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HIV/AIDS in the transport sector of Southern African countries

A rapid assessment of cross-border regulations and formalities



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ILOAIDS

ILO Programme on HIV/AIDS and the World of Work
Geneva, December 2005

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Executive summary

HIV prevalence rates in working people in Southern Africa are among the highest in the world, and transport workers face particular risks because of the nature of their work. They spend long periods of time away from their homes and families, experience lengthy delays at border posts and, with varying degrees of frequency, engage the services of commercial sex workers. As a result of the higher than average levels of infection and their devastating impacts, the Swedish International Development Agency (SIDA) funded the ILO/SIDA Project on HIV/AIDS Prevention in the Transport Sector of Southern Africa. Phase 1 of the project was scheduled for 2002-2003 and extended to 2004.

This rapid assessment is an output of the Project and is based on interviews¹ conducted and extensive research gathered between 18 October and 12 November 2004. It assesses policies and practices relating to HIV/AIDS in transport and the harmonization of border-crossing procedures, with a focus on the nexus between these two complex areas. It concludes with a set of recommendations for implementing policies and activities to help prevent the spread of HIV/AIDS in the transport sector. The primary focus on Malawi, Mozambique, South Africa and Zimbabwe may serve as a starting point for addressing these issues in other Southern African countries and beyond.

The Project's primary objective is to help substantially reduce the impact of HIV/AIDS in the transport sector in the Southern African Development Community (SADC) region through education and the promotion of counselling, testing and treatment in order to reduce the rate of HIV infections and mitigate the negative impact of HIV/AIDS on transport workers, transport operators, and the national and regional economies.

The key findings are set out below.

Common risks found in the region include:

- Truck drivers frequently give rides to cross-border women traders travelling with their goods in exchange for sexual favours.
- Many truck drivers have 'road wives' and some rail workers have 'rail wives' with whom they stay when travelling certain routes. In the airline industry, pilots and crews may have similar arrangements and some flight attendants have regular sexual partners in different cities who may provide them with accommodation, gifts, and meals.
- As is commonly known and has been found in other assessments, many transport workers engage the services of commercial sex workers while in transit.
- Hotspots in road transport include internal trading centres as well as border posts, while hotspots in the rail industry include locations where trains are stabled and railway employees stay overnight, which in many cases are not at border posts. The hotspots for airline employees are locations away from home in which they stay for most of a day or longer.
- Many transport workers engage in risky behaviour even when they have a general knowledge about the dangers of HIV/AIDS.

¹ See the Annex for a list of interviewees

Many social partners in the Project countries expressed the following views and concerns:

- Harmonization of border procedures and formalities by governments, with extensive input by the social partners, would assist in the fight against HIV/AIDS. Although efforts at harmonizing transport procedures have shown success in limited circumstances, the processes have been piecemeal and frequently stalled, largely because government leaders have not provided sustained direction and focus.
- Donors have shown an over-emphasis on policy and policy-related workshops, often duplicating the work of each other, without providing sufficient coordinated assistance for the implementation of policies. At the same time, the social partners at times have been unable to maintain a sustained focus on their own initiatives to implement planned activities. As a result, there has frequently been a disconnection between policies and practices.
- There is a need to expand creative efforts to fight HIV/AIDS, many of which have been operating on a small scale, and promote a wider sharing of information and resources. The social partners suggested some activities and approaches, many of which are incorporated below in the recommendations.
- Many transport workers do not have the time, money or inclination to travel into town to be tested, educated or treated. They would be more likely to benefit from such assistance if it were brought closer to them.
- More management sensitization is needed in companies because many managers view the creation, funding and operation of HIV/AIDS programmes as a secondary concern that may detract from rather than enhance their companies' economic performance.
- The availability of treatment for HIV/AIDS has been inadequate and needs to be better coordinated within countries and the region. The rollout of antiretroviral treatment (ARVs) also raises logistical problems for treating transport workers.

The social partners suggested some activities and approaches, some of which are incorporated below in the recommendations. The Assessment provides more detail on these recommendations in its final chapter.

Recommendation 1. The social partners should conclude relevant policies and/or action plans on HIV/AIDS in transport where necessary, consistent with the *SADC Code of Conduct on HIV/AIDS and Employment* and the *ILO Code of Practice on HIV/AIDS and the world of work*, and quickly move on to the implementation of activities.

Recommendation 2. The social partners should formally request that the SADC Council of Ministers and the Integrated Committee of Ministers facilitate discussions to create the necessary political will to advance harmonization of border crossing procedures and regional efforts to fight HIV/AIDS in transport in part by appointing a technical committee to make appropriate recommendations.

Recommendation 3. National governments should make clear and specific commitments to fund efforts to fight HIV/AIDS in transport.

Recommendation 4. The social partners and supporting organizations (including the Project) should create new databases to share ideas, information and experiences, and promote cooperation in the implementation of activities.

Recommendation 5. The social partners and supporting organizations should identify appropriate organizations and mechanisms to coordinate implementation of HIV/AIDS programmes.

Recommendation 6. The social partners and supporting organizations should expand linkages between efforts at fighting HIV/AIDS and efforts at harmonizing border crossing laws and procedures.

Recommendation 7. The supporting organizations should support the training of social partners on how to write proposals for the funding of HIV/AIDS programmes and how to administer and report on such programmes.

Recommendation 8 . As soon as possible and with the Project's assistance, the social partners should start implementing or expanding activities to fight HIV/AIDS in transport that are grounded in realistic plans with one, some or all of the following goals:

- (a) Bringing education, training, and treatment closer to transport workers;
- (b) Expanding the use of education centres, clinics and 'wellness centres' at border posts and other hotspots;
- (c) Educating transport workers by training peer educators to whom transport workers can relate;
- (d) Providing training for and helping to set up joint labour-management committees on HIV/AIDS in transport companies;
- (e) Finding alternative activities (such as sport) for transport workers and connecting those activities to educational messages on HIV/AIDS;
- (f) Enlisting border officials and communities in the fight against HIV/AIDS;
- (g) Providing education in ways that may be implemented and sustained and will truly educate transport workers; and
- (h) Providing comprehensive education on HIV/AIDS to address the realities transport workers face.

Recommendation 9. The supporting organizations should address the impact of HIV/AIDS in transport on border communities, including women cross-border traders, commercial sex workers, and others who live near the border and may rely economically on the border posts and transport workers.

Recommendation 10. Governments should ensure that protections and procedures relating to HIV/AIDS in the workplace are made legally enforceable through legislative reform and by encouraging their inclusion in collective agreements.

Recommendation 11. The supporting organizations should provide assistance to ministries of labour to improve their capacity to address HIV/AIDS in transport and other employment sectors.

Recommendation 12. The social partners should provide support for efforts to promote harmonization of border procedures in the region.

Recommendation 13. A regional organization, such as SADC, or other international or national body, should try to negotiate discounted rates for block purchases of antiretrovirals, which could then be distributed through networks in the region.

Recommendation 14. The social partners and supporting organizations should support changes to improve the integrity of governmental regulation of transport by providing the relevant officials with appropriate support, resources and training, and holding them accountable for their conduct (in particular, preventing corruption).

I. Introduction

General HIV prevalence rates range from 12.2 to 38.8 per cent in the countries covered by this project, and the rate among workers in many parts of the transport sector is higher than average because of the nature of their work. Many transport workers spend long periods away from their homes and families. Some work in isolation while others live for weeks at a time with the same small group of fellow workers. They frequently face the temptation of sexual relations with multiple partners. Because of the resulting high levels of HIV prevalence in the transport sector in Southern African countries, the Swedish International Development Agency (SIDA) funded the ILO/SIDA Project on HIV/AIDS Prevention in the Transport Sector of Southern Africa.

Phase 1 of the Project began in February 2002. The countries included were Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland and Zimbabwe. The objective was to help the social partners to:

- develop national policies to prevent the transmission of HIV among transport sector employees and to mitigate its impact;
- develop a regional strategy and a set of inter-country mechanisms for the prevention of HIV transmission in transport, based on the national strategies of the project countries; and
- implement effective national strategies for the prevention of HIV transmission in the project countries.

During Phase I, the Project engaged in a range of activities. For example, it funded the Country Assessment Study of HIV/AIDS in the Transport Sector of Zimbabwe, which was completed in May 2003. In July 2003, the Project held the Regional Tripartite Workshop on HIV/AIDS in the Transport Sector in Benoni, South Africa, with representatives from the project countries. On 20 August 2003, the ILO held the Workshop to Develop Action Plans to Implement the Zimbabwe Transport Sector

on August 2003 and the final report for Phase 1 was issued in September 2003. A no-cost extension of the Project was approved in 2004 to complete planned activities.

The terms of reference for this rapid assessment (the Assessment) included:

- Assessing border formalities and regulations governing inter-regional transport in Malawi, Mozambique, South Africa and Zimbabwe, with a particular focus on those causing extensive waiting periods for transport workers at border posts;
- Identifying and evaluating policy constraints militating against speedy service delivery for the prevention of HIV/AIDS transmission at the border posts and communities in Southern Africa;
- Addressing the impact of transport policies, rules and legislation on high-risk behaviour for transport workers in road, rail, water and air transport;
- Identifying high-risk geographical areas for HIV transmission involving transport workers;
- Providing information on the activities of nongovernmental or international organizations working with transport workers and commercial sex workers in border crossing areas;
- Providing recommendations for revising policies and for planning rapid interventions to help prevent the further spread of HIV in the transport sector of the target countries and among other member countries of the Southern African Development Community (SADC); and
- Preparing a report and presenting its findings at a sub-regional workshop for the relevant social partners.

The Assessment builds on Phase I of the project and expands its focus by addressing transport policy and practices, particularly as they relate to border crossings and harmonization. The Assessment's findings are based on interviews conducted between 18 October and 12 November 2004 in Malawi, South Africa and Zimbabwe with a wide range of social partners, including representatives from governments, business and transport operator associations, unions, and organizations fighting HIV/AIDS. They are also based on a review of the relevant protocols, agreements, laws and policies. Some information has been included on other SADC countries, including Botswana and Zambia, primarily as a result of the Assessor's prior work in those countries.

The Assessment is structured as follows. Section II summarizes the regional organizations promoting economic integration, harmonization of transport procedures and HIV/AIDS policies, including SADC, COMESA, NEPAD, SACU, and the Cross-Border Initiative in Eastern and Southern Africa. It notes that these organizations and their agreements overlap substantially in their focus on promoting transport harmonization and economic integration and their recognition that HIV/AIDS is a very serious threat to reaching these goals. However, for a number of reasons, these organiza-

tions have had a very limited role in implementing the relevant activities. It suggests that they, particularly SADC, develop a stronger role.

Sections III and IV discuss HIV/AIDS laws and policies relevant to the transport sector, the SADC Transport Protocol, the institutional framework for harmonizing regional transport and border crossing regulations, organizations concerned with HIV/AIDS in the transport sector, and national bodies and other organizations promoting harmonization.

Section V identifies regional transport chokepoints on the main transport corridors (see Box 1), outlines problems and potential solutions, and lists hotspots for HIV/AIDS, including border posts and locations away from borders, such as trading centres and common overnight stopping points.

Section VI provides a framework for evaluating policies, plans and activities. Finally, Section VII presents the objectives and recommendations. The recommendations focus both on long-term objectives and on short-term activities that could be implemented by the social partners.

Major transport corridors in Southern Africa

- The Trans-Kalahari Corridor, running from Walvis Bay, Namibia, through Mamuno and Lobatse in Botswana into South Africa to Pretoria, with a new spur on a northern route that runs from Walvis Bay into Zambia through the new bridge crossing at Katima Mulilo;
- The Maputo Corridor, running between Maputo and Johannesburg/Pretoria
- The North-South Corridor, running from the port at Durban, South Africa through Johannesburg/Pretoria, Beitbridge, Harare, Lusaka and Chirundu to Lumbubashi, Democratic Republic of Congo, with a spur through Nakonde to Dar es Salaam in the United Republic of Tanzania (an alternative route is through Lobatse or Martin's Drift and Kasugula, Botswana);
- The Tazara Corridor, running from Kapiri Moshi in Zambia to Dar es Salaam;
- The Nacala Corridor, running from Blantyre and Lilongwe, Malawi, through Liwonde to the Mozambican Port of Nacala;
- The Beira Corridor, running from Harare, Zimbabwe, to the Mozambican port of Beira;
- The Tete Corridor, running from Harare through Mozambique and Mwanza into Malawi; and
- The Mtwara corridor, running from Nkhata Bay on Lake Malawi in Malawi to Mbamba Bay in Tanzania.

Other developing corridors include routes into and through Angola and the Mauritius Development Corridor.

II. Regional organizations promoting economic integration, transport harmonization and HIV/AIDS policies

As international and regional trade expands, so does the need to facilitate trans-national transport and coordinate efforts to fight HIV/AIDS. In 2003, the combined gross domestic product (GDP) of Southern Africa was estimated at US \$173.8 billion. South Africa, with the region's most developed economy, had a GDP of \$156.9, which is nearly ten times the combined GDP of the other Southern African countries. In 2002 and 2003, foreign direct investment (FDI) to SADC countries other than South Africa amounted to about US \$7.72 billion and the FDI in South Africa amounted to about US \$3 billion.²

Several international organizations and agreements seek to promote economic development and regional trade. Some of them promote, at least through policies and multinational agreements, the harmonization of regional trade rules, including border-crossing procedures. Most recognize that HIV/AIDS is one of the most serious impediments to development, trade, and improving the speed, efficiency and cost-effectiveness of regional transport. SADC, in particular, plays a pivotal role in the policy arenas.

However, these organizations have had, at best, a limited role in implementing programmes to achieve these goals partly because of the nature of their structure and authority, including their formal recognition that the member countries and, to a lesser degree, the social partners bear the primary responsibility for implementation. They also lack the resources and personnel to extensively support activities. By reviewing the goals and operations of these organizations, we can gain a better understanding of where and how we can avoid duplication, promote cooperation, and focus on implementation. Stronger coordination between them would provide better guidance in implementation. In this regard, for example, SADC may be well situated to ensure that member States share valuable

information and carry through on their commitments to harmonize procedures and fight HIV/AIDS in the transport sector.

1. Southern African Development Community (SADC)

The Declaration and Treaty establishing the Southern Africa Development Community (SADC) was signed in 1992, replacing the Southern African Development Coordination Conference (SADCC), which had been in existence since 1980. The current member countries include Angola, Botswana, Democratic Republic of Congo, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, United Republic of Tanzania, Zambia and Zimbabwe. Madagascar and Uganda have applied for membership, while Seychelles has indicated its intention to leave SADC. Trade between the SADC member countries is estimated to be 24 per cent of total SADC trade. SADC Chairperson, and president of the United Republic of Tanzania, Benjamin William Mkapa, declared that trade within the region "must expand further and faster."³ HIV/AIDS "has been singled out as a major threat to the attainment of the objectives of SADC and therefore, it is accorded priority in the health programme and other relevant sectors." The SADC Protocol on Transport, Communications and Meteorology, which was signed in 1996, is discussed in more detail below.

² From the SADC Country Analysis Brief (April 2004) produced by the United States Department of Energy (available at www.eia.doe.gov/emeu/cabs/sadc.html).

³ *Official SADC Trade, Industry and Investment Review 2004*, p.15. Subsequent information and quotations in this section are also taken from the Review.

In August 2001, SADC launched the Directorate of Trade, Industry, Finance and Investment with the goals of facilitating trade and economic liberalization, developing deeper regional integration, eradicating poverty, and establishing a SADC common market on a step-by-step basis. SADC also launched its Protocol on Trade, which has served as an important legal instrument for regional integration matters such as the reduction and elimination of trade tariffs and barriers.

In August 2003, the SADC Heads of State and Government approved the Regional Indicative Strategic Development Plan, which serves as a blueprint to improve economic integration and social development in the SADC countries. It addresses the SADC objectives of promoting development and economic growth, alleviating poverty, enhancing the standard and quality of life, and maximizing productive employment and use of resources in the region. The means to achieve these objectives include the harmonization of political and socio-economic policies and plans, and the development of policies aimed at the progressive elimination of obstacles to the free movement of capital and labour, and goods and services. The Regional Indicative Strategic Development Plan identifies the intensification of the fight against HIV/AIDS as a “key enabler” for this integration and development.

In March 2004, the SADC Executive Secretary announced a strategic plan that sets out measures and time frames for the economic integration of the region. Some of the planned measures include:

- the creation of a free trade area by 2008;
- elimination of the SADC customs union and implementation of a common external tariff by 2010;
- elimination of exchange controls on intra-SADC transactions by 2006;
- establishment of a SADC central bank and preparation for a single SADC currency by 2016;
- the creation of a SADC regional development fund and self-financing mechanism by 2005; and
- a common market pact by 2012.

The facilitation of transport within and outside SADC is an important means of implementing this plan.

SADC's strength has been its role in finding common purpose between its member countries and facilitating agreement on important and detailed regional policies and objectives. However, the SADC organization is hampered by a lack of resources and personnel and, in some respects, a lack of authority, which limits its ability to promote policy implementation.

2. Common Market for Eastern and Southern Africa (COMESA)

The Common Market for Eastern and Southern Africa (COMESA) was formed in December 1994, replacing the Preferential Trade Area, which had existed since 1981. By treaty, COMESA was established by its member countries to promote cooperation in developing their natural and human resources for the good of all their people. COMESA has 20 members, nine of them being SADC members: Angola, Democratic Republic of Congo, Malawi, Mauritius, Namibia, Seychelles, Swaziland, Zambia and Zimbabwe. Mozambique is no longer a COMESA member.

COMESA's primary goals are the creation of a large economic and trading unit and the reduction of barriers to trade. Its current focus is on promoting economic prosperity through regional integration. COMESA promotes trade in part by working to improve transport administration to ease the movement of goods, services and people between the member countries, and to promote a computerized customs network across the region.

3. New Partnership for Africa's Development (NEPAD)

The African Union's predecessor, the Organization of African Unity (OAU), adopted the New Partnership for Africa's Development (NEPAD) strategic framework document at its 2001 Summit. NEPAD's goal is to promote sustainable development in Africa by ensuring peace and security; democracy and good political, economic and corporate governance; regional cooperation and integration; and high institutional capacity in governments and other social partners.

The strategic plan includes a focus on "bridging the infrastructure gap" by helping to: reduce delays in cross-border movement of people, goods and services; reduce waiting times in ports; promote economic activity and cross-border trade through improved land transport linkages; and increase air passenger and freight linkages across Africa's sub-regions. NEPAD states that the actions should include:

- Establishing customs and immigration task teams to harmonize border crossing and visa procedures;
- Establishing and nurturing public-private partnerships, as well as granting concessions for the construction, development and maintenance of ports, roads, railways and maritime transport;
- Promoting harmonization of transport modal standards and regulations, and the increased use of multi-modal transport facilities;
- Working with regional organizations to develop transport corridors; and
- Promoting public-private partnerships in the rationalization of the airline industry and building capacity for air traffic control.

NEPAD's primary focus has been on policy creation rather than implementation.

4. Southern African Customs Union (SACU)

The Southern African Customs Union (SACU) came into existence in 1969 with the signature of the Customs Union Agreement between Botswana, Lesotho, Namibia, South Africa and Swaziland, thereby replacing the Customs Union Agreement of 1910. It meets annually to discuss matters related to the agreement. SACU also has technical liaison committees, namely the Customs Technical Liaison Committee, the Trade and Industry Liaison Committee and the Ad-hoc Sub-Committee on Agriculture, which meet three times a year. SACU's aim is to maintain the free interchange of goods between member countries. It provides for a common external tariff and a common excise tariff for this common customs area. All customs and excise collected in the common customs area are paid into the South African National Revenue Fund. The revenue is shared among members according to a revenue-sharing formula, as described in the agreement. South Africa is the custodian of this pool.

The SACU Memorandum of Understanding provides for the competent authority of the territory where a vehicle is registered to issue a Customs Union permit, which authorizes the transport of goods to and through another SACU member country. For example, the South African Cross-Border Road Transport Agency issues such permits to South African operators, who are thereby authorized to make journeys between any point in the territory of one SACU member country and any point in the territory of another SACU member country, as well as in transit through the territory of a SACU member country. Permits are also required for the transportation of passengers for reward or by means of a hired vehicle, if the vehicle is certified to carry nine or more passengers including the driver.

5. Cross-Border Initiative in Eastern and Southern Africa

The Cross-Border Initiative implements a common policy framework developed by 14 participating countries in Eastern and Southern Africa and the Indian Ocean, with the support of four co-sponsors: the International Monetary Fund, the World Bank, the European Union, and the African Development Bank. The participants are Burundi, Comoros, Kenya, Madagascar, Malawi, Mauritius, Namibia, Rwanda, Seychelles, Swaziland, United Republic of Tanzania, Uganda, Zambia and Zimbabwe. Mozambique has also indicated its intention to join. The policy framework aims to facilitate cross-border economic activity by eliminating barriers to the flow of goods, services, labour and capital, and to help integrate markets by coordinating reform programmes in several key structural areas, supported by appropriate macro-economic policies. The initiative places at the national level the responsibility for determining how to implement the policy measures.

III. Laws and policies on HIV/AIDS relevant to the transport sector

A large number of HIV/AIDS policies exist at the regional and national levels, as well as within sectors, corporations and unions. Some SADC countries have legislation on HIV/AIDS and at least three countries – Mozambique, South Africa and Zimbabwe – have legislation on HIV/AIDS in the workplace. In Zambia, such draft legislation has recently been under consideration. Most of these laws apply to transport workers and companies as well as others. Some laws and national policies address how ministries with responsibility for transport, labour, revenue, customs and immigration are to spend some of their resources addressing HIV/AIDS, usually for their own employees.

- Prohibits pre-employment testing;
- Protects an employee's right to confidentiality of his or her HIV status in the workplace;
- Requires employers to pay for an employee's treatment and medicines when he or she is infected in the course of employment;
- Requires that all employees be trained and redeployed for other available work if unable to carry out their regular duties;
- Provides that dismissal on the grounds of HIV/AIDS status constitutes "dismissal without just cause"; and
- Requires employers to provide HIV/AIDS education and advice to their employees.

The government's enforcement of this law is limited because of a lack of capacity.

1. Laws on HIV/AIDS

The countries with laws on HIV/AIDS benefit from having comprehensive, uniform and enforceable provisions. A lack of regional uniformity in the laws has consequences for transport workers who originate from one country but travel through others.

(i) Botswana

In Botswana, the law does not specifically address HIV/AIDS in the workplace. However, Section 164 of the Penal Code criminalizes male-to-male anal sex; Section 3 includes a greater punishment for rapists who are HIV-positive when they commit the crime; and Section 156 makes sex work an offence.

(ii) Malawi

In Malawi, the law does not address HIV/AIDS in the workplace.

(iii) Mozambique

In Mozambique, Act No. 5 of 2002:

- Prohibits discrimination against employees "with regard to their work, training and promotion of rights";

(iv) South Africa

South Africa has extensive legislation on HIV/AIDS in the workplace. The **Employment Equity Act** (No. 55 of 1998) prohibits discrimination based on HIV status and unauthorized employment-related testing. Unlike other SADC countries with such legislation, the Act further provides that no employer may ask a job applicant or a current employee to take an HIV test at any time, except if the employer has applied to the Labour Court for permission and it has been granted. In *Hoffman v. South African Airways*, 2001 (1) SA (CC), the high court found that South African Airways had not unfairly discriminated against job applicant Hoffman because he was HIV-positive, based on the contention that candidates for flight attendant positions who were HIV-positive would not be capable of receiving yellow fever inoculations, as required by law. On appeal, however, the Constitution Court reversed that decision, finding that South African Airways had unfairly discriminated against Hoffman.

The **Promotion of Equality and Prevention of Unfair Discrimination Act** (No. 4 of 2000) implements and gives greater effect to the Employment Equity Act's prohibition of unfair discrimination on the grounds of disability, which may be interpreted as covering HIV and AIDS.

The **Compensation for Occupational Injuries and Diseases Act** (No. 130 of 1993) provides that employees infected in the course of employment are to be compensated for it. The **Medical Schemes Act** (No. 131 of 1998) ensures that medical schemes may not exclude any person if he or she is able to pay their contributions. HIV-associated diseases are covered under prescribed minimum benefits, which must be covered in a medical plan.

(v) Zambia

Zambia does not have a law on HIV/AIDS in the workplace. However, with the assistance of the ILO's project on Strengthening Labour Administration in Southern Africa, the Zambian social partners have agreed on a comprehensive set of draft amendments to the Employment Act to:

- prohibit HIV/AIDS discrimination and pre-employment testing;
- require education on HIV/AIDS in the workplace;
- set out confidentiality rules;
- require compensation for employees who contract HIV infection as a result of their employment; and
- promote safety in workplaces where HIV could be contracted.

The fate of these draft amendments is uncertain.

(vi) Zimbabwe

In Zimbabwe, **Statutory Instrument 202 of 1998** prohibits pre-employment testing and unfair dismissal on the grounds of HIV/AIDS status. It protects the confidentiality of HIV status in the workplace and directs employers to provide HIV/AIDS educational material in the workplace. Consistent with Statutory Instrument 202, the **Labour Relations Amendment Act (2002)** prohibits discrimination based on HIV status.

2. HIV/AIDS policies and action plans

(i) Southern African Development Community

The SADC Summit adopted the *SADC Code of Conduct on HIV/AIDS and Employment* in September 1997. The Code was developed through extensive consultations with governments and employers' and workers' organizations, and with the assistance of the ILO and WHO. The Code serves as the common standard and model for national laws and policies, which are to be developed and implemented on a tripartite basis. It is "based on the fundamental principles of human rights and patient rights, WHO/ILO and regional standards and guidelines, medical and occupational data, prudent business practice and a humane and compassionate attitude to individuals."

The Code's ambit is very broad because it is intended to cover all employees and prospective employees, and all workplaces and contracts of employment. It sets out 12 policy components and principles to be addressed by governments, employers, and workers' organizations:

- Employers and employees should develop education and prevention programmes jointly. The content of the programmes should be comprehensive, including educational information and support on a wide range of matters pertaining to prevention and treatment. It should also include condom distribution.
- Pre-employment HIV tests should be prohibited.
- Workplace testing for HIV should be prohibited, and confidentiality of all medical information should be maintained.
- HIV status should not be a factor in job status, promotion or transfer.
- No employee should be subject to compulsory HIV-testing to qualify for training.
- No employee should be dismissed or retrenched solely on the basis of his or her HIV status.

- Occupational benefits and medical schemes should be nondiscriminatory and provide support to all employees including those infected with HIV.
- The risk of acquiring or transmitting HIV infection in the course of employment should be reduced (e.g., for medical personnel).
- Persons who are affected or believed to be affected by HIV or AIDS should be protected from stigmatization and discrimination by co-workers, employers and clients.
- Standard grievance-handling procedures in workplaces should apply to HIV-related grievances, and personnel dealing with such grievances should protect the confidentiality of the medical information.
- Governments should collect, compile, analyse and make public data on HIV/AIDS, sexually transmitted diseases and tuberculosis.
- The tripartite parties at the national level and in the SADC Employment and Labour Sector have the responsibility for monitoring the Code's implementation.

These 12 principles serve as a model for evaluating laws and policies on HIV/AIDS in the workplace within the SADC region, including those in the transport sector.

A Summit held in July 2003 in Lesotho produced the SADC HIV and AIDS Strategic Framework and Programme of Action 2003-2007. The Summit authorized the establishment of the Regional Fund to implement the Framework's objectives, which include the establishment of an effective framework at the regional level, and the direction of efforts on prevention, care, support and treatment. The Summit adopted the Maseru Declaration on the Fight against HIV and AIDS, in which the member countries committed themselves to implementing key interventions.

(ii) ILO Code of Practice on HIV/AIDS and the world of work

The objective of the *ILO Code of Practice on HIV/AIDS and the world of work* is to provide a set of guidelines involving the following key areas of action:

- Prevention of HIV/AIDS;
- Management and mitigation of the impact of HIV/AIDS on the world of work;
- Care and support of workers infected and affected by HIV/AIDS; and
- Elimination of stigma and discrimination on the basis of real or perceived HIV status.

The ILO Code covers the key areas addressed in the SADC Code, emphasizes the role of social dialogue, and highlights the need for gender equality, gender-specific programmes, community outreach, and peer educator training for union and employer representatives.

(iii) Botswana

Botswana developed its first national HIV/AIDS policy in 1992 and revised it in 1998. The key elements of the policy are: prevention of transmission; reduction of personal and psycho-social impact of HIV/AIDS and sexually transmitted infections; mobilization of all sectors and communities for prevention and care; provision of care and support for the infected; and reduction of the socio-economic consequences of HIV/AIDS and sexually transmitted infections.

The policy provides for the involvement of all government ministries at policy and operational levels, as well as nongovernmental organizations, the private sector, parastatals, the United Nations and other developmental partners. The Office of the President and each ministry has defined roles.

The National HIV/AIDS Strategic Plan is a three-year rolling plan; the current plan covers 2002-2005, with an estimated budget of US \$172 million.

(iv) Malawi

In October 2003, Malawi adopted its National HIV/AIDS Policy: A Call to Renewed Action. The policy's goals are to: prevent the further spread of HIV infection and mitigate the impact of HIV/AIDS on the socio-economic status of individuals, families, communities and the nation. Its specific objectives include:

- Improving the provision and delivery of prevention, treatment, care and support services for people living with HIV/AIDS;
- Reducing individual and societal vulnerability to HIV/AIDS by creating an enabling environment; and
- Strengthening the multi-sectoral and multi-disciplinary institutional framework for coordination and implementation of HIV/AIDS programmes.

The policy includes a brief chapter on the workplace, which states that the government will ensure that all public and private sector workplaces develop and implement HIV/AIDS policies and HIV prevention, treatment, care and support programmes. It further states that: all such policies shall provide that employers may not require HIV-testing as a precondition for employment; no employee will be compelled to disclose his or her HIV status; and no employer shall discriminate based on HIV status. It adds that an employee's HIV status shall not affect his or her eligibility for any leave or medical benefits, and that employers and employees should participate in HIV/AIDS programmes.

Some employers in the transport sector, such as Air Malawi, have not drawn up their own policies; rather, they refer to the national policy as their guiding framework and have generated their own detailed proposed programmes of action to address HIV/AIDS in their workplaces. The National AIDS Commission has recently turned its focus to the transport sector, the activities of which in theory should be coordinated by the Ministry of Transport. In practice, however, the Ministry of Transport has not yet taken a strong active role.

(v) Mozambique

In 1988, the National AIDS Commission was created with the inclusion of representatives from government, community organizations, religious organizations, peoples' mass organizations, politics, academia and a wide range of social and economic sectors. In the same year, the National Programme for Combatting AIDS was also created.

Mozambique has a national HIV/AIDS policy, developed along with the National HIV/AIDS Strategic Plan framework that was to be implemented in 2000, although implementation was delayed until 2001. The Plan primarily provides targets for prevention of infection among people living along the corridors in the north, centre and south of the country.

(vi) South Africa

In 1988, the government formed a national advisory group (NACOSA) to advise it on AIDS policy. In 1994, after wide consultations with international health bodies, NACOSA launched the National AIDS Plan for South Africa, which aimed at preventing HIV infections, providing support and mobilizing resources.

In 1994, the new Government of National Unity adopted the NACOSA AIDS plan and renamed it the HIV/AIDS and STDs Programme. Since 1997, the government has had a national AIDS control programme aimed at reducing the transmission of sexually transmitted diseases and HIV infection, and providing appropriate care, treatment and support. This programme has five objectives:

- Preventing the spread of the HIV/AIDS epidemic;
- Protecting the rights of people living with HIV/AIDS by prohibiting discrimination against them;
- Using the mass media to popularize key prevention concepts;
- Providing counselling, care and social support to people living with HIV/AIDS, and their families and communities; and
- Mobilizing resources to prevent and reduce the impact of HIV/AIDS.

In 2001, in support of the national HIV/AIDS strategy, the Department of Transport announced the Programme of Action on HIV/AIDS for the Transport Sector, which was prepared by the National HIV/AIDS Transport Co-ordinating Committee after consultation with a wide range of social partners. The programme has served as the HIV/AIDS Strategy of the National Transport Sector, recognizing the needs to:

- Ensure that the policy positions are consistent with the challenges facing the transport sector;
- Ensure optimal use of resources through partnerships in the planning and implementation of HIV/AIDS interventions by transport sector partners;
- Ensure well-informed decision-making through information sharing and knowledge management; and
- Promote effective interventions through sector-wide communication and advocacy.

The programme objectives include: prevention; treatment and care; research, monitoring, and evaluation of the impact of programmes; implementing the human and legal rights framework; and providing training and development on the management of AIDS. It appears that the National HIV/AIDS Transport Co-ordinating Committee has not recently been active.

The South African Transport and Allied Workers Union drafted policy guidelines on HIV/AIDS that it uses partly as a model for provisions negotiated into collective agreements.

(vii) Zimbabwe

After issuing Statutory Instrument 202, the Zimbabwe Government published its National HIV/AIDS Policy in 1999. In the same year, the National AIDS Council produced the Strategic Framework for a National Response to HIV/AIDS (2000-2004), focusing on prevention, care and support, and mitigation of the negative economic impact, and promoting appropriate research.

In addition, in June 2003, the Zimbabwean social partners, including representatives of government, unions and employers involved in road, rail and air transport, agreed on the HIV/AIDS Policy for the Transport Sector of Zimbabwe. This policy covers the key objectives and principles of the general national and international policies. The policy calls on the tripartite partners in transport to set up an HIV/AIDS coordinating unit to be responsible for implementing, monitoring and evaluating sector-wide programmes through the national employment councils of each sub-sector.

Zimbabwe has three separate tripartite national employment councils, one each for road and water, air, and rail transport. The National Employment Council for the Transport Operating Industry (NECTOI) is the largest. It covers all road transport and the limited water transport found on Lake Kariba. For general policy direction, NECTOI refers to Statutory Instrument 202, which prohibits HIV/AIDS discrimination, and the national and transport policies on HIV/AIDS. NECTOI does not have its own policy but it does have a comprehensive programme for which it has limited funding. After running out of funds, UNICEF gave NECTOI about Z\$419 million for a regional initiative for management sensitization workshops and peer education for truck drivers and commercial sex workers. Some employers, such as Air Zimbabwe, have developed draft policies, but have not finalized them.

IV. Transport harmonization efforts and HIV/AIDS projects

1. SADC Transport Protocol: a policy framework for harmonization

The **SADC Protocol on Transport, Communications and Meteorology** (the Transport Protocol), signed in 1996, is helpful for understanding the structures, goals and means of promoting harmonization in regional transport in the Southern African region. It is a detailed document, addressing integrated transport, road infrastructure, road transport, road traffic, railways, maritime and inland waterway transport, civil aviation, and the institutions for implementing and monitoring the protocol.

The Transport Protocol's general objective is to help establish transport systems that "provide efficient, cost-effective and fully integrated infrastructures and operations, which best meet the needs of customers and promote economic and social development while being environmentally and economically sustainable" (Article 2.3). It provides that member countries shall promote the protocol's strategic goals, which include: the integration of regional transport networks facilitated by the implementation of compatible policies, legislation, rules, standards and procedures; and the elimination or reduction of impediments to the movement of persons, goods, equipment and services (Article 2.4).

Article 3.4 calls on all member countries to cooperate in promoting the development of public and private logistical systems, particularly focusing on matters such as:

- Development of simplified and harmonized documentation to better support the movement of cargoes by air, rail, water and land along the length of the logistical chain, including the use of a harmonized nomenclature;
- Implementation of state-of-the-art rapid communication and information to support corridor operations;
- Improvement of rail transit times;

- Enhancement of rail and freight container information tracking systems; and
- Limitation of dwell times in ports and dry ports.

It further provides that member countries shall encourage the adoption of simplified measures on a wide range of matters, including but not limited to:

- Clearance and pre-clearance procedures at borders, ports and dry ports for goods, and pre-clearance of freight containers;
- Financial requirements for import, export and transit movement of goods and road vehicles; and
- Clearance procedures for SADC nationals, including immigration and public health measures.

Chapter 13 of the Transport Protocol addresses implementation and monitoring. It provides that member countries shall have primary responsibility for implementing the Protocol and that the Southern African Transport and Communications Commission (SATCC) shall facilitate regional implementation and monitoring. The Committee of Ministers is the supreme body in the SATCC, providing overall guidance for implementation of a regional policy agenda. The Committee of Senior Officials reports to the Committee of Ministers and guides the work of sectoral and sub-sectoral committees. A SATCC technical unit provides support for SATCC functions and serves as liaison between SATCC and the SADC secretariat.

As discussed in more detail below, the Transport Protocol calls on member countries to facilitate unimpeded access, travel and border crossings along major regional transport routes by concluding bilateral and multilateral agreements and

using corridor planning committees and road transport management groups. Several social partners interviewed for the Assessment stated that SADC has not taken an active role in promoting harmonization agreements.

2. Institutional framework for harmonizing regional transport and border crossing regulations

(i) Bilateral and multilateral agreements, corridor planning committees and route management groups

Some regional successes in harmonization have included uniform regional driver licences and vehicle weight limits. Bilateral and multilateral agreements have served as the mechanisms for reaching the Transport Protocol's harmonization goals. Some SADC countries are considering trilateral agreements to promote the more efficient transit of goods through a country. Article 5.4 of the Transport Protocol provides that member countries shall conclude bilateral or multilateral agreements based "on the principles of non-discrimination, reciprocity and extra-territoriality jurisdiction," addressing the following:

- Single SADC carrier permits or licences;
- Carrier registration;
- Quota and capacity management systems;
- Harmonized administrative and consultative procedures, documents and fees;
- Information management, including a harmonized format of supporting information systems and exchange of information procedures;
- Establishment of joint route management committees;
- Carrier obligations in respect of drivers, vehicles, passenger manifests, cargo manifests and returned permits or licences, as well as sanctions against carriers for contraventions; and
- Harmonized transport law enforcement, such as the use of standardized vehicle logos.

Article 3.5 calls on member countries to form corridor planning committees to facilitate unimpeded access, travel and border crossings along major regional transport routes. In regard to corridor planning, Article 5.6 calls on member countries to form road transport management groups to facilitate the regulation and management of cross-border road transport services. Road transport management groups focus on the important technical details most relevant and susceptible to harmonization among the signatory countries.

One multilateral agreement is between Botswana, Lesotho, Namibia, South Africa and Swaziland, and bilateral agreements exist between a number of countries. For example, the 1998 Bilateral Agreement on Road Transport between South Africa and Zimbabwe establishes a joint route management committee to harmonize technical standards regarding drivers and vehicles, commercial vehicle guarantees, fees and border post operating hours. It provides a standard format for required permits and provides that no permit shall be required for the carriage of freight in vehicles weighing less than 3500 kilograms, unladen vehicles and breakdown vehicles. The agreement provides that the competent authority of each country shall collect permit information in a standard format and exchange that information every three months (though the Transit Protocol ultimately calls for real-time exchanges of information).

The topic of HIV/AIDS in transport and at border crossings could be addressed by the joint route management committee, given the agreement's broad objectives of having a regulatory system that "results in effective transport services in the respective territories" and ensuring "that adequate levels of public safety in road transportation are maintained." The committee is broadly authorized to "address any issue pertaining to the route" and it may include on the committee "any interested party" it identifies.

Similarly, the Bilateral Agreement on Road Transport between Mozambique and South Africa establishes a joint route management committee with a very similar structure and authority. It promotes harmonization of driver and vehicle requirements and border post hours, and provides the identical standard permit form. It also seeks to harmonize sealing procedures for vehicles transiting through a country to ensure that no goods in such shipments are offloaded en route. It calls for pre-clearance of goods at designated customs terminals.

(ii) Memorandum of Understanding on the Trans-Kalahari Corridor

Representatives of Botswana, Namibia and South Africa signed the Memorandum of Understanding on the Trans-Kalahari Corridor in November 2003. Its structure, guidelines and terms serve as a useful example for other corridors and transport harmonization throughout the region.

The preamble sets out its guiding principles for the signatory countries:

- Equal treatment of all stakeholders on the Trans-Kalahari Corridor;
- Transparency in the creation and application of laws, regulations, procedures and administrative measures, which should be made widely available to the public;
- Harmonization of all laws, regulations, procedures and administrative measures pertaining to the movement of goods and persons through the Trans-Kalahari Corridor;
- Efficient and effective administration of transit traffic;
- Simplification of laws, regulations, etc. to facilitate movement of goods and persons;
- Consistency in application of laws, regulations, etc.; and
- Mutual assistance between the relevant authorities pertaining to the Trans-Kalahari Corridor border crossings.

The Trans-Kalahari Corridor Management committee coordinates reform, transport policy, regulations and procedures along the Trans-Kalahari Corridor route, and maintains a support and resource centre in Walvis Bay. The committee introduced a new single administrative document, which allows transit consignments to pass through all Trans-Kalahari Corridor border posts using one customs document.

(iii) National bodies and other organizations promoting harmonization

Different authorities in each country are involved in harmonization. In South Africa, the Cross-Border Road Transport Authority is responsible for coordinating dialogue between the South African Ministries of Transport and Home Affairs and the South African Revenue Authority and their counterparts in other countries.

In Malawi, the Ministry of Transport has the authority to perform this function, though it may do so on an irregular basis. In Zimbabwe, the Ministry of Transport is the responsible body. In each country, the transport operators' associations are involved in harmonization discussions, while the Federation of East and Southern African Road Transport Associations is involved on a regional basis. Unions are partly involved through their membership in tripartite organizations.

A number of international organizations have been promoting regional harmonization in transport, including the World Bank through its Sub-Saharan Transport Programme, and USAID through its Global Competitiveness activities.

3. Other organizations concerned with HIV/AIDS in the transport sector

The USAID-funded **Corridors of Hope** is a regional HIV/AIDS prevention project that focuses on key sites along transport corridors in Southern Africa, including the Durban-Lusaka highway through Beitbridge and Chirundu. It conducted an assessment in November 1999 in Messina, South Africa, and Chirundu, Zimbabwe, in order to better develop, test, refine and package a standard participatory methodology for evaluating HIV risks, identifying prevention opportunities and designing grounded, coordinated regional prevention initiatives. More recently, USAID has expanded its support of Corridors of Hope, with notable successes in countries such as Zambia, and is improving its coordination of regional programmes. These efforts focus primarily on education, condom distribution, access to voluntary counselling, testing, treatment, and peer education.

World Vision is currently implementing the EU-funded **SADC Multi-country Transport Sector HIV and AIDS Prevention and Mitigation Initiative**, which is a pilot project covering Swaziland, Mozambique, Zambia and Zimbabwe. Its objectives include: increasing capacity in government and other social partners in the road transport sector for planning and implementing strategies addressing HIV/AIDS; promoting networks that support transnational cooperation with the involvement of national HIV/AIDS commissions, ministries of health and transport, unions, and road transport operators; and advocating to include HIV/AIDS components in transport policies and harmonize border protocols. So far, in this project, World Vision has primarily focused on policy creation though it is planning to implement more activities. World Vision has also engaged in other efforts, some of which are funded by USAID, such as operating a drop-in centre in Chirundu that provides educational information, treatment for sexually transmitted diseases, condoms, and some alternative sources of entertainment, including table tennis. World Vision has also helped commercial sex workers develop alternative sources of income through sewing.

The **International Transport Workers Federation (ITF)** has been active in Southern and Eastern Africa from their regional office in Nairobi and through a coordinator located in Uganda. The ITF recently held a regional meeting on HIV/AIDS in transport in Lusaka in October 2004. It has produced a useful and detailed handbook entitled *HIV/AIDS: Transport Workers Take Action*, which discusses the impact of HIV/AIDS in transport and provides guidelines for workplace policies and provisions in collective agreements.

Through the Africa Transport Unit, the **World Bank** sponsored a workshop in Addis Ababa, Ethiopia, on 28-30 July 2004, on Mainstreaming HIV/AIDS Strategies in Transport Investments. The workshop primarily focused on successful experiences in Ethiopia and Zambia (as well as some in Malawi) and produced individual country strategy papers.

Like the ILO/SIDA project, the **EU/GTZ Project on HIV/AIDS Prevention in the Road Transport Sector in Southern Africa** operated through an agreement with South Africa's Cross-Border Road Transport Authority (C-BRTA). The EU/GTZ project operated from 31 August 2001 to June 2002. Its goals were to help prevent the transmission of HIV in transport in Southern Africa and improve the C-BRTA's capacity to help reduce the risky behaviour engaged in by commercial sex workers, cross-border drivers, and individuals in border communities. The participants in the South African Stakeholders Workshop on Prevention of HIV/AIDS in the Road Transport Sector in Southern Africa, held on 31 August 2001, committed themselves to strengthening HIV/AIDS prevention through condom promotion and distribution, peer education and contributing to national HIV/AIDS issues in transport. In October 2002, the EU/GTZ project produced the *Report on the knowledge, attitude and behaviour of long distance truck drivers in Southern Africa*.

In South Africa, through the **Trucking Against AIDS** Initiative, the National Bargaining Council for the Road Freight Industry and the Road Freight Association set up the Roadside Health and Information Unit, originally managed by the Learning Clinic (Pty) Ltd. The unit's main objective has been to reduce transmission of HIV/AIDS by long distance truck drivers and commercial sex workers. The council has also set up clinics/education centres in Beaufort West in Western Cape, Harrismith and Ventersburg in the Free State, Messina in Limpopo Province, Port Elizabeth in the Eastern Cape, and Beitbridge and Lobatse in Northern Province. It has also distributed condoms and conducted peer training.

ActionAid-SIPAA, funded by the United Kingdom Department for International Development, and the **Health Economics and HIV/AIDS Research Division (HEARD)** at the University of KwaZulu Natal have also addressed HIV/AIDS issues in transport, as well as other sectors. For example, in May 2004 in Durban, they jointly hosted the Conference on Mitigating the Impact of HIV/AIDS on the Private Sector, which identified issues and needs in the airline and road transport sectors as well as other sectors.

Also in South Africa, the bipartite **Transport Education and Training Authority** has provided peer educator training to employees and managers in the transport industry. The National Occupational Safety Association has set out standards for implementing and evaluating HIV/AIDS management systems, and organizations such as CompuTainer have been providing comprehensive computer-based education on HIV/AIDS.

Project Hope, funded by the United States Department of Labor, provided extensive peer educator training and management sensitization to managers and employees in the transport sector in Malawi. Although this project recently ended, similar efforts are planned in Malawi in the near future.

The **Southern African Railways Association (SARA)** has 10 members including the National Railways of Zimbabwe, Bulawayo-Beitbridge Railways (BBR), Botswana Railways, Spoornet (South African Railways), Swaziland Railways, Zambia Railways, Tazara, Trans-Namib Railways, Mozambique Railways and Malawi Railways. It produced a draft HIV/AIDS policy with the following objectives: to define steps to be undertaken to promote HIV/AIDS awareness among the staff of the member railways; to recommend procedures to be followed by the railways to deal with HIV/AIDS issues; and to develop joint regional programmes to fight HIV/AIDS. SARA also seeks to put in place an employee assistance programme that will focus on providing or subsidizing antiretrovirals for railways employees.

In many countries, the **National AIDS Commission**, which serves as a conduit for outside donors such as the Global Fund, is playing an active role in helping social partners write proposals and providing grant money to them for HIV/AIDS-related activities. In some countries, such as Zambia and Zimbabwe, a **business coalition against HIV/AIDS** is active in providing assistance to all employers, including those in the transport sector.

V. Transport chokepoints and hotspots for HIV/AIDS

Workers in transport face a disproportionate risk of contracting and transmitting HIV compared to workers in most other areas of employment. Many of them frequently travel throughout the region, spending long periods of time away from their families. They develop their own road culture and form social and economic bonds with those with whom they interact on their routes. The regional hotspots where transport workers gather include but are not limited to border crossings. To be successful, efforts at fighting HIV/AIDS in the transport sector should also be active in areas where transport workers gather within countries.

1. Common risks in the region

Common risks in the region include:

- Truck drivers frequently give rides to cross-border women traders travelling their goods in exchange for sexual favours.
- Some truck drivers have “road wives” and some rail workers have “rail wives” with whom they stay when travelling certain routes. In the airline industry, pilots and crews may have similar arrangements and some flight attendants have regular sexual partners in different cities who may provide them with accommodation, gifts and meals.
- As is commonly known and has been found in other assessments, many transport workers engage the services of commercial sex workers while in transit.
- Hotspots in road transport include internal trading centres as well as border posts, while hotspots in rail include sidings where trains lie by and railway employees stay overnight, which in many cases are not at border posts. The hotspots for airline employees are locations away from home in which they stay for most of a day or longer.
- Many transport workers engage in risky behaviour even when they have a general knowledge about the dangers of HIV/AIDS. Studies have found that an important reason is that truck drivers face many risks on a daily basis, making the danger of HIV/AIDS more remote and therefore seemingly less important. A 2001 study (*Report on the knowledge, attitude and behaviour of long distance truck drivers in Southern Africa*, p. 84, discussed above), found that many drivers stated that they did not use condoms because they had only one sexual partner, they trusted the people they had sex with, they did not find using a condom pleasurable, and they did not want to make their spouses suspicious. In contrast, many commercial sex workers believe they have no choice and many cross-border women traders may feel similarly or conclude that a ride is worth the risk.⁴

Some key transport chokepoints are discussed below. Other reports and assessments provide more detailed analyses of transport-related problems and suggest possible solutions. Some are summarized below.

In brief, operators and workers in road transport experience the longest and most serious border delays. Rail transport is deeply hampered by inefficiencies and infrastructure problems, though border delays are usually much shorter than those experienced in road transport. Airline workers face very few delays in travelling from one country to another, although, as discussed below, they may engage in risky behaviour when staying overnight at locations away from home.

⁴ The nature of the choice may be quite different for many women and young people. As was found in the recent Bridge study in Malawi on *Exploring community beliefs, attitudes and behavior related to HIV/AIDS* (September 2004), many of the interviewees felt a sense of hopelessness or powerlessness and, as a result, were more likely to engage in risky behaviour even when they knew of the dangers.

2. Chokepoints

Social partners throughout the region have expressed their concerns that the national governments have not devoted sustained political will to direct and manage either transport harmonization or HIV/AIDS activities. As a result, some projects have ceased moving forward while others have not begun. Although social partners have raised this concern most frequently with regard to Zimbabwe's role in harmonization at Beitbridge, they have also raised it, in varying degrees, with regard to other countries in the region. As noted above, the SADC Transport Protocol places the responsibility squarely on national governments to lead harmonization efforts.

(i) Beitbridge border crossing

The Beitbridge border crossing between Zimbabwe and South Africa on the North-South Corridor has been widely identified by interviewees in this assessment and by many others as the busiest and most clogged border crossing in the region. Government officials and transport operators have been working for many years to simplify, harmonize and speed up procedures at this border post, with mixed success.

For example, the border post hours were expanded to 24-hours to speed up border crossings. However, the clearing agents only worked normal business hours. After some discussions, the agents agreed to submit documents until 6 pm and stay open until 8 pm to receive processed documents back from customs. The Cross-Border Road Transport Authority (C-BRTA) helped facilitate the clearing procedures for many vehicles at locations before the border crossing. In the past, the Joint Route Management Committee (JRMCM) has facilitated the temporary speeding of border crossing procedures during the holiday season when traffic is increased.

The Beitbridge crossing remains crowded and slow, with drivers still waiting for up to about 7 days, for a complex web of reasons. For example, most of the truck parking area on the Zimbabwe side is closed, largely because of the construction of a facility for detection equipment to

ensure that vehicles do not bring contraband into Zimbabwe. This causes long delays and traffic problems. Although the creation of a one-stop border post and procedure has been discussed for years, it does not appear that its implementation is imminent.

The World Bank has been funding a task team to complete other outstanding actions to reduce delays and congestion on both sides of the Beitbridge border. In its 22 September 2004 JRMCM meeting with South African authorities, the Zimbabwe Revenue Authority (ZIMRA) commented that it had been experiencing serious problems with upgrades and was forced to find a new contractor. At the same meeting, it was announced that the South African Revenue Service and ZIMRA would soon introduce a single administrative document for border operational procedures and a promise was made to introduce a manual for clearing procedures in October 2004. However, it was noted that the lack of a sufficient number of customs officials at Beitbridge was continuing to cause delays.

On 21 September 2004, a meeting was held for the Passenger Joint Route Management Group, at which the group was informed that joint law enforcement activities had taken place in August 2004 and that substantial fines had been levied in South Africa against illegal taxi operators. Also, it was noted that Zimbabwe operators had requested that the South African High Commissioner in Harare issue one-year multiple entry visas instead of 6-month visas to passengers who frequently bought goods in South Africa and sold them in Zimbabwe.

(ii) Chirundu border crossing

The Chirundu border crossing between Zambia and Zimbabwe is very crowded, with transport workers experiencing long delays on the Zambian side and shorter delays on the Zimbabwean side. Meat and produce are sometimes spoiled because the refrigerated trucks are stuck at the border crossing for lengthy periods. The administrative procedures are reportedly slow and inefficient. Drivers have com-

plained of having to pay additional “fees” or bribes to law enforcement officers along this route in Zambia between Chirundu and Lusaka. The narrow road in Zambia from Chirundu to Kafue winds through a hilly area where overloaded trucks on occasion overturn and delay traffic.

(iii) Botswana/Namibia border

Delays at the Botswana/Namibia border occur despite the fact that the Trans-Kalahari Corridor agreement provides one of the more successful examples of regional cooperation for the harmonization of transport procedures. Some transport operators complain that drivers face inexplicable delays in crossing from Namibia into Botswana, and therefore some travel south through Namibia and directly into South Africa. This problem appears to be due in part to a lack of personnel, administrative infrastructure and efficiency on the Botswana side of the crossing. Others have complained that Botswana has raised fees for transporters.

(iv) Mwanza border crossing

At the Mwanza border crossing between Malawi and Mozambique, drivers experience some delays, frequently causing them to stay for one or more nights. The most common reason is that the clearing agent’s bonds for importing goods are depleted and the drivers must wait until they are replenished. Drivers from Malawi transiting through Mozambique frequently delay for one or more nights so as to form a convoy with other vehicles in order to share the cost of ‘escort’ fees, which are charged by Mozambican authorities to ensure that the goods transported through Mozambique are not unlawfully unloaded in that country. A secondary reason that drivers wait for escorts is security, though they report that the routes through Mozambique are less dangerous now than in previous years.

(v) Komatiapoort and Machipanda crossings into and from Mozambique

Delays at border crossing into and from Mozambique occur at Komatiapoort and Machipanda when volumes of traffic are high, largely because of limited opening hours and an apparent lack of resources

and personnel on the Mozambican side of the border posts. Transport operators assert that, if these border crossings were quicker, the routes would support a substantially higher volume of traffic, in part because ports such as the one at Beira operate with reasonable efficiency at high volumes. However, transport operators report that the efficiency of the Mozambican border posts is improving rapidly.

(vi) Rail transport from Zimbabwe

Border delays in rail transport from Zimbabwe can be substantial. For example, rail cars travelling from Zimbabwe through the Machipanda border crossing to the port of Beira experience delays because the rail companies are separately operated. The same is true for the crossing from Zimbabwe into South Africa. The rail engines stop near the borders and exchange (without offloading) rail cars. Rail transport is frequently cheaper than road transport, particularly for mining and agriculture, yet its slow speed and unreliability makes it less attractive for producers and suppliers.

In contrast, the efficient transport of goods by rail from between Malawi and the Mozambican ports will be improved in December 2004 when train conductors will be able to conduct trains directly from the source to the land destination. This improvement is possible largely because the same company (the Railway Management Corporation) manages the train companies in both countries. Discussions are underway to expand this practice to Zambia and the United Republic of Tanzania.

3. Infrastructure problems

Infrastructure problems are common throughout the region in bridge and boat crossings. For example, the Victoria Falls bridge at the crossing between Zambia and Zimbabwe has experienced serious wear and, as a result, is taking a lower volume of traffic. Drivers at the Kuzungula border crossing between Zambia and Botswana experience delays of up to several days or more because of frequent delays in ferryboat crossings. The ferryboat frequently breaks down, and on one occasion in the past two years sank. Proposals for building a bridge at this crossing have been discussed for many years but have not been financed or finalized.

The rail line from the Zambian Copperbelt through Kapiri Moshi to Dar es Salaam requires a substantial upgrade in order to better support economic growth in the Copperbelt. Plans are under way to improve the line and make the track gauge uniform. Also, the Zambian rail company has been privatized in an attempt to improve its operation.

There are rail delays in Durban, South Africa, for regional transport. A transport operator reported that delays occur from Durban in part because the rail line from Durban to Pietermaritzburg, which travels through a hilly area, is insufficient to transport the desired high capacity of goods. The operator further reported that other South African ports, such as Port Elizabeth, use their full capacity for trade between South Africa and other countries overseas.

Passengers face delays and incur extra costs travelling between Ficksburg, South Africa, and Lesotho, reportedly because local authorities on the South African side require travellers to disembark and take local transportation between the border and Ficksburg, rather than continuing on the same regional transport.

4. Other problems and possible solutions

A World Bank report, *Mozambique – trade and transport facilitation audit* (September 2004), identifies problems and solutions for the transport sector in Mozambique. It notes that the ports and railways are being privatized, foreign agencies are monitoring customs work, and corporations are starting up large-scale industries in Mozambique, but that a substantial number of serious problems in the transport sector exist, including:

- Lack of customs facilities, modern information and communication systems and banking facilities and equipment to facilitate controlling and clearance procedures;
- Lack of harmonization of customs procedures with neighboring countries and lack of coordination among inspections at border crossings, causing long delays (although the situation is improving on the South African border);
- Excessive delays in clearing customs, in particular for perishable goods, many of which pass their expiry date while waiting for clearance;
- Lack of transparency because the authorities do not inform the transporters about current laws and procedures;
- Slow and inefficient administrative procedures, in which officials often do not follow the laws and procedures, or which they may apply arbitrarily as a way of eliciting bribes;
- Enormous backlog in maintenance of transport infrastructure;
- High transport costs attributable to high road and rail tariffs;
- Unpredictability of railway operations;
- Inability of public sector entities in the transport sector to generate enough surplus to keep their assets in good condition;
- Deteriorating conditions of the road and rail infrastructure because of lack of maintenance;
- Slow authorization of import exemption and VAT reimbursement; and

- Little application of modern transit procedures, such as the transit guarantee system.

The World Bank report suggests the following solutions:

- Modal integration for an efficient and effective logistic chain to reduce time and costs of transport, and liberalization of transport and terminal operations, with free market access;
- Integration of information flows to ensure that information flows easily, with simple, clear and known rules so that exchanges of information are fast, efficient and effective;
- Integrated border and corridor management to modernize, simplify and harmonize border crossing procedures;
- Reform of laws to ensure that national laws are consistent with the SADC Transport Protocol; and
- Clear definition of the functions of government offices dealing with transport, building their capacity, and coordinating and streamlining their work.

It should be noted that transport operators reported in late 2004 that they have been able to clear Mozambique customs more quickly. For example, operators reported that the types of cargoes that has been delayed at Komatiapoort for two weeks were now delayed for only a few days.

COMESA reports have identified a wide range of other problems in regional transport. The COMESA *Discussion paper on macro-economic surveillance in the Regional Integration Facilitation Forum (RIFF) Region*, provided at the COMESA meeting held in Mauritius, 2-3 October 2003, highlights additional problems throughout the COMESA region. It notes that, according to the 2002 Transparency International Corruption Perception index, several COMESA/SADC members were identified as being perceived as having high corruption. On a scale of 1 (highly corrupt) to 10 (very clean), in a group of 102 countries, Zambia scored 2.6 and ranked 77, Zimbabwe scored 2.7 and ranked 71 and Malawi scored 2.9 and ranked 68.

The discussion paper further notes that the factors accounting for the high cost of trade include the poor use of existing assets and a proliferation of procedures and regulations regarding customs, immigration and other formalities. It suggests monitoring the following indices: implementation of COMESA harmonized road transit charges; use of the COMESA carriers licence; use of the COMESA customs bond guarantee; and implementation of harmonized axle load and vehicle dimensions regulations.

A paper prepared in November 2003 for COMESA's Workshop to Prepare Terms of Reference for a Transport and Communications Strategy and Priority Investment Plan for Eastern and Southern Africa, held in Lusaka, also provides a detailed critique of problems in regional transport, noting hundreds of specific problems. Among others, it identifies the following common problems:

- In road transport:
 - Deterioration of roads;
 - Lack of a database to enable stakeholders to review barriers and achievements;
 - Low technical and managerial capacities in governments;
 - Institutionalized corruption in some high offices, leading to excessive infrastructure development and maintenance costs;
 - Long delays at border posts;
 - Bulk cargoes such as copper, timber and grains increasingly being transported long distances by road; and
 - Poor condition of vehicles, which often break down.

- In rail transport:
 - Unreliable, slow and expensive rail transport;
 - Delays at border crossings because of customs procedures;
 - In Zambia, very slow rail service because of bad track conditions and a steady decline in Tazara traffic over past 10 years;
 - Inefficient and cash-poor railway organizations;
 - Inadequate maintenance of railway infrastructure;
 - Differences in track gauge between the southern railways and the railways north of Zambia;
 - Lack of integration in the train tracking and management systems between the various railways; and
 - Ageing locomotive fleets.
- In water transport:
 - Congestion at Dar es Salaam port as a result of mismanagement;
 - Delays at Mombassa port because of inefficiencies;
 - Inadequate information systems used between port operators and customs, police, railways and haulers;
 - Cumbersome procedures; and
 - Low capacity and efficiency at inland river ports where high costs of handling containers often result from overstay and demurrage charges.
- In air transport:
 - Delays in clearance of goods;
 - Air cargo information not disseminated to users; and
 - High storage costs.

Some common approaches to regional harmonization in transport include:

- The promotion of 24-hour border crossings. In practice it appears that the Beitbridge post is the only one currently operating on this basis for some but not all customs and immigration matters. As noted above, to be effective, other customs issues must either be addressed on a 24-hour basis or settled prior to the border crossing.
 - One-stop border crossing procedures, where all or nearly all customs, tax, cargo, vehicle and immigration issues for both countries are dealt with at one post, is also a very popular concept that has not been fully implemented at any location.
 - A common permit for the region or for a corridor, based on the model of COMESA and the Trans-Kalahari Corridor, is also a useful approach.
 - A regional computerized network to ensure rapid processing and exchange of information related to customs, tax, vehicle and immigration issues would vastly improve matters. Although it would be difficult to implement such a network on a comprehensive regional basis, it could be started as a more limited pilot project and expanded after problems with the system are identified and resolved.
 - Expanding the use of pre-clearance procedures would reduce border delays. South Africa uses such procedures to reduce delays at Beitbridge. In Malawi, goods entering the country may be cleared in Lilongwe or Blantyre and drivers must proceed immediately there or face fines.
 - A common customs bond system, as has been raised both in COMESA and SADC, could reduce border delays for many trucks.
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5. Hotspots

In road transport in Malawi, the assessment identified the following points where a combination of factors may promote HIV transmission:

- The most serious hotspots identified in Malawi include the internal trading centres, where drivers gather and frequently drink and mix with commercial sex workers. These hotspots include Lunzu in the south near Blantyre, Balaka in the centre, and Mzuzu in the north;
- Mwanza in the south, which is the busiest border crossing; and
- Songwe at the northern Tanzanian border, which is the next busiest border crossing, followed more distantly by Mangochi/Mandima at the eastern Mozambique border, Mchinji at the eastern Zambian border and Milange at the south-eastern border with Mozambique.

In road transport in Mozambique, the following hotspots were identified:

- The Komatiapoort border post with South Africa;
- The Machipanda border with Zimbabwe; and
- The Milange border with Malawi.

In road transport in South Africa, the following hotspots were identified:

- Beitbridge is widely recognized the most serious hotspot, with drivers staying at the border for lengthy periods that may last up to about 7 days;
- Other border posts, such as Komatiapoort on the Mozambique border and Lobatse on the Botswana border; and
- Internal stop-over points, such as Harrismith, Ventersburg, Beaufort West, and Port Elizabeth.

In road transport in Zimbabwe, the following hotspots were identified:

- Beitbridge, which is an important, high volume, crowded and slow border crossing with South Africa;
- The Chirundu border was identified as a border community with a very high volume traffic and some long delays (though the longest delays are on the Zambian side);
- Ngundu, an important transit point about 190 kms from Beitbridge where drivers frequently stop overnight; and
- Hwange coal depot, where trucks sit for long periods and the spread of sexually transmitted infections has become a substantial problem.

In rail transport in the region, the hotspots and problems include:

- Sidings where trains lie by and conductors and other employees stay overnight away from home.
For example:
 - In Malawi, Liwonde, where passengers start and goods transit to the Nacala port and Makhanga, near Bangula; and
 - In Zimbabwe, at the interlink stops, including Headlands (near Rusape) and Marondera (in the south-east).
- In Zimbabwe, the Hwange coal depot, where rail as well as road transport workers can be delayed for long periods because of both insufficient advance planning in transport and limited rail cars and infrastructure.
- In Zimbabwe, delays in replacing positions mean that workers are sent away from home for temporary assignments.

In water transport in Malawi, the hotspots include places in which workers gather and wait for work, most particularly Monkey Bay, which serves as the major hub for transport on Lake Malawi. Regarding ports generally, there is evidence that many port workers are highly vulnerable to HIV infection. Although many of them are non-mobile, a high number of them are migrant workers who are away from their families for lengthy periods. Commercial sex is also traditionally common in port towns.

In air transport in the region, high-risk areas include:

- Locations where pilots, flight attendants and crew spend nights. For example:
 - For Air Zimbabwe employees, overnight stops are made in London (where stays are the longest), Lusaka, and Blantyre/Lilongwe.
 - For Air Malawi, overnight stops are made in Nairobi, Lusaka, and Lubumbashi. Long lay-overs of about 8 hours occur in Johannesburg.
 - For South African Airways, numerous locations throughout the region and the world, including London and Atlanta.
- The frequent travel of single flight attendants. For example, about 80 per cent of the flight attendants at Air Zimbabwe are women, most of whom are single and who travel nearly constantly. They generally understand how HIV is transmitted but many still engage in risky behaviour, and may have boyfriends in several different locations. Airline employees report that flight attendants may begin with condom use but later give it up. At Air Malawi, until about 2002, flight attendants were required to be single.

VI. A framework for evaluating policies, plans and activities

it is common for policies to be written and not implemented, action plans to be widely agreed on but not performed, and activities to be started but not completed. As a result, it is useful to step back and consider the broad picture and some functional approaches. To assist in evaluating policies and plans, it is worthwhile to consider some key concerns.

First, the process of setting long-term objectives and identifying problems and solutions is important. The objectives point us in the right direction and become our touchstone for evaluating activities. When we plan an activity, we must ask: would it be a useful, cost-effective and time-effective way to help us achieve our ultimate objective? Of course, in achieving objectives, we must determine what problems exist in the field and consider a range of potential solutions.

However, a policy document is only the start of a journey; it should not be considered the end result. Similarly, reports and studies that identify problems and present a wide range of potential solutions may point us in the right direction, but they usually do not address the most important question concerning how we reach our targets. For example, it would be easy to state that our objective is to end HIV/AIDS in all of Africa; the hard part is doing it.

To reach the desired objectives, it is necessary to answer these questions:

- Which one of these problems could we and should we address? Are some problems more important than others? Must some be solved before others can be tackled?
- Which proposed solutions could we realistically seek and which activities could we implement? Which would be the easiest and which would be the most useful?

- Exactly who will do the work, with what resources, and by when?
- How will we know if the activities achieve results?
- If new structures are created, how will they be sustained? How will the institutions and the relevant stakeholders retain memory of the efforts and learn from their lessons about what succeeded and what did not?

A long list of problems and solutions may give us many ideas, but they can also confuse and deflate efforts to address them because there are so many. Accordingly, it is important to prioritize and be realistic about what can be done and how.

Long-term broad objectives may be best addressed through 'rapid response' initiatives, which are specific short-term activities that can be implemented in a few months. The purpose of such initiatives is to produce measurable results, rather than recommendations, analyses or partial solutions. Although results achieved through such efforts may be simple and small, they should provide building blocks and momentum for subsequent work. They can also help build confidence in the social partners' institutions and personnel. Similarly, it is better to design a modest activity and achieve its goals than it is to design and attempt a highly ambitious activity that fails dramatically. A useful approach may be to promote short local pilot projects that could later be replicated on a regional level.

Similarly, when creating new structures, supervisory bodies and management systems, it is best to create the simplest ones. The more complex they are, the harder it will be to maintain them. A key question is whether any efforts started will continue and any structures created will be sustained.

Social partners and donor organizations should coordinate more closely and communicate with each other to share resources and ideas, and avoid overlap and duplication. By doing so, they may build on each other's work.

Finally, while it is important to set goals common to all countries, the means to achieve them in each country may differ. For example, one organization may be the best one to implement an activity in one country but its direct counterpart in another country may not be the best choice there. The most important lesson is to find the best means of reaching the goals.

VII. Objectives and recommendations

As stated above, some recommendations are more important than others and some are easier to implement. With regard to specific activities, the social partners may be in a better position to determine which ones could and should be implemented. In fact, the social partners raised a number of the recommendations set out below. First, however, it is important to revisit the long-term objectives.

1. Long-term objectives

The goal is to help substantially reduce the impact of HIV/AIDS in the transport sector in Southern Africa through education and the promotion of counselling, testing and treatment in order to reduce the rate of HIV infections and mitigate the negative impact of HIV/AIDS on transport workers, transport operators, and the national and regional economies.

The broad means may include:

- Developing national policies to prevent the transmission of HIV among transport sector employees and to mitigate its impact;
- Developing a regional strategy and a set of inter-country mechanisms for the prevention of HIV transmission in transport based on the national strategies; and
- Implementing effective strategies and activities for the prevention of HIV transmission.

2. Common concerns and interests

Social partners in the region express common concerns and interests including:

- Harmonization of border procedures and formalities by governments, with extensive input by the social partners, would assist in the fight against HIV/AIDS. Although efforts at harmonizing transport procedures have shown success in limited circumstances, the

processes have been piecemeal and frequently stalled, largely because government institutions and leaders have not provided sustained direction and focus.

- The donors have shown an over-emphasis on policy and policy-related workshops, often duplicating the work of each other, without providing sufficient assistance for the implementation of the policies. Conversely, many social partners have not followed through with their commitment to implement activities, for a variety of reasons, including a lack of support by the leadership in their ministries or organizations, a lack of funding or attention, and a lack of sustained individual commitment.
- Efforts should be made to expand creative efforts to fight HIV/AIDS, many of which have been operating on a small scale, and promote a wider sharing of information and resources. The social partners suggested some activities and approaches, many of which are incorporated below in the recommendations.
- Many transport workers do not have the time, money or inclination to travel into town to be tested, educated or treated. They would be more likely to benefit from such assistance if it were brought closer to them.
- More management sensitization is needed in companies because many managers view the creation, funding and operation of HIV/AIDS programmes as a secondary concern that may detract rather than enhance their companies' economic performance.
- Availability of treatment for transport workers, including the provision of anti retrovirals, is inadequate. A few companies provide antiretrovirals and Malawi has made a recent commitment to provide them free to people in need through government hospitals. Also, it is very difficult for transport workers in all sectors to maintain medical regimes when they are travelling.

3. Recommendations

Recommendation 1. The social partners should conclude relevant policies or action plans on HIV/AIDS in transport where necessary, consistent with the *SADC Code of Conduct on HIV/AIDS and Employment* and the *ILO Code of Practice on HIV/AIDS and the world of work*. A substantial number of policies and codes have been created at the regional, national and sectoral level, largely through numerous workshops. Useful examples include the SADC and ILO codes, the national policies of many countries, the transport sector policies and action plans in South Africa and Zimbabwe, and the policies of the International Transport Workers Federation and individual transport operators. In some cases, social partners have generally relied on national policies and developed their own action plans, concluding that they do not need to generate their own policies. Either way, although policies and action plans are important, it is essential to move quickly beyond them to implementation. It should be noted that after policy workshops are held, the sponsoring organizations should provide copies of the policies to the social partners, who, in turn, should keep and make them available to their members.

The SADC and ILO codes may serve as checklists for transport policies to ensure that they cover all the key areas. As noted above, action plans should be realistic and set priorities. Many organizations, such as NECTOI and Air Malawi, have already produced workable action plans. National AIDS commissions could be further involved to help ensure that the policies are consistent and comprehensive. By relying on the codes to guide their activities and working with organizations fighting HIV/AIDS, the social partners may eliminate the need to hold many more policy workshops.

Recommendation 2. The SADC Council of Ministers and the Integrated Committee of Ministers should facilitate help create the necessary political will to advance harmonization of border crossing procedures and regional efforts to fight HIV/AIDS in transport, and should appoint a technical committee to make appropriate recommendations. Many

past efforts at harmonizing and implementing national policies on HIV/AIDS in transport have lapsed because of a lack of sustained focus from high-level officials and institutions. At times, a high-level official has started activities or committees, but once that person has left office, the activities cease. At times, some national bodies have resisted harmonization for matters such as one-stop border crossings. The question as to how to gain and maintain sustainable political will should be raised at the highest levels within SADC.

One potential solution is that SADC help seal a commitment at the highest political level. For example, the president's or deputy president's offices in each country, rather than ministries of health or transport, could take responsibility for directing and monitoring implementation of national HIV/AIDS transport policies. To this end, SADC could form a fully authorized technical committee to develop a detailed structure and plan. Other organizations that are focusing on harmonization, such as COMESA, could be consulted or included in the committee. This approach could incorporate some of the other approaches detailed below.

Recommendation 3. National governments should make clear and specific commitments to fund efforts to fight HIV/AIDS in transport. For example, in Malawi, government policy requires that 2 per cent of each ministry's budget be spent on the fight against HIV/AIDS; and in Zimbabwe, taxes of 3 per cent are paid to fund such efforts. Ministry funds could be earmarked and bids could be made for funds controlled by national AIDS commissions. Money should be set aside so that social partners may travel to regional meetings.

Recommendation 4. The social partners and supporting organizations (including the Project) should create new databases to share ideas, information and experiences, and promote cooperation in the implementation of activities. Substantial activities have been underway and will continue concerning HIV/AIDS in transport and harmonization of

border crossings. However, communication among governments and social partners has been limited and cooperation has been sporadic. The social partners and supporting organizations could create regional computerized databases for the topics of HIV/AIDS and regional harmonization of transport laws and procedures (including studies, assessment, rules, laws, projects, etc.). Two separate databases could be created (with cross-linkages to each other) or one could be created for both topics. A website should be created for easy access to the data. This could be contracted to an organization that would manage it. A SADC committee or a regional tripartite group could provide general oversight and advice. Starting with a simple database would limit costs. The database could then be expanded.

Recommendation 5. The social partners and supporting organizations should identify appropriate organizations and mechanisms to coordinate implementation of HIV/AIDS programmes. While SADC can play an important role in helping to ensure that member countries make a commitment to address HIV/AIDS in transport, assist in policy development, and facilitate the exchange of information, other national and regional organizations should take the lead in coordinating the implementation. Where possible, national tripartite organizations could take the lead including, for example, NECTOI in Zimbabwe and the Road Freight National Bargaining Council in South Africa. In countries such as Malawi where tripartite bodies are not so strong, it is less clear which organization or organizations could take the lead. In a number of countries, the national AIDS commissions could play an important role in facilitating discussion in the transport sector because they receive substantial donor aid from the Global Fund and others, which they provide to many other organizations who apply for it. However, in these countries, it would be better if another organization helped coordinate bids for funding from the transport sector. Organizations with a regional focus, such as the Federation of East and Southern African Road Transport Associations and the International Transport Workers Federation, can also play an important role in managing activities.

The relevant government organizations have not been able to maintain a consistently strong focus on HIV/AIDS in transport. For example, the South African Ministry of Transport helped form the National HIV/AIDS Transport Coordinating Committee, but this committee appears no longer to be active. The C-BRTA in the past has taken the lead on HIV/AIDS activities, but no longer does so. One concern raised about the C-BRTA is that it has a revenue-driven focus rather than a customer-service focus. In other countries, such as Mozambique, Malawi and Zimbabwe, the governments, including the ministries of transport, do not have a strong institutional focus on HIV/AIDS in transport, or any full-time personnel with the time, resources and authority to coordinate or direct relevant activities.

Recommendation 6. The social partners and supporting organizations should expand linkages between efforts at fighting HIV/AIDS and efforts at harmonizing border crossing laws and procedures. For example, most of the harmonization work takes place in the joint route management group meetings. In many cases, these meetings should take place more often, and - as suggested by an interviewee in Zimbabwe - HIV/AIDS could be put on their agendas so that they share experiences and resources, and better implement and coordinate efforts at fighting HIV/AIDS at border crossings.

Recommendation 7. The supporting organizations should support the training of social partners on how to write proposals for the funding of HIV/AIDS programmes and how to administer and report on such programmes. A substantial amount of funds are available for the fight against HIV/AIDS for those in the transport sector who actively seek it. For example, the Malawi National AIDS Commission both provides training on proposal writing and provides grants to qualifying organizations. The ILO has also provided such training in Zimbabwe. This training should be continued and expanded. All social partners, and in particular trade unionists, would benefit from this assistance.

Recommendation 8. The social partners should start implementing or expanding activities to fight HIV/AIDS in transport now, with or without assistance from supporting organizations.

The political will for centralized policy direction may or may not happen soon, and more policy workshops may be held in the future to better refine the focus. Regardless, the social partners should now start engaging in a wide range of activities to address HIV/AIDS in transport with a focus on hotspots and risky behaviours. Social partners should identify both what they can do with donor help and what they can start and sustain on their own. Some key goals include:

(a) Bring education, training, and treatment closer to transport workers.

Transport workers commonly express the concern that they usually do not have the time, money or inclination to travel into town to be tested, educated or treated. As discussed below, this concern is relevant to where these efforts take place, who does the educating, and whether the education is convincing and comprehensive. Specific points include:

- Ensuring that the antiretrovirals provided free in Malawi hospitals are available at border and mobile clinics.
- Reaching transport workers away from border posts because many of the biggest HIV/AIDS hotspots are located at some distance from borders, including, for example, the Hwange coal depot and Ngundu in Zimbabwe, numerous trading centres in Malawi, and a number of regular overnight stops in South Africa. Railway workers often spend nights at inland links and airline workers spend nights in major cities and not border posts.
- Working with transport operators' organizations, such as FESARTA (Federation of East and Southern African Road Transport Associations), which have the ability to reach workers in multiple countries, through member transport operators, at key points where transport workers gather. They may also have the ability to sustain efforts.
- Working with transport workers' unions and the International Transport Workers' Federation, which can communicate effectively with workers because they

frequently interact with them and have their trust.

(b) Expand the use of education centres, clinics and 'wellness centres' at border posts and other hotspots.

The most difficult task, after starting up the clinics, is ensuring that they are sustained and maintained. An assessment could be performed to address these issues. Where feasible, ministries of health could operate them. However, because in many cases it may not be feasible, partners and sponsors could be identified to help sustain each clinic, including nongovernmental organizations, nearby hospitals, corporations, unions, religious organizations, and donor organizations. A standard model could be developed. Perhaps the most important lesson is that clinics should be started and maintained in key locations even if, at first, their resources allow them to provide only very basic assistance. If the clinics are set up and operated at border posts, near or at transport operators' operations, and other gathering spots for transport workers, then later donors would be better able to help expand their capacities. Health care practitioners and transport workers have also warned that the clinics should be identified as all-purpose health clinics because the fear of stigma causes some transport workers to avoid being seen entering HIV/AIDS clinics.

(c) Educate transport workers by training peer educators to whom transport workers can relate.

There is a general consensus that transport workers are most convinced by peers whom they respect. In particular, the educators should include union shop stewards and representatives. Once a union or other organization has been provided with training-of-trainers for peer educators, its representatives should make a commitment to continue the training on their own and explain exactly how they will do it.

(d) Train and set up joint labour-management committees on HIV/AIDS in transport companies.

Managers and workers can be empowered to start and maintain the fight against HIV/AIDS through joint committees. Many positive examples exist in the region.

(e) Find alternative activities for transport workers and connect those activities to educational messages on HIV/AIDS.

For example, basic soccer fields could be cleared near border posts, games could be held and leagues could be organized. Games could include people from the local community. Perhaps organizations such as Grassroot Soccer, which trains professional soccer players to educate youth about HIV/AIDS (www.grassrootsoccer.org), could be involved or simply serve as an example.

(f) Enlist border officials and communities in the fight against HIV/AIDS.

The ministries who direct officials at border posts should make specific commitments to ensure that the officials have the authority and support to help educate transport workers.

(g) Provide education in ways that can be implemented and sustained, and will truly educate transport workers:⁵

- **One-on-one education by peer educators** is widely perceived as being one of the most convincing approaches.
- **Live dramas** are also widely perceived as being very successful educational tools. These could be performed at border posts, with the involvement of border officials and local communities, and at trading centres and high-risk areas by unions, nongovernmental organizations or other organizations.
- **Good videotapes** could be used for airline workers who travel frequently and are not able to participate in large educational workshops. For example, employers could require employees to watch the videotape at some time over the period of a month and answer a quiz to ensure that they understand it. Also, a nurse or peer educator could be available to answer questions.
- **Radio dramas** could also be produced and made available throughout the region. Different approaches could be explored to finance their sustained use. For example, paid advertising could be embedded in the recorded drama to fund continued use.

- **Cassette dramas and educational music** could also be produced and made available throughout the region. Similar to the radio dramas, some such cassettes have already been produced (for example, by the Road Freight National Bargaining Counsel) and simply would need to be copied and distributed; or perhaps an entertainment company could sponsor them.
- **Billboards and posters** may keep the issue of HIV/AIDS in mind, though they usually are not the most effective means of educating.
- **Border officials could maintain educational bulletin boards.** Condoms should be provided in lavatories.

(h) Provide comprehensive education on HIV/AIDS to address the realities transport workers face.

- For example, as noted above, many transport workers and others continue to engage in risky behaviour even when they are aware of the dangers of HIV/AIDS. The content and message conveyed must take this reality into account. Also, as discussed below, a key aspect in ensuring that message is understood and accepted is the determination of who provides the information and how.
- With the provision of antiretrovirals in many countries, including Malawi, social partners and health care providers should emphasize that they are not cures and that, once infected, a person's life changes because he or she must maintain a strict schedule for taking them. Thus, the message must be clear that antiretrovirals treatment must not be used as an excuse to engage in more risky behaviour.
- In some countries, transport workers from another country may be stigmatized and unfairly discriminated against because they are perceived to provide a greater chance for the spread of HIV/AIDS.

⁵ Some interesting and similar findings were reached in *Rapid assessment of HIV vulnerability on major transport routes in Vietnam* (UNDP South-East Asia, May 2000). That assessment concluded that intra-personal methods of communication, including one-on-one talks with transport workers, were the most effective means, while billboards and pamphlets were the least effective. The assessment cautioned that suppression of hotspots simply led to their relocation. Therefore, education efforts should be intensified and should be community-based in existing hotspots.

- In many countries, managers need to be sensitized to the importance of devoting company resources to the fight against HIV/AIDS because it is in the companies' best economic interests to do so. When company resources are scarce, managers often cut training funds first.

Recommendation 9. The supporting organizations should address the impact of HIV/AIDS in transport on border communities, including women cross-border traders, commercial sex workers, and others who live near the border and rely economically on the border posts and transport workers. Many of the commercial sex workers engage in unprotected sex because transport workers demand it and because they believe they have no choice. Women cross-border traders may engage in unprotected sex in exchange for a ride simply for economics reasons without understanding the dangers. Moreover, if harmonization is successful and transport workers spend less time at the borders, then border communities will suffer economically.

In contrast, border communities could be involved in economically supportive work that provides a useful public service. For example, as has been done in some limited instances, governments, with donor support, could hire locals for simple public works projects, such as building fences near the borders to ensure that animals are not hit by the trucks, maintaining roads, expanding truck parking, building a soccer field, building and paving a market area, or building a basic theatre for HIV/AIDS dramas. Some projects, such as the USAID-funded Food for Work programme, have supported similar efforts. Assessments could also be done to more clearly determine the impact of HIV/AIDS in transport on women and to recommend appropriate interventions.

Recommendation 10. Governments should ensure that protection and procedures relating to HIV/AIDS in the workplace are made legally enforceable through legislative reform and by encouraging their inclusion in collective agreements. Some countries in the region, such as Botswana, Lesotho and Malawi, do not have legislation on HIV/AIDS in the

workplace. Policies by themselves may provide useful guidelines, but are usually not legally enforceable and may be only partly implemented or, even worse, may be used simply as "window dressing." Countries with HIV/AIDS legislation show a stronger commitment to fighting HIV/AIDS and have built a better foundation for doing so. Similarly, worker and employer organizations in the transport sector could make their workplace policies more meaningful by incorporating their provisions into collective agreements. Supporting organizations, most particularly the ILO, should provide them with assistance on model language for their agreements.

Recommendation 11. The supporting organizations should provide assistance to ministries of labour to improve their capacities to address HIV/AIDS in the transport sector, as well as other workplaces. Most or all of the ministries of labour have substantial knowledge about HIV/AIDS laws and best practices and approaches. Some of them, such as the Malawi Ministry of Labour and Vocational Training, receive frequent requests from employers for assistance in forming and implementing workplace policies. However, this ministry does not have adequate resources to provide such assistance even though the Malawi national policy calls on all employers to have such policies. In Zimbabwe, the Ministry of Public Service, Labour and Social Welfare has the formal responsibility to enforce laws on HIV/AIDS in the workplace, including in the transport sector, but the government provides it with inadequate resources to do so. As a result, governments should be encouraged to adequately fund ministries of labour in order to enable them to properly support the fight against HIV/AIDS. Donors should assist them as well.

Recommendation 12. All of the key social partners should provide support for the efforts to promote harmonization of border procedures in the region. As noted above, the social partners, supporting organizations and assessors have identified many problems and solutions regarding harmonization of border procedures. It is in the interest of all the social partners that efforts at harmonization are successful.

Recommendation 13. A regional organization, such as SADC, or other international or national body, should explore negotiating discounted rates for block purchases of antiretrovirals, which could then be distributed through networks in the region.

Recommendation 14. The supporting organizations should support changes to improve the integrity of governmental regulation of transport. Government transport officials work with very limited resources, training and support to apply rules that may be convoluted and complex or in conflict with other rules. They often do not have constructive management direction that encourages and rewards good conduct and disciplines bad conduct. Because the transport clearance systems can be slow, inefficient and convoluted, transport workers at times seek to bypass them. Officials may seek and drivers may offer personal payments to bypass the complex web of formal rules. In some cases, officials, including police officers, may arbitrarily threaten to enforce rules that would further delay drivers in order to receive personal payments from them. These problems undermine respect for the integrity of the legal systems and processes. On one hand, governments should lead strong efforts to prevent corruption and to simplify and clarify rules. On the other hand, they should ensure that government officials in transport have sufficient support, pay, training and management oversight. Where possible, government managers (including permanent secretaries) should be engaged in the process to address these concerns. Unions representing the government workers in transport and law enforcement can also play a very important role in improving the processes and addressing these concerns.

Annex

List of interviewees

MALAWI

Ministry of Labour and Vocational Training

Fletcher Zinengeya,
Senior Deputy Secretary
Alfred Mhango, Labour Inspector
and HIV/AIDS Coordinator
Lilongwe

USAID

Elise Jensen, Senior HIV/AIDS Advisor
Lilongwe

Malawi National AIDS Commission

Doreen Sanje,
Head of Partnership and Liaison
Lilongwe

Air Malawi

Rodrick Chattaika, Administration and
Human Resources Director
Carole Liabunya,
Administrator, HIV/AIDS programme
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Mwanza Border Post

Mr. Kunje, Station Manager
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George Kapalanga, Deputy Secretary
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Ronald Mbewe, Secretary General
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Transport and General Workers Union

Farayi Makanpa, General Secretary
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Road Transport Operators

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