

Driving for change

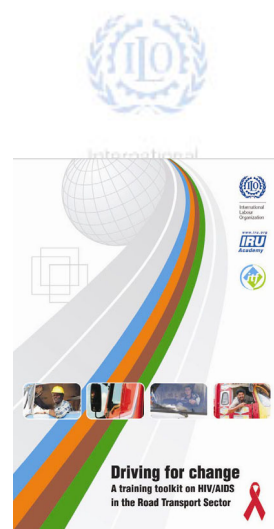
A training toolkit on HIV/AIDS for the road transport sector

Why this toolkit?

There is already a huge amount of literature about HIV/AIDS. Do we need more?

Yes. As long as road transport workers are at risk of being infected with HIV, as long as they cannot get advice, care or treatment, and as long as road transport companies are at risk of losing skilled drivers and helpers, we all need to find ways of spreading the key messages about HIV and AIDS.

This toolkit has been assembled following a global Tripartite Meeting on Labour and Social Issues Arising from Problems of Cross-Border Mobility of International Drivers in the Road Transport Sector, held in Geneva in October 2006.



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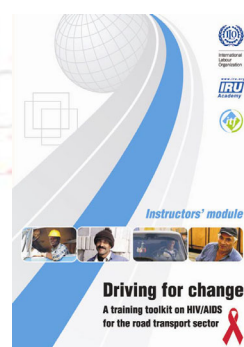
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The toolkit contains:

Instructors' module

This module is intended for anyone called upon to deliver training about HIV and AIDS. You may be working in a road transport company, a training institution or a trade union. You may be delivering training in a more formal setting through, for example, a training institute accredited by the IRU Academy, the educational arm of the International Road Transport Union (IRU) or you may be meeting drivers at union meetings, border crossings or "truck stops". You may be a travelling counsellor working on a project as a volunteer.

Maybe you don't have a background in HIV/AIDS issues, or maybe you lack prior training experience, but don't worry about that! This toolkit will help you.



Managers' module

This module is for use by instructors who will deliver training programmes for managers on HIV/AIDS through an international network of quality approved IRU Academy Accredited Training Institutes (IRU Academy ATIs). It contains detailed lesson plans for training with managers and a workbook which the students on those training programmes will be able to use. Students who attend IRU Academy accredited programmes will receive a qualification.



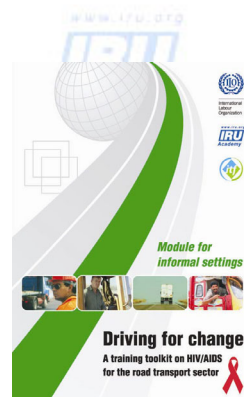
Drivers' module

This module is for use by instructors who will deliver training programmes for drivers on HIV/AIDS through an international network of quality approved IRU Academy Accredited Training Institutes (IRU Academy ATIs). It contains detailed lesson plans for training with managers and a workbook which the students on those training programmes will be able to use. Students who attend IRU Academy accredited programmes will receive a qualification.



Module for informal settings

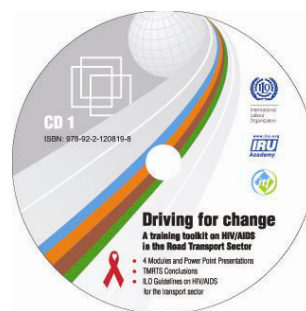
This module contains exercises and activities that can be used with drivers and other road transport workers in informal (and formal) settings.



CD and DVDs

CD 1 (with key publications):

- Electronic version of the 4 modules
- PowerPoint presentations of the 4 modules
- Conclusions of the Tripartite Meeting on Social and Labour Issues Arising from Problems of Cross-Border Mobility of International Drivers in the Road Transport Sector, held in Geneva in 2006
- ILO Guidelines for the transport sector



DVD 2 – “Driving for change” – a short promotional film on HIV/AIDS produced by ILO/IRU/ITF

DVD 3 – “Highway of Hope” – film produced by the International Transport Workers Federation (ITF)

Condoms

ILO code of practice on HIV/AIDS and the world of work

ILO leaflet Know Your Status

Driving for change

A training toolkit on HIV/AIDS

for the road transport sector



For more information on the Toolkit and how to request for a copy, please contact one of the following organizations:

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Driving for change

**A training toolkit on HIV/AIDS
for the road transport sector**





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**A training toolkit on HIV/AIDS
for the road transport sector**



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Instructors' module



Driving for change

**A training toolkit on HIV/AIDS
for the road transport sector**



Driving for change

A training toolkit on HIV/AIDS for the road transport sector

Instructors' module

This toolkit has been produced as a joint initiative of the International Road Transport Union (IRU) Academy, the International Transport Workers' Federation (ITF) and the International Labour Organization (ILO).

It is intended for instructors, managers, drivers and other workers in the road transport industry.

It can be used by all those who are involved in fighting HIV/AIDS – employers, trade unions, training institutions (formal and informal) and government agencies.

Together we can fight HIV/AIDS.

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DRIVING FOR CHANGE

A TRAINING TOOLKIT ON HIV/AIDS FOR THE ROAD TRANSPORT SECTOR

Instructor's module

ISBN: 978-92-2-120815-0

These materials were produced by Mr. Stirling Smith in the framework of the Tripartite HIV/AIDS Project between the International Labour Organization (ILO), the International Transport Workers' Federation (ITF) and the International Road Transport Union (IRU) Academy.

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This module contains exercises and activities that can be used with drivers and other road transport workers in informal (and formal) settings.

■ **“Driving for change” – a short promotional film on HIV/AIDS**

■ **PowerPoint presentations**

- **Condoms**
- **A CD-ROM with key publications:**
 - Conclusions of the Tripartite Meeting on Social and Labour Issues Arising from Problems of Cross-Border Mobility of International Drivers in the Road Transport Sector, held in Geneva in 2006
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Foreword

HIV is spreading fast along major transport routes in different regions of the world. Transport workers are at risk by virtue of the nature of their work, but they can also make a significant contribution to the response required to deal with the epidemic. Therefore, efforts to combat HIV and AIDS in the road transport sector should be centred on the world of work and its workers. In addressing the issue of HIV/AIDS in road transport, the ILO has followed a sectoral approach that puts a sharper focus on the specificities of this economic sector. The ILO's focus on different economic sectors is achieved through its Sectoral Activities Programme.

In 2006 the Tripartite Meeting on Labour and Social Issues Arising from Problems of Cross-Border Mobility of International Drivers in the Road Transport Sector (TMRTS) adopted a series of conclusions. These included a number of follow-up activities, among them the development of an HIV/AIDS training course for the road transport sector.

In the past, the ILO Programme on HIV/AIDS and the World of Work (ILO/AIDS) has worked with other ILO departments to create policies and networks that guide and support the actions of its constituents, and also sensitize and mobilize leaders in the transport sector. However, much remains to be done in addressing the fundamental factors and risks, including trans-boundary risks, which confront transport workers and the communities with which they interact.

The present training toolkit on HIV/AIDS in the road transport sector is the implementing tool of the *Guidelines for the transport sector* developed by the Sectoral Activities Branch together with ILO/AIDS. It is designed to enable workers, drivers, managers and instructors to respond to the epidemic in their workplace.

The toolkit is the result of joint collaboration between the ILO, the IRU Academy and the ITF. During the process of development and validation of the toolkit, particular sector-specific issues related to HIV/AIDS were addressed and reflected in the training material.

The toolkit is structured in order to satisfy the training needs of the different actors in the transport sector and includes:

- A training manual for trainers/course for facilitators
- A training course for management personnel of road transport companies
- An awareness-raising and advocacy course for transport workers which can be used on its own or integrated in existing courses



- A DVD to promote the joint effort to combat HIV/AIDS in the road transport sector and raise awareness of the training materials and training opportunities that may be offered jointly or separately by the ILO, the IRU Academy and the ITF.

The toolkit builds on the principle of joint collaboration and action between workers and employers, and their respective organizations, as a basis for an effective HIV/AIDS response in the transport sector.

It is hoped that this toolkit will strengthen the capacity of ILO constituents to respond to and manage the impact of HIV/AIDS in the transport sector, thereby ensuring economic and social development.

Elizabeth Tinoco

Chief
Sectoral Activities Branch

Sophia Kisting

Director
ILO/AIDS

Introduction

Few issues are as important in the world today as HIV/AIDS, and the road transport industry cannot afford to ignore it.

HIV/AIDS is not something that affects only the people that are ill and their families.

It can have a serious impact on a transport enterprise as well as on the national economy of any country.

That is why the social partners in road transport – the International Road Transport Union (IRU), representing employers, and the International Transport Workers' Federation (ITF), representing workers – have come together with the International Labour Organization (ILO), a United Nations agency, to prepare this toolkit. Its aim is to help educate and inform all those involved in the industry about the threat of HIV/AIDS and what we can do about it.

We hope you will use it – and spread the message that HIV/AIDS is a serious problem, but also that it is a problem we can do something about.

HIV/AIDS is a threat to our industry. We can beat it – working together.

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ILO SECTOR

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This toolkit has been assembled following a global Tripartite Meeting on Labour and Social Issues Arising from Problems of Cross-Border Mobility of International Drivers in the Road Transport Sector, held in Geneva in October 2006.

What is in this module?

Section 1 – HIV/AIDS: The facts

This section gives the straight facts about HIV/AIDS and refutes the many myths and misconceptions that surround the disease. The facts about HIV/AIDS need to be understood and all the doubts and queries of road transport workers answered.

Section 2 – Why does HIV/AIDS matter?

This section looks at the wider, global consequences of the HIV/AIDS pandemic and its impact on the world of work.

Section 3 – HIV/AIDS: A vital issue for the road transport industry

This section looks at the evidence showing that HIV/AIDS is a threat to businesses in the industry and explains why road transport workers and drivers are particularly exposed to it.

Section 4 – Working together: Social partners in road transport

This section describes the different players that have come together to create this training toolkit and explains why they think we can be more effective working together to fight HIV/AIDS. The three social partners in road transport – namely, workers, employers and authorities – are represented through, respectively, the International Road Transport Union (IRU), the International Transport Workers' Federation (ITF), and the International Labour Organization (ILO), a specialized agency of the United Nations.

Section 5 – HIV/AIDS and gender

This section provides a short introduction to the relationship between HIV/AIDS and gender issues. Indeed, unless gender issues are addressed we will not be able to beat HIV/AIDS.

Section 6 – Facilitators' guide

This section will help you if you want to know how to run training programmes, including one-off informal sessions, aimed at changing the behaviour of drivers so they reduce risky practices. It explains the methods that can create successful adult learning and change behaviours.

Glossary

Contains definitions of the various terms and explains the abbreviations used in the toolkit.

Resources: A guide to further information

A list of web links, publications and organizations.



1. HIV/AIDS: The facts

***HIV* stands for Human Immunodeficiency Virus.**

***AIDS* stands for Acquired Immune Deficiency Syndrome.**

People do not “catch” AIDS. What happens is that after someone gets infected with HIV, the virus weakens the body’s immune system. The person then becomes vulnerable to a range of opportunistic infections which normally the body could fight off. It is one or more of these infections which will ultimately cause death.

HIV attacks the body’s immune system by targeting a type of white blood cells called CD4+ cells. These are the cells responsible for attacking and killing many disease-causing germs. The virus hijacks the cell, inserts its own genes into the cell’s DNA and uses it to manufacture more virus particles. These go on to infect other cells. The CD4 cells eventually die.

In each drop of blood in the human body there are between 1,000 and 1,200 CD4 cells. When the CD4 cell count is very low (around or below 200), a person will begin to suffer from opportunistic infections, because the immune system is no longer strong enough to fight off disease. At this stage, a person is considered to have AIDS.

Within six to 12 weeks of HIV infection, the body starts producing a specific type of antibody, or disease-fighting protein. These antibodies are an attempt by the immune system to resist the attack by the virus. While not very effective in fighting the virus, they are a reliable indicator of whether someone is infected. If a person is tested for HIV and the presence of HIV antibodies is found, the person is said to be *HIV positive* or simply *HIV+*.

This time window means that it is possible for someone to have a negative HIV test result when they are in fact infected. This is why it is particularly important to take precautions with a new sexual partner, even if the person is sure that he or she is not HIV positive.

In its early stages, HIV infection has no symptoms or causes only a flu-like illness with many of the following symptoms: fever, sore throat, rash, nausea and vomiting, diarrhoea, fatigue, swollen lymph nodes, muscle aches, headaches and joint pain. Although 50 to 90 per cent of people experience symptoms within the first few weeks of contracting HIV infection, most people and doctors dismiss the illness as a routine cold or flu.

On average, it takes seven to ten years for an HIV-positive person to develop AIDS. For some people it may take an even longer time to develop symptoms of these infections and therefore AIDS, while for others it may take less time. Not everyone with HIV has AIDS.

AIDS is not the same as HIV. In the absence of antiretroviral therapy (ARV), the victims will progress from HIV infection to AIDS.

How does antiretroviral therapy (ARV) work?

HIV is a particular kind of virus – a retrovirus. While simpler than ordinary viruses, retroviruses tend to be harder to defeat.

Anti-HIV therapy does not cure HIV, but it can lower the amount of HIV in the blood to such low levels that the virus cannot be detected using tests (this is normally called an undetectable viral load). Lowering the amount of HIV in the body allows the immune system to work better, so the body can fight infections.

For HIV treatment to work properly it needs to be taken properly – *adherence* is the term that is often used for taking the correct dose of medication, at the right time and in the right way.

To make adherence easier, some advanced but more expensive anti-HIV treatments have been developed that only need to be taken once a day, and can be taken with or without food. There are over 20 approved anti-HIV drugs, and many more are in development.

How HIV/AIDS spreads

The Human Immunodeficiency Virus (HIV) is transmitted through body fluids – blood, semen, vaginal secretions and breast milk. People catch the virus through these routes:

- Unprotected sexual intercourse with an infected partner (the most common transmission route); this can be heterosexual or homosexual sex.
- Blood and blood products through, for example:
 - infected blood transfusions and organ or tissue transplants;
 - the use of contaminated injection or other skin-piercing equipment (this can be through shared drug use or “needle stick” injuries).
- Mother to child transmission (MTCT) from an infected mother to child in the womb, or at birth, or by breastfeeding.



Percentage of HIV infections by transmission route

Sexual intercourse	70-80
Blood transfusion	3-5
Injecting drug use	5-10
Health care (needle stick injuries)	<0.01
Mother to child transmission	5-10

Source: Department for International Development, *Prevention of Mother to Child Transmission of HIV: A Guidance Note* (London, 2001).

The risk of sexual transmission of HIV is increased by the presence of other sexually transmitted infections (STIs), especially those like syphilis and chancroid that give rise to ulcers. Although HIV is not curable, these other STIs *are usually curable* and most times by a single-dose drug. Anybody who has an STI should get it treated immediately to reduce the risk of catching HIV.

HIV weakens the human body's immune system, making it difficult to fight infection. A person may live for many years after infection, much of this time without symptoms or sickness, although they can still transmit the infection to others. Of course, if someone is unaware of being infected, they may take fewer precautions and unknowingly pass the virus on to others.

Early symptoms of AIDS include chronic fatigue, diarrhoea, fever, mental changes such as memory loss, weight loss, persistent cough, severe recurrent skin rashes, herpes and mouth infections, and swelling of the lymph nodes. Opportunistic diseases such as cancer, meningitis, pneumonia and tuberculosis may also take advantage of the body's weakened immune system. These diseases can interact. Thus, an HIV+ person who is also infected with tuberculosis is 800 times more likely to develop active tuberculosis than a person who is not infected with HIV.¹

Periods of illness may alternate with periods of "remission", when there are no symptoms and a person can feel well. If somebody who is HIV+ is well cared for, can eat properly and rest, they can live for several years with a good quality of life. They may be able to work. But AIDS is ultimately fatal.

1 Center for Disease Control, *TB elimination: Now is the time*, fact sheet, March 2002.

Prevention

HIV is a fragile virus, which can only survive in a limited range of conditions. It can only enter the body through naturally moist places and cannot penetrate unbroken skin. Simple measures can protect against infection:

- Avoid unprotected sex with a person whose HIV status you do not know; if you do not know for certain a person's HIV status, you should regard them as HIV positive.
- Ensuring that there is a barrier to the virus, for example condoms or protective equipment such as gloves and masks (where appropriate). Latex condoms are essentially impermeable to HIV-sized particles; if used properly and consistently, they are considered highly effective in reducing the risk of transmission, although no protective method other than abstinence is 100 per cent safe.
- Not sharing needles or other skin-piercing equipment.
- Making sure that blood is tested for HIV and other viruses before any transfusion.
- HIV-positive people should seek advice from medical personnel and counsellors before deciding to have a child.

HIV/AIDS is not spread through normal contact at work.

So why is it an issue in the road transport industry?

We will answer that question in section 3 of this module.

Stigma and discrimination

The ways to prevent HIV and AIDS have been understood for many years by scientists and policy-makers. However, the virus continues to spread. One of the reasons for this is that some groups of people are particularly associated with HIV and AIDS. And these groups of people are often stigmatized and discriminated against. Commercial sex workers, men who have sex with men and people who inject drugs are all at high risk of contracting HIV.

Because of this and because of an unwillingness to talk about sex and drugs, many people still do not know the facts about HIV and AIDS and continue to put themselves at risk.



It is now clear that mobile workers are particularly at risk: workers that have migrated from one country to another, construction workers – and transport workers.

This is why the most important way of combating HIV and AIDS is to oppose stigmatization of and discrimination against *all* vulnerable groups.

Voluntary counselling and testing

Knowing one's HIV status is important for everyone in the road transport industry. Those who are HIV positive can take steps to make sure that they do not pass the virus on to other people, and they can also seek the necessary care and support. Those who test negative know that they can take steps to protect themselves and their families.

Those who have the test should receive counselling both before and after. Testing should be based on the key principles of voluntary, informed consent and confidentiality regarding the results. It should be accompanied by counselling, and linked to a certain level of services to follow up the test. If the result is negative, the individual needs information on assessing and preventing risk. If the result is positive, he or she needs information and advice on ways of maintaining health and protecting partners from infection, and on services available in the community, including treatment. Employers can try to provide care and support at the workplace, including treatment where possible.

Testing centres that are seen to belong to the transport industry may attract more workers than regular centres in the community.

Care and treatment

Antiretroviral drugs (ARVs), which slow the progression of the disease and prolong life, are now available, but are expensive. Some countries have made them available to sufferers through paying drug manufacturers, or by producing generic copies of the drugs. Once a person starts taking ARVs, in most cases he or she will have to take them for life.

Although ARVs are increasingly available, there still remains a substantial problem. The regime of administering the drugs requires a level of health infrastructure which is simply not available in many poor countries.

In addition, patients receiving ARV therapy need to have good food and be able to rest.

Opportunistic infections also need to be treated, often with antibiotics.

ARV therapy is a good investment

ILO research shows how providing antiretroviral (ARV) therapy resulted in a large and immediate increase in the number of people with HIV/AIDS who were able to continue working: within six months of beginning treatment, 20 per cent more were likely to be at work and 35 per cent more were able to work longer hours.

How does treatment translate into productivity and income? In the United Republic of Tanzania, for example, the ILO has calculated that a worker living with HIV/AIDS who is able to regain three-quarters of his or her current level of productive activity due to ARV treatment would gain about 18 months of productive life, or the equivalent of some USD 1,000 in monthly productivity gained.

Source: HIV/AIDS and work: global estimates, impact on children and youth, and response 2006 (ILO, Geneva, 2006).

The search for a vaccine

On average, people require life-saving antiretroviral treatment (ARV) seven to ten years after becoming infected. While there has been recent progress in fighting HIV, requirements continue to outpace the global response with at least 80 per cent of those in need of ARV drugs worldwide not receiving them.

A vaccine for AIDS would be a tremendous weapon in the fight against the disease. Currently there is a huge global effort to develop an HIV vaccine, with more than 30 clinical trials with HIV vaccine candidates worldwide. But it is unlikely that a vaccine will be widely available for many years. Research is also under way to develop a microbicide (spermicide) that can be used in the vagina to prevent infection during intercourse. It is also known that male circumcision helps prevent the transmission of the virus, although men who have been circumcized should still practise safe sex.



Myths and misconceptions about HIV/AIDS

“Sexual intercourse with a virgin will cure AIDS”

Virgin cleansing is a myth that has existed since at least the sixteenth century, when Europeans believed that they could rid themselves of a sexually transmitted disease by transferring it to a virgin through sexual intercourse. Although the origins of this belief are unclear, it seems to occur worldwide. Sex with an uninfected virgin does not cure an HIV-infected person, and such contact will expose the uninfected individual to HIV, potentially further spreading the disease. This myth has gained considerable notoriety as the perceived reason for certain sexual abuse and child molestation occurrences, especially in Africa.

“HIV cannot be transmitted through oral sex”

There is a *very* low risk. HIV can be transmitted through oral sex when there is contact between semen and the mucous membranes of the mouth. The risk of infection from a single encounter is small, but it increases with frequency of activity. The risk of transmission is increased when there is direct contact between semen or saliva and breaks in the skin or surface of the mouth. This could happen in the case of open sores on the genitals and/or mouth, or significant gum disease or bleeding.

“Drug companies invented AIDS to get a market for their medicines”

There is absolutely no evidence for this at all. Researchers have been going back through medical journals and finding descriptions of cases that at the time puzzled doctors with symptoms that would today indicate AIDS. It appears that HIV and AIDS have been around for longer than was originally thought. The virus may have existed before and evolved in a way to spread more rapidly. But even if it were true that the drug companies “invented AIDS” in the early 1980s, why would it take them so long to produce their medicines and start making money? Surely they would have had the cure ready before they “invented” the disease, to start selling the medicines right away.

“The CIA invented AIDS to destabilize Africa”

Again, there is no evidence for this conspiracy theory. The unfortunate fact is that Africa in the 1980s did not need to be destabilized by anybody from the outside.

“HIV+ people put syringes with infected blood in them on seats in buses and trains, and you can get infected if you accidentally sit on the seat and get punctured by the needle”

There are no reported cases of the virus being passed on in this way. The virus would not survive long enough to infect a person.

“AIDS is caused by witchcraft”

Witchcraft is usually associated with misfortune. When people begin dying of a mysterious disease whose causes are not understood, the disease can be attributed to witchcraft. The logic is that if it is caused by witchcraft, a witch doctor can find a way to remove the spell cast by somebody else.

This belief is harmful as it prevents victims seeking proper treatment and, of course, they will not take any precautions to prevent the spread of the virus.

“Drugs to treat AIDS are very toxic and have severe side effects”

Nearly all medicines have side effects. There are now over 20 antiretroviral drugs available for the treatment of HIV infection. HIV treatment is a complex area of medicine. If the correct dose or combination of drugs is not prescribed, there is a risk that the treatment will not work properly or that it will cause side effects.

This is why it is important that appropriate investment be made in the care and treatment of HIV victims, and that good support be available to them.

If people undergoing treatment do not have adequate food, drugs to treat AIDS may have some side effects. Again, this is the case with many medicines.

HIV transmission

HIV is **not** transmitted by:

- kissing (although deep kissing between two people where both of them have bleeding points in the mouth may cause transmission)
- mosquito or insect bites
- visit to the dentist
- casual physical contact
- shaking hands
- coughing
- sneezing
- sharing a toilet
- sharing a towel
- sharing washing facilities
- sharing a toothbrush
- using a common swimming pool
- using eating utensils or consuming food and beverages handled by someone who has HIV



2. Why does HIV/AIDS matter?

HIV/AIDS is a global disaster that cannot be ignored. Just consider the statistics:

- In the last 25 years, 65 million people have been infected.
- Since the early 1980s, when HIV/AIDS was identified, 25 million people have died of AIDS-related illnesses.
- In 2007, 2.1 million people died of AIDS-related illnesses.
- In 2007, 2.5 million people were newly infected with HIV.
- Every day, over 6,800 persons become infected with HIV.
- Every day, over 5,700 persons die from AIDS, mostly because of inadequate access to HIV prevention and treatment services.
- 15 million children have been orphaned by AIDS. If present trends continue, the number will increase to 20 million by 2010. By creating orphans who in many cases have to work to support their younger brothers and sisters, HIV/AIDS increases child labour.
- HIV/AIDS is the fourth biggest cause of death in the world today. In sub-Saharan Africa it is the leading cause of death.
- Only 9 per cent of HIV-positive pregnant women receive antiretroviral drugs that can prevent the infection being passed on to their babies.
- Only 7 per cent of people who need treatment in low- and middle-income countries have access to antiretroviral medicines².

HIV/AIDS has long ceased to be just a health issue. It is undoing many of the development gains made in recent decades. If we are not successful in stopping the HIV/AIDS pandemic, it could result in countries being left with reduced populations, fewer people available for productive work, and weakened economies.

HIV/AIDS is a major cause of poverty and of discrimination. It worsens existing problems of inadequate social protection and gender inequality.

2 Statistics drawn from: *AIDS epidemic update December 2006* (UNAIDS, Geneva, 2006); *HIV/AIDS and work: global estimates, impact on children and youth, and response 2006* (ILO, Geneva, 2006); and *HIV/AIDS policy fact sheet* (Henry J Kaiser Family Foundation, 2006).

AIDS is not just an African problem

Eastern Europe and Central Asia are experiencing one of the world's fastest-growing HIV/AIDS epidemics. UNAIDS global report for 2006 puts the number of people infected with HIV in these areas at around 1.5 million in 2005. This means that in the space of just ten years, prevalence in the region has increased 20-fold.

The report pinpoints in particular Ukraine, where it says the annual number of new HIV diagnoses keeps rising, and the Russian Federation, which has the biggest AIDS epidemic in Europe.

The patterns of the epidemic in the region are changing, with sexually transmitted HIV cases comprising a growing share of new diagnoses. In 2004, 30 per cent or more of all new reported HIV infections in Kazakhstan and Ukraine, and 45 per cent or more in Belarus and the Republic of Moldova, were due to unprotected sex. Growing numbers of women are being affected, many of them acquiring HIV from male partners who became infected when injecting drugs.

The data also shows that the rate of new HIV infections is not decreasing in many of the industrialized countries. In today's globalized world, nowhere is safe.

The impact on the world of work

Many diseases target the young and the old. HIV infection is different since it is adults, the economically active part of the population, that are frequently the hardest hit. According to the ILO estimates:

- 28 million workers had been lost to the global workforce due to HIV/AIDS by 2005;
- this number will rise to 45 million by 2010 and nearly 86 million by 2020 if no action is taken;
- 2 million HIV-positive workers become unable to work every year as their illness worsens.³

The impact on economies is severe. A study of a group of 33 countries estimated that by 2020 they would lose 18 per cent of their GDP, representing a cumulative shortfall of USD 144 billion in lost growth due to HIV/AIDS.⁴

3 *HIV/AIDS and work: global estimates, impact on children and youth, and response 2006* (ILO, Geneva, 2006).

4 *HIV/AIDS and work in a globalizing world 2005* (ILO, Geneva, 2006).



3. HIV/AIDS: A vital issue for the road transport industry

Earlier, we asked the following question: *HIV/AIDS is **not** spread through normal contact at work. So why is it an issue in the road transport industry?*

Transport workers have been extensively studied. Some groups of transport workers seem to be particularly vulnerable to HIV/AIDS due to the nature and conditions of their work. Transport workers are not unique. Groups of workers that are mobile, and are away from their home a lot, are at higher risk of contracting the virus. Miners or construction workers who have travelled long distances from their homes, for example.

Why are road transport workers vulnerable?

Many workers in the road transport industry are highly mobile and spend considerable time away from home. Truck drivers experience a lot of stress: long delays at border crossings; harassment by police and customs; poor road conditions; the threat of attacks by criminal gangs. There are usually very limited services, and very limited access to health services, particularly for sexually transmitted infections (STIs). The majority of drivers sleep in their vehicles. Transport workers also often operate in a male environment, and that leads to a “macho” culture.

Not surprisingly, road transport workers are vulnerable.

- A survey conducted in Uganda showed that 70 per cent of drivers had spent less than a week at home in the previous four months. Often, they find partners in several different cities along routes they travel, or visit commercial sex workers. Sometimes drivers give lifts to women in exchange for sex.⁵
- Although the exact HIV prevalence among the 55,000 drivers in the country's road transport industry is unknown, a 2001 study by the South African Medical Research Council found that 56 per cent of long-distance truck drivers in the KwaZulu-Natal Midlands were HIV positive. At one truck stop in Newcastle, 95 per cent of those tested were found to be HIV positive.⁶
- Along Highway Five between Phnom Penh and Poi Pet on the Thailand-Cambodia border, in 2000 there were 109 brothels and 40 “karaoke bars” – places where drivers and assistants congregated.⁷
- A survey of border crossings in Poland and Lithuania found that two out of five truck drivers had casual sex while travelling.⁸

5 *AIDS and transport: The experience of Ugandan road and rail transport workers and their unions* (ITF, London, 2000).

6 South African Press Association, 18 August 2003.

7 *HIV/AIDS and work in a globalizing world 2005* (ILO, Geneva, 2006).

8 *Truck drivers and casual sex – An inquiry into the potential spread of HIV/AIDS in the Baltic region* (World Bank, Washington, DC, 2004).

Improving transport services lead to more road transport workers spending longer away from home and their families. The consequences may be regional and even international as many drivers cross borders. For example, drivers travel from the South African port of Durban to the mines of southern Zaire, spending weeks on the road, and often having to spend days waiting to go through border formalities.

The International Transport Workers' Federation has produced a documentary film called "Highway of Hope". We recommend that you watch it.

<http://www.itfglobal.org/hiv-Aids/highwayofhope.cfm>

Truck drivers need rights

"Transport workers'... complex variety of sexual relationships is strongly linked with the nature of their work and the socio-economic conditions with which they live and work. Their sexual behavioural patterns are closely associated with their efforts to meet their basic needs and respond to poor social organizations. Exclusion from a decent community life and victimisation as carriers of HIV infection has contributed to the rapid spread of HIV among transport workers and the communities with which they closely interact. Therefore without observance of the rights of truckers, starting with a redress of their working and living conditions, no meaningful response to the control of HIV transmissionis possible."

Source: *AIDS and transport: The experience of Ugandan road and rail transport workers and their unions* (ITF, London, 2000).

Transport workers are not to blame!

Because of the risk factors, road transport workers are sometimes stigmatized and blamed for the high rates of HIV infection. This is unfair. Drivers and their helpers are placed into situations which encourage risk-taking behaviour. Stigmatizing them will only drive the problem of HIV/AIDS underground, and that will in turn lead to the disease spreading faster.



4. Working together: Social partners in road transport

This toolkit has been developed following a global Tripartite Meeting on Labour and Social Issues Arising from Problems of Cross-Border Mobility of International Drivers in the Road Transport Sector, held in Geneva in 2006.

The meeting was organized by the International Labour Organization (ILO).

The International Road Transport Union (IRU) Academy and the International Transport Workers' Federation (ITF) – employers' and workers' organizations in the road transport industry, respectively – were represented. Government representatives and a number of international organizations also attended.

The meeting discussed a broad range of problems connected with border crossings. It agreed that relevant labour and social issues were an integral part of a package necessary for improving cross-border efficiency and trade facilitation in general.

On the question of HIV/AIDS, the meeting agreed that:

- International drivers are among the most vulnerable categories of workers to HIV/AIDS due to the particular conditions of their work. Their vulnerability to sexually transmitted infections (STIs), including HIV, substantially increases at border crossings where unduly long delays are experienced. Combined with any serious deficiencies in infrastructure and facilities and stress, the risks to HIV/AIDS become even greater as these factors create a situation where drivers may be exposed to risky behaviour.
- Transport enterprises are also at risk because of the negative impact on their workforce. Inevitably, this situation has a negative impact on national economies and consequently on the whole world.

Follow-up

The ILO, IRU, ITF and governments agreed to follow up the meeting with a joint project on HIV/AIDS, leading to the development of this toolkit.

Talking, not fighting

Employers and workers have arguments and disagreements, which is quite normal. Such disputes are handled by negotiations between employers and their organizations and workers and their organizations, that is, trade unions.

We call these employers and their organizations and workers and their organizations the *social partners*. Partners do not always agree. Married couples do not always agree! But it is better go on talking and trying to work through difficulties. We call this *social dialogue*. This can include the formal procedures of collective bargaining.

HIV/AIDS is a threat about which there should not be any disagreement. It is a threat to companies and to workers, and it is sensible to work together against it.

At a global level, employers' and workers' organizations have agreed on this joint approach. The International Organisation of Employers (IOE) and the International Confederation of Free Trade Unions (ICFTU), which is now part of the International Trade Union Confederation (ITUC), have agreed the following common statement.

FIGHTING HIV/AIDS TOGETHER: A PROGRAMME FOR FUTURE ENGAGEMENT⁹

The International Organisation of Employers (IOE) and the International Confederation of Free Trade Unions (ICFTU) jointly recognize the direct impact of the HIV/AIDS pandemic on the world of work.

This joint statement gives voice to that mutual recognition, hereby calling on IOE and ICFTU affiliates and their member enterprises and trade unions, wherever located, to give the issue the highest priority. Efforts need to continue to be mobilized to fight this disease and its consequences. There is no room for complacency. We also call on both to work together to generate and maintain the momentum necessary for successful interventions.

HIV/AIDS has already devastated many countries and communities and is spreading rapidly in others. Workers' and employers' organizations need to recognize the common interest that exists on this issue and cooperate at both the workplace and at the national and international level to promote effective action to address this unprecedented public health crisis. We cannot afford to do anything less.

⁹ The full statement is available at: <http://www.ilo.org/public/english/protection/trav/aids/ioeicftudecl.pdf>



In addition to the destruction of communities and families, HIV/AIDS is reversing development in many countries, threatening the survival of workers and enterprises. Efforts to address the pandemic must therefore continue to be intense and must strategically target countries and regions where they can have the most impact.

Our work in this area will be built around the *ILO code of practice on HIV/AIDS and the world of work*. The code is comprehensive and covers areas of education, prevention, training, assistance, workers' rights, issues of discrimination, occupational health and safety, and many other areas. It was developed through tripartite consensus, and the ICFTU and the IOE played an important role in its adoption. It forms a sound basis for workplace partnerships as well as for effective action on HIV/AIDS beyond the workplace.

The IOE and the ICFTU are convinced that employers and trade unions, working together and building on that experience and expanding cooperation in Africa as well as across the globe, can accomplish a great deal more, achieving greater results together than either can produce separately.

There are also important gender dimensions to this problem, particularly among young people. In sub-Saharan Africa, for example, young women are five times more likely to contract HIV/AIDS than young men. Due to the devastating economic effects of the disease, people are forced to adopt survival strategies, which contribute to this vicious circle. There are many other high-risk groups to focus on as well, especially migrant workers.

Given the nature of the virus and its direct impact on industry, the IOE and the ICFTU, both independently and in collaboration acknowledge and stress the crucial added value of labour management cooperation to combat its spread. In addition to promoting common efforts, including partnerships in support of sustainable development, we will work for effective tripartite action to help bring solutions to a whole series of problems that cannot be resolved by workplace action alone. Both approaches are vitally and urgently needed if victory over this terrible affliction is to be won.

As part of their joint commitment, both ICFTU and the IOE will explore opportunities to identify and develop joint action programmes. These will be done in partnership with their national members and will look to build on the efforts and initiatives taken to date at the workplace but which will, at the international level, seek to raise the profile of the problem as well as looking to increase the resources available to fight this pandemic.

The social partners in road transport

International Road Transport Union (IRU)

The International Road Transport Union (IRU), founded in 1948, is the global employers' organization for the road transport sector – one of the social partners. It assists truck operators as well as bus, coach and taxi operators throughout the world and briefs them on developments affecting their business. Through its national associations on every continent, the IRU speaks for the entire road transport industry.

In all international bodies that make decisions affecting road transport, the IRU acts as the industry's advocate. By working for the highest professional standards, the IRU improves the safety record and environmental performance of road transport and ensures the mobility of people and goods.

One of IRU's Working Commissions, the Commission on Social Affairs, is mandated to seek cooperation with trade unions.

The IRU Academy

The IRU Academy seeks to help road transport companies and employees find effective training solutions, through harmonization and transparency in training standards and procedures. It develops, implements and promotes internationally recognized competence-based training standards.

Given the international nature of the industry, international training standards will help to increase road safety, environmental protection and quality of service.

The IRU Academy accredits training institutes and ensures that training programme materials, teaching methods and procedures for training programmes, examinations and testing conform to international standards.

Individuals who successfully complete training programmes accredited by the IRU Academy receive an internationally recognized IRU Academy Diploma.

<http://www.iru.org/>

International Transport Workers' Federation (ITF)

The International Transport Workers' Federation (ITF) is the global trade union federation for all transport workers' trade unions, including road transport as well as all other transport modes. Any independent trade union with members in the transport industry is eligible for membership of the ITF. A total of 681 trade unions representing 4,500,000 transport workers in 148 countries are members of the ITF. It is one of several Global Federation Unions allied with the International Trade Union Confederation (ITUC).



The aims of the ITF are:

- Promoting respect for trade union and human rights worldwide
- Working for peace based on social justice and economic progress
- Helping its affiliated unions defend the interests of their members
- Providing research and information services to its affiliates
- Providing general assistance to transport workers in difficulty

The ITF campaign against HIV/AIDS

Three ITF sections representing civil aviation workers, seafarers and road transport workers have developed specific activities around HIV. Education activities on HIV/AIDS have been held in all parts of the world. The global Congress of the ITF adopted resolutions on HIV/AIDS in 2002 and 2006.

Activities

The ITF campaign draws on the *ILO code of practice on HIV/AIDS in the world of work*. The ITF encourages its affiliates to:

- Develop trade union and workplace policies
- Negotiate collective agreements incorporating HIV/AIDS-specific provisions
- Organize training for trade union leaders and for managers
- Organize education for workers and their families
- Challenge discrimination, prejudice and marginalization of people living with HIV/AIDS
- Show solidarity with organizations of people living with HIV/AIDS and assisting with their care
- Support community-based prevention initiatives
- Work with governments, non-governmental organizations (NGOs), etc. to develop and deliver specific programmes for members
- Lobby governments to acknowledge the problem, especially in countries where the severity of the HIV/AIDS crisis is not officially recognized
- Negotiate improved working conditions (reduce time away from home, speed up border checks, etc.)
- Set up health centres at popular truck stops
- Encourage members to go to voluntary counselling and testing centres
- Develop information campaigns on STIs and their link to HIV/AIDS
- Develop resource materials on HIV/AIDS for all relevant stakeholders
- Lobby for affordable and accessible AIDS drugs

www.itfglobal.org

International Labour Organization (ILO)

The ILO is the specialized agency of the United Nations that deals with the world of work.

Each part of the UN system is responsible for a particular area – its “mandate” or mission. The ILO’s mandate covers social questions, in particular the world of work and employment. Industrial relations, child labour, vocational training, equal pay, employment creation, social security, health and safety at work – these are some of the issues contained in the mandate of the ILO.

Like all organizations of the UN system, the ILO is financed by member States. Countries have to join the ILO separately. The ILO currently has 181 member States. The ILO is actually older than the United Nations. It was set up in 1919 by the Treaty of Versailles, which marked the end of the First World War. It became the first UN specialized agency in 1946.

The ILO Constitution states that “universal and lasting peace can be established only if it is based upon social justice”.

What makes the ILO unique within the UN system is its tripartite structure, consisting of employers’ and workers’ organizations, as well as government representatives.

At the International Labour Conference, which meets every year, each member State is represented by four delegates: two government representatives, one employers’ and one trade union representative.

The Governing Body of the ILO is composed in the same way.

Why is the ILO involved?

The ILO is involved in the fight against HIV/AIDS because the pandemic has a huge impact on the world of work. It is a challenge to economic growth and global security. It compromises and threatens the ILO’s goal of achieving decent work.

The ILO brings certain strengths to the fight against HIV/AIDS:

- Its tripartite structure makes it possible to mobilize employers and workers against HIV/AIDS. Other UN agencies deal principally with governments.
- It is the UN agency with a presence at the workplace.
- The ILO has more than 80 years of experience in guiding laws and framing standards to protect the rights of workers and improve their working conditions.
- A global presence, with regional and national offices the world over.



- Specialist expertise in many relevant sectors, including child labour, workplace-based programmes on drug and alcohol abuse in the workplace, employment law, occupational safety and health, and social security.
- Experience of research, information-dissemination and technical cooperation, with a particular focus on education and training.

The ILO and HIV/AIDS

The ILO responded early to the threat of HIV/AIDS. In 1988, the World Health Organization (WHO) and the ILO issued a joint statement on AIDS and the workplace.

In June 2000, the International Labour Conference adopted a resolution asking the ILO's Governing Body to develop a plan for the organization's work on the issue. A dedicated unit, the ILO Programme on HIV/AIDS and the World of Work, was established in November 2000. It is known as ILO/AIDS.

In May 2001, a tripartite group of experts from all regions discussed and finalized the draft of a code of practice on HIV/AIDS and the world of work. The text was approved by the Governing Body of the ILO in June 2001; the code has now been translated into more than 40 languages.

ILO code of practice on HIV/AIDS and the world of work

This ILO code of practice is an important document that has been used as the basis for action in the workplace by governments, businesses and trade unions all over the world. It was drafted by a group of experts drawn from all three ILO's constituents – workers' and employers' organizations and governments – and then approved by the Governing Body, which is tripartite in nature. It has become the basis of many national codes or laws dealing with HIV/AIDS and employment.

HIV/AIDS is a human rights issue. The *ILO code of practice on HIV/AIDS and the world of work* rests on ten fundamental principles that protect the rights of workers in the context of HIV/AIDS. These are:

- Recognition of HIV/AIDS as a workplace issue
- Non-discrimination
- Gender equality
- Healthy work environment
- Social dialogue

- No screening for purposes of exclusion from employment
- Confidentiality of information on HIV status
- Continuation of employment relationship
- Prevention
- Care and support

Comprehensive help is available from ILO/AIDS to develop workplace programmes based on the principles of the *ILO code of practice on HIV/AIDS and the world of work*. A copy of the code is included in this toolkit.

The web page for ILO/AIDS is:

<http://www.ilo.org/public/english/protection/trav/aids/>

The ILO and the road transport sector

The ILO has been very active in the road transport sector. It has produced *Guidelines for the transport sector* which have been translated into a number of languages.

The ILO has also taken practical action through projects in more than 40 countries. Several of these have targeted the transport sector in countries such as Botswana, Lesotho, Mozambique, Namibia, South Africa, Swaziland and Zimbabwe.



5. HIV/AIDS and gender

Women and girls are at greater risk than men

The gender dimensions of HIV/AIDS are complex, but a clear picture is emerging. Worldwide, half of all persons living with HIV/AIDS are women. Women typically become infected at a younger age than men because males usually seek relationships with younger women. Sex is particularly risky for younger women who are not completely physically developed. They are more likely to suffer internal injuries that might allow the virus to pass from an infected male.

Too often, women are unable to negotiate safer sex and condom use with men, even if they think their partner is HIV positive. Poverty and unemployment make women, boys and girls highly vulnerable and forced to engage in risky sex, and people infected or affected by HIV/AIDS increasingly end up in a poverty trap.

Women are usually the ones who care for those suffering from AIDS when the opportunistic infections take hold and drugs are unavailable. It is women in increasing numbers who end up caring for the growing numbers of AIDS orphans – often it is older women looking after their grandchildren.

In some countries, elements of traditional culture are directly responsible for the spread of HIV/AIDS, such as wife inheritance, when widowers remarry without taking a test on their HIV status, polygamy, widow cleansing, female genital mutilation (FGM), “dry sex”, property grabbing, and child marriage.

Women, boys and girls are highly vulnerable to HIV/AIDS in situations of conflict and emergency. Rape is often used during war and civil conflict, for example during the Rwanda genocide in the mid-1990s.

Women and border crossing points

At border crossing points and other truck stops on highways and transport corridors, women may offer sex in exchange for money, lifts, cigarettes or other goods. It is because of this that the road transport industry has in certain situations become associated with high levels of HIV prevalence.

Stigmatizing these women or blaming them for the situation is not the answer. It is poverty that forces them to expose themselves to the risk of contracting HIV or other STIs or suffering violence from male partners.

What is gender?

A crucial distinction is drawn between “sex” and “gender”.

Sex refers to the universal biological differences between men and women – the male and female sex. This is biologically determined, universal, and cannot be changed.

Gender refers to male and female behavioural norms. These are not universal or “natural”. They are learned or acquired. This is clear from the fact that they vary so much between different societies and have changed over time. Gender is learned, and therefore can be unlearned.

Power and gender

In many, if not most cultures, in the sex act male pleasure has priority over female pleasure, and men have greater control than women over when and how sex takes place.

Women in many different cultures are systematically assigned inferior or unequal roles. This inferior position leaves them less powerful in relationships with men. They are therefore often unable to resist men’s expectations about sex. They cannot negotiate safe sex or refuse unsafe sex, even if their partner engages in high-risk behaviour. Some men may not want to use a condom, or they may want to engage in “dry sex”. According to UNAIDS, up to 80 per cent of HIV-positive women in long-term relationships acquired the virus from their partners.

In its most extreme form, this inequality results in violence against women – beatings, sexual assault, rape. This is most often perpetrated by the woman’s partner – husband or boyfriend. Studies show that up to 50 per cent of all women worldwide report being physically abused by an intimate partner.¹⁰

Violence against women in the workplace

Violence can also happen at work. Research in Kenya, for example, found that women in export-oriented industries such as coffee, tea, and light manufacturing, experienced violence and harassment as a normal part of their working lives:

- over 90 per cent of women interviewed had either experienced or observed sexual abuse within their workplace;
- 95 per cent of all women who had suffered workplace sexual abuse were afraid to report the problem, for fear of losing their jobs;
- 70 per cent of men interviewed viewed sexual harassment of women workers as normal and natural behaviour;
- 60 per cent of women interviewed believed that workplace sexual abuse is a strong contributing factor to the spread of HIV/AIDS.¹¹

10 *Gender and AIDS Almanac* (UNAIDS, New York, 2001).

11 *Violence against women in the workplace in Kenya* (International Labour Rights Fund, Washington, DC, May 2002).



6. Facilitators' guide

Introduction

This section of the toolkit contains:

- *Training the trainers* – A programme for a 2.5-day training programme to introduce the toolkit to trainers and facilitators
- *Resources on training methods for adults on HIV/AIDS* – Guidance notes and checklists for trainers and facilitators

Training the trainers

Programme for briefing facilitators on using the toolkit

Aims

After completing this workshop, participants will:

- understand the background to the preparation of the toolkit for road transport workers on HIV/AIDS;
- be able to use the toolkit to run a range of programmes from informal awareness sessions to formal training programmes, as appropriate;
- not feel embarrassed about discussing issues of sex and sexuality relevant to AIDS; and
- be able to design their own customized activities and training materials.

Programme

Day 1

- Opening session
- Activity: Introductions in pairs
- Activity: Discussion on ground rules for the workshop

Coffee break

- Presentation: Background to the toolkit (PowerPoint presentation)
- Activity: Don't die of embarrassment

Lunch break

- Energizer: Game
- Break into groups to review toolkit and give feedback on any questions
- Plenary session: Discussion

Coffee break

- Activity: Who is learning? The learning profile
- Plenary report back
- Wrap-up session and evaluation



Day 2

- Activity: The learning experience

- Plenary report back

Coffee break

- Practice sessions by participants

Lunch break

- Energizer: Game

- Practise sessions by participants (continued)

Coffee break

- Activity: Evaluating and improving sessions

- Wrap-up session and evaluation

Day 3 (morning only)

- Activity: Creating your own activity

- Plenary report back

Coffee break

- Plenary: Where and when you will use the toolkit

- Evaluation

- Closing session



ACTIVITY

Introductions

Aims

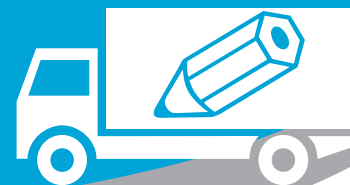
To help you to:

- Find out who is in the workshop
- Practise interviewing skills and present information in a structured way

Task

Interview for a few minutes another member of the workshop whom you do not already know. Find out the points below. Your partner will then interview you. Make notes so that you can introduce each other to the rest of the workshop participants:

- your name
- your organization
- your position in that organization
- training experience
- your experience, if any, of dealing with HIV/AIDS
- what you hope to get out of the workshop



ACTIVITY

Working together

Aims

To help us agree some guidelines for the workshop.

Task

The subject of this workshop may raise difficult issues and strong personal feelings. We need to agree some guidelines for behaviour. In your group, look at the suggested Guidelines for the workshop. Think about any additions and amendments you would suggest, and how we can deal with differences in opinions and views that may arise in the workshop.

Guidelines for the workshop

- This workshop belongs to YOU and its success rests largely with you
- Please contribute your ideas and experiences
- Listen attentively to other people
- Treat other members of the workshop with respect
- Stick to the subject
- Do not interrupt each other
- Do not smoke
- Do not make any sexist or sex-related jokes
- Be prompt and regular in attendance
- Please switch off your mobile phone



ACTIVITY

Who is learning? The learning profile

Aims

This activity should help you to:

- Reflect on the diversity of the learners you will encounter
- Reflect on the experiences your learners are likely to have

Task

We would like you to work in pairs and to draw a picture on a large flip chart of what you think the learners will “look” like.

We would like you to map onto your drawing some comments/ideas (represented graphically!) on:

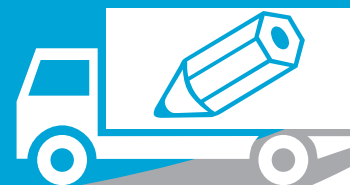
- Who your learner might be (male/female, etc.)
- How they might be feeling about learning
- How they might be feeling about their learning environment
- How they might be feeling about their HIV status
- What they consider to be risky or risk-free behaviour?

Timing

45 minutes in groups, 30 minutes for reporting back

Report back

You will be asked to report back briefly on your learners’ profile at the end of the activity to the rest of the group.



ACTIVITY

The learning experience

Aims

This activity should help you to:

- Reflect on how people learn
- Reflect on the barriers adult learners can face
- Think about what might constitute “good” and “bad” learning experiences
- Think about what motivates people to learn

Task

In a small group, consider the following questions – with reference in particular to delivering programmes about HIV/AIDS:

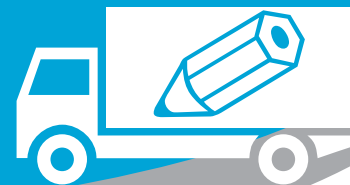
- What problems/issues can hinder people from learning?
- What helps people to learn?
- What might be good or bad learning experiences?
- What might they have heard about HIV/AIDS?
- What sources of information do they have about HIV/AIDS?

Timing

45 minutes in groups, 10 minutes per group to report back

Report back

Choose one of your group to write up your views and ideas on a flip chart and to then report back to the larger group.



ACTIVITY

Using the toolkit

Aims

This activity should help you to:

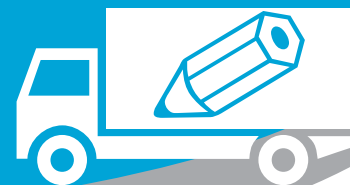
- Plan and deliver a short session using the materials in the toolkit
- Practise active teaching and learning
- Familiarize yourself with the toolkit

Task

Working in pairs, you will plan and then deliver a session from the toolkit. Other training programme participants will be your “learners”.

First, you should familiarize yourself with the materials. Then put together a plan for the whole session.

You will then deliver your session. There will be a short review after each session.



ACTIVITY

Evaluating and improving sessions

Aims

- To assist us to evaluate our sessions.
- To help you to improve future teaching sessions.

Task

Work in a group or in pairs. Looking back over all the sessions delivered, please draw up a checklist of do's and don'ts in a poster format that you and other tutors could use when preparing for future sessions. What important lessons have you learned?

Report back

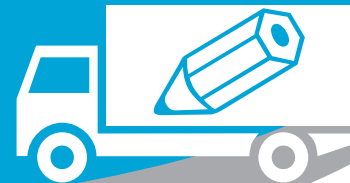
Prepare to present your list to the full group.

Timing

60 minutes to prepare your checklist, 10 minutes to report back, followed by 15 minutes of plenary discussion

To run a successful training session on HIV/AIDS

DO....	DON'T....



ACTIVITY

Creating your own activity

Aims

To assist you in developing your own ideas about training on HIV/AIDS.

Task

Work in a pairs. Develop your own talk, demonstration session or learning activity about HIV/AIDS for road transport workers (drivers or managers).

You will need to take the following aspects into account:

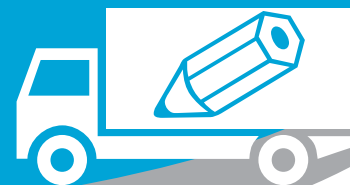
- Who is your session aimed at?
- What will the session be about?
- What do you want people to get out of the session?
- How will you organize the session?

Report

Present your proposal to the rest of the group.

Timing

60 minutes, followed by plenary presentation of 10 minutes per pair/group



ACTIVITY

Workshop review

Aims

To get YOUR feedback on this workshop, so we can improve it for next time.

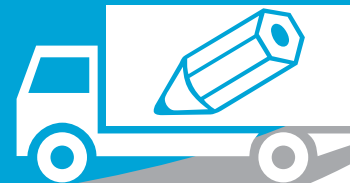
Task

We will have a short feedback session on what you think about this workshop. Please think about these issues:

- Did the workshop meet the aims? (Look back at the section on learning outcomes to refresh your memory.)
- What was the most useful part?
- What was the least useful part?
- What improvements would you suggest?
- What are the next steps for you personally? How will you be implementing what we have covered in this training programme?

Timing

10 minutes to think about your own reaction to the training programme,
30 minutes for plenary discussion



ACTIVITY

Evaluation form

This form enables you to provide anonymous feedback.

1. Did the workshop meet the aims?
Please score from 1-5, with 1 = not much, 5 = completely
2. What was the most useful part?
And why?
3. What was the least useful part?
And why?
4. Was the trainer enthusiastic?
Please score from 1-5, with 1 = not much, 5 = very much
5. Was the trainer knowledgeable about the subject?
Please score from 1-5, with 1 = not much, 5 = completely
6. Were the materials/handouts sufficient and useful?
Please score from 1-5, with 1 = not much, 5 = completely
7. What improvements would you suggest?
8. How useful was the programme for YOU in your role?
Please score from 1-5, with 1 = not much, 5 = completely
9. What are the next steps for you personally? How will you be implementing what we have covered in this training programme?

Thank you.



EVALUATION

Resources on training methods for adults on HIV/AIDS

Active learning

When trying to communicate with adults in informal settings we need to use active learning, which presumes that the drivers already have a certain amount of experience, skills and knowledge acquired from life and work. It recognizes and uses these skills, experience and knowledge.

Active learning uses active methods such as group discussion and role play to unlock learners' own learning, and because participants will be more likely to remember and do what they have been involved in.

Active learning is the most effective way to learn and to reinforce learning.

This guide to training methods may seem rather long, but don't worry: it does not use much jargon, and you can skip the bits that are less useful to you.

Parts of this section are designed as **checklists** – these are summaries of experience from many years of training adults.

Active learning methods

The main active learning methods used in this training package are:

- group work
- case studies
- role plays

Group work

Participants are divided into small groups (four to five members), which allows much greater participation. Many activities can be undertaken by the groups, which then report back to the whole workshop. Groups can be set a wide range of questions and tasks. They can then report back using flip charts, photocopied reports, posters, or a sketch/role play.

Learning activities are NOT tests, and usually involve a role play or group discussions; they should take between 30 and 90 minutes. Groups should be small, no more than four or five people, and can sometimes be even smaller as some activities can be done in pairs. Groups should elect a reporter to feed the group's views back to plenary sessions. Make sure that this task is rotated.

Case studies

A situation or scenario is presented and possible solutions are suggested by participants and then discussed. Case studies can be drawn from workshop members' own experience, from press reports, etc.

Training programme members should be allowed to look carefully at the known facts, suggest priorities and propose solutions. The groups can all look at the same case study and the plenary can then discuss each group's proposals. Alternatively, each group can select a different case study and report back to the plenary. In any case, the group report can be displayed on a flip chart.



EVALUATION

Role play

A role play requires an individual or small group to act out a situation. The group selects who will play each part, and a short brief is available for each “actor”. Sometimes a role play can be of a union team negotiating with employers, or it may be of individuals. Observers record the action and report on what they saw. As role plays should be fairly short in duration, everyone can take part and play different characters. Each group then reports back to the plenary on strong and weak arguments used by each character or team.

Some trainers worry about role plays. They may have seen very complicated role plays. Some people are hesitant to take part, thinking it will be embarrassing. They may come up with excuses to avoid role playing. You need to show your participants that you are confident it will work. Role play works well in most countries, especially where there are strong traditions of story telling and folk-acting.

Try to save role plays for the afternoon when participants are more likely to feel sleepy.

Tips for using role plays:

- You, the facilitator, remain in charge of the process at all times. You can stop the role play at any time, asking the role players to start again from any given point or to “freeze” at any point.
- Begin by setting the climate: explain the objectives and provide the rationale for the role play.
- Distribute the roles (including observers) and give participants time to plan.
- Begin the role play.
- End the role play – explain that participants can come out of their role; appreciate their work while in role.
- Give observers a few minutes to prepare their feedback.
- Ask a generalizing question to facilitate brief discussion.
- Make connection to the aims of the activity.

Effective role-play sessions have the following characteristics:

- Issues addressed in the role play should have an obvious connection to the participants’ real world.
- The role play should be open ended, not scripted.
- It should not be too complex or involve too many characters – two or three are about right for most situations.
- The characters must not be too remote from the experience of participants’ experience.



CHECKLIST

Common mistakes that trainers make when using role plays include:

- Creating a situation that is too complex, involving too many role players.
- Creating a situation and/or characters that are not believable.
- Giving too many instructions at once.
- Letting the role play go on for too long.



CHECKLIST

Checklist of different teaching and training methods

Lecture	This is usually a “talk”, which can be factual but can also inspire. A lecture tends to involve the logical development of ideas and arguments.
Demonstration	This might involve verbal or non-verbal role play and simulation.
Discussion	This is a tutor- or group-led exchange. It can be structured or unstructured and based on small group or plenary sessions.
Small group work	Groups of 4-5 people consider a topic or work on a task or activity.
Fishbowl	A small group discussion observed by another (probably larger) group which does not participate in the discussion. The process is then discussed by the group as a whole and repeated with roles reversed.
Brainstorming	The leader compiles, without modifying them, a list of the ideas put forward by participants on a given topic.
Expert panel	Input by a group of people with expert knowledge of the subject.
Role play	A topic or problem is examined through discussion and participants are then assigned roles within which they act.
Simulation	The creation of a situation where the real thing for some reason is not accessible.
Games	An extended simulation usually involving role playing with the addition of objectives, rules, rewards or scores.
Practice	■ Carrying out a task ■ Learning by doing



CHECKLIST

Working together

It is a good idea to propose some guidelines for a meeting or training programme. Here are some suggestions. They can be put on a flip chart as a reminder.

Guidelines

- This meeting belongs to YOU and its success rests largely with you
- Listen attentively to other people
- Treat other members of the seminar with respect
- Do not interrupt each other
- Stick to the subject
- Do not smoke
- Do not make any inappropriate or offensive remarks
- Switch off your mobile phone

Understanding your learners

Reflect on who your learners might be. This is important because we know that if a trainer is able to “start from where the student is at” (that is, have some understanding of the adult learner), this will make for an effective teaching and learning relationship.

Try drawing a picture of how you think your learners will “look”. Map into your drawing some comments on:

- Who your learner might be (male/female, etc.)
- How they might be feeling about learning
- How they might be feeling about their learning environment
- How they might be feeling about their tutor
- How they might be feeling about the subject of HIV/AIDS

Who is learning?

One of the things that you will have realized is that the drivers you will be working with could be anyone. In other words, they might be:

- Young, middle aged or elderly
- From a diverse range of cultural and ethnic backgrounds
- Of either gender
- Someone with no, a little or a lot of educational experience
- Someone with bad, indifferent or good experiences of education
- Worried about their HIV status – they might be HIV positive and know it, and have told others, or not told others *or* they might NOT know their status



CHECKLIST

How adults learn

Ways of learning

1. Adults enjoy self-directed as well as structured learning

Adults like well-structured, clearly signposted learning but they also appreciate the freedom to direct their own learning when they have the opportunity. Self-guided learning can really capture their interest.

2. Adults are life experienced and this should be respected

Adults have a great deal of life experience and knowledge which is based on a combination of work-related activities, family and community responsibilities and previous education and learning. Adult learners should be encouraged to connect their new learning to this knowledge and experience base. To help them to do this, trainers need to draw out any experience and knowledge relevant to the topic being taught because learning is most effective when new ideas are tied to or built upon past experiences. Adult learners should always be treated as trainers' equals in experience and knowledge.

3. Adults need relevant learning and goals

Adult learners need to see a reason for learning something. In the case of HIV/AIDS, this should be obvious. Adults are often motivated to learn by changes in their personal or work situation, so learning that simulates real situations and meets particular interests or needs can be very effective.

4. Adults are practical

Learning is enhanced when adults use new information and skills in a practical way soon after acquiring them. Immediate use enables the participant to transfer the knowledge or skills to new situations and then practise (or reinforce) the information.

5. Adults need diversity

There is no one right method for teaching adults because we learn in different ways. However, adults learn most effectively when they are actively involved and allowed ample opportunity to "learn by doing" and through different (and creative) teaching methods.

6. Adults need to feel confident

The adult learner will have many worries and fears and this can be a barrier to learning. Humour, games and role play in a comfortable physical environment enhance an adult's ability to learn.



CHECKLIST

7. Adults need feedback

Adults need immediate feedback to help them to assess their own learning and feel comfortable with it. They often need reassurance to understand that they are on the right track. Feedback reinforces new learning and helps to keep learners motivated and focused.



CHECKLIST

The first meeting – getting started

The first meeting can be an anxious one for both trainer and student. Here are some tips that should prove useful:

- Make sure you arrive well in advance of your learners. This will help to set a standard of punctuality and allow you to welcome learners individually as they arrive. It will also give you plenty of time to get organized.
- Arrange any seating to ensure that it is conducive to good communication. It helps if people are able to see each other as they speak, so a circle formation is ideal. If there are tables and chairs, you may wish to arrange them so that they will be useful for group work. Try not to have a “teacher’s desk” but sit amongst participants.
- Keep some tables free to display resources or materials that participants can look through. Make sure you have plenty of free wall space for posters and any work produced by learners.
- Begin by giving a very brief introduction to the aims of the day (course) and say what you are going to cover in this first (introductory) session.
- Provide necessary “housekeeping” information (Where are the toilets? When will breaks be? When will you start and finish?)
- Ask learners to introduce themselves. Remember that this is not just for your benefit – it should be done in such a way that the learners are introducing themselves to each other. This is why an activity such as Activity 1 – the “ice-breaker” – is so useful.
- Introduce yourself to the group by saying something about your background and how you became involved in the subject of HIV and AIDS. You might invite learners to say why they have come along.
- Make sure that ground rules about acceptable behaviour are clear (or set). This will create a safe and comfortable atmosphere for all learners and will mean that the tutor, with the help of learners, can ensure that as far as possible any discriminatory attitudes are challenged during the course.
- Make a start on the course. It is important that learners feel they have achieved something by the end of the first session. Perhaps you should prepare a short “taster” session choosing a topic and an approach that will really catch their interest.
- Make sure everyone knows what he or she has to do at all times.
- Conclude sessions properly and summarize any discussion.
- Find out if the practical arrangements for the course suit everyone. Circumstances such as children’s school holidays or train timetables can have a major bearing on the life of a group. Be flexible.



CHECKLIST

Remember the following:

- Face your class when talking
- Talk clearly and simply
- Be enthusiastic
- Give sufficient time for discussion
- Encourage everyone to participate – get people involved in discussions with each other as soon as you can
- Don't make assumptions
- Be flexible
- Don't dominate
- Keep to the subject
- Think carefully about how you group people together
- Explain to participants why you are splitting them up into groups



CHECKLIST

Active learning checklist

Follow these points to plan an active learning session:

1. Introduce the subject.
2. Explain the task (as well as aims and learning outcomes).
3. Divide participants into groups (3-4 people per group is best).
4. Tell groups how to report back (e.g. on a flip chart, verbally, as a play).
5. Tell them how much time is available for group work.
6. Tell groups to appoint a spokesperson.
7. Start the groups.
8. Do not join the groups – you can help them, but do not interfere too much.
9. Check whether groups are ready – give them more time if they need it.
10. Ask for reports and thank the groups.
11. After receiving all reports, ask for and encourage general discussion.
12. Summarize the reports and discussion.
13. Synthesize and give feedback.
14. Some decisions and action points may emerge from sessions. Explain where these “outputs”, if any, will go, and how you will try to feed the result back to training programme members.



Team teaching

Working in a team or as a pair is a good strategy, especially for new or less experienced trainers.

The key to doing this successfully is planning. Go through the material together very carefully. You need to decide how to arrange the division of labour. Ways of doing this include:

“Passing the baton”

One trainer starts an active learning session by setting the context and assigning participants the task. The other then works with the groups and organizes the report back. The first trainer then summarizes the session.

“One at a time”

Here, one of the trainers runs the whole session. However, the other trainer does not sit idly by or read the paper. S/he can observe, check group dynamics and think about ways of improving the activity.

You should use both methods. If one trainer is more experienced/knowledgeable, s/he could lead more at the start of a training programme, with the other trainer gradually increasing his or her role.

Review

Working in a team also needs careful review at the end of the day.

Driving for change

A training toolkit on HIV/AIDS for the road transport sector





Using questions

We use questions every day. Most of our daily conversation involves either asking or answering questions.

In learning, questions can have different functions, and can be destructive if not used carefully. Learners can feel that they are being “tested” in some way by being asked questions. On the other hand, questions can help establish a rapport with a group and build confidence.

We can distinguish three types of questions:

- Closed questions
- Open questions
- Leading questions

Closed questions

Closed questions call for a yes/no response, or a very short reply. Such questions often start with words or phrases like:

Do...

Is...

Can...

Could

Will...

Would...

Shall...

Should...

Open questions

Open questions can have lengthy answers. Such questions often start with words or phrases like:

How...

Why...

When...

Where...

What...

Who...

Which...

Try asking a question that starts with one of these words and you can see how unlikely it is that you'll get a "Yes" or "No" in reply!

Essentially, closed questions restrict what the other person says, whereas open questions encourage the other person to give an expansive answer.

Leading questions

Leading questions are those designed to produce a particular answer.

There are also sarcastic questions – these can be very damaging and hurtful and should be avoided.



Glossary

Sources: ILO, UNAIDS, UNICEF

AIDS

Acquired Immune Deficiency Syndrome, the most severe manifestation of infection with the Human Immunodeficiency Virus (HIV). A syndrome is a cluster of medical conditions, including a number of opportunistic infections and cancers. To date there is no cure for AIDS, though antiretroviral treatment helps boost the immune system and increase resistance to the infections and cancers.

Affected persons

Persons whose lives are changed in any way by HIV/AIDS as a result of the infection and/or the broader impact of the epidemic.

Antibodies

Proteins produced by the immune system to neutralize infections or malignant cells.

Antigen

Any foreign substance, such as a virus, bacterium or protein that triggers an immune response by stimulating the production of antibodies.

Antiretroviral drugs

Substances used to kill or inhibit the multiplication of retroviruses such as HIV.

BCC

Behaviour Change Communication

CD4+ cell

An immune system cell which plays a key role in orchestrating the way the immune system attacks foreign invaders. HIV infection leads to the destruction of these cells, leaving the immune system less able to fight infection. A normal CD4+ count in a healthy, HIV-negative adult is usually between 600 and 1,200 per cubic millimetre of blood. In an AIDS patient it is usually below 200.

CEO

Chief Executive Officer of a company or corporation (private or public).

Discrimination

Term used in accordance with the definition given in the Discrimination (Employment and Occupation) Convention, 1958 (No. 111), to include HIV status. It also includes discrimination on the basis of a worker's perceived HIV status, including discrimination on the ground of sexual orientation.

DNA

Deoxyribonucleic acid (DNA) molecules are known as the building blocks of life. They carry the genetic information necessary to create cells and to ensure that they function in the right way.

Employer

A person or organization employing workers under a written or verbal contract of employment which establishes the rights and duties of both parties, in accordance with national law and practice. Governments, public authorities, private enterprises and individuals may be employers.

Epidemic

A disease that spreads rapidly through a demographic segment of the human population, for example everyone in a given geographic area, a military base, or similar population unit, or everyone of a certain age or sex, such as children or women in a particular region. Epidemic diseases can be spread from person to person or from a contaminated source such as food or water.

Epidemiology

The branch of medical science that deals with the study of incidence, distribution, determinants of patterns of a disease and its prevention in a population.

Fusion inhibitors

Deeper class of drugs which prevent HIV from penetrating the host cell.

Gender and sex

There are both biological and social differences between men and women. The term “sex” refers to biologically determined differences, while the term “gender” refers to differences in social roles and relations between men and women. Gender roles are learned through socialization and vary widely within and between cultures. Gender roles are also affected by age, class, race, ethnicity and religion, as well as by geographical, economic and political environments.

GIPA

Stands for “greater involvement of people living with or affected by HIV/AIDS”.

Global Fund

The Global Fund to Fight AIDS, Tuberculosis and Malaria, established in 2001, is an independent public-private partnership. It is the largest global fund in the health domain, with over USD 2 billion currently committed.

HAART

Highly Active Anti-Retroviral Therapy is a combination of three or four different drug treatments which has been found to be an effective way to block the progress of HIV, to reduce the amount of virus to the level where it becomes undetectable in a patient’s blood and to slow the progress of the disease.

HIV

Human Immunodeficiency Virus, a virus that weakens the body’s immune system, ultimately causing AIDS.



HIV negative	Showing no evidence of infection with HIV (e.g., absence of antibodies against HIV) in a blood or tissue test. This is all so called being “seronegative”.
HIV positive	Showing indications of infection with HIV (e.g., presence of antibodies against HIV) on a test of blood or tissue. Synonymous with “seropositive”. Test may occasionally show false positive results.
HIV incidence	HIV incidence (sometimes referred to as cumulative incidence) is the proportion of people who have become infected with HIV during a specified period of time.
HIV prevalence	Usually given as a percentage, HIV prevalence quantifies the proportion of individuals in a population who have HIV at a specific point in time.
IEC	Stands for “information, education and communication”.
ILO	International Labour Organization, a United Nations agency. Web site: www.ilo.org
Integrase inhibitors	Drugs currently under development which interfere with HIV’s integrase enzyme. Integrase plays a key role in the process where the virus inserts its own genetic material into the host cell in order to use the cell to make new HIV particles.
IRU	International Road Transport Union, representing employers. Web site: www.iru.org
IRU Academy	A provider of high-quality education for the road transport industry through a network of approved training institutions. Web site: www.iru.org/index/en_academy_index
ITF	International Transport Workers’ Federation, representing workers. Web site: www.itfglobal.org
IOE	International Organisation of Employers. Web site: www.ioe-emp.org
ITUC	International Trade Union Confederation. Web site: www.ituc-csi.org

Kaposi's sarcoma

A type of cancer closely associated with AIDS. It usually appears as pink or purple painless spots on the skin or inside the mouth. It can also attack the eyes and occur internally.

Microbicide

An agent (e.g. a chemical or antibiotic) that destroys microbes. Research is being carried out to evaluate the use of rectal and vaginal microbicides to inhibit the transmission of sexually transmitted diseases, including HIV.

MTCT

Mother to child transmission. See also:
<http://www.unaids.org/publications/documents/mtct/index.html>

NAC

National AIDS Council/ Coordination Committee.

NACP

National AIDS Control Programme.

NAP

National AIDS Programme.

Occupational health services (OHS)

This term is used in accordance with the description given in the ILO Occupational Health Services Convention, 1985 (No. 161), namely health services which have an essentially preventative function and which are responsible for advising the employer, as well as workers and their representatives, on the requirements for establishing and maintaining a safe and healthy working environment and work methods to facilitate optimal physical and mental health in relation to work. The OHS would also provide advice on the adaptation of work to the capabilities of workers in the light of their physical and mental health.

Opportunistic infections

Illnesses caused by various organisms, some of which usually do not cause disease in persons with healthy immune systems. Persons living with advanced HIV infection suffer opportunistic infections of the lungs, skin, brain, eyes and other organs.

Orphans

In the context of AIDS, this term refers to “children orphaned by AIDS” or “orphans and other children made vulnerable by AIDS”.

Pandemic

A disease prevalent throughout an entire country, continent, or the whole world. See EPIDEMIC.



Persons with disabilities

This term is used in accordance with the definition given in the Vocational Rehabilitation and Employment (Disabled Persons) Convention, 1983 (No. 159), namely individuals whose prospects of securing, retaining and advancing in suitable employment are substantially reduced as a result of a duly recognized physical or mental impairment.

PMTCT

Stands for “prevention of mother-to-child transmission”. See also: <http://www.unaids.org/publications/documents/mtct/index.html>

PLWHIV

People Living With HIV/AIDS.

Protease inhibitors

A class of antiretroviral drugs, designed to interfere with the action of HIV’s protease enzyme. Protease works as “chemical scissors” to cut up newly created chains of protein into smaller pieces: these are then used to build new HIV virus particles.

Reasonable accommodation

Any modification or adjustment to a job or to the workplace that is reasonably practicable and will enable a person living with HIV or AIDS to have access to or participate or advance in employment.

Retrovirus

A type of virus that, when not infecting a cell, stores its genetic information on a single-stranded RNA molecule instead of the more usual double-stranded DNA. HIV is an example of a retrovirus.

Reverse transcriptase inhibitors

Drugs which interfere with an enzyme called reverse transcriptase, which HIV needs in order to copy its genes into the host cell and reproduce itself. These are the oldest class of antiretroviral drug.

Road transport

Defined for the purpose of this toolkit as transport on roads, that is, most transport over land which is not rail transport.

Screening

Measures – whether direct (HIV testing), indirect (assessment of risk-taking behaviour) or asking questions about tests already taken or about medication – designed to establish HIV status.

SME

Small and medium-sized enterprises.

Social dialogue

Social dialogue includes all types of negotiation, consultation and information sharing among governments, employers, and workers and their representatives. It may be a tripartite process, with government as an official party to the dialogue or it may consist of bipartite relations between employers and workers and their representatives. The main goal of social dialogue is to promote consensus building and cooperation between the government and social partners in the world of work in order to achieve objectives of common interest.

STI

A sexually transmitted infection is an illness caused by an infectious pathogen that has a significant probability of transmission between humans by means of sexual contact, including vaginal intercourse, oral sex, and anal sex. STIs include, among others, syphilis, chancroid, chlamydia and gonorrhoea. The spectrum of STIs now includes HIV, which causes AIDS. The complexity and scope of STIs have increased dramatically since the 1980s; more than 20 organisms and syndromes are now recognized as belonging in this category.

The term sexually transmitted disease (STD) is also used. STI has a broader range of meaning: a person may be infected, and may potentially infect others, without showing signs of disease.

Testing

HIV testing and counselling is pivotal to both prevention and treatment interventions. The “three Cs” continue to be the underpinning principles for the conduct of HIV testing of individuals: testing must be confidential, accompanied by counselling, and only be conducted with informed consent, meaning that it is both informed and voluntary.

Tripartite

The term used to describe equal participation and representation of governments and employers’ and workers’ organizations in bodies both within the ILO and at the national, sector and enterprise levels.

UNAIDS

Joint United Nations Programme on HIV/AIDS. The Programme brings together the efforts and resources of ten organizations of the UN system to help the world prevent new HIV infections, care for those already infected, and mitigate the impact of the epidemic.

Universal precautions

These are a simple standard of infection control practice to be used to minimize the risk of exposure to HIV, e.g., the use of gloves, barrier clothing, and goggles (when anticipating splatter, masks) to prevent exposure to tissue, blood and body fluids.



VCT	Voluntary counselling and testing. All testing should be conducted in an institutional environment which has adopted the “three Cs”: confidentiality, informed consent, and counselling. It should include both pre-testing and post-testing counselling. See also: http://www.unaids.org/publications/documents/health/counselling/index.html
Viral load	The amount of HIV in the blood, measured in the number of copies of the virus per millilitre of blood plasma.
Vulnerability	Refers to socio-economic disempowerment and cultural context, working conditions and situations that make workers more susceptible to the risk of infection.
Workers’ representatives	In accordance with the Workers’ Representatives Convention, 1971 (No. 135), these are persons recognized as such by national law or practice whether they are: (a) trade union representatives, namely, representatives designated or elected by trade unions or by members of such unions; or (b) elected representatives, namely, representatives who are freely elected by the workers of the undertaking in accordance with provisions of national laws or regulations or of collective agreements and whose functions do not include activities which are recognized as the exclusive prerogative of trade unions in the country concerned.

Resources: A guide to further information

There is an enormous amount of literature available about HIV and AIDS.

Appendix V of the *ILO Code of Practice on HIV and the world of work* contains a useful reading list.

General sources of information

There are a number of web sites which provide information, starting with the partners that have produced this toolkit:

International Road Transport Union (IRU): <http://www.iru.org/>

International Transport Workers' Federation (ITF): <http://www.itfglobal.org/>

International Labour Organization (ILO). You can go to: <http://www.ilo.org> and click on the link to ILO/AIDS or go straight to:
<http://www.ilo.org/public/english/protection/trav/aids/>

Other social partners

A number of trade union web sites are very helpful. The International Trade Union Confederation (<http://www.ituc-csi.org/>) and Global Union Federations (<http://www.global-unions.org/hiv-aids/>) have information on HIV/AIDS.

International Organisation of Employers (IOE): <http://www.ioe-emp.org/>

For pages specifically on HIV/AIDS:
<http://www.ioe-emp.org/en/policy-areas/hivaids/index.html>

Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria (GBC):
<http://www.businessfightsaids.org/>

United Nations web sites

The web site of UNAIDS is a good source of information: <http://unaids.org>
UNAIDS produces a *Best Practice* series.

The UN agencies which come together to form UNAIDS include, besides the ILO:

United Nations Children's Fund (UNICEF)
<http://www.unicef.org>

United Nations Development Programme (UNDP)
<http://www.undp.org>

United Nations Population Fund (UNFPA)
<http://www.unfpa.org>

United Nations International Drug Control Programme (UNDCP)
<http://www.undcp.org>



United Nations Educational, Scientific and Cultural Organization (UNESCO)
<http://www.unesco.org>

World Health Organization (WHO)
<http://www.who.int>

World Bank
<http://www.worldbank.org>

On all these web sites you should find links to pages about HIV and AIDS, or you can use the search engine.

Other web sites

Family Health International, a non-profit organization, has a large programme on HIV/AIDS. Of particular relevance is its *Workplace HIV/AIDS Programs: An Action Guide For Managers* (<http://www.fhi.org>)

International HIV/AIDS Alliance is a policy and advocacy organization (<http://www.aidsalliance.org/>)

KaiserNetwork is a general health site, with a large section on HIV and AIDS. You can sign up for a daily email digest of stories about HIV and AIDS. The service is free. Stories are archived and can be searched (<http://www.kaisernetwork.org>)

HIV/AIDS: The epidemic and how it affects the world of work

UNAIDS issues regular reports on the epidemic which provide estimates of infection rates for each country and overviews of the pandemic. The latest is the *AIDS Epidemic Update 2006*.

Declaration of Commitment on HIV/AIDS; UN General Assembly Special Session on HIV/AIDS, 2001.

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Managers' module



Driving for change

**A training toolkit on HIV/AIDS
for the road transport sector**



Driving for change

A training toolkit on HIV/AIDS for the road transport sector

Managers' module

This module contains materials for use by IRU Academy Accredited Training Institutes (IRU Academy ATIs). It contains:

- Lesson plan for managers
- Workbook for managers

This toolkit has been produced as a joint initiative of the International Road Transport Union (IRU) Academy, the International Transport Workers' Federation (ITF) and the International Labour Organization (ILO).

It is intended for instructors, managers, drivers and other workers in the road transport industry.

It can be used by all those who are involved in fighting HIV/AIDS – employers, trade unions, training institutions (formal and informal) and government agencies.

Together we can fight HIV/AIDS.

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DRIVING FOR CHANGE

A TRAINING TOOLKIT ON HIV/AIDS FOR THE ROAD TRANSPORT SECTOR

Managers' module

ISBN: 978-92-2-120816-7

These materials were produced by Mr. Stirling Smith in the framework of the Tripartite HIV/AIDS Project between the International Labour Organization (ILO), the International Transport Workers' Federation (ITF) and the International Road Transport Union (IRU) Academy.

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What is in the toolkit?

When something is wrong with a truck, you choose the right tool from the toolbox to fix it. This toolkit is the same. You don't need to use all of it. You only need to find the right part that is useful for your purpose.

The toolkit contains:

■ **Instructors' module**

This module is intended for anyone called upon to deliver training about HIV and AIDS. You may be working in a road transport company, a training institution or a trade union. You may be delivering training in a more formal setting through, for example, a training institute accredited by the IRU Academy, the educational arm of the International Road Transport Union (IRU), or you may be meeting drivers at union meetings, border crossings or “truck stops”. You may be a travelling counsellor working on a project as a volunteer.

Maybe you don't have a background in HIV/AIDS issues, or maybe you lack prior training experience, but don't worry about that! This toolkit will help you.

■ **Managers' module**

This module is for use by instructors who will deliver training programmes for managers on HIV/AIDS through an international network of quality approved IRU Academy Accredited Training Institutes (IRU Academy ATIs). It contains detailed lesson plans for training with managers and a workbook which the students on those training programmes will be able to use. Students who attend IRU Academy accredited programmes will receive a qualification.

■ **Drivers' module**

This module is for use by instructors who will deliver training programmes for drivers on HIV/AIDS through an international network of quality approved IRU Academy Accredited Training Institutes (IRU Academy ATIs). It contains detailed lesson plans for training with managers and a workbook which the students on those training programmes will be able to use. Students who attend IRU Academy accredited programmes will receive a qualification.

■ **Module for informal settings**

This module contains exercises and activities that can be used with drivers and other road transport workers in informal (and formal) settings.

■ **“Driving for change” – a short promotional film on HIV/AIDS**

■ **PowerPoint presentations**

- **Condoms**
- **A CD-ROM with key publications:**
 - Conclusions of the Tripartite Meeting on Social and Labour Issues Arising from Problems of Cross-Border Mobility of International Drivers in the Road Transport Sector, held in Geneva in 2006
 - *ILO Guidelines for the transport sector*
- ***ILO code of practice on HIV/AIDS and the world of work***
- **ILO leaflet *Know Your Status***



Foreword

HIV is spreading fast along major transport routes in different regions of the world. Transport workers are at risk by virtue of the nature of their work, but they can also make a significant contribution to the response required to deal with the epidemic. Therefore, efforts to combat HIV and AIDS in the road transport sector should be centred on the world of work and its workers. In addressing the issue of HIV/AIDS in road transport, the ILO has followed a sectoral approach that puts a sharper focus on the specificities of this economic sector. The ILO's focus on different economic sectors is achieved through its Sectoral Activities Programme.

In 2006 the Tripartite Meeting on Labour and Social Issues Arising from Problems of Cross-Border Mobility of International Drivers in the Road Transport Sector (TMRTS) adopted a series of conclusions. These included a number of follow-up activities, among them the development of an HIV/AIDS training course for the road transport sector.

In the past, the ILO Programme on HIV/AIDS and the World of Work (ILO/AIDS) has worked with other ILO departments to create policies and networks that guide and support the actions of its constituents, and also sensitize and mobilize leaders in the transport sector. However, much remains to be done in addressing the fundamental factors and risks, including trans-boundary risks, which confront transport workers and the communities with which they interact.

The present training toolkit on HIV/AIDS in the road transport sector is the implementing tool of the *Guidelines for the transport sector* developed by the Sectoral Activities Branch together with ILO/AIDS. It is designed to enable workers, drivers, managers and instructors to respond to the epidemic in their workplace.

The toolkit is the result of joint collaboration between the ILO, the IRU Academy and the ITF. During the process of development and validation of the toolkit, particular sector-specific issues related to HIV/AIDS were addressed and reflected in the training material.

The toolkit is structured in order to satisfy the training needs of the different actors in the transport sector and includes:

- A training manual for trainers/course for facilitators
- A training course for management personnel of road transport companies
- An awareness-raising and advocacy course for transport workers which can be used on its own or integrated in existing courses

- A DVD to promote the joint effort to combat HIV/AIDS in the road transport sector and raise awareness of the training materials and training opportunities that may be offered jointly or separately by the ILO, the IRU Academy and the ITF.

The toolkit builds on the principle of joint collaboration and action between workers and employers, and their respective organizations, as a basis for an effective HIV/AIDS response in the transport sector.

It is hoped that this toolkit will strengthen the capacity of ILO constituents to respond to and manage the impact of HIV/AIDS in the transport sector, thereby ensuring economic and social development.

Elizabeth Tinoco

Chief
Sectoral Activities Branch

Sophia Kisting

Director
ILO/AIDS



Introduction

Few issues are as important in the world today as HIV/AIDS, and the road transport industry cannot afford to ignore it.

HIV/AIDS is not something that affects only the people that are ill and their families.

It can have a serious impact on a transport enterprise as well as on the national economy of any country.

That is why the social partners in road transport – the International Road Transport Union (IRU), representing employers, and the International Transport Workers' Federation (ITF), representing workers – have come together with the International Labour Organization (ILO), a United Nations agency, to prepare this toolkit. Its aim is to help educate and inform all those involved in the industry about the threat of HIV/AIDS and what we can do about it.

We hope you will use it – and spread the message that HIV/AIDS is a serious problem, but also that it is a problem we can do something about.

HIV/AIDS is a threat to our industry. We can beat it – working together.

IRU Academy

Mr. Bruno Dingemans
Head - IRU Academy
International Road Transport
Union (IRU)

ITF

Mr. Mac Urata
Section Secretary
Inland Transport Sections
International Transport
Workers' Federation (ITF)

ILO SECTOR

Mr. Marios Meletiou
Transport Sector Specialist
Sectoral Activities Branch
International Labour
Organization (ILO)

Management personnel and supervisors in road transport firms

You have a vital role in communicating the importance of this issue to your drivers and other workers who may be at risk of contracting HIV. You may also be in a position to arrange for practical improvements in the facilities available to road transport workers, which will make them less vulnerable.

The threat posed by HIV/AIDS to the road transport industry as a whole, including your own company, is considerable. Understanding this and acting on it is important for all managers in road transport.



LESSON PLAN

IRU Academy managers' programme on HIV/AIDS

Part 1

Welcome students to the unit and introduce ground rules

 **You have 1 minute**

- Emphasize that this is an IRU Academy training programme, and that the subject has been agreed by social partners at global level.
- Because of the nature of the topic, which means talking about sex, remind students to please stick to the subject and to refrain from making inappropriate or offensive remarks.
- Remind students to switch off cell phones (or at least switch to vibration mode).
- Show emergency exits, explain any other domestic issues.

 **Time used up to now: 1 minute**

Part 2

Introduce yourself and students

 **You have 1 minute**

- As the topic is highly personal, emphasize confidentiality outside the classroom.
- Point out that it is statistically possible that one of the students, or a friend or relation of a student, might be HIV positive. It is important that any students in this situation feel that the environment in the classroom will be supportive and friendly.
- Briefly introduce yourself. Try to make sure you are wearing a badge with the red ribbon on it and explain what it is.
- Ask students to introduce themselves.

 **Time used up to now: 2 minutes**



LESSON PLAN

Part 3

General introduction to topic and materials

You have 3 minutes

- Emphasize that students should take notes for their own benefit.
- Emphasize that they should ask questions and discuss the topic openly and frankly.
- Go through the workbook and other materials.
- Introduce schedule:
 - Views about HIV/AIDS
 - Why it is an issue for everybody in the road transport industry
 - Why it is important for managers professionally and as individuals
 - Why drivers and their assistants are vulnerable to HIV/AIDS
 - The scientific facts about HIV and AIDS
 - What managers can do
 - Wrap up session

Time used up to now: 5 minutes

Part 4

Why HIV/AIDS is an issue for the road transport industry

You have 10 minutes

- Ask students for their views about HIV/AIDS. If they are not forthcoming, you can refer to the global statistics.
- Explain to students the relevance of the topic to their role as managers in road transport – issues such as loss of earnings, cost of treatment, the suffering of the victim's family, and the suffering of the infected individual.
- Use PowerPoint No. 2: "AIDS in the world today" and/or show introductory DVD film.
- Explain how HIV/AIDS can be a burden on businesses. The costs of recruiting and training drivers can be substantial. Refer to the facts, figures and witness statements in the workbook on why HIV/AIDS is a challenge for enterprises and especially for the road transport industry.
- There may be compliance issues. Seventy-three countries have included AIDS-related provisions in their labour and discrimination laws and policies. Managers may assume they know what to do about drivers who are HIV positive, BUT they could be wrong.

Time used up to now: 15 minutes



LESSON PLAN

Part 5

Why drivers and their helpers are vulnerable to HIV/AIDS

You have 5 minutes

- The focus is on the working conditions of drivers.
- Ask students about the amount of time drivers have to spend away from home and the amount of time they may have to wait at border crossings, etc.
- Ask students about the facilities that are available for their drivers at border crossings and other places.
- Refer to the information in the workbook about the delays drivers experience and the industry's efforts to reduce these delays.
- Explain the problems that arise in situations where there are no facilities and how along many road transport corridors there are now hot spots where drivers have to wait and where “informal” recreation facilities are provided.

Time used up to now: 20 minutes

Part 6

The scientific facts about HIV/AIDS

You have 10 minutes

- Use PowerPoint No. 1: “HIV/AIDS facts”
- Explain the difference between HIV and AIDS. Point out that the virus itself is quite fragile and only survives in body fluids. Explain the time lapse between becoming infected and developing the opportunistic infections which mean that the person's immune system has become damaged by the virus. During this time lapse drivers can work normally and show no signs of infection, which means that during this time window they can spread the infection to their families and any casual partners they may have during their journeys. This is why testing is important.
- Stress the point that the vast majority of new HIV infections are caused by heterosexual sex (and not by drugs or homosexual sex). You can briefly explain the dynamics of the epidemic in your country/region.
- Also point out that when AIDS develops, it is possible for drivers to carry on working if they given the right treatment, care and support, and that this may be a worthwhile investment by the company.
- You can use flashcards as a quick exercise to reinforce these points.
- You could also use the talking points “Dealing with fears about HIV/AIDS at work”.

Time used up to now: 30 minutes



LESSON PLAN

Part 7

What managers can do



You have 10 minutes

- Explain that managers in road transport who want to be leaders cannot just leave this issue to “somebody else”. HIV/AIDS is “everybody’s business”. It is a business risk, and they need to think about it.
- Stress that this is an area where businesses DO NOT need to compete.
- Steps to be taken include:
 - Taking care of drivers.
 - Drawing up a workplace policy on HIV/AIDS, with trade union involvement if there is one – the transport unions have been very active on the issue. One manager in the company should have lead responsibility.
 - Setting up a workplace-based committee and establishing a time-bound action plan.
 - Promoting the rights of HIV+ employees and declaring “zero tolerance” for discrimination.
 - Raising the issue of HIV/AIDS in business groups and employers’ organizations.
 - Discussing the implications of AIDS with suppliers, sub-contractors and customers – especially small enterprises clustered around your business.
 - Supporting initiatives in your community – or perhaps at truck stops and border crossings – in conjunction with other operators.
 - Thinking about prevention, care and support programmes for your workforce.



Time used up to now: 40 minutes



LESSON PLAN

Part 8

Wrap up session

You have 5 minutes

- Remind students that HIV/AIDS is an important issue for the road transport industry. Companies that will not feel its impact are either lucky or well prepared.
- Because it can be an emotive issue and gets mixed up with moral attitudes about sex, drugs, and so on, managers need to keep a “cool head”—approach it like ADR. There are procedures and guidelines, just follow them.
- Because of the nature of the topic students are not tested on their knowledge as such, but they need to spend 5-10 minutes working out individually what they are going to do when they get back to their respective companies. There is a planning form, **Personal action plan on HIV/AIDS**, for students to fill in.
- End of topic.

Well done!

Time used up to now: 45 minutes



WORKBOOK

IRU Academy managers' workbook

Introduction

This workbook is intended for managers attending training programmes at IRU-accredited centres.

You might think that managers have enough issues to deal with, and that HIV/AIDS is a matter for the Government.

In fact, HIV/AIDS is an issue of supreme importance to the road transport industry. Managers need to deal with it. Managers who want to become leaders in the industry need to have wider understanding of the pandemic.

Talking about AIDS

Think about these statements. Decide whether you agree or disagree, and give your reasons.

"HIV/AIDS is spread by the irresponsible behaviour of people who have unprotected sex with casual partners. It is their own fault."

"Now that antiretroviral drugs are available, HIV/AIDS is not an issue."

"Several workers in our company have, sadly, died from AIDS. But we have always been able to replace them. Unfortunately, there is such high unemployment that any worker can be replaced."

"If a worker does contract HIV/AIDS, it is a private matter. But we should provide an environment at work which would support that worker if he or she chose to tell the management or fellow workers."

"HIV/AIDS is spread by sex and drug use. Our company does not want to be associated with such things. It would be bad for our image to talk about these things. The workplace is not the right place to discuss things like safe sex."

AIDS in the world today

The statistics show there is a crisis:

- In the last 25 years, 65 million people have been infected by HIV.
- Since the early 1980s, when HIV/AIDS was identified, 25 million people have died of AIDS-related illnesses.
- In 2007, 2.1 million people died of AIDS-related illnesses.
- In 2007, 2.5 million people were newly infected with HIV.



WORKBOOK

AIDS is not just an African problem

Eastern Europe and Central Asia are experiencing one of the world's fastest-growing HIV/AIDS epidemics. UNAIDS global report for 2006 puts the number of people infected with HIV in these areas at around 1.5 million in 2005. This means that in the space of just ten years, prevalence in the region has increased 20-fold.

The report pinpoints in particular Ukraine, where it says the annual number of new HIV diagnoses keeps rising, and the Russian Federation, which has the biggest AIDS epidemic in Europe.

Why HIV/AIDS is an issue for the road transport industry

All enterprises are at risk from HIV/AIDS. Researchers at Boston University some years ago suggested that AIDS-related cost in companies studied ranged from 3 to 11 per cent of the annual salary bill in 1999 and that it would amount to between 2 and 8 per cent in 2010.

The Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria (GBC) is composed of more than 200 leading international companies, including global logistics companies like DHL. This is what it says:

- For companies possessing workforces in regions that have high rates of HIV infection or burgeoning epidemics, the growing HIV rates in the workforce and communities in which they operate increase the cost of business as a result of:
- Profitability: With a greater number of employees falling sick due to HIV/AIDS, companies are faced with increased costs due to rising costs of health insurance, sick leave and funeral benefits. Companies also have to bear the costs of recruiting and training new staff. HIV also threatens economic prosperity by putting national economies at risk, deterring investment and decreasing output for foreign exchange.
- Productivity: Production lines, management structures and cohesion in the workplace are directly undermined by increased absenteeism from sickness, caring for ill family members, and preparing for and attending funerals of AIDS victims. Greater staff turnover also leads to knowledge and skill loss among employees. Lower morale due to illness and loss of co-workers threatens the stable environment needed to sustain operations.

Transport enterprises will also suffer these costs. A study of a transport enterprise in Zimbabwe found that the total cost to the company arising out of AIDS was equal to 20 per cent of profits.



WORKBOOK

Compliance

The law in your country may now require you to think about the treatment of employees who may be infected with HIV. In 73 countries, labour and discrimination laws and policies now include AIDS-related provisions. As managers, you may assume you know what to do about drivers who are HIV positive. BUT you could be wrong.

HIV/AIDS and your business

Think about your workplace. What might be the consequences if a skilled worker:

- Was off sick for one month with an opportunistic illness that was a result of being infected with HIV?
- Had to leave employment because he or she was too ill with AIDS?
- Died as a result of AIDS?



WORKBOOK

Why drivers and their helpers are vulnerable to HIV/AIDS

Many transport workers are highly mobile and spend considerable time away from home. Some also work in isolation, although there are differences regarding places of overnight stays, duration of trips and the frequency of absence from home.

Risks to drivers at border crossings

Lodgings at resting places such as truck stops can be expensive, if they exist at all. Some drivers say it is cheaper to spend the night with a commercial sex worker than pay for a night's lodging.

Entertainment facilities are limited, so that alcohol and prostitution fill this void. Transport workers are stigmatized and marginalized by police harassment, immigration officials and the communities with which they come into contact. This has an adverse impact on their behaviour.

Basic health care as well as treatment for sexually transmitted diseases (which in turn increases the risk of HIV infection) are often not available where transport workers need them most. Sometimes condoms are very expensive or not available in locations frequented by transport workers.

There is limited access to health services, particularly those providing diagnosis and treatment for sexually transmitted infections (STIs).

Driving is predominantly a male occupation, and can be associated with a "macho" culture. In some countries, monogamous drivers are ridiculed by their colleagues who have sexual partners in several stopping places along their regular routes.

Even those who do not regularly use the services of sex workers are likely to have multiple partners because of their mobility.

Stigmatization

Because of the risk factors discussed above, drivers are sometimes stigmatized and blamed for rising rates of HIV infection along transport corridors. This is both unfair and counterproductive. Stigmatizing transport workers will only serve to push the problem of HIV/AIDS underground, which will in turn lead to the disease spreading faster. Blaming drivers diverts attention from other factors which can be addressed.

What is important is to recognize the circumstances and the work environment which can place transport workers at risk. There must be action aimed at reducing risk for transport workers as well as their families and the communities through which they travel.



WORKBOOK

HIV/AIDS: The facts

HIV stands for Human Immunodeficiency Virus.

AIDS stands for Acquired Immune Deficiency Syndrome.

A person infected with the virus is said to be HIV positive. One does not “catch” AIDS.

HIV attacks the body’s immune system. When it does, it weakens the body’s ability to fight off infection. A person has AIDS when the virus starts to damage the immune system and they catch infections they could normally resist.

The infections become more serious until the person starts to contract life-threatening infections and cancers. By this stage the immune system is severely weakened. The patient could die when an untreatable life-threatening condition develops. The most common causes of death among people with AIDS are pneumonia and tuberculosis.

When a person gets these “opportunistic” diseases or infections, he or she is said to have AIDS. For some people it takes a long time to develop these infections and therefore AIDS, while for others it may take less time. Not everyone with HIV has AIDS, and AIDS is not the same as HIV.

In the absence of antiretroviral therapy (ARV), most people will progress from HIV infection to AIDS in seven to ten years. After developing AIDS, without any treatment, most people will survive for less than one year. However, the time lapse can vary from a matter of weeks to up to 20 years.

How does antiretroviral therapy (ARV) work?

Antiretroviral therapy doesn’t cure HIV, but it can lower the amount of the virus in the blood to such low levels that it cannot be detected using tests (this is normally called an undetectable viral load). Lowering the amount of HIV in the body allows the immune system to work better, so the body can fight infections.

For HIV treatment to work properly it needs to be taken properly - *adherence* is the term that is often used for taking the correct dose of medication, at the right time and in the right way.

To make adherence easier, anti-HIV treatments have been developed that only need to be taken once a day, and can be taken with or without food.



WORKBOOK

How HIV/AIDS spreads

The Human Immunodeficiency Virus (HIV) is transmitted through body fluids – blood, semen, vaginal secretions and breast milk. People catch the virus through these routes:

- Unprotected sexual intercourse with an infected partner (the most common transmission route); it makes no difference if this is heterosexual or homosexual sex.
- Blood and blood products through, for example,
 - infected blood transfusions and organ or tissue transplants;
 - the use of contaminated injection or other skin-piercing equipment (this can be through shared drug use or “needle stick” injuries).
- Mother to child transmission (MTCT) by transmission from an infected mother to child in the womb, or at birth, or by breastfeeding.

After infection, a person develops antibodies; these are an attempt by the immune system to resist the attack by the virus. If a person is tested for HIV and the presence of HIV antibodies is found, the person is said to be *HIV positive* or simply *HIV+*.

Percentage of HIV of infections by transmission route

Sexual intercourse	70-80
Blood transfusion	3-5
Injecting drug use	5-10
Health care (needle stick injuries)	<0.01
Mother to child transmission	5-10

Source: Department for International Development, *Prevention of Mother to Child Transmission of HIV: A Guidance Note* (London, 2001).



WORKBOOK

We have listed the three main ways of the virus passing from an HIV-positive person. HOWEVER, the virus is not always passed on and infection is not automatic.

So, for example, an HIV-positive pregnant woman might find that her baby is born free of the virus. Or a woman who is not infected but has sex with an HIV-positive man might not contract the virus. Certain factors make it more likely that the virus will be transmitted. The most important factor in transmission through intercourse is whether there are any sores through which the virus can pass from one body to another. The presence of a sore caused by another sexually transmitted infection (STI), for example, can increase the chances of infection dramatically. So the risk of sexual transmission of the HIV virus is increased by the presence of other STIs.

This is why frequent check-ups for STIs are so important for any sexually active adult. Some STIs show no visible signs, especially in women. Therefore check-ups are important even when there are no symptoms of infection.

Remember that a person may live for many years after infection with HIV, much of this time without symptoms or sickness, although they can still transmit the infection to others. Of course, if a person is not aware that they are infected, they may take fewer precautions and unknowingly pass on the virus.

Dealing with fears about HIV/AIDS at work

Think how you would respond to the following situations:

- **Workers refusing to eat with a worker known to have HIV or to use the same toilet.**
- **Workers demanding protective clothing because of their fear of being at risk of HIV infection.**
- **Customers demanding that a driver delivering food, who is suspected to be HIV positive, should not be used to deliver to them.**
- **First aiders resigning their positions because they fear they are at risk from HIV/AIDS infection if they carry out first-aid procedures (e.g. mouth-to-mouth resuscitation).**



WORKBOOK

What managers can do

So far, we have explained why HIV/AIDS is a risk to your business, and thus an issue for managers.

What can you do? Based on the experience of many companies the world over, here are the essential steps:

- Draw up a workplace policy on HIV/AIDS, with trade union involvement if there is one – the transport unions have been very active on the issue. One manager in the company should have lead responsibility.
- Set up a workplace-based committee and establish a time-bound action plan.
- Promote the rights of HIV+ employees and declare “zero tolerance” for discrimination.
- Raise the issue of HIV/AIDS in business groups and employers’ organizations.
- Discuss the implications of AIDS with suppliers, subcontractors and customers – especially small enterprises clustered around your business.
- Support initiatives in your community – or perhaps at truck stops and border crossings – in conjunction with other operators.
- Think about prevention, care and support programmes for your workforce.
- Think about yourself. Are you at risk? Do you need to reconsider your own behaviour?



WORKBOOK

The ILO code of practice

There is a useful tool for all those concerned with HIV and AIDS in the workplace. The *ILO code of practice on HIV/AIDS and the world of work* was drafted by a global group of experts drawn from workers' and employers' organizations and governments. The ILO, founded in 1919, became a specialized agency of the United Nations in 1946. It has a mandate to promote social justice and internationally recognized human and labour rights. It is unique in the UN system in that it brings together governments, employers and workers in tripartite governance.

The *ILO code of practice on HIV/AIDS and the world of work* has thus become the basis of many national codes or laws dealing with HIV/AIDS and employment.

The ILO code of practice rests on ten fundamental principles:

- Recognition of HIV/AIDS as a workplace issue
- Non-discrimination
- Gender equality
- Healthy work environment
- Social dialogue
- No screening for purposes of exclusion from employment
- Confidentiality
- Continuation of employment relationship
- Prevention
- Care and support



WORKBOOK

Why have a workplace policy on HIV/AIDS?

A workplace policy provides the framework for enterprise action to reduce the spread of HIV/AIDS and manage its impact. An increasing number of companies have workplace or company policies on HIV/AIDS. Such a policy:

- ✓ provides a clear statement about non-discrimination;
- ✓ ensures consistency with appropriate national laws;
- ✓ lays down a standard of behaviour for all employees (both infected and non-infected);
- ✓ gives guidance to supervisors and managers;
- ✓ helps employees living with HIV/AIDS to understand what support and care they will receive, such that they are more likely to come forward for testing if they think they may be HIV positive;
- ✓ helps to stop the spread of the virus (for example, if measures like condom distribution are included, or if an enterprise conducted awareness raising outside the workplace);
- ✓ assists an enterprise to plan for HIV/AIDS, so ultimately saving money.

Set up a workplace committee

A committee in your company may be difficult to establish, because so many workers are mobile. Nevertheless, if you set one up, it is an important way of demonstrating that the company takes the question seriously. It will also help to involve a wider group within the enterprise – aware, informed and committed to taking action on the issue.

Declare “zero tolerance” for discrimination based on HIV/AIDS

Any form of discrimination or stigmatization of drivers (or any other road transport workers) on the basis of their HIV status may well be illegal in your country. But it also serves to drive the disease underground. If employees feel vulnerable they will not seek out testing to be certain of their status, or treatment if they know they are HIV positive. The result will be that HIV infection will spread.

Raise the issue of HIV/AIDS in business groups and employers' organizations

Leadership in the fight against HIV/AIDS is crucial. Where business groups do not recognize the importance of taking a stand, the pandemic is allowed to spread. Only by speaking out openly and discussing the reasons for the spread of the disease, can it be pushed back.

Your colleagues from other companies may laugh at you at first, but leadership is not always comfortable. You can take some comfort in the fact that many of the world's largest and most successful international companies have now publicly committed themselves to becoming leaders in the fight against HIV/AIDS.

Discuss the implications of AIDS with suppliers, subcontractors and customers – especially small enterprises clustered around your business

As a transport company you have extensive links with your suppliers, customers and contractors. Some of these may be smaller than you and you are in an important position to pass on to them information and key messages about HIV/AIDS.



Support initiatives in your community – or perhaps at truck stops and border crossings – in conjunction with other operators

Interventions that target truck drivers alone, without addressing the surrounding communities and their partners at home, and without seeking to reduce the structural factors that increase vulnerability to HIV, are unlikely to produce sustainable results. HIV prevention and care activities for truck drivers must address the particular environments and conditions in the “risk zones” that grow up around transport nodes, as well as the families and other partners of the truckers, who may live far away.

Employers can help by providing better facilities for rest and other support services (in conjunction with other employers, trade unions, governments and non-governmental organizations (NGOs). This could include subsidized alternative forms of entertainment, as a way of occupying workers’ spare time.

Think about prevention, care and support programmes for your workforce

Prevention through information and education

HIV is most frequently transmitted through sexual intercourse without condoms, behaviour that is influenced by social norms, information, personal views, and the actions of fellow workers. Information needs to be provided about HIV and how it is transmitted, as well as education to help people understand their own risk and how to reduce it. Education needs to be supported by the provision of resources such as condoms, services for the treatment of STIs, and clean injecting equipment.

The IRU Academy has developed a short awareness programme for drivers. Managers should arrange for this training to be delivered and even deliver it themselves.

Companies can also organize ways of delivering safe-sex messages to drivers at stopping points, in collaboration with each other, with transport trade unions and with NGOs.

Peer educators, selected from the workforce and given training, are often able to communicate more effectively with co-workers than a changing pool of outsiders. They can disseminate information and supplies, organize skill-building sessions and make referrals to other HIV/AIDS services. The involvement of peer educators not only helps establish trust and ensure relevant messages, but also encourages participation and “buy-in”. Peer education is not the whole answer, as some workers are concerned about confidentiality. It can be particularly effective if it involves people living with HIV/AIDS.

Voluntary counselling and testing

Voluntary counselling and testing must be based on the principles of voluntary, informed consent and confidentiality regarding the results. It should be accompanied by counselling and linked to a certain level of services to follow up the test. If the result is negative, the individual needs information on assessing and preventing risk. If the result is positive, he or she needs information and advice on ways of maintaining health, protecting partners from infection, and services available in the community, including treatment. Employers are encouraged to provide care and support at the workplace, including treatment where possible.

Testing centres that are seen to belong to the road transport industry may attract more workers than regular centres in the community.

Care and support

Workers with HIV should receive care and support. They may well be able to carry on working for a number of years, especially if they have access to medicine, good nutrition and rest. Shifts and work schedules may need to be altered, and tasks and working environment adapted for any workers that are chronically sick. Their skills, training and “institutional memory” will thus be available to their employer for longer, and they can carry on earning.

If care and support are NOT available for workers, there is no incentive to come forward to be tested. If a positive test result only leads to stigmatization and discrimination, why bother? Care and support are thus a vital part of preventing HIV.

Care and support includes much more than just access to drugs: it also comprises palliative care, better diet and psychological support.



What about the costs?

Won't all these measures be expensive? No. A study (of construction workers) in South Africa recommended a package of interventions and estimated the cost of providing them.

The measures proposed were:

- Condom distribution to all workers
- Treatment of sexually transmitted infections
- Peer counselling for safe behaviour
- Voluntary counselling and testing (VCT) for those who seek tests to learn if they are HIV+ and, if so, to be counselled on best health maintenance strategies

The package would also include four care and treatment interventions:

- Palliative care for HIV+ persons showing symptoms of AIDS
- Treatment of opportunistic infections associated with HIV/AIDS
- Opportunistic illness prophylaxis (especially tuberculosis)
- HAART (Highly Active Anti-Retroviral Therapy) and related lab services to reduce risk of death from AIDS

The study found that the cost of the package, when prevalence was 1 per cent, was calculated to be USD 6,970 per annum per 1,000 workers.

Time to plan!

Look back over what you have discussed TODAY. Think about the actions you are going to take. Draw up an action plan, using this format:

Personal action plan on HIV/AIDS		
What am I going to do?	What is the timetable? (When shall I do it?)	Who else do I need to involve?



Summary

HIV/AIDS is not just an issue for doctors and health ministries. It is one of the biggest problems facing business today. In the road transport industry it is a bigger problem than in most other industries.

If you do not prepare for AIDS, it will come and affect your business anyway.

Luckily, there has been a lot of planning by international organizations so we have a good idea of what you should be doing.

Now it is over to you to start working on this vital issue in your company.

Good luck!



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Drivers' module



Driving for change

**A training toolkit on HIV/AIDS
for the road transport sector**



Driving for change

A training toolkit on HIV/AIDS for the road transport sector

Drivers' module

This module contains materials for use by IRU Academy Accredited Training Institutes (IRU Academy ATIs). It contains:

- Lesson plan for drivers
- Workbook for drivers

This toolkit has been produced as a joint initiative of the International Road Transport Union (IRU) Academy, the International Transport Workers' Federation (ITF) and the International Labour Organization (ILO).

It is intended for instructors, managers, drivers and other workers in the road transport industry.

It can be used by all those who are involved in fighting HIV/AIDS – employers, trade unions, training institutions (formal and informal) and government agencies.

Together we can fight HIV/AIDS.

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DRIVING FOR CHANGE

A TRAINING TOOLKIT ON HIV/AIDS FOR THE ROAD TRANSPORT SECTOR

Drivers' module

ISBN: 978-92-2-120817-4

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Design and printing: International Training Centre of the ILO, Turin - Italy



What is in the toolkit?

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The toolkit contains:

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This module is intended for anyone called upon to deliver training about HIV and AIDS. You may be working in a road transport company, a training institution or a trade union. You may be delivering training in a more formal setting through, for example, a training institute accredited by the IRU Academy, the educational arm of the International Road Transport Union (IRU), or you may be meeting drivers at union meetings, border crossings or “truck stops”. You may be a travelling counsellor working on a project as a volunteer.

Maybe you don't have a background in HIV/AIDS issues, or maybe you lack prior training experience, but don't worry about that! This toolkit will help you.

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■ **PowerPoint presentations**

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- ***ILO code of practice on HIV/AIDS and the world of work***
- **ILO leaflet *Know Your Status***



Foreword

HIV is spreading fast along major transport routes in different regions of the world. Transport workers are at risk by virtue of the nature of their work, but they can also make a significant contribution to the response required to deal with the epidemic. Therefore, efforts to combat HIV and AIDS in the road transport sector should be centred on the world of work and its workers. In addressing the issue of HIV/AIDS in road transport, the ILO has followed a sectoral approach that puts a sharper focus on the specificities of this economic sector. The ILO's focus on different economic sectors is achieved through its Sectoral Activities Programme.

In 2006 the Tripartite Meeting on Labour and Social Issues Arising from Problems of Cross-Border Mobility of International Drivers in the Road Transport Sector (TMRTS) adopted a series of conclusions. These included a number of follow-up activities, among them the development of an HIV/AIDS training course for the road transport sector.

In the past, the ILO Programme on HIV/AIDS and the World of Work (ILO/AIDS) has worked with other ILO departments to create policies and networks that guide and support the actions of its constituents, and also sensitize and mobilize leaders in the transport sector. However, much remains to be done in addressing the fundamental factors and risks, including trans-boundary risks, which confront transport workers and the communities with which they interact.

The present training toolkit on HIV/AIDS in the road transport sector is the implementing tool of the *Guidelines for the transport sector* developed by the Sectoral Activities Branch together with ILO/AIDS. It is designed to enable workers, drivers, managers and instructors to respond to the epidemic in their workplace.

The toolkit is the result of joint collaboration between the ILO, the IRU Academy and the ITF. During the process of development and validation of the toolkit, particular sector-specific issues related to HIV/AIDS were addressed and reflected in the training material.

The toolkit is structured in order to satisfy the training needs of the different actors in the transport sector and includes:

- A training manual for trainers/course for facilitators
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The toolkit builds on the principle of joint collaboration and action between workers and employers, and their respective organizations, as a basis for an effective HIV/AIDS response in the transport sector.

It is hoped that this toolkit will strengthen the capacity of ILO constituents to respond to and manage the impact of HIV/AIDS in the transport sector, thereby ensuring economic and social development.

Elizabeth Tinoco

Chief
Sectoral Activities Branch

Sophia Kisting

Director
ILO/AIDS



Introduction

Few issues are as important in the world today as HIV/AIDS, and the road transport industry cannot afford to ignore it.

HIV/AIDS is not something that affects only the people that are ill and their families.

It can have a serious impact on a transport enterprise as well as on the national economy of any country.

That is why the social partners in road transport – the International Road Transport Union (IRU), representing employers, and the International Transport Workers' Federation (ITF), representing workers – have come together with the International Labour Organization (ILO), a United Nations agency, to prepare this toolkit. Its aim is to help educate and inform all those involved in the industry about the threat of HIV/AIDS and what we can do about it.

We hope you will use it – and spread the message that HIV/AIDS is a serious problem, but also that it is a problem we can do something about.

HIV/AIDS is a threat to our industry. We can beat it – working together.

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Head - IRU Academy
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Mr. Mac Urata
Section Secretary
Inland Transport Sections
International Transport
Workers' Federation (ITF)

ILO SECTOR

Mr. Marios Meletiou
Transport Sector Specialist
Sectoral Activities Branch
International Labour
Organization (ILO)

Road transport workers and drivers

Too many drivers have died from AIDS-related illnesses. Too many widows and orphans have been left behind, grieving and in poverty. Too many road transport workers are unable to work because they are sick.

Those who have contracted HIV can be helped. With the right support and access to medicines they can live for many years – working, supporting their families and contributing to a successful transport industry.

We can all work together to stop new infections. Drivers can take action to protect themselves and others. Drivers have the right to decent working conditions and this includes facilities and border crossings and other “choke points” on highways and transport corridors.



LESSON PLAN

IRU Academy drivers' programme on HIV/AIDS

Lesson plan

 **Total time available: 30 minutes**

Part 1

Welcome students to the unit and introduce ground rules

 **You have 5 minutes**

- Emphasize that this is an IRU Academy training programme, and that the subject has been agreed by the industry and the social partners at global level.
- Explain that you want them to pass on the information and ideas to other drivers.
- Because of the nature of the topic, which means talking about sex, remind students to please stick to the subject and to refrain from making inappropriate or offensive remarks.
- Remind students to switch off cell phones (or at least switch to vibration mode).
- Show emergency exits, explain any other domestic issues.

 **Time used up to now: 5 minutes**



LESSON PLAN

Part 2

Transition into HIV/AIDS class

You have 10 minutes

Ask students for their views about HIV/AIDS – take a few comments, it is not necessary for all students to speak.

- Show introductory DVD film.
- Ask for their comments: What is their experience of truck stops, border crossings?
- Ask why some drivers might use commercial sex workers, or have casual partners while travelling.
- Questions should be phrased as being about “other drivers”, “your colleagues/friends”, etc., but if students are open to talking about themselves, that should be encouraged.
- Ask why drivers don’t take precautions such as using condoms. (This will lead to next session.)

Time used up to now: 15 minutes



LESSON PLAN

Part 3

Using condoms

 **You have 10 minutes**

- Ask students to compare changing a tyre and using a condom – which do they think is more difficult?
- You could use the exercise **Condomize!** from the toolkit.
- Get one or more students to demonstrate putting a condom on the model.
- There may be joking and all sorts of reactions. A lot of this is to cover embarrassment.

 **Time used up to now: 25 minutes**

Part 4

Wrap up

 **You have 5 minutes**

- Show illustration of global HIV/AIDS numbers (in PowerPoint).
- Remind students about percentages of drivers infected in some countries.
- Ask for final questions and comments.
- Offer literature, stickers, etc. for students to take and use in their own cabs or distribute to colleagues.

 **Time used up to now: 30 minutes**



WORKBOOK

IRU Academy drivers' workbook

Introduction

This workbook is intended for transport industry drivers and workers attending training programmes at IRU accredited centres (ATIs).

HIV/AIDS could affect you, your family, other drivers and workers; it could also have an impact on the business you work for.



WORKBOOK

Getting started: Thinking about AIDS

What do you think about HIV and AIDS?

“AIDS won’t affect me, I only have sex with one regular partner.”

“There is nothing wrong with having some enjoyment to break the tedium of a long journey, especially if you’re stuck at the border crossing for a long time.”

“It’s the fault of the women at the truck stopping points.”

HIV/AIDS: The facts

HIV = Human Immunodeficiency Virus

It attacks the immune system, which fights diseases.

AIDS = Acquired Immune Deficiency Syndrome

Once HIV has damaged the immune system, the body loses the ability to combat and resist diseases. The patient catches infections that he or she would normally fight off.

There is NO vaccination to prevent catching the virus.

Without treatment, the patient will die. There is no cure.

However, with the right treatment, the patient can live for many years.

The best thing is prevention – avoid catching the virus!



WORKBOOK

Delays and relaxing

If you are on a long journey, especially one that involves crossing borders, you may get delays. You will need somewhere to rest and relax.

What is your experience of truck stops and border crossings?

- Why are there delays?
- What kind of facilities are there?
- What kind of facilities would you like to be provided?

Sex on the road

We know from surveys in several countries that some drivers use commercial sex workers or have casual partners while travelling.

This can involve a risk, if the woman has an infection – like HIV, for example, or some other disease spread through sexual intercourse.

- Why do you think some drivers and road transport workers do this?
- Do they know the risks?
- If they know the risks, why do they still do it?

Life on the road

A survey conducted in Uganda showed that 70 per cent of drivers had spent less than a week at home in the previous four months.

In 2001 a study by the South African Medical Research Council found that 56 per cent of long-distance truck drivers in the KwaZulu-Natal Midlands were HIV positive. At one truck stop in Newcastle, 95 per cent of those tested were found to be HIV positive.

Along Highway Five between Phnom Penh and Poi Pet on the Thailand-Cambodia border, in 2000 there were 109 brothels and 40 “karaoke bars” – places where drivers and assistants congregated.

Two out of five truck drivers in a survey of border crossings in Poland and Lithuania had casual sex while travelling.



WORKBOOK

Taking precautions

Protecting yourself against HIV is simple:

- Have only one sexual partner
- Avoid unprotected intercourse
- Do not share needles with drug users
- Avoid injections unless you are sure the needle has been sterilized
- If you need a blood transfusion, insist the source has been tested for HIV

This can be summed up as:

ABSTAIN
BE FAITHFUL
CONDOMIZE

*How difficult is it
to use a condom?*

*If you can change a tyre,
you can put on a condom!*

HIV is not transmitted by:

- kissing
- insect bites
- casual physical contact like shaking hands
- coughing/sneezing
- sharing toilets
- sharing washing facilities
- using eating utensils or consuming food and beverages handled by someone who has HIV



WORKBOOK

HIV/AIDS and the world

We cannot ignore AIDS.

We cannot ignore people who are HIV positive, including other workers in the road transport industry who may be HIV positive.

Remember: you will not catch AIDS by working with them!

And what about you?

Do you know your HIV status? Is your family at risk?

**If you are not sure about your status, read the leaflet
*Know Your Status.***



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Module for informal settings



Driving for change

**A training toolkit on HIV/AIDS
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A TRAINING TOOLKIT ON HIV/AIDS FOR THE ROAD TRANSPORT SECTOR

Module for informal settings

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ILO SECTOR

Mr. Marios Meletiou
Transport Sector Specialist
Sectoral Activities Branch
International Labour
Organization (ILO)

Awareness raising and training in informal settings

It is a message that cannot be repeated too often: *There is no cure for AIDS – prevention is the only cure.* HIV is a fragile virus. The ways in which it is spread are well known: the exchange of blood, semen and other body fluids through sex, shared use of drug injecting equipment, blood transfusion and blood products, and from mother to child.

In the workplace it is therefore vital to:

1. Constantly reinforce the simple facts about HIV infection, how it is spread and not spread, and how to prevent it
2. Contradict the persisting myths about HIV and AIDS
3. Combat the superstitions and taboos related to sexual behaviour
4. Promote and support behaviour change

Education and information about HIV/AIDS are therefore sometimes called “the social vaccine”.

If the workplace is a mine or a factory, it is easier to get workers together and have a discussion about the dangers of HIV and how to prevent it. In road transport, where the workplace is mobile, it is not so easy.

Education and information may not be enough to bring about change. They need backing up with practical measures to support behaviour change, such as counselling or the provision of free or affordable condoms.

Behaviour Change Communication (BCC)

Getting road transport workers to think about their behaviour and to adopt less risky alternatives is an important task for everybody involved in the road transport industry. We encourage you to use the tools suggested in this toolkit and to develop your own.

Key changes needed

The most important changes in behaviour that we need to encourage in drivers and all workers in road transport are:

- Reducing the number of partners
- Immediate, appropriate use of services for sexually transmitted infections (STIs)
- Use of voluntary HIV counselling and testing services
- Consistent condom use



People living with HIV and AIDS (PLWHIV)

Workers who are HIV positive and are willing to take part in education and training activities can really help in getting the message across. This approach has been called **Greater Involvement of People Living with AIDS**, or GIPA, and has had very good results.

Women are drivers, too!

You might think the typical driver is a man. That is correct. But women are drivers, too.

In the Democratic Republic of the Congo (DRC), there is a nationwide campaign (Roulez – protégé! Drive – protected!) aimed at raising awareness of HIV and preventing infection. A peer educator network teaches fellow truck drivers about the risk of catching HIV through unprotected sex. One of the educators is a woman – Annie, herself a driver.

Every day Annie visits truckers' parking lots, showing truckers how to put on a condom, telling them about HIV and why they should protect themselves.

The reality is that people in DRC have heard about HIV but many are confused about what it actually is. Annie says: "They are very happy now to wear condoms because they don't want to die. They ask me, why didn't you tell us about this before?"

A truck driver who has received HIV awareness training, commented: "We thought it was just a made-up disease that the elders invented to stop us having sex. But now we've seen our friends die of AIDS and we know that AIDS is real."¹

How can you involve women in your BCC?

- As wives and partners of male workers;
- As women workers in road transport; and
- As the sex workers that drivers will meet while on the road.

1 <http://www.dfid.gov.uk/casestudies/files/africa/congo-truck.asp>

Some exercises you can use

Exercise

Flashcards – Don't die of ignorance!

Use the flashcards to ask what spreads AIDS:

KISSING

HAVING SEX WITHOUT A CONDOM

MOSQUITO OR INSECT BITES

CASUAL PHYSICAL CONTACT

HELPING A DRIVER WHO HAS BEEN IN AN ACCIDENT

SHAKING HANDS

COUGHING

BLOOD TRANSFUSION

SNEEZING

USING COMMON TOILETS

SHARING FOOD AND DRINK

Exercise

How is HIV/AIDS spread?

Aims

To discuss how HIV/AIDS is spread.

Task

Work with your neighbour, in pairs. Discuss all the ways in which you think that HIV/AIDS can be spread and write them down. Swap your list with the next pair. Put a tick where you think the other group is right, a cross where you think it is wrong, and then display the chart for everyone to see.



Exercise

Body parts – avoiding embarrassment

Aims

To break the ice about discussing sex.

Task

Take a plain piece of paper. Write down two or three (or more if you like) words describing sexual practices or parts of the body.

Put all the pieces of paper into a hat. Mix them up.

Everyone picks out a piece of paper and reads out the words.

If you really cannot do this, leave your piece of paper blank!

Condomize!

Here are three exercises to get people more comfortable in talking about condoms and using them.

Exercise

Putting on a condom is not difficult!

Aims

To counter the argument that using a condom is difficult.

Task

Ask participants to compare changing a tyre and putting on a condom. Ask them to describe each step in the process. If you have a flip chart you can write this up using the following table.

Changing a tyre	Putting on a condom

Exercise

Condomize!

Aims

To overcome anxieties about and resistance to condom use.

Task

Ask participants to write down on a piece of paper why they will not use a condom, or the reasons their partner gives for not using a condom. (Remember there are female condoms too!)

Put all the pieces of paper into a hat or a box.

Pick one out and read it out. The educator can write the different reasons given on the flip chart or the board, so everybody can see them.

Then discuss the reasons given. Do you agree with any of them? What do you think?

Exercise

Demonstrating correct condom use

Aims

To provide participants with the opportunity to practise using condoms.

Background

If a condom breaks during sex, it is more likely to be because the user has not handled or put it on properly rather than because of a problem with storage or manufacture. Therefore, it is vitally important that peer educators help participants to learn how to use a condom.

Materials

Condoms, wooden models of a penis, broom handles or bananas.



Time 30 minutes

Instructions

Step 1

Find a suitable model – ideally a wooden model of a penis – with which to demonstrate how to put on a condom. Other similarly shaped objects, such as a banana or the end of a broom handle, can also be used. If none of these is available, two fingers may be used.

Step 2

Explain that participants need to protect themselves and that condoms, if used correctly, provide excellent protection.



Step 3

Using your model, demonstrate how to put on a condom, while highlighting the following points:

- Check the expiry date and look for signs of wear such as discoloured, torn or brittle wrappers. Do not use condoms that have passed the expiry date or seem old.
- Tear the package carefully along one side. It is better not to do this using teeth or fingernails, to avoid damaging the condom.
- Place the rolled-up condom on the top of the penis.
- Pinch the tip of the condom (to leave space for the semen to collect).
- Place the condom on the end of the penis and unroll the condom down the length of the penis by pushing down on the round rim of the condom. If this is difficult, the condom is probably inside out. You should not turn the condom the other way around as some semen could already be on it. You should open another condom and unroll it correctly over the penis.
- When the rim of the condom is at the base of the penis (near the pubic hair), penetration can begin.
- After intercourse and ejaculation, hold the rim of the condom and pull the penis out before it gets soft. Tie the condom in a knot, sealing in the semen. Dispose of the condom in a safe place. Use a new condom each time you have penetrative sex.

Step 4

Hand out condoms to each of the participants. Have each participant practise putting the condom on the model and recite aloud each of the steps as they do so. Ask the participants who are observing to point out any difficulties or omitted steps. If the group of participants is very large, they can be divided up into groups to practise, and then report what has happened.

Step 5

List the most common difficulties encountered. Ask the participants to suggest how these problems might be resolved. Some common problems include the following:

- Trying to roll the condom down when it is inside out
- The condom is not rolled down all the way
- The condom is placed crookedly on the model
- The user is too rough when opening the package or uses teeth to open it
- The air in the tip is not squeezed out

(Taken from the *ILO/FHI HIV/AIDS Behaviour change communication toolkit for the workplace*)

Exercise

How big is a condom?

Aims

To instil confidence in the reliability of condoms.

Background

Almost all workers know about condoms and why they should be used, but not everyone uses them. Some have never even tried them. One stated reason for not using condoms is that they are unreliable. This exercise allows participants to experience the durability of condoms.

Materials

Condoms, water, two buckets and a funnel or cup. You might also need towels in case of accidental spillages.

 **Time 30 minutes**

Instructions

Step 1

Fill one of the buckets with water.

Step 2

Open a condom and slowly pour water into it, using a cup. Hold the condom over the bucket as you pour, to avoid spillage. After filling the condom with at least a litre of water, tie the top, making a kind of water balloon. (Practise this exercise before doing it in front of participants to determine how much water must be poured to expand the condom to a large size without breaking it. If the condom breaks, take another one and try again.)

Step 3

Ask participants what they have learned from this. Point out that condoms are very strong and can fit any size of penis. They can contain a large volume of water without breaking.

Step 4

Take another condom out of the package, blow it up like a balloon and tie the top. Hand out a condom to each participant and have them blow up the condoms.

Step 5

Have the participants take turns filling condoms with water.

(Taken from the *ILO/FHI HIV/AIDS Behaviour change communication toolkit for the workplace*)



Exercise

Myths about HIV and AIDS

Aims

To practice answers to common attitudes and myths about HIV and AIDS.

Background

Because HIV/AIDS is associated with one of the most important, but intimate and private parts of people's lives, there is reluctance to talk about the myths that surround it.

Task

Work in pairs. Each pair must write on a large piece of paper (as large as possible) some of the ideas about HIV/AIDS or STIs that they may have heard. They need to leave some space for a reply. They then pass their paper to another pair and receive a different paper. The pieces of paper can be pasted onto the wall and a further discussion held.

Each pair now prepares a response to the ideas.

For example:

"Having sex with a virgin will cure AIDS."

"You will not catch a disease if you wash immediately after sex."

Exercise

Talking about AIDS

In your pair or group, discuss the following statements. Decide whether you agree or disagree, and give your reasons.

"Now antiretroviral drugs are available, HIV/AIDS is not an issue."

"HIV/AIDS is a serious problem. But I am more likely to die from a road accident, robbers or some other disease."

"Driving is stressful, I need to release the tension. If I want to have sex, I don't care what the woman wants."

"Girlfriend, wife, or a woman I give a lift to – it's all the same to me."

"The workplace is not the right place to discuss things like sex."

"All this talk about AIDS is from people who want us to stop having sex. They don't want us to enjoy ourselves."

"Most drivers I know die before they are 50 years old. Why should I worry about AIDS?"

Exercise

Talking about AIDS (role play)

Aims

To practise talking to drivers about HIV/AIDS.

You will be divided into groups of four:

- one person will be union activist/manager/AIDS counsellor
- one will be a driver
- two will be observers

Scenario: The activist/manager/AIDS counsellor approaches the driver to find out how much he knows about HIV/AIDS. If the driver has a wife/girlfriend, what is his attitude about casual sex on the road or about using a condom? If he is a parent, the activist/manager/AIDS counsellor should try to find out what he is doing to inform his children about the risks.

Observers: Keep careful note – the driver has expressed some concerns. Does the activist/manager/AIDS counsellor provide helpful answers?

Exercise

A better way to relax

Get your participants to form groups. Each group needs a large piece of paper and thick pens (sketch pens). Groups should design the ideal rest and recreation centre for truck drivers and helpers – one where they will be comfortable, be able to rest and not need to buy sex.



Some suggested “menus”

A one-hour informal meeting at a truck stop or border crossing

Exercises

- Body parts
- Flashcards
- Why not use a condom? OR Changing a tyre – wearing a condom
- Talking about AIDS

Half day (3 hours) – as part of a longer training programme, run for drivers by a company or trade union

Exercises

- Body parts
- Why not use a condom? OR Changing a tyre – wearing a condom
OR How big is a condom?
- Demonstration session on using condoms
- Talking about AIDS (role play)

One day (6 hours or more)

Exercises

- Body parts
- Flashcards
- Why not use a condom? OR Changing a tyre – wearing a condom
OR How big is a condom?
- Demonstration session on using condoms
- Talking about AIDS (role play)
- A better way to relax



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Using the *ILO Code of Practice on HIV/AIDS and the world of work*



Guidelines for the transport sector

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Note to users

These guidelines represent a work in progress – we hope they will be useful in their present form, but following their use and testing in several countries we will revise them. Your feedback is invited and welcome.

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In 2000, when the ILO established a programme on HIV/AIDS, the Director-General called HIV/AIDS “a workplace issue and a development challenge”. The point is taken up in the first principle of the *ILO Code of Practice on HIV/AIDS and the world of work*: “HIV/AIDS is a workplace issue ... not only because it affects the workforce, but also because the workplace ... has a role to play in the wider struggle to limit the spread and effects of the epidemic.”

The ILO recognizes that “the workplace” is not a simple idea: it covers many situations from the informal – a small repair shop, a market stall, home-based work – to the formal – a government office, a factory, a hotel. Similarly the workforce may be one family or may consist of thousands of employees in plants across the world. The different nature of work in different sectors means that the working conditions and needs of different workforces vary enormously.

At the same time, workplaces have points in common, including a common interest in recognizing and responding to the threat of HIV and AIDS. For this reason, at the request of its constituents, the ILO developed – through a tripartite Meeting of Experts – a code of practice to address the shared needs and the shared potential of the constituents and the workplace. Section 3.1 makes it clear that “This code applies to: (a) all employers and workers (including applicants for work) in the public and private sectors; and (b) all aspects of work, formal and informal.”

To complement the code, assist in its implementation, and recognize the different situations, needs and interests of its social partners, ILO/AIDS has worked with other ILO departments, most particularly the bureaux for employers’ activities and workers’ activities and the sectoral activities department, to produce more targeted guidelines. These guidelines use the code of practice on HIV/AIDS, and its accompanying training manual, as a common framework but show how they can be applied to different situations.

The present guidelines for the transport sector look first (in Section I) at some of the specific problems facing transport – the emphasis is on road transport but consideration is also given to other transport industries. They then present an overview of initiatives that have been taken, first at the legal and policy level then at the workplace, to address the occupational and behavioural risks associated with transport. Section II incorporates examples of action and guidance based on lessons learnt. The final section takes the reader through the code of practice and training manual, and shows where transport sector operators and authorities can find relevant provisions, explanations and advice to help them develop and implement HIV/AIDS programmes. Some background texts are presented in Annexes 1-3, while Annex 4 lists employers’ organizations, and Annex 5 gives examples of HIV/AIDS projects.

I. HIV/AIDS: an issue for the transport sector

There can be no pause or let-up in the battle against HIV/AIDS. Every truck driver, taxi driver, bus operator, commuter, passenger, pilot, air steward and seafarer can either be part of the problem or become part of the solution... Our transport network offers us a potent weapon in this battle. It moves millions of people every day, both within and across our borders. These movements can either continue to widen the spread of HIV/AIDS or become a powerful channel for disseminating the information, knowledge and understanding upon which effective prevention depends.

Abdulah M. Omar
South African Minister of Transport, November 2001

The impact of HIV and AIDS

HIV/AIDS has a triple impact on the transport sector. It affects:

- ▶ transport workers, their families and communities
- ▶ the enterprises concerned
- ▶ the economy as a whole.

In addition, as transport improves and people move about more freely, this very mobility becomes a factor of transmission. Development increases human movement and no sustainable development has yet occurred without massive mobility both internally or externally.

In a study of mobility and HIV/AIDS transmission in South-East Asia, UNDP points to three critical issues that link both long-term migration and short-term mobility, including in transport:

- ▶ First, it is not so much the migration that is important as the behaviour of the migrants.
- ▶ Second, people who may engage in high-risk behaviour include groups not normally classified as "migrants". Tourists and other short-term movers within the region are often overlooked in analysis.
- ▶ Third, by migrating, or more correctly by moving, individuals are thrust into high-risk situations that they may not normally experience in their home environments.

Transport workers

Some groups of workers are at particular risk of HIV infection because of the nature and conditions of their work. Transport workers, in some situations, are such a group – whether they work on land (road and rail), sea or air

routes. In a number of African and some Asian countries, HIV prevalence is higher among transport workers than in the general population, especially among long-distance drivers on some of the major transport 'corridors'. Along one particular route in Southern India, for example, a recent survey found that 16 per cent of the drivers were HIV-positive, while the national prevalence is under 1 per cent (statistics quoted by the United Nations Secretary-General at a high-level meeting on HIV/AIDS at the United Nations General Assembly, June 2005). This has implications for the families of transport workers and the community at large.

The human cost of HIV/AIDS is the most important cost of the disease. Of course, there are now treatments that can prolong the life of those who are HIV-positive. But these are not cures and, at the moment, are only available to a small proportion of people who need them.

Transport enterprises

Transport enterprises are at risk because of the impact on their workforce. The costs of absences and sickness, and the loss of skilled and experienced employees, threaten output and profits. Other potential costs for enterprises include health benefits, insurance premiums, and even repatriating workers who fall sick while overseas. A study of a transport company in Zimbabwe found that total costs related to AIDS were equal to 20 per cent of profits¹ and a Kenyan company projected that it would be losing nearly 15 per cent of its annual profits by 2005¹.

The economy

Transport is of crucial importance for economic development. It facilitates economic growth and trade by connecting producers, suppliers, and markets; it creates employment; and it improves access to public services such as health and education. The effectiveness and reliability of transport, and its future development, could become compromised if transport companies cannot manage and prevent disruption resulting from the loss of skilled workers and rising labour costs.

1. Stover, J. and Bollinger, L. (1999), *The Economic Impact of AIDS, quoted in the business response to HIV/AIDS, UNAIDS/Global Business Council on HIV and AIDS/Prince of Wales Business Leaders Forum, Geneva and London, 2000.*

What are the risks for transport workers?

Although most attention has been given to road transport, the key issues apply to most other groups of transport workers, for example seafarers, train crews, civil aviation workers and workers on inland waterways. Expanding transport services means that more workers spend longer periods away from home and their families. An increasing number of transport companies are multi-modal, operating with several forms of transport, which may increase the likelihood that their workers may be required to work away from home. The consequences are not only national, but also subregional and even beyond. For example, drivers travel from the South African port of Durban to the mines of southern Congo, crossing several countries and spending weeks on the road.

Many transport workers work on long-distance routes and spend time away from home. Trips are often made longer by administrative delays, especially at border crossings, and a poor transport infrastructure, and more difficult by inadequate rest and stress. Transport workers report a lack of proper accommodation or lack of money to pay for it, and a lack of respect for their rights. Political insecurity and open conflicts make this problem worse. When seafarers dock at port, they often have to wait long periods for ships to be unloaded and the goods on board processed. When at sea, they may live for weeks at a time with the same small group of fellow-workers. Transport workers experience insecurity, vulnerability to harassment and extortion (often with police complicity), and limited access to health services, particularly for sexually transmitted infections.

When basic wages are low, workers may spend longer away in order to get allowances and overtime. They may also forego accommodation to save money. If they sleep with a sex worker, this could be cheaper than the rent for a night in an 'official' hostel.

Transport is a predominantly male industry and often associated with a 'macho' culture, including openness to sexual relations while away from home. Women workers, when in a minority, are often more vulnerable to harassment and coercion. Women working on cruise ships, for example, have reported incidents of sexual harassment.

► A survey conducted in Uganda showed that 70 per cent of drivers had spent less than a week at home in the previous 4 months. Often, drivers find partners in several different cities along routes they travel, or visit commercial sex workers. Sometimes they give lifts to women in exchange for sex².

- The UN estimates that 22% of seafarers in the Mekong subregion may be infected with HIV³.
- Although the level of HIV prevalence across the industry's 55,000 drivers has not been established, a 2001 study by the South African Medical Research Council found that 56 per cent of long-distance truck drivers in the KwaZulu/Natal Midlands region were HIV-positive. At one truck stop in Newcastle, 95 per cent of those tested were found to have HIV⁴.

The transport industry is changing rapidly. Global production networks and supply chains mean that deadlines are tighter with increased pressure on workers. The growth of "just in time" inventory control means much tighter delivery times, with penalty clauses for late delivery adding to the stress which workers experience. The rise of integrated logistics companies heralds the integration of formerly separate modes of transport into one organization and has created multi-modal hubs for local delivery. Transport workers in the future may be multi-tasking from road to air, or sea to rail.

Transport corridors, nodes and hubs

Transport can connect areas of high and low HIV prevalence. Busy transport routes, nodal points and border crossings have long been associated with factors of transmission and higher than average prevalence. It is not only transport workers themselves who are at risk, but also those who provide services along the transport corridors. While high rates of HIV infection have been found among commercial sex workers operating in these areas, many other people interact with the transport workers and may have sexual relations with them. 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 in different countries.

UNAIDS estimates that approximately three million people travel along the Abidjan/Lagos transport corridor each year. The corridor passes through five countries: Côte d'Ivoire, Ghana, Togo, Benin, and Nigeria. Assuming an HIV prevalence rate of 10 per cent among people travelling along the corridor, an estimated 300,000 people infected with HIV/AIDS travel annually along the corridor. The World Bank identifies this as a substantial risk factor, though it must be emphasized that there is no risk from casual contact. There is risk only if

2. *AIDS and transport: The experience of Uganda road and rail transport workers and their unions*, International Transport Workers' Federation, London, July 2000.

3. *Joint Seafarers Initiative*, UNICEF and UNAIDS, www.unicef.org/eapro-hiv/aids/regpro/seafarers.htm.

4. *South African Press Association*, 18 August 2003.

circumstances result in unprotected sex or in injecting drug use with shared needles⁵.

Transport corridors can create what have been called “hot spots” of HIV transmission. Hot spots in road transport include internal trading centres as well as border posts, while hot spots in rail include locations where trains are stabled and railway employees stay overnight, away from home. A study in Viet Nam found that:

Many of these hot spots are near provincial or national borders or river and sea ports where land and water transport routes converge. They offer food, drink, accommodation and sexual services as well as safe places to park vehicles loaded with goods.

Hot spots fluctuate in degree of activity; new hot spots develop as others are being suppressed. Suppression leads to hot spots being formed on the other side of borders or to services being offered in more clandestine ways that may increase HIV vulnerability⁶.

Transport-related construction

A specialized type of transport worker is the transport construction worker. These workers build or repair transport infrastructure such as bridges. In India, for example, the Border Roads Organisation employs 40,000 workers on construction and repair of roads in very

remote parts of the country. These workers can be absent from their homes, in makeshift accommodation, for months at a time.

In Ethiopia, it is estimated that 50,000 workers will be engaged in rehabilitating and upgrading the road network in the period up to 2007. Like transport workers they will be away from their homes, living on project sites in circumstances conducive to risk-taking behaviour⁷.

Programme and projects need to be designed for these workers to minimize their exposure to HIV. All large transport infrastructure projects now need to consider the issue of mobile construction workers and the risks to them of contracting the disease.

The dangers of stigmatization

The recognition of these risk factors means that transport workers are sometimes blamed for rising rates of HIV infection and for ‘spreading the virus’. This is dangerous: stigmatizing transport workers helps drive the problem underground and makes the disease spread faster. It also diverts attention from many aspects of the work environment which increase risk, and which can be addressed by focused action. Truck drivers in Uganda criticize programmes that simply distribute pamphlets and condoms without seeking to understand their situation or to protect and promote their rights⁸.

5. World Bank Findings: November 26, 2003.

6. HIV vulnerability mapping: Highway One, Vietnam, UNDP, Bangkok, 2000.

7. World Bank Findings: November 26, 2003.

8. AIDS and transport: The experience of Uganda road and rail transport workers and their unions, International Transport Workers' Federation, London, July 2000.

II. Taking action in the transport sector

The experience of many countries shows that the most effective way to reduce the incidence of HIV in the general population is to reduce its transmission among groups at high risk. This targeted approach is often linked to peer education (see the discussion below on prevention through information and education), and gains in effectiveness when combined with programmes to reduce stigma, provide care, and address social norms. In the transport sector, a carefully planned approach needs to be implemented, involving the social partners and other key stakeholders.

The legal and policy framework: an integrated strategy

Policies and regulations on HIV/AIDS in the transport sector are still few and far between, but initiatives taken in some countries help show the way.

It has been found most useful to take an integrated approach: transport sector strategies addressing HIV/AIDS need to be related to the broader process of harmonization of border policies and regulations, and to integrate all relevant modes of transport. A coherent and comprehensive legal and policy framework is essential to guide the action of the many stakeholders involved and establish responsibilities.

International instruments and guidelines

No international labour convention exists yet which deals specifically with HIV/AIDS, but a number provide a legal basis for action, especially related to discrimination. Some examples are:

- ▶ Discrimination (Employment and Occupation) Convention, 1958 (No. 111);
- ▶ Occupational Safety and Health Convention, 1981 (No. 155);
- ▶ Occupational Health Services Convention, 1985 (No. 161);
- ▶ Termination of Employment Convention, 1982 (No. 158);
- ▶ Vocational Rehabilitation and Employment (Disabled Persons) Convention, 1983 (No. 159);
- ▶ Social Security (Minimum Standards) Convention, 1952 (No. 102).

Regional integration in Africa

A number of subregional policies on trade, communications and transport, and general efforts to harmonize laws and procedures, address issues that are also factors of risk in relation to HIV/AIDS. It is worth noting these, and examining ways to include an HIV-specific dimension.

The **Southern Africa Development Community (SADC)** was created in 1992 and currently has 14 members. HIV/AIDS has been singled out as a major threat to the attainment of the objectives of SADC. The Regional Indicative Strategic Development Plan serves as a blueprint to improved economic integration and social development. The SADC Protocol on Transport, Communications and Meteorology, which was signed in 1996, provides an integrated approach to improving transport and communications. It functions through a range of bilateral and multilateral agreements as well as technical and coordinating bodies; the Joint Route Management Committee is a structure that could address HIV/AIDS.

The **Common Market for Eastern and Southern Africa (COMESA)** was formed in 1994 to create an economic and trading unit and reduce barriers to trade. It has 20 member States, with nine of them SADC members. 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.

The African Union's predecessor, the Organization of African Unity, set up **NEPAD (the New Partnership for Africa's Development)** in 2001. 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. Its strategic plan includes: reducing delays in cross-border movement of people, goods, and services; reducing waiting times in ports; promoting economic activity and cross-border trade through improved land transport linkages; and increasing air passenger and freight linkages across Africa's subregions.

The **Southern African Customs Union (SACU)** came into existence in 1969 and aims to maintain the free interchange of goods between member countries. It provides for a common external tariff and a common excise tariff to this common customs area. The SACU Memorandum of Understanding provides for the competent authority of the territory to authorize the transportation of goods to and through another SACU member State.

The **Cross-Border Initiative in Eastern and Southern Africa (CBI)** establishes a common policy framework for the 14 participating countries, with the support of four co-sponsors: the International Monetary Fund, the World Bank, the European Union, and the African Development Bank. 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 through appropriate macroeconomic policies¹.

1. HIV/AIDS in the transport sector of Southern African countries: A rapid assessment of cross-border regulations and formalities, Geneva, ILO, 2005.

Key principles of the ILO Code of Practice on HIV/AIDS and the world of work

A workplace issue

HIV/AIDS is a workplace issue because it affects the workforce, and because the workplace can play a vital role in limiting the spread and effects of the epidemic.

Non-discrimination

There should be no discrimination or stigma against workers on the basis of real or perceived HIV status.

Gender equality

More equal gender relations and the empowerment of women are vital to preventing the spread of HIV infection and helping people manage its impact.

Healthy work environment

The workplace should minimize occupational risk, and be adapted to the health and capabilities of workers.

Social dialogue

A successful HIV/AIDS policy and programme needs cooperation and trust between employers, workers, and governments.

No screening for purposes of employment

Testing for HIV at the workplace should be carried out as specified in the code, should be voluntary and confidential, and never used to screen job applicants or employees.

Confidentiality

Access to personal data, including a worker's HIV status, should be bound by the rules of confidentiality set out in existing ILO instruments.

Continuing the employment relationship

Workers with HIV-related illnesses should be able to work for as long as medically fit, in appropriate conditions.

Prevention

The social partners are in a unique position to promote prevention efforts through information, education and support for behaviour change.

Care and support

Workers are entitled to affordable health services and to benefits from statutory and occupational schemes.

- ▶ the need to ensure that policy is consistent with the challenges facing the transport sector;
- ▶ the need to ensure optimal use of resources through smart partnerships in the planning and implementation of HIV/AIDS interventions;
- ▶ the need to ensure well-informed decision-making through information sharing and knowledge management;
- ▶ the need to promote effective interventions through sector-wide communication and advocacy.

The associated programme of action covers: prevention; treatment and care; research, monitoring, and evaluating the impact of activities; implementing the human and legal rights framework; and providing training and development on the management of AIDS.

The programme was shared with neighbouring countries in the framework of an ILO project for the transport sectors of eight SADC countries, funded by the Swedish Agency for International Development Cooperation (SIDA). The aim of the project is to assist regional bodies, national authorities, employers' organizations and trade unions, as well as non-governmental organizations, in developing coordinated national strategies, designed to be harmonized at the subregional level, for all transport modes and support facilities.

The countries concerned have prepared country assessments, established advisory committees, developed national policies and implementation plans, and engaged in subregional dialogue on a common strategy linked to SADC's transport protocol and business plan on HIV/AIDS. A rapid assessment of cross-border regulations and formalities has been prepared, and an action plan on regional HIV/AIDS issues in the transport sector has been agreed.

Malawi's policy states: *The aim of the policy is to guide and direct the process of dealing with HIV/AIDS in the workplace of the Transport Sector in Malawi. The policy provides the framework which the transport sector employers, workers, and their representatives will use to formulate HIV/AIDS policies, design, implement, monitor and evaluate practical and pro-active HIV/AIDS programmes at their workplace, at high traffic areas and at border posts.*⁹

While the various transport sub-sectors should be included in one policy framework, they may well require different strategic approaches and tools. In the Mekong region the United Nations has helped four countries (Cambodia, Myanmar, Thailand and Viet Nam) draw up integrated programmes for seafarers on HIV/AIDS and drugs.

The ILO has, however, produced a code of practice on HIV/AIDS and the world of work. The ten key principles are set out in the box above, and Section III provides further details and guidance in using the code.

National and subregional policies

South Africa has set up a National HIV/AIDS Transport Co-ordinating Committee with representation from employers, trade unions, regulatory bodies, the ILO, and ministries of labour and transport. This Committee developed a strategic HIV/AIDS plan for the transport sector in November 2001, recognizing:

9. HIV/AIDS draft policy and strategic framework of action for the transport sector in Malawi, 2003.

Action at the workplace and in the community

Where is the workplace?

Workplace action can take place in very different settings.

Large companies frequently out-source their transport operations to one of the global dedicated logistics operators, or to local transport companies. In either case, they need to ensure that contractors have effective HIV/AIDS policies in place and assist in implementation if necessary. A number of multinational companies provide prevention programmes and health cover for their workers, and in some cases for their suppliers and contractors as well. Examples include Heineken, Daimler Chrysler, BP, Chevron Texaco and Coca Cola. In several cases programmes have been developed in partnership with bodies outside the private sector, such as UNAIDS, GTZ, and non-governmental organizations.

Most transport workers are employed by small companies, or self-employed, so interventions need to be carried out at points where workers stop and gather, such as truck stops and ports. It is also important to carry out complementary programmes for the families of workers and their communities. Owner-drivers may be especially hard to reach. Refuelling and rest stops, and border control points, are opportunities to reach these, and indeed all transport workers. Where owner-drivers are organized into a federation, this would be an important partner for designing interventions.

Improved facilities such as telephones, laundries, etc. at the roadside could be provided and these would be good points to provide support, information and possibly, treatment.

There are some 15,000 rickshaw pullers in the Indian city of Chandigarh. Many have migrated from other parts of India and they socialize and interact mainly within their own community. While they need information and education about HIV/AIDS, specific interventions and messages would not be the same as those relevant to long-distance truck drivers. The mechanisms for reaching them would also be different, relying more on their places of work and possible associations, and less on approaches to companies or employers' organizations.

Case study

Teddy Exports, India

Teddy Exports is a fair-trade export company with an explicit commitment to social and economic development. In 1992, Teddy Exports set up the Teddy Trust into which it directs 50 per cent of its profits to support a range of welfare activities for its workers and the local community. The company has been able to undertake extensive and innovative HIV/AIDS workplace programmes, including education and prevention campaigns, providing job opportunities and care for people living with HIV/AIDS, and offering financial support to non-governmental organizations. One project focuses on the provision of low-cost (sometimes free) health care to truck drivers at community health centres near truck stops. In the framework of the Healthy Highway Project, supported by the United Kingdom Department for International Development, two 'truckers booths' have been set up on the main highway in southern India and one at an oil refinery unit in Manila. They provide information to over 80,000 truck drivers and raise awareness on HIV/AIDS through street plays, slide shows, leaflets, stickers and condom distribution. The well-targeted messages and the anonymous nature of the assistance offered have encouraged the truck drivers to seek treatment and counselling.

Source: Teddy Exports, www.rugsandstuff.co.uk/teddy_exports.htm, 3 July 2002.

Creating trust: employer/worker collaboration

HIV/AIDS causes fear and shame. Although many people live full lives and continue working for years after a positive diagnosis, the virus is widely seen as a death sentence. As a result, fear often obscures messages about positive living. And the fact that sexual contact is the main route for HIV transmission causes unease and embarrassment – silence is often easier.

It is essential that there should be the fullest possible discussion about the social conditions as well as the biological factors that favour transmission. Leadership – at all levels and in all sectors – is vitally important in setting an example of openness and encouraging action. One of the ways this can happen is through social dialogue. Employers' and workers' organizations speaking out, with one voice, helps break the silence around HIV/AIDS. They can also use their influence on governments to encourage wider discussion.

An example has been set by the International Organisation of Employers (IOE) and the International Confederation of Free Trade Unions (ICFTU) who issued a joint statement, 'Fighting HIV/AIDS together – a programme for future engagement' in May 2003. This shows how the epidemic is a threat to both employers and workers, and commits their organizations and members to collaborative action on HIV/AIDS at all levels, especially in the workplace.

Collaborating on HIV policy

An HIV/AIDS policy document has been produced in Kenya through collaboration between transport unions and employers. Sponsored by the International Transport Workers' Federation (ITF) and the Friedrich Ebert Stiftung, a German development institute, the policy covers a range of HIV-related issues including education, training, testing, confidentiality, care and support. "This document is an expression of the clear will of the unions and the employers to stem the tide of HIV. I am sure that based on the commitment shown by all sides we will be able to make a difference in the workplaces of transport workers," said Grace Orwa of the Railway Workers' Union, and ITF HIV/AIDS project coordinator in Kenya.

At the workplace, the social partners can help create an environment of dialogue and trust which promotes the development of successful policies and programmes, and may also influence the local community and society at large.

The truck drivers' union of Rwanda (AC-PLRWA) started organizing seminars for members on HIV and AIDS, but quickly realized they needed to involve the spouses and partners of the drivers in their education campaign. Many of the drivers also took their wives with them when they went for voluntary counselling and testing, also organized by the union.

10. The survey, commissioned by the ITF Seafarers' Trust, was conducted over the period of 19 months from February 2001 to August 2002, and looked at ports suspected of providing inadequate welfare services for seafarers. In total 136 suspect ports around the world were identified and visits made to 23 of these plus five others. See: http://www.itf.org.uk/port_Survey/Index.htm accessed 1st October 2003.

Protecting human rights

Restricting the rights of workers will not stop HIV. On the contrary, it helps the spread of the disease. Compulsory screening by governments or employers, and dismissing workers who have (or appear to have) HIV, violates human rights and creates an environment of mistrust that works against prevention efforts. If people fear discrimination or stigmatization, they will be reluctant to get tested or to seek HIV-related counselling, treatment and support.

Non-discrimination

South African Civil Aviation Authority policy is to protect people living with HIV/AIDS from discrimination, and promote access to information. It commits the industry to create a caring and supportive environment for employees living with HIV/AIDS. The policy promotes confidentiality and recognizes the rights and obligations of the industry's employees.

Human rights and dignity of everyone in the transport sector should be observed irrespective of HIV status. People living with HIV/AIDS (PLWHA) should be protected against stigmatization, discrimination, and victimization by co-workers, clients and employers at the workplace, border posts, ports and high traffic areas.

Improving working conditions

The root causes of many high-risk situations faced by transport workers are the enforced separation from families, and poor facilities at places where workers stop. Lodgings at resting places such as truck stops are often poor-quality and expensive, if they exist at all, with limited facilities for entertainment apart from alcohol and sexual services. Rest facilities for railway workers are sometimes poor and noisy, as they are in close proximity to stations. Transport workers are often harassed by the authorities and police, and stigmatized by the communities they come into contact with. This has an adverse impact on their behaviour. Long delays at borders and police checks often unnecessarily lengthen the journey time, especially for road transport workers.

Employers can help by adapting work schedules to allow more frequent home stays, and providing better facilities for rest and other support services (in conjunction with other employers, trade unions, governments and non-governmental organizations). This could include subsidized alternative forms of entertainment, as a way of occupying workers' time. Such entertainment is provided in many ports and is well used by seafarers.

Governments can also assist by reducing the length of time trucks have to stop at borders or at destination points, and administrative delays to the unloading of ships. This will involve liaison between ministries of transport and ministries responsible for border controls and customs.

In some situations, where practicable, transport workers might be able to bring spouses with them.

Prevention through information and education

HIV is most frequently transmitted through sexual intercourse without condoms, behaviour that is influenced by social norms, information, personal views, and the actions of peers. Information needs to be provided about HIV and how it is transmitted, as well as education to help people understand their own risk and how to reduce it. Education needs to be supported by the provision of resources such as condoms, services for the treatment of sexually transmitted infections, and clean injecting equipment. These resources can be provided, for example, at truck rest points, at railway stations, and at seafarers' welfare facilities in ports. A survey of port facilities found that most of the ports visited had no welfare services at all, although several had listed such facilities in port directories¹⁰.

Gender-aware programmes, behaviour change communication, and the use of peer education are all important factors in education and awareness-raising. Peer educators, selected from the target group and trained, are often able to communicate more effectively with co-workers than a changing pool of outsiders. They can disseminate information and supplies, organize skill-building sessions and make referrals to other HIV/AIDS services. The involvement of peers not only helps establish trust and ensure relevant messages, but also encourages participation and 'buy-in'. Peer education is not the whole answer, as some workers are concerned about confidentiality. It can be particularly effective if it involves people living with HIV/AIDS. In Guyana, minibuses drivers and conductors have been involved as change agents in a national campaign and are receiving training on issues relating to HIV/AIDS and stigma.

Voluntary counselling and testing

Voluntary counselling and testing must be based on the principles of voluntary, informed consent and confidentiality regarding the results. It should be accompanied by counselling, and linked to a certain level of services to follow up the test. If the result is negative, the individual needs information on assessing and preventing risk. If the result is positive, he or she needs information and advice on ways of maintaining health, protecting partners from infection, and services available in the community, including treatment. Employers are encouraged to provide care and support at the workplace, including treatment where possible. Sometimes public/private partnerships, with the assistance of donors such as the Global Fund to Fight AIDS, TB and Malaria, can complement what the employer is able to provide.

There are two views about testing centres at roadside clinics or in ports. Some consider that this may not be the best option. If a worker has just been informed that he or she is HIV-positive, and is about to drive a truck or board a ship for a number of weeks, the person concerned may not then be able to get the emotional support or practical help he or she needs. Others have argued that there may be no other place or opportunity for mobile workers to receive testing. Testing centres that are seen to belong to the transport industry may attract more transport workers than regular centres in the community.

With funding from the Italian Government, the ILO has started a project in Ethiopia to enhance the capacity of the cooperatives and transport sectors to implement workplace HIV/AIDS prevention, care and support programmes, and develop policies and guidelines relevant to the sectors. From May to July 2005 seven training workshops were organized to train both trainers and peer educators. The participants were drawn from private and public transport organizations and from cooperative organizers and members.

Care and support

Workers with HIV should receive care and support. They may well be able to carry on working for a number of years, especially if they have access to medicine, good nutrition and rest. Shifts and work schedules may need to be altered, and tasks and working environment adapted if a worker is chronically sick. Their skills, training and 'institutional memory' will thus be available to their employer for longer, and they can carry on earning. The union for cabin crews in Argentina, AAA, makes up

The ILO supports voluntary counselling and testing through workplace 'Know your status' campaigns. Here are some extracts from the information brochure.

Why take the test?

Most people with HIV don't know it. There aren't symptoms. It doesn't show.

But you can still pass on the virus.

HIV leads to sickness later – that's what we know as AIDS.

A test now has two big benefits – you can be sure and you can take control:

- ▶ if you are negative, you can protect yourself and those you're close to
- ▶ if you are positive, you can get access to care and support – and increasingly this includes treatment – and learn ways to keep yourself healthy.

The test isn't an end but a beginning – it gives you the knowledge you need to live positively and responsibly, with or without HIV.

I took the test!

"I was worried – I prefer to know where I stand, even if it's bad news."

"You don't get sick for some years after getting HIV, especially if you have care and support – but if you don't know you're infected, you can't do anything about it."

"My family is the most important thing in my life – if I know my status I can protect them better."

"I took some risks when I was younger – I needed to know if this would affect my health."

"My employer offers treatment for employees and their families – I took the test so I could get treated if I needed to."

"I was afraid that others might find out but the testing was very confidential and reassuring."

Trucking Against AIDS, South Africa

This programme is the result of an agreement between the South African Transport and Allied Workers Union (SATAWU), an ITF affiliate, and the Road Freight Employers' Association. Roadside units have been set up consisting of two containers. One container is a clinic, while the other is a classroom where education is given and peer educators are trained.

The roadside units are situated at transit areas and border posts. The clinic opens in the evenings, from 5 pm until midnight, which makes it more accessible to drivers and other workers. The clinic has a registered nurse, and offers treatment for sexually transmitted infections and primary health care. Condoms are distributed, and drivers and commercial sex workers are encouraged to go for voluntary counselling and testing.

The clinic operates on a 'smart card' system that records drivers' medical histories, so drivers can visit any clinic in the system and receive the treatment they need. Truck drivers attend education sessions, which include:

- ▶ basic information on HIV/AIDS and sexually transmitted infections
- ▶ prevention, care and support
- ▶ the link between HIV/AIDS and TB and other opportunistic infections
- ▶ violence against women.

There is also a 5-day peer education programme where drivers and sex workers are trained in: presentation and facilitation skills; providing medical information on HIV/AIDS and sexually transmitted infections; and HIV testing and counselling.

So far, 266 peer educators have been trained and 80,000 truckers reached.

Some 1.3 million condoms have been distributed.

Source: International Transport Workers' Federation HIV/AIDS Resource Book. ITF, London 2003.

the shortfall in the reimbursement of treatment costs through the State system. It has also negotiated 'reasonable accommodation' with employers, so that workers with certain medical conditions, including those linked to HIV infection, can avoid night flights and serve on the less strenuous routes.

Efforts are being made at all levels to expand access to treatment – one example is the WHO/UNAIDS '3 by 5' initiative, supported by the ILO. The workplace can help support the delivery and monitoring of treatment through occupational health services, as well as encouraging voluntary counselling and testing.

If care and support are NOT available for workers, there is no incentive to come forward to be tested. If a positive test result only leads to stigmatization and discrimination, why bother? Care and support are thus a vital part of preventing HIV.

It is increasingly recognized that workplace programmes, and especially treatment, should be shared as widely as possible with the local community. The workplace can be the starting point for outreach programmes, giving priority to the families of workers.

The United Kingdom Transport and General Workers' Union model policy on HIV and AIDS

This model policy may be used as the basis of a workplace policy or collective agreement.

The policy begins with a statement of key references to the applicable law in the United Kingdom. This includes the Disability Discrimination Act, 1995. The Act requires employers to make "reasonable adjustments" for employees with disabilities; an amendment to the Act in 2005 makes it clear that a person is deemed to have a disability from the moment of diagnosis as HIV-positive. Health and safety legislation is also applicable, and the law makes harassment of any person an offence. This would apply to a person being harassed because of their sexual orientation, for example.

In the main body of the policy, the union and employer agree that there will be no discrimination on the basis of HIV status in:

- ▶ recruitment
- ▶ benefits and services
- ▶ career development
- ▶ education and training.

A clause covers confidentiality. Workers are not required to inform the company of their HIV status. Harassment and bullying of workers because of their HIV status is subject to disciplinary action.

The policy also provides for disability leave, which is defined as "a work break during which employees' jobs are protected while they adapt to a disability that affects their work." The policy says that workers will need time and support to adapt to symptoms. Counselling and support should be available, and appropriate management and union representatives should meet with the worker to discuss: whether paid time away from work is needed; the feasibility of the employee continuing in the same job; and any adaptations or training needed to enable the employees to carry on. The union can bring in its own specialist adviser if needed.

Special leave for carers is also covered by the policy. This includes compassionate and bereavement leave, as well as time for caring for people with HIV-related illnesses.

III. How can the ILO help the transport sector develop policies and programmes?

The ILO has produced a package to encourage and support action at the workplace. It contains a code of practice and a training manual.

The *ILO Code of Practice on HIV/AIDS and the world of work* sets out fundamental principles for policy development and practical guidelines for action in the following key areas:

- ▶ 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
- ▶ elimination of stigma and discrimination on the basis of HIV status.

The nine sections cover the objectives, use and scope of the code, key principles, rights and responsibilities of each of the tripartite partners, prevention through information and education, training programmes, testing, and care and support.

The code was drafted in consultation with constituents in all regions, reviewed and revised by a tripartite group of experts, and adopted by the ILO Governing Body in June 2001. It can be used to introduce social dialogue on HIV/AIDS and as the basis for negotiations; it includes a checklist for planning and implementing workplace action.

Implementing the ILO Code of Practice on HIV/AIDS and the world of work: An education and

training manual has been produced to complement the code. It provides further information on key issues, case studies, learning activities, model training courses, and samples of legislation, policies and collective agreements. It follows the main lines of the code and covers the roles of government and the social partners, human rights and legal issues, workplace policies, programmes for prevention and care, the gender dimension, and reaching out to the informal economy.

Each module of the manual follows the same pattern: it presents information on key issues that help explain and expand on what is covered by the code, including useful reference material, and has a section of learning activities ready to photocopy – a number specifically targeted to trade unions and worker representatives.

The first section is a guide to the manual – as well as tips for trainers. The manual has eight sample programmes for workshops or courses (lasting two or three days) and four modules or components (lasting two or three hours) that you can slot into other courses.

The code and manual together provide information and guidance for action.

The following pages show where you can find help in the code and manual on the core issues set out above.

The legal and policy framework: an integrated strategy		
See in the code of practice	Section 4.5	Social dialogue
	Section 5	General rights and responsibilities of governments, employers and workers
	Appendix III	A checklist for planning and implementing a workplace policy on HIV/AIDS
See in the manual	Module 3	<i>Workplace action through social dialogue: the role of employers, workers and their organizations</i> pages 3-7: Workplace policies and programmes on HIV/AIDS Learning activities 5 and 7
	Module 4	<i>A legal and policy framework on HIV/AIDS in the world of work: the role of government</i> pages 5-9: Planning a national response Learning activity 1
Action at the workplace and in the community		
Encouraging open discussion		
See in the code of practice	Section 4.1	Recognition of HIV/AIDS as a workplace issue
See in the manual	Module 1	<i>HIV/AIDS: the epidemic and its impact on the world of work</i> pages 2-12: Facts about HIV/AIDS Learning activities 1, 2 and 4
	Module 5	<i>The gender dimensions of HIV/AIDS and the world of work</i> pages 1-2: Introduction : this module is for men, too ! pages 5-6: Men and masculinity Learning activity: 1
Protecting human rights		
See in the code of practice	Section 4	Key principles
See in the manual	Module 2	<i>HIV/AIDS and human rights</i> The whole module is relevant Learning activities 4, 6, 8 and 9
Improving working conditions		
See in the code of practice	Section 4.4	Healthy work environment
	Section 6.4	Linkage to health promotion programmes
	Appendix II	Infection control in the workplace
See in the manual	Module 6	<i>Workplace programmes for HIV/AIDS prevention</i> page 12: Links to general health programmes

Prevention through information and education		
See in the code of practice	Section 6	Prevention through information and education
See in the manual	Module 6	<i>Workplace programmes for HIV/AIDS prevention</i> The whole module is relevant Learning activities 1, 2, 3, 7 and 13
Voluntary counselling and testing		
See in the code of practice	Section 8	Testing
See in the manual	Module 7	<i>Care and support</i> page 5: Voluntary counselling and testing Learning activity 7
Care and support		
See in the code of practice	Section 9	Care and support
See in the manual	Module 7	<i>Care and support</i> pages 4-9: Care and support at the workplace Learning activities 1, 5 and 8

Annex 1

Further sources of information

HIV/AIDS Resource Book. International Transport Workers Federation, London 2003.
<http://www.itf.org.uk>.

Transport sector strategic HIV/AIDS plan, National HIV/AIDS Transport Sector Coordinating Committee, South Africa, November 2001.

Considering HIV/AIDS in development assistance: A toolkit prepared for staff of Commission of European Communities, section 3, The Transport Sector, DG VIII.

Guidelines to shipping companies on HIV and AIDS. Issued by Chamber of Shipping, London, on behalf of the National Maritime Health and Safety Committee, March 2000.

Land transport and HIV vulnerability: A development challenge. United Nations Development Programme, Bangkok, 2000.

Taming HIV/AIDS on Africa's Roads, World Bank Findings #238, March 2004.
<http://www.worldbank.org/afr/findings/english/find236.pdf>

Whiteside, Alan, Mary O'Grady & Anita Alban, "The economic impact of HIV and AIDS in Southern Africa", *AIDS Infothek Magazine*, February 2000.

Women Seafarers. Global employment policies and practices, ILO, Geneva, 2003
<http://www.ilo.org/public/english/support/publ/pindex.htm>

Taking action at the workplace: a step-by-step guide on the ILO/AIDS website,
[www. ilo.aidsonline.org](http://www.ilo.aidsonline.org)

Annex 2

A workplace policy on HIV/AIDS: what it should cover

A workplace policy provides the framework for action to reduce the spread of HIV/AIDS and manage its impact. It:

- ▶ commits the workplace to take action
- ▶ lays down a standard of behaviour for all employees (whether infected or not) and defines the rights of all
- ▶ gives guidance to managers and workforce representatives
- ▶ assists an enterprise to plan for HIV/AIDS and reduce its impact.

A policy may consist of a detailed document just on HIV/AIDS, setting out programme as well as policy issues; it may be part of a wider policy or agreement on safety, health and working conditions; it may be as short as “This company [or other workplace, e.g. Ministry, hospital...] pledges to combat discrimination on the basis of HIV status and to protect health and safety through programmes of prevention and care”.

It's important that the policy should promote action, not hold it up. For this reason it may be better to have a simple policy, and include more details in workplace agreements or contracts. In any case, it should be the product of consultation and collaboration between management and workers.

The *ILO Code of Practice on HIV/AIDS and the world of work* provides guidelines for the development of policies and programmes on HIV/AIDS in the workplace. These encourage a consistent approach to HIV/AIDS, based on ten key principles, while being flexible enough to address the different needs of individual workplaces.

Policies should be developed by the people concerned. No one policy is relevant to all situations, but the sections opposite can usefully be included.

Sample language is available in a separate document (<http://www.ilo.org/public/english/protection/trav/aids/examples/workcover.pdf>)

The policy

I. General statement

The policy begins with a general statement or introduction that relates the HIV/AIDS policy to the local situation, including some or all of the following:

- ▶ The reason why the company has an HIV/AIDS policy and how it relates to other company policies
- ▶ Compliance with national/local laws and sectoral agreements

II. Policy framework and general principles

The policy establishes some general principles as the basis for other provisions, emphasizing the need to oppose stigma and discrimination (see the ten principles of the ILO Code of Practice).

III. Specific provisions

The policy should include clauses on the following areas:

- 1) The protection of the rights of workers affected by HIV/AIDS
- 2) Prevention through information, education and training
- 3) Care and support for workers and their families.

IV. Implementation and monitoring

Many policies remain pieces of paper that don't change anything. It helps to set out the steps that need to be taken to put the policy into practice, in particular establishing structures and appointing responsible persons.

If the policy doesn't take the form of a negotiated agreement, a short clause could be added where management and worker representatives pledge their full support to the policy.

Companies should make every effort to establish a budget for HIV/AIDS activities but should bear in mind that many interventions can be put in place at little or no cost; that smaller companies can work together to share costs; that services and resources may exist in the community or may be sought, for example through the local UN Theme Group on HIV/AIDS or the Global Fund to Fight AIDS, TB and Malaria.

Further advice on and examples of workplace policies may be obtained from the ILO (see education and training manual), Family Health International, the Global Business Coalition on HIV/AIDS, the US Centers for Disease Control & Prevention, the World Economic Forum, and the international organizations of employers and workers (IOE and ICFTU).

Annex 3

Summary of recommendations from a report for the ILO/SIDA Project on HIV/AIDS Prevention in the Transport Sector of Southern African Countries: HIV/AIDS in the transport sector of Southern African countries: A rapid assessment of cross-border regulations and formalities

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).

Annex 4

International Transport Workers' Federation (ITF) policy on HIV/AIDS

*40th Congress, Vancouver, 14-21 August 2002
Resolution No. 17: AIDS*

The 40th ITF Congress, meeting in Vancouver from 14 to 21 August 2002:

1. ACKNOWLEDGING the significant role the ITF is playing in combating the HIV/AIDS scourge.

2. AWARE that the HIV/AIDS pandemic affects our workplaces within the transport sector in many ways.

3. REALISING that transport workers especially the mobile workers are particularly vulnerable to the HIV/AIDS scourge due to nature and conditions of their work.

4. NOTING that women are particularly vulnerable to HIV/AIDS infection due to economic and social inequalities, the accepted traditional gender roles and their inherent subordinate position to men in the world of work.

5. NOTING that the workers spend more time at their workplaces than in their homes/houses.

6. NOTING the poor state of the health facilities available to transport workers, especially the mobile groups, while at work.

7. REALISING that the rapid spread of HIV/AIDS in the transport industry can be slowed down by sustained sensitisation programmes involving information and education coupled with advocacy for the elimination of the social economic conditions that put the working population at risk of HIV infection.

8. AWARE that proper use of antiretroviral drugs can and indeed has helped to prolong lives of people living with HIV/AIDS.

9. NOTING however that in the developing world, the cost of the antiretroviral drugs is still prohibitive and access to the drugs is difficult.

10. CONCERNED about the non-existence of effective policies on HIV/AIDS in most work places.

11. RESOLVES that:

a) All ITF affiliates, especially their leaderships, demonstrate their resolve to fight HIV/AIDS through supporting education and research programmes and availing themselves of all information that may assist ITF in its endeavours to fight the pandemic.

b) All ITF affiliates work hand in hand with employers and governments to put in place appropriate policies on HIV/AIDS at the workplace so as to prevent the spread of the infection and protect infected workers or those who are perceived to be living with HIV/AIDS from discrimination.

c) The ITF should urge and assist all its affiliates to intensify information, education and communication on HIV/AIDS preventive measures.

d) The ITF should spearhead the formulation of, and encourage its affiliated unions to negotiate, effective workplace policies based on the ILO Code of Practice on HIV/AIDS and the World of Work, aimed at prevention, care and support and a healthy work environment. Confidentiality, non-discrimination and the principle of no screening for employment purposes need to be included in these workplace policies.

e) The ITF should encourage employers to strengthen and maintain health facilities in their organisations by putting more resources into them and putting up clinics/hospitals where none exist.

f) The ITF should call upon all manufacturers and governments worldwide to avail and make antiretroviral drugs more affordable.

g) The ITF should call upon governments and employers to accept the underlying work related causes – such as sustained periods away from home – that render transport workers more vulnerable to HIV infection, and address these issues.

h) The ITF should call upon governments to educate people so that they are aware of how to protect themselves and others from HIV infection, particularly being mindful of the fact that it is easier for a man to pass the infection to a woman than a woman to a man.

i) The ITF should make the strongest representations to governments to:

(1) Make sure that women are educated to a standard that enables them to secure well-paid job so that they do not have to rely on an infected male partner for their livelihood.

(2) Make sure that the access to these jobs is not barred by patriarchal male attitudes.

Annex 5

Employers' organizations in the transport sector

Road transport

International Road Transport Union (IRU)

3, rue de Varembe
PO Box 44
1211 Geneva 20
Switzerland
Tel: +41 22 918 27 00
Fax: +41 22 918 27 41

IRU Commission on Social Affairs

IRU Permanent Delegation to the EU
32-34, avenue de Tervuren
Bte 37
B-1040 Brussels
Belgium
Tel: +32 2 743 25 88
Fax: +32 2 743 25 99

Air transport

International Air Transport Association (IATA)

Head Office:
800, place Victoria
PO Box 113
Montreal H4Z 1M1
Quebec, Canada
Tel: +1 514 874 0202
Fax: +1 514 874 9632
Website: <http://www.iata.org/index.htm>

IATA Executive Offices, Geneva:

33, route de l'Aéroport
PO Box 416
Geneva - 15 Airport
Switzerland
Tel: +41 22 770 2525
Fax: +41 22 798 3553

Airports Council International

PO Box 16
1215 Geneva 15 - Airport
Switzerland
Tel: +41 22 717 8585
Fax: +41 22 717 8888
Website: <http://www.airports.org>

See too:

Civil Air Navigation Services Organization: <http://www.canso.org/canso/web>

European Low Fare Airlines Association: <http://www.elfaa.com>

Ports

International Association of Ports and Harbors

Head Office

7th fl., South Tower, New Pier Takeshiba

1-16-1 Kaigan, Minato-ku

Tokyo 105-0022

Japan

Tel: +81 3 5403 2770

Fax: +81 3 5403 7651

Website: <http://www.iaphworldports.org>

See too:

The Port Management Association of Eastern and Southern Africa: <http://www.pmaesa.org>

Federation of European Private Port Operators: <http://www.feport.be>

European Sea Ports Organisation: <http://www.espo.be>

Maritime transport

International Shipping Federation

International Chamber of Shipping

Carthusian Street 12

London EC1M 6EZ

United Kingdom

Tel: + 44 20 7417 8844

Fax: + 44 20 7417 8877

Website: <http://www.marisec.org/>

International Council of Cruise Lines

Wilson Boulevard 2111, 8th Floor

Arlington, Virginia 22201

United States of America

Website: <http://www.iccl.org>

See too:

International Ship Managers' Association: <http://www.isma-london.org>

European Community Shipowners' Associations: <http://www.ecsa.be>

Asociación Latinoamericana de Armadores (Latin American Shipowners' Association):

Blanco 869, Piso 3ero

Valparaiso

Chile

Tel: +56-32-212057/58

Fax: +56-32-212017

E-mail: ARMADORE@entelchile.net

Railways

Union internationale des chemins de fer (International Union of Railways)

16, rue Jean Rey

75015 Paris

France

Tel: +33 (0) 1 44 49 22 30

Fax: +33 (0) 1 44 49 22 39

Website: <http://www.uic.asso.fr>

Annex 6

Examples of HIV/AIDS projects with a transport-related component

Project	Countries/ regions	Links
Social marketing & communications for health, PSI (Population Services International)	Myanmar borders with Bangladesh, China, India, Lao People's Democratic Republic, Thailand	http://www.psi.org/where_we_work/myanmar.html
UNDP South-East Asia and HIV Development Programme (includes migration and other forms of mobility)	South-East Asia	http://www.hiv-development.org/projects/sea_projects.asp
Creative Partnerships for the Future, Thailand Business Coalition on AIDS	Thailand	http://www.unescap.org/tctd/pubs/files/hiv2001.pdf http://www.hiv-development.org/text/publications/reduction_transport_sector.pdf
The National Highway One Project, World Vision International	Viet Nam	http://www.globaleducation.edna.edu.au/globaled/page433.html http://www.unescap.org/tctd/pubs/hiv01_1_1.htm
Prevention of STD/HIV/AIDS along the highway in Tamil Nadu (PATH)	India	http://www.unescap.org/tctd/pubs/hiv01_2_12.htm http://www.gramalaya.org/aidsprevention.html
Free Tea Parlours	India	http://www.iaen.org/files.cgi/7021_rao.pdf

Project	Countries/ regions	Links
Trucking Against AIDS, Road Freight Association and the National Bargaining Council	South Africa	http://www.transport.gov.za http://www.unescap.org/tctd/pubs/hiv01_5_1.htm
HIV/AIDS prevention in the transport sectors of eight Southern African countries, ILO	Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zimbabwe	http://www.transport.gov.za http://www.ilo.org/public/english/protection/trav/aids/projects/sweden.htm http://www.ilo.org/public/english/protection/trav/aids/publ/tech_coop/part4tech_cooperation.pdf
Corridors of Hope, USAID	Southern Africa, Durban/Lusaka Highway	http://www.usaid.gov/zm/hiv/hiv.htm
SADC transport sector HIV/AIDS prevention and mitigation initiative World Vision with EU funding	SADC member countries	http://www.wvi.org
International Transport Workers' Federation HIV/AIDS project	Eastern and Southern Africa (coordinated in Uganda)	http://www.itf.org.uk
HIV/AIDS prevention in the road transport sector in Southern Africa GTZ and European Union	Southern Africa	http://www.gtz.de/aids/english/praktiken.html

ILOAIDS

International Labour Office

4, route des Morillons

CH-1211 Geneva 22

Switzerland.

E-mail: iloaids@ilo.org

Website: www.ilo.org/aids

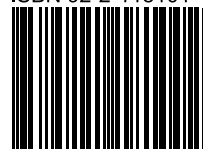


Joint United Nations Programme on HIV/AIDS

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UNHCR • UNICEF • WFP • UNDP • UNFPA
UNODC • ILO • UNESCO • WHO • WORLD BANK

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