. This will help analysts to look at issues holistically. In this regard, the publication "AIDS and Transport in Africa: A Framework for Meeting the Challenge" should be consulted to help manage the inter-related poverty and social dimensions inherent in the transport sector. The Framework was developed by the World Bank's Transport Sector in the Africa Region.

Action IV. Implementation—'Taking on' HIV and AIDS

Policy: Levels of HIV infection can be reversed with early, aggressive and participatory interventions. Uganda, one of the worst infected countries in the early 1990s, has brought its HIV infection levels down sharply by creating a cohesive environment with strong positive leadership, effective behavior change communication interventions and support for those infected.

Senegal and Thailand have also shown progress, especially in treating sexually transmitted infections (STI's) and working closely with the commercial sex industry. Most recently, Brazil, Cambodia, urban Zambia and the Philippines have joined the list of successes.

The core cost-effective prevention interventions include:

- ❖ Behavior change communication
- ❖ Condom use
- ❖ STI Care
- ❖ Voluntary Counseling & Testing
- ❖ (VCT)
- ❖ Creating an enabling environment

Practice: No other task in the transport sector's AIDS strategy is as important as **helping workers and managers protect themselves from becoming infected with HIV**. Achieving this task alone would constitute a major triumph for the transport sector.

Transport personnel need to be 'armed' with the self-confidence, knowledge, tools, and supportive environment to reinforce their intentions to stay negative. Such support may be found in the form of behavior change communication (how to prevent oneself from becoming infected), information on where to find condoms and how to use them or access to HIV/AIDS voluntary counseling and testing services (VCT).

This priority to prevent further HIV transmission **must be reflected in project strategy and design**. Just as poverty alleviation strategies 'target' priority beneficiaries with the most cost-effective interventions, so must HIV prevention strategies.

Those individuals in the transport sector who are most likely to acquire and transmit HIV (studies suggest long distance service providers and their *en route* sexual partners) **must become the priority beneficiaries** of the project's efforts. It is these groups most at risk who must benefit from the primary prevention interventions (behavior change communication, condom use and VCT) for the project to have significant impact on slowing HIV transmission.

When targeting their joint AIDS activities, the Amalgamated Transport and General Workers Union and the Uganda Railway Workers Union stress three lessons: a) truckers can be reached more easily at the work place than at stopovers; b) to reach the sex workers, involve the local authorities; and c) using peer educators helps in reaching these two target groups more easily⁴.

Such specific advice as well as general HIV/AIDS education programs and workplace policies can be found in several companies' employee benefits package in South Africa. As to condom promotion, the World Food Programme gives condom 'starter kits' to their truck drivers distributing food in Ethiopia.

Evaluations suggest that interventions (like those mentioned above) begun in Burkina Faso in 1998, have led to safer sexual behaviors among Burkinabe truck drivers. A comparison of data from studies conducted in 1997 and 2000 reveal that reported condom use among truckers during their last sexual act with an occasional partner had increased from 69 percent to 90 percent.

Consideration has also been given to interventions that are *indirectly* related to preventing HIV transmission. Decreasing the time a worker is away from home and reducing delays at borders are two examples where the transport sector could not only improve the quality of life for its workforce, but also *make the environment less 'HIV prone'*.

In their project for truck drivers in Uganda, The International Transport Workers' Federation has negotiated with government authorities to reduce formalities at borders, thereby shortening the waiting times for drivers and their crews, and thus reducing their opportunity to engage in unprotected sex while at the stop.

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Procedure. Innovation in regulating and designing prevention interventions prevails in the transport sector and trade industry. For example, model contract clauses on HIV prevention for inclusion in bidding documents have been developed and used worldwide. Collective bargaining agreements containing promises of HIV prevention programs are now *de rigueur* for the Trade Union Congress of the Philippines.

Caring and support for those infected: As the epidemic has worsened, the vast number of people sick with AIDS has become more apparent. People living with AIDS have significant health care needs.

Policy: Meeting these health needs equitably, efficiently, and within existing resources presents a range of challenges for organizations within the transport sector. Compounding the challenges in many countries is the weak health system in delivering affordable services.

Practice: An important contribution transport focal points and champions for AIDS can make is **to ensure employees know the symptoms of the opportunistic infections and where one can**

⁴ *HIV/AIDS prevention and care for transport workers in Uganda*, N.M. Ouma et al. Abstract-ThPeFi071 AIDS 2002 Barcelona

find treatment. Although health systems can be weak in developing countries, services for the diagnosis and treatment of these infections are often adequate and effective.

Procedure: For those transport organizations that provide health care benefits, care for AIDS and the opportunistic infections must be incorporated into the available medical services. This includes consideration to the provision for anti-retro viral treatment.

Mitigating the impact: The epidemic has produced a wave of impacts. They can be traced from the household that sells its only bicycle to cover medical expenses, to the public and private sectors that experience significant losses in experienced managers.

What about Anti-retroviral Therapy?

Although Highly Active Anti-retroviral Therapy (HAART) is not a cure, it can prolong life and improve the quality of life of people living with HIV/AIDS. Health personnel recommend HAART for patients who can afford it. Because of its high price, there are efforts to make the therapy more affordable on a large scale in developing countries with a severe epidemic.

Policy: Where is the transport sector's role in minimizing these consequences best played? What is the transport sector's most effective contribution? No

doubt, to fully answer these questions, additional piloting of the transport sector contributions and analysis of outcomes will be needed before a level of consensus is achieved.

Mitigating impact at the local level: Often the greatest burden for the hardest-hit communities is in providing schooling, food and clothing for the increased numbers of orphans. Another burden is the large number of AIDS survivors who have lost their source of income or livelihood because of AIDS.

Practice: Those in the road sub-sector might want to consider offering free or heavily subsidized transport to orphans and survivors to increase access to schooling or income generation schemes. Whatever the contribution, it should not replace traditional and modern coping mechanisms that already exist in the communities.

Mitigating impact at the national levels:

Procedure: In instances where skill losses erode management capacity within transport and other ministries, governments may look at providing management units that can service across ministries. Partnership and joint venture operations with private and civil society sectors might also enhance capacity weakened by AIDS.

Action V. Monitoring and Evaluation—Fine-tuning Effectiveness

Policy: Changing minds and behavior takes time. Assessing the effectiveness of the transport sector's AIDS strategy actions should follow the generic rules for monitoring and evaluation. That is, **develop systems that can be implemented and select indicators that can be measured.**

Practice: As to the indicators, identify *input* indicators that can be monitored early on, *output* indicators that can be measured a year or two later and a few *outcome* indicators for measuring several years later. Examples of outcome indicators for a transport and AIDS prevention project in five border towns along a transport corridor might look like the following:

- ❖ By 2005, at least 90 percent of the long distance transport service providers and their passengers have correct knowledge of HIV transmission and prevention methods

- ❖ By 2005, the use of condoms by the long distance transport service providers and their passengers, as well as the commercial sex workers in the five locations, increased by 50 percent
- ❖ By 2005 the utilization of VCT services in the existing health facilities at the five border towns, increased by 50 percent

Examples of output indicators include:

- ❖ Percent of retail outlets and service delivery points with condoms in stock;
- ❖ Percent of beneficiaries who know STI symptoms and where STIs can be treated; and
- ❖ Percent increase in use of VCT services along transport-corridors

Procedure: Where applicable, ensure evaluation strategies for transport operations include HIV/AIDS-related indicators.