

Regional Workshop on HIV in the Road Transport Sector in Southern Africa



Piggs Peak, Swaziland
September 26-28, 2007

1 Foreword

The International Organization for Migration (IOM) in conjunction with the World Food Programme (WFP), the Southern Africa Development Community (SADC), North Star Foundation (NSF) and the United Nations Joint Programme on HIV/AIDS (UNAIDS), organized a Regional Workshop on HIV in the Road Transport Sector for Southern Africa on 26-28 September, 2007 in Piggs Peak, Swaziland.

The workshop's specific objectives were outlined as follows:

1. To share lessons learned of HIV responses in the road transport sector in southern Africa, which would allow the identification and agreement upon;
2. To facilitate networking and increased coordination among partners and stakeholders working in the road transport sector in selected countries, and among different agencies implementing HIV initiatives in the road transport sector, to avoid duplication and to strengthen and upscale responses; and
3. To outline a way forward ("Roadmap") for future interventions and activities.

Participants came from the SADC secretariat, SADC governments, the private sector, the donor community, international organizations, civil society, and research institutions (see Annex 2). The wealth of this multi-national and multi-sectoral diversity encouraged extensive sharing of lessons and, based on these lessons it facilitated agreement on the main way forward.

The evaluation results of the workshop showed that all participants agreed that this workshop provided valuable insights into the prevailing situation of HIV in the road transport sector and that lessons and experiences were shared by various stakeholders.

The in-depth discussions formed the basis for an agreed regional framework on which to pursue future engagement on the subject at both the national and regional levels.

Barbara Rijks, Regional HIV/AIDS Coordinator, IOM Regional Office for Southern Africa
Robin Jackson, Head HIV/AIDS Unit, World Food Programme
Luke Disney, Co-director, North Star Foundation

2 Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ANC	Ante Natal Care
ART	Antiretroviral therapy
BCC	Behaviour Change Communication
CBO	Community Based Organization
COH	Corridors of Hope
CSW	Commercial Sex Worker
EU	European Union
FHI	Family Health International
GTZ	German Technical Cooperation
FSW	Female Sex Worker
IEC	Information Educational and Communication
ILO	International Labour Organization
IOM	International Organization for Migration
ITF	International Transport Federation
HIV	Human Immunodeficiency Virus
LDTD	Long Distance Truck Driver
MARPS	Most at Risk Populations
NBCRFI	National Bargaining Council for the Road Freight Industry
NGO	Non governmental organization
PEPFAR	President's Emergency Programme for AIDS Relief
PHAMSA	Partnership on HIV and Mobility in Southern Africa
ROADS	Regional Outreach for Addressing AIDS through Development

Strategies

SADC	Southern Africa Development Community
STI	Sexually Transmitted Infection
SIDA	Swedish International Development Cooperation Agency
USAID	United States Agency for International Development
UNGASS	United Nations General Assembly Special Session
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
VCT	Voluntary Counseling and Testing
WBCG	Walvis Bay Corridors Group
WFP	World Food Programme

Table of Contents

1	Foreword	2
2	Acronyms	3
3	Background	6
4	Welcoming Remarks.....	9
5	Setting the Scene	9
6	Presentations	11
6.1	Case Studies: HIV Responses in the Road Transport Sector	11
6.1.1	HIV Responses in South Africa's Trucking Industry	11
6.1.2	Meeting the Business Challenge of HIV/AIDS	15
6.1.3	The Walvis Bay Corridor Group HIV/AIDS Helpdesk	18
6.1.4	Targeting long distance truck drivers in Zambia	20
6.1.5	Regional Outreach for Addressing AIDS through Development Strategies (ROADS) Project.....	22
6.2	Research on HIV in the Transport Sector and Transport Corridors.....	26
6.2.1	Men on the Move: STIs, HIV and Health-seeking Behavior Among Long-Distance Truck Drivers in South Africa	26
6.2.2	Mapping Transactional Sex on the Northern Corridor Highway of East Africa	28
6.2.3	Impact of HIV and AIDS in the Transport Sector in Namibia	33
6.3	Policy Development on HIV in the Transport Sector	36
6.3.1	HIV/AIDS Prevention & Impact Mitigation in the Transport Sector: An ILO Response to the Problems of HIV and AIDS in the Southern African Sub-region ..	36
7	Discussion and Recommendations	40
7.1	Integrated Health Services	41
7.2	Multi-Sectoral Communication Strategy	42
7.3	Coordination, Quality Assurance and Partnership Building.....	42
7.4	Regional Monitoring and Evaluation Framework	43
7.5	Strategic Information.....	44
7.6	Advocacy and Policy Development	44
8	Conclusion	45
	Annex 1 Workshop Agenda, Regional Workshop on HIV in the Transport Sector in Southern Africa, 26-28 September 2007	47
	Annex 2 List of Participants.....	50

3 Background

The road transport sector in southern Africa has been greatly affected by HIV and AIDS. Long distance truck drivers as well as other workers in the transport sector continue to be vulnerable to HIV infection and experience high morbidity and mortality.¹ Different research shows that populations living and moving along large transport corridors, such as CSW, transport workers, local businessmen etc are vulnerable to HIV infection.

Some of the individual factors increasing HIV vulnerability in the road transport sector include high levels of unprotected sex and low risk perception. Contextual factors include a lack of comprehensive workplace programmes for workers in the road transport sector that include issues such as health promotion, appropriate accommodation, enough resting time, medical aid etc. In addition, limited access to appropriate health services at key points along corridors are common challenges. Broader structural factors such as the national, sectoral and regional policies on labour, migration and health have an overall impact on the HIV epidemic, primarily by determining the conditions under which the sector operates.²

Different studies from Southern, East and West Africa show that truck drivers and their sexual partners are vulnerable to HIV. A survey in Kwa-Zulu Natal (South Africa) found that truck drivers that visited CSW at truck stops had an HIV prevalence of 56%. Fairly similar rates were also found among the CSW servicing the truck drivers and their assistants along the same transport corridor.³ The prevalence of sexually transmitted infections (STIs) recorded in this study was also high ranging from 14% to 71% among the CSW.⁴

In Kenya and Uganda, HIV prevalence rates were found ranging from 25% to 32% among truck drivers operating along the northern transport corridor (from Mombassa to

1 Center for Communicable Diseases Control. HIV/AIDS Surveillance Report 2004, Vol.16:2005. Available at www.cdc.gov/hiv/resources/reports; Evian, C. HIV Prevalence Survey in South African Transport Company, August 2000

2 World Bank.2006. South Asia Multi Sector briefs on HIV/AIDS: Transport and Infrastructure. Available at : www.worldbank.org/publications

3 Ramjee G, Gouws E. 2002. Prevalence of HIV among truck drivers visiting sex workers in KwaZulu- Natal, South Africa. *Sexually Transmitted Diseases* Jan. 29(1): 44-49

4 Ramjee G., Karim SS., Sturm A.W. 1998. Sexually Transmitted infections among sex workers in KwaZulu-Natal, South Africa. *Sexually Transmitted Diseases* Aug; 25(7):346-9

Kampala).⁵ A mapping study along the same northern transport corridor showed extensive co-mingling of different sub-populations, such as transport workers, traders, CSW, and the local population. This study was presented at the workshop and will be discussed in more detail in section 4.2.⁶

Studies from West Africa found the age range of truckers to be between 15 and 48 years, with most truckers aged 30 years old and above. The epidemiological data available showed HIV prevalence among truckers ranging from 3 per cent to 32 percent. Comparisons show that truckers have higher infection rates than the general population and pregnant women, but lower rates than TB patients and sex workers.⁷

As most drivers become aware of the risk of engaging in unprotected casual sex, some of them have opted to have semi-regular sexual partners along the transport route. Since this involves some level of trust and relationship building there is an erroneous assumption that sexual encounters in such a context are less risky and therefore making condom use less likely.⁸ In Cote d'Ivoire for example, almost 40 per cent of truckers had sex with an occasional partner whereas only 16 per cent had sex with sex workers.⁹ In Nigeria, truckers' girlfriends are found to represent an essential component of their social network at regular truck stops.¹⁰

Stopover towns often contain a high proportion of young women and men from surrounding rural areas, attracted by the economic opportunities in such towns. Young

5 Mbugua et al. 1995. Epidemiology of HIV infection among long distance truck drivers in Kenya. East African Medical Journal 72 (8):515-518

6 Ferguson A., Chester M., 2007. Mapping transactional sex on the Northern Corridor highway in Kenya. Health & Place, Vol.13 Issue 2, p504-519

⁷ International Organization for Migration (IOM) and Joint United Nations Programme on HIV/AIDS (UNAIDS), 2005: HIV and Mobile Workers: A Review of risks and programmes among Truckers in West Africa.

8 Bwayo J et al.1991. Long distance truck drivers 2: Knowledge and attitudes concerning sexually transmitted diseases and sexual behavior. East African Medical Journal 68(9): 714-19. Ferguson A., Chester M., Ibid

⁹ Zanou, B., et al: Enquete de surveillance de comportements relatifs aux MST/SIDA en Cote d'Ivoire (BSS 1998), Rapport d'analyse des donnees de l'enquete aupres des routiers, ENSEA, FHI, PNLS, IRESCO, Abidjan, septembre 1999

¹⁰ The Synergy Project, Putting on the brakes: preventing HIV transmission along truck routes, Part II, Truck Routes, 2002

girls and female itinerant traders may exchange sexual services with truckers for free transportation, negotiating in advance or offering sexual services at their destination.¹¹

Some studies have also established that a significant number of workers in the road transport sector have continued to engage in unprotected casual sex, despite being aware of its dangers. Various suggestions have been put forward to explain this behaviour and they include fatalism as a result of dangerous working environments; machismo based on a socially sanctioned promiscuity; widespread alcohol and substance abuse; and the effects of stigma from the wider society.¹²

Research conducted by the International Transport Federation (ITF) in Uganda revealed a clear link between working conditions of transport workers and their vulnerability to HIV infection. Factors include long periods away from home, stigmatization at the work place, slow progress at border points, limited access to health services and inadequate recreational facilities along the transport corridors. These conditions are not limited to Uganda, but common throughout sub-Saharan Africa and other low income regions of the world.¹³

Some of the policy challenges include lack of sectoral HIV and Transport Policies and limited harmonization of migration and customs protocols in the region. For instance the national and regional policy discrepancies often lead to unnecessary delays across borders. Similarly lack of conformity in policies impedes access to health care services for truck drivers when traveling in countries other their own. Responding to these challenges requires national as well as integrated regional approaches by government, business and civil society.¹⁴

Despite the many response and achievements in addressing HIV prevention and mitigation in the Transport Sector in Southern Africa, there are still a multitude of

¹¹ Anarfi, J.K., Appiah, E.N., Awabuso-Asare, K., Livelihood and the risk of HIV/AIDS infection in Ghana: the case of female itinerant traders, *Health Transit Review*, 1997,7 Supplement: 225-42

¹² Wilson D et al. 1994. Community interventions in Zimbabwe: Analysis of a Multi-site Replication. Pp. 83-98 in *Focusing Interventions Among Vulnerable Groups for HIV infection: Experiences in Eastern and Southern Africa*

¹³ International Transport Federation. 2000. HIV/AIDS and Transport Workers: ITF Project in East Africa. Available at : www.itf.org/publications

¹⁴ International Labour Organization. 2005. HIV/AIDS and the World of Work: Guidelines for the Transport Sector. Available at www.ilo.org/aids

challenges. It is hoped that this workshop will identify some best practices, promote increased collaboration and coordination and provide the impetus for upscaling of successful programmes and policies.

4 Welcoming Remarks

The workshop was officially opened by Mr. Churchill Dlamini, Under-Secretary in the Ministry of Transport and Public Works, Government of Swaziland. He indicated that Swaziland's HIV prevalence is 39.2% and that urgent action is needed. Mr. Dlamini singled out the transport sector as one of the sectors most affected by the HIV epidemic both in Swaziland as well as the wider region. In response, the Government of Swaziland has developed an ambitious National Road Freight Policy on HIV to guide and inform the response to HIV in the Transport Sector. However, this process has not been without challenges including limited financial resources and lack of commitment, among others.

Ms. Mulunesh Tennagashaw, UNAIDS Country Coordinator for Swaziland, noted that the forum was timely and would not only highlight the successes achieved so far, but also promote discussions on how to scale up innovative HIV responses in the transport sector. She indicated that time for complacency is long gone and stressed the need for continuous learning towards quality programming. Ms. Tennagashaw further implored the participants to debate openly on ways to improve HIV programming for better results.

Ms. Doreen Sanje, Technical Advisor Partnership Coordination at the SADC HIV/AIDS Unit revisited the commitments and pledges that were made by SADC member states and recommended them as instruments through which to scale up HIV responses in the transport sector. Ms. Sanje highlighted the need for sustained action as well as the mobilization of strategic resources to achieve the desired goals.

5 Setting the Scene

Barbara Rijks, International Organization for Migration

Ms. Rijks, regional HIV/AIDS coordinator at IOM's Regional Office for Southern Africa, highlighted the complex role of mobility in a generalized HIV epidemic. Even though road transport workers are no core transmitters they may be at increased risk to HIV

infection. Different studies show that there is high HIV prevalence amongst truck drivers and CSW along high volume transport corridors with low reported condom use with permanent and semi-permanent partners. Stress, boredom and substance abuse are high and there is little time for rest and relaxation which may increase risk taking behaviour of truck drivers when they are not on the road. In addition, truck drivers may have difficulty accessing appropriate health services and get timely treatment for an STI.

However, mobility doesn't seem to be the only deciding factor for increased vulnerability to HIV amongst workers in the transport sector. An anonymous sero-prevalence survey conducted in 2000 among employees in a Transport Company in South Africa showed little difference between the workers in the "operations" department¹⁵ (18.3%) and the truck drivers (17.9%). Age seemed to be an important factor with 57% of all HIV positive workers under the age of 39 years. Even though this is only one prevalence study, Ms Rijks urged participants to take caution in assuming truck drivers to be driving the HIV epidemic and possibly stigmatizing them in the process.

Ms Rijks stressed the need to focus attention on the contextual factors that impact on the individual HIV vulnerability such as working conditions in the road transport sector, including issues of accommodation, medical aid benefits and access to health services amongst other things.

Furthermore, Ms. Rijks introduced IOM's Partnership on HIV and Mobility in Southern Africa (PHAMSA) which aims to contribute to the reduction of HIV incidence and impact of AIDS among migrant and mobile workers and their families in selected sectors in the SADC region. This regional programme, which is funded by SIDA, targets six sectors that are characterised by high mobility and migration. They are Commercial Fisheries, Commercial Agriculture, Mining, Construction, Cross Border Sites, and Road Transport Sectors. In all sectors IOM is implementing four project components: 1) Advocacy for Policy Development, 2) Research, 3) Regional Coordination and Technical Cooperation

¹⁵ Employees from the road transport sector that fall in the category "operations" include workers that work in warehouses to load and offload trucks

and 4) Pilot Projects. In the Road Transport Sector IOM is involved in the following activities:

1. Implement research on HIV vulnerability among workers in the transport industry;
2. Improve networking, coordination and cooperation between HIV responses in the Transport Sector in southern Africa; and
3. Provide technical assistance on HIV dynamics of labor migration to stakeholders in the transport sector where needed.

This regional workshop responds to the second activity i.e. to improve networking, coordination and cooperation between organizations that are involved in HIV responses in the Transport Sector in southern Africa. Ms Rijks stated the need to promote cooperation and collaboration in the region and beyond and expressed her hope that this workshop would contribute to this.

As southern Africa is the global epicenter of the HIV epidemic, Ms. Barbara Rijks urged the workshop participants to critically examine their respective interventions and determine what works for good practice documentation and replication.

6 Presentations

The presentations at this workshop were broadly grouped into three categories i.e. case studies, research and policy development.

6.1 Case Studies: HIV Responses in the Road Transport Sector

6.1.1 HIV Responses in South Africa's Trucking Industry

Louis Hollander, National Bargaining Council for the Road Freight Industry (NBCRFI)

The South African National Bargaining Council for the Road Freight Industry is the negotiation forum in which the Government, Road Freight Employers Association and six unions¹⁶ negotiate nationally on wages and working conditions for drivers and other workers employed in the South African Road Freight Industry. The Bargaining Council is established within the framework of the South African Labour Relations Act and

¹⁶ African Miners and Allied Workers Union, Motor Transport Workers Union (South Africa), Professional Transport Workers Union of South Africa, South African Transport and Allied Workers Union, South African Allied and Commercial Workers Union, Transport and Allied Workers Union

regulates all substantive benefits for the 60 000 employees within the Road Freight Industry in South Africa.

In 1999 the Road Freight Industry established a Wellness Committee which is managing two HIV related programmes:

- The Trucking Against AIDS project; and
- The Trucking Industry Roll-Out of ARV's.

1) Trucking Against AIDS (TAA)

This presentation described the impact of HIV and AIDS on the road freight industry in South Africa. High attrition rates of experienced drivers and disrupted production schedules negatively affect the industry and drive up the costs of doing business.

To respond to this challenge the NBCRFI started the "Trucking Against AIDS" initiative in 1999 to raise awareness on STIs, including HIV, and promote health seeking behaviour among long-distance truck drivers and "women at risk", most notably commercial sex workers.

The project started off with an education and training drive which included peer education at company level and disseminating audio cassettes amongst employees with HIV prevention messages. TAA also assisted companies to establish non-discriminatory HIV/AIDS policies.

The Wellness Committee realised that this was not enough and that it had to take the project closer to its workers and therefore established Roadside Wellness Centres along national routes and at border posts. Since 2000, twelve wellness centres have been established at strategic points along main transport corridors in all 9 provinces of South Africa.

Figure 1: Location of TAA Wellness Centres in South Africa



Figure 2: Roadside Wellness Centre

Services offered through the wellness centres include HIV and AIDS awareness education, primary healthcare, STI screening and treatment, food supplements, condom distribution and voluntary HIV/AIDS counseling and testing (VCT).

Since the start of the project, nearly 270 000 drivers and “women at risk” were trained; about 102 000 patients were treated of which 42 000 for STIs; 5 million condoms were distributed and the Roadside Wellness centres have been adopted as a successful model by the World Food Programme for roll out in the wider African region.

The wellness committee is also operating three Mobile Wellness Centres that offer similar services as the Roadside Wellness Centres and takes the services to depot level where all staff can be trained and tested.

Lessons learned include:

- The need for focus and partnerships (Department of Health, Transport companies, Unions, SIDA);
- Using “Wellness Centre” vs “AIDS clinic” is central to drawing the target groups to utilise services and reduce stigma;
- Employing staff from the communities around the truck stops is key to building trust and ensuring effective delivery; and
- Accessibility and convenience of services is essential.

2) Trucking Industry Roll out of ARVs in South Africa (“the Wellness project”)

The second HIV related programme which is managed by the Wellness Committee is the roll out of ARVs in the Trucking Industry in South Africa. In 2003, the parties at the National Bargaining Council for the Road Freight Industry agreed to a Wellness strategy which has three objectives:

- Integrated Management of all HIV/AIDS Programmes;
- Network of service providers for affordable medical treatment, counseling and other services; and
- Education and behavioural change programmes.

A Wellness Agreement was drafted and submitted to the Minister of Labour who promulgated the Agreement on the 9th of July 2007. Both Employers and Employees will fund this Wellness Project:

- Employees will contribute 0.5% from his/her basic salary per month; and
- Employers will contribute 1% of employees basic salary per month.

Based on a 25% HIV prevalence rate and 10% uptake of treatment, the roll out will cost approximately ZAR12 470 per HIV positive patient per year. Pending issues that have not been conclusively addressed include caring for the families of beneficiaries, and how to cater for patients on ARV once they are beyond the borders of South Africa.

6.1.2 Meeting the Business Challenge of HIV/AIDS

Luke Disney, North Star Foundation

The North Star Foundation (NSF) is a public-private partnership which is funded by private and public organizations including TNT, a global mail and express delivery company, and the United Nations World Food Programme.

NSF recognized the success of the TAA wellness centres being implemented in South Africa and have started to replicate them in other parts of the region starting with two centres in Malawi and one in Swaziland. NSF aims to establish an extensive network of wellness centres in southern Africa. However, some of the challenges cited include funding constraints and lack of trained personnel to staff the centres.

Luke Disney argued that from a business perspective transport companies should pro-actively respond to HIV in the workplace for the following reasons:

- In some countries in the region more than 27% of the drivers are driving sick and 21% are driving with a STI. These drivers are responsible for carrying US\$5-30 million worth of cargo and operate equipment with a high capital cost investment from the company. The risk for losses to either the company or the client is high.
- Direct impact on the bottom line. Rising costs for insurance, health benefits, recruitment, retraining, loss of goods, pipeline breaks, damaged reputation.
- Companies are responsible for protecting employees' rights to life and rights to health, and are expected to contribute to the achievement of the Millennium Development Goals through combating HIV/AIDS and other diseases, and by working with governments, international agencies and NGOs to promote development.

One of the key strategies of NSF is to increase the role of business as an integral partner in responses aimed at addressing HIV and AIDS in the transport sector. NSF commissioned a mapping exercise to identify suitable locations for roadside wellness centres in South African Development Community (SADC) countries (see Figure 3). NSF hopes to have 25 centres operational in the region by 2010.

Figure 3: Potential Wellness Centre Locations along major transport corridors in Southern Africa



6.1.3 The Walvis Bay Corridor Group HIV/AIDS Helpdesk

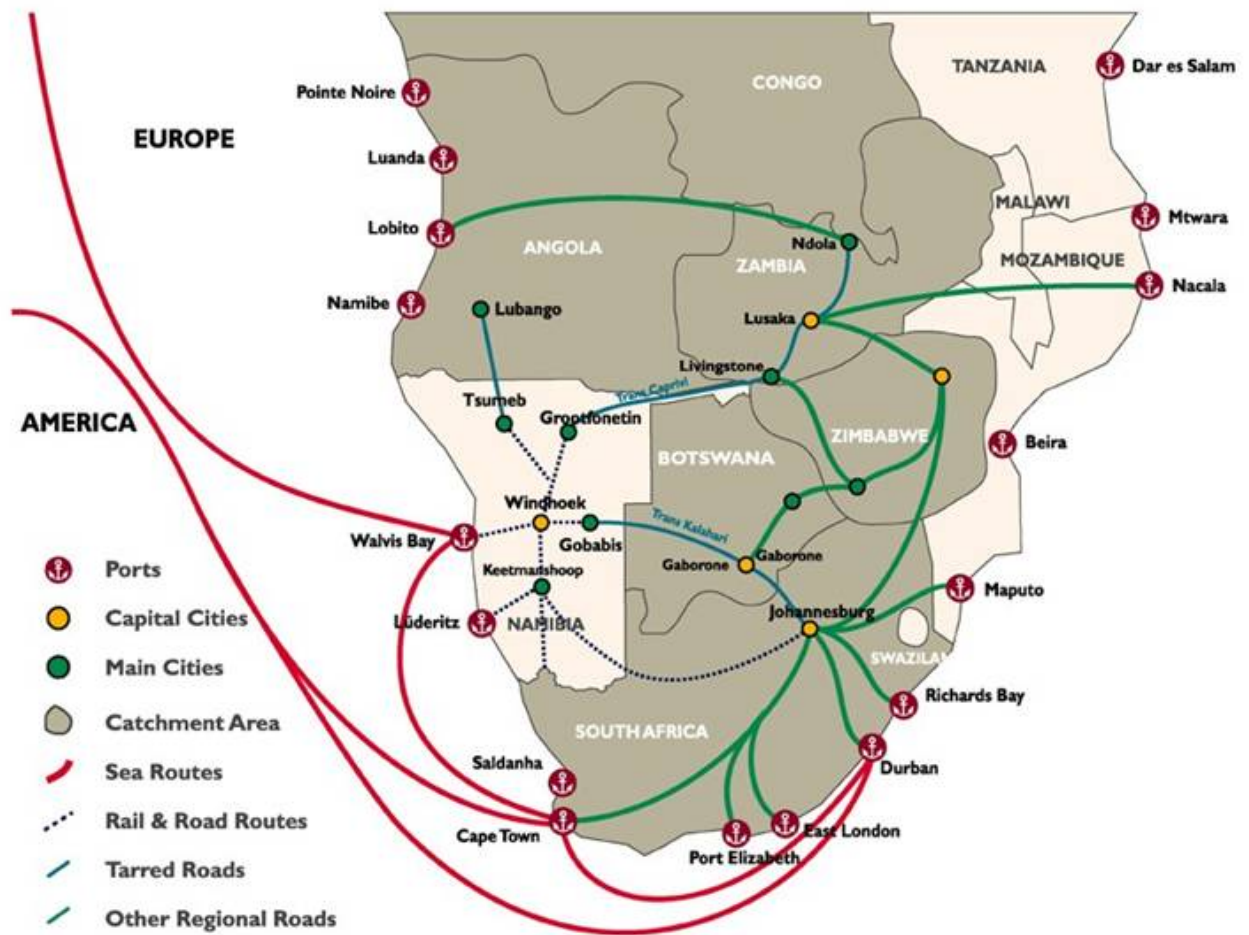
Johnny Smith, Walvis Bay Corridor Group (WBCG)

The core business of the WBCG is business development, cross border facilitation and infrastructure development. It is a Public Private Partnership of the Namibian Government and logistics providers.¹⁷

The WBCG HIV/AIDS Help Desk was established in 2005 to assist in the coordination of the responses. The vision of the WBCG HIV/AIDS Help Desk is to be the leading group in responding to the HIV/AIDS pandemic in the transport sector nationally and along the corridor routes in the SADC region. Its mission is to mitigate the impact of HIV/AIDS in the transport sector by facilitating the implementation of Comprehensive HIV/AIDS Workplace Programmes.

¹⁷ Walvis Bay Port Users Association, Namibian Association of Freight Forward, Namibian Road Carriers Association, Namibian Ports Authority, Transnamib, Namibian Chamber of Commerce & Industry, Municipality of Walvis Bay, Ministry of Trade & Industry Investment Center, Ministries of Finance, Works, Transport and Communication

Figure 4: Walvis Bay Corridor Routes



The WBCG HIV/AIDS Help Desk, through the services of an external business HIV/AIDS agency, provides the following services to member companies:

- Legal advice;
- Support for terminally ill employees;
- Access to socially marketed condoms;
- HIV/AIDS treatment options.

To date the Group includes 12 transport companies with a total workforce of 4,075 employees. A mini audit of these companies showed that the workforce is predominantly male and over 60% of these workers are office-based. Only one member company has conducted an HIV/AIDS impact assessment study, one member has

established an on-site clinic and two member companies have full time Occupational Health Officers. Ten of the twelve member companies offer group medical aid schemes with very good cover for HIV/AIDS and eleven member companies are currently in the process of implementing the Group HIV/AIDS Workplace Policy.

Lessons learnt include:

- The highest level of management support is critical for a coherent and comprehensive response;
- Establishment of a HIV/AIDS Steering Committee that includes top level management;
- Need for clear strategies and defined roles and responsibilities especially ToR for Peer Educators and Supervisors;
- Monitoring and Evaluation strategies need to be put in place to measure programme efficiency;
- The involvement of PLWHA is vital in workplace programme strategy designs;
- Sustainability of an effective Workplace Programme predominantly depends on promoting a healthy life style without creating room for stigma and discrimination; and
- Member Companies focus areas are based on business and profits.

The group also advocates for the harmonization of border crossing protocols in the region in order to shorten the average duration of truckers at border crossings. Plans are underway to develop an informative tool kit for drivers as a means to further disseminate HIV prevention messages.

6.1.4 Targeting long distance truck drivers in Zambia

Joseph Kamanga, Corridors of Hope, Zambia

Corridors of Hope (COH) Zambia (Phase II) was launched in February 2007 and is built on the first phase of the Corridors of Hope project that has been implemented since 2000 and covers 10 border posts and transport corridors in the region.

COH conducted three Rounds of BSS in 2000, 20003, 2006. The findings suggest that the first phase of COH has been successful and raised the awareness and changed the behaviour of the two main target groups, LDTD and FSWs:

- LDTDs have good level of education and therefore can comprehend messages (72% 2000, 80% 2006);
- In 2006 FSWs had better education level than in 2000 (52% 2006, 41% 2000);
- In 2006 proportion of LDTDs who consumed alcohol frequently remained stable since 2000 but increased (15% 2000 to 35% 2006), among FSWs;
- In 2006 LDTDs reporting sex with FSWs in past 12 months reduced;
- In 2006 more LDTDs reported 'always' using a condom with FSWs 30 days prior to survey;
- In 2006 fewer LDTDs reported sex with regular sex partner (girlfriends) other than spouses;
- In 2006 proportion of LDTDs reporting STIs declined; and
- Proportion tested for HIV significantly reduced in LDTDs and increased in FSWs.

The main lessons learned of the first phase of COH is that the focus of the programme should go beyond female sex workers and long distance truck drivers to cover other groups in the community because the sexual networks go beyond the high risk populations. The cooperation of trucking company executives is essential and involvement and cooperation of law enforcement officers is necessary

Corridors of Hope (COH) Zambia (Phase II) is funded by USAID/PEPFAR for three-years. The overall goal of the project is to decrease HIV transmission, morbidity and mortality among MARPS and general population, change community norms of sexual behavior and build local capacity and enhance sustainability beyond the life of the project.

The objectives of COH II are to:

- Increase the Provision of Comprehensive HIV/AIDS Prevention Services and Behavior and Social Change Interventions;
- Link with referral network for care and treatment with education and economic improvement activities; and
- Engage and mobilize community leaders and local organizations;

Activities at Static Sites

- HIV counseling and testing;
- STI screening and treatment;
- Couples counseling;
- Prevention with positives;
- PEP referrals for victims of sexual violence;
- Behavior change messages;

Community Outreach Activities

- Risk reduction education;
- Targeted condom promotion and distribution;
- Mobile CT and STI services;
- Referral services, and links to vocational skills and training for women and youth; and
- Behavior change reinforced through social mobilization.

COH aims to have seven sites operational In October 2007 and they include Chirundu (border Zambia/Zimbabwe), Livingstone (border Zambia/Zimbabwe), Kazungula (border Zambia/Botswana), Kapiri-Mposhi (main town along transport corridor in Zambia), Chipata (Border Zambia/), Nakonde (border Zambia/Tanzania) and Solwesi (border Zambia/DRC)

6.1.5 Regional Outreach for Addressing AIDS through Development Strategies (ROADS) Project

Shelagh O'Rourke, Senior Advisor for Prevention and Support, USAID/East Africa

The Regional Outreach for Addressing AIDS through Development Strategies (ROADS) is a community focused initiative that seeks to implement HIV prevention and AIDS care and support services in 23 "hot spot" communities linked by major transport routes across nine East and Central African countries. These countries are Burundi, the Democratic Republic of the Congo, Djibouti, Ethiopia, Kenya, Rwanda, Southern Sudan, Tanzania, and Uganda.

Figure 5: Corridor Routes in DRC, Tanzania, Kenya, Rwanda, Burundi, Uganda



These countries represent the second most HIV and AIDS affected region in the sub Sahara Africa with more than 6 million living with HIV and AIDS and a population of nearly 600, 000 orphaned by the disease. The project has recognized that in as much as transport corridors are economic life lines, they also play a key role in the spread of HIV particularly along impoverished host communities in the region. Conditions such as high unemployment, low levels of awareness and limited access to services create a “perfect storm” for driving the epidemic.

Figure 6: Corridor Routes in Uganda, Sudan, Ethiopia and Djibouti



The ROADS Project is using a number of innovative strategies to address transport communities issues. The project has created a unique community mobilization structure called “community clusters” to promote increased use of life-saving services including linkages to antiretroviral treatment.

The project aims to have “SafeTStops” in the hot spots along the selected corridors.

These include:

- Safeguard health through increased use of HIV/AIDS health services;
- People are safe & have skills to talk about and take action to address HIV/AIDS;
- Improved access to safety nets for most vulnerable families and children;
- Reduction in unsafe use of substances such as alcohol;

- Women and children are safe from violence and sexual exploitation; and
- Increased ability to secure safe income.

A critical ROADS component is addressing root causes of behavior that puts populations at risk of acquiring HIV through its partnership with regional and international businesses called "Life-Works". Through this approach the project has reached a significant majority of the remote and border populations. Especially low-income, high risk women; older orphans and vulnerable youth; and community care

Providers are targeted with employment opportunities.

Challenges & Lessons Learned

- One shouldn't underestimate the logistical and physical challenges of working across many countries in often remote sites;
- Collaboration with other donors and implementers is time consuming but critical;
- Governments are often resistant to needs of mobile groups but do respond to advocacy;
- Provision of Antiretrovirals and other treatments at SafeTStops without these services;
- Alcohol and gender based violence is a major issue that has been generally avoided; and
- Multi-sectoral approach is often difficult for health workers to grasp.

Recommendations

- Creation of linkages is critical. Only implement services when absolutely necessary;
- Advocacy with national and local government essential to success; and
- Communities know what is needed---listen to and involve them.

6.2 Research on HIV in the Transport Sector and Transport Corridors

6.2.1 Men on the Move: STIs, HIV and Health-seeking Behavior Among Long-Distance Truck Drivers in South Africa

Mdu Mntambo, Reproductive Health & HIV Research Unit

As a result of concerns about the transmission of HIV within the road transport industry, the Department of Health of South Africa (DOH), together with the Road Freight Association (RFA) and the National Bargaining Council for the Road Freight Industry (NBCRFI) established a project known as Trucking Against AIDS.¹⁸ The purpose of this project is to provide accessible roadside STI treatment and prevention services at 7 points throughout the country for truck drivers at truck stops along several of the major transport routes in South Africa.

Mdu Mntambo presented the findings of a national, representative survey consisting of 1,900 workers in the long-distance trucking industry (truck drivers, co-drivers and their assistants) in South Africa. The objectives of the study were to determine:

- the prevalence of HIV and STIs;
- the relationship between socio-demographics, behaviour and HIV;
- the occupational health needs of long-distance truck drivers; and
- whether roadside clinics lead to an increased access to STIs/HIV prevention services.

The study sample was drawn from 109 small, medium and large road-freight depots which represented 10% of all Road Freight Association (RFA) depots country wide. All surveyed consented to a 45 minute interview & urine/saliva sample.

Main Findings

- About half (48%) of those surveyed were aged 35-49 and a significant majority reported being married or cohabiting with a steady partner;

¹⁸ See presentation "HIV Responses In South Africa's Trucking Industry"

- Over 80% had either primary or junior secondary education. More than half the truckers (55%) were earning between R1800-R3600 per month and most had worked in the industry for 1-5 years;
- The prevalence of HIV was estimated at 26%, while STIs, Chlamydia and Gonorrhoea were estimated at 6.7% and 2% respectively;
- Almost 80% of the men reported being sexually active in the past 6 months and of those who were sexually active, 27.4% reported transactional sex and 29.5% reported sex with a commercial sex worker;
- There was high condom usage reported with 83% of respondents likely to use a condom with a non-steady partner, but this significantly dropped to about 50% with a steady partner;
- Almost half of the men reported an additional partner to their spouse or cohabiting partner in the 6 months preceding the survey;
- 63% traveled between 5000 & 20 000 kilometers per month – distance traveled per month was not related to risk of infection;
- Drivers who were away on a weekly basis had significantly higher risk behaviour - 81% of the sample was away from home on a weekly basis.

Factors that were found to be significantly associated with HIV infection include reporting more than one home and a high number of lifetime sex partners. There was no significant association between HIV infection and transactional sex and sex with a sex worker. Only 38% of truck drivers reported having had an HIV test. Those who reported ever testing for HIV were significantly less likely to have HIV than those who reported never testing.

On health seeking behaviours the survey established that there was not a very high utilization of truck stop clinics with only 16% of those surveyed ever visiting one. Knowledge of the roadside clinics varied by level of education and income but these factors did not affect roadside clinic use. The main reasons why drivers went to see private doctors and pharmacies were for fatigue, stress and pain.

STI (reported symptoms) and HIV prevalence increased consistently with a decrease in perceived health status. The association between STI prevalence and perceived health

status is significant. Perception of general health and HIV status were also highly correlated with those gauging their health to be excellent having the lowest rate of infection. This also suggests a strong degree of honesty in the responses.

In summary, the results of the survey provide a good explanation for the prevailing trends of HIV and STIs among those working in the road transport sector. These insights also form a good basis for innovative programming to meet the challenge posed by the HIV epidemic.

Recommendations & Actions

- Road-side clinics need to be packaged as “wellness centres” to increase utilisation - this change was made rapidly after sharing of results;
- Increase VCT focus of IEC materials;
- Condom distribution and more depot-based services needed;
- Many drivers in transit on a weekly basis with short rest periods. There may be a need to expand/strengthen interventions at depots and surrounding communities where truckers spend longer periods of time;
- The roll out of VCT and ART should be explored at depots and roadside clinics.

6.2.2 Mapping Transactional Sex on the Northern Corridor Highway of East Africa

Alan Ferguson, M&E Advisor, HIV/AIDS Prevention and Care Project (HAPAC3) Constella Futures

Under the guidance of the Kenya Government National AIDS Control Council (NACC) and the Ministry of Health’s National AIDS and STD Control Programme (NAS COP), the Strengthening HIV/STD Control Project (the STD Project) carried out mapping of the main truck stops on the Northern Corridor route between Mombasa and Kampala. This route, linking the port city of Mombasa with the rest of Kenya, Uganda and the Great Lakes region, is the most important of the four East African transport corridors.

The overall purpose of the study was to measure the extent and volume of transactional sex related to transport on the trans-Africa highway between the main origin–destination points of Mombasa and Kampala. Embedded in this overall purpose, were several other objectives, including highlighting the roles of ‘hot spots’ in HIV transmission and the needs of vulnerable groups therein, the risk avoidance and health

seeking practices of these groups, and demonstration of the use of GIS in visualization and analysis in the planning of responses.

The study objectives required a methodology that would produce large amounts of data as quickly and as accurately as possible. The two key elements of the methodology were: (1) GIS providing the spatial dimension to the study and (2) a diary approach to the measurement of the volumes of transactional sex and characteristics of clients at the stopovers.

Other research methods used were:

- FGDs with truck drivers and their assistants to confirm the locations and characteristics of the truck stops and to probe into the relationships between the truckers and sex workers. Healthseeking behaviour with regard to STIs was also probed;
- FGDs with female sex workers. The main topics for discussion were the nature and characteristics of the FSWs and their work, estimates of FSW numbers at the spot, types of clients, payments, mobility of FSWs and their health-seeking behaviour;
- Survey of bars and lodgings. a set of associated data was obtained from bars and lodgings such as type of clientele, volumes of beer sales, seating capacity and condom sales;
- Truck census. a census of parked trucks was carried out each evening between 8 p.m. and 9 p.m. over a seven day period. Stopovers identified through the FGDs were observed for one or two days. Those with a minimum of 10 overnight trucks were included in the study;
- Survey of truckers health-seeking behaviour. At four points on the highway, a total of 381 truckers were interviewed on working environment, health and health-seeking behavior.

Mr. Ferguson argued that even in generalized HIV epidemics vulnerable populations such as sex workers and truckers require special attention in programming. Between Mombasa and the border towns with Uganda an average of 2400 trucks park overnight

at the 39 hot spots identified.¹⁹ These spots have an estimated sex worker population of 5600 women. Analysis of 403 sex worker diaries shows an average of 13.6 different clients and 54.2 sex acts in a month. Although most of the clients are casual, regular clients were found to be involved in just over half of the sexual acts. Condom use was remarkably high with casual clients (90%) but dropped significantly (65%) with regular clients.

To show the extent of sexual networking at truck stops, truckers formed only 30% of the client base of FSWs and the clients of sex workers come from a wide range of occupations (other types of drivers, police, businessmen, teachers and health workers) supporting the concept of programming for 'vulnerable places' as well as vulnerable groups.

¹⁹ The definition of a 'hot spot' in study depended on a number of factors that influence the volumes of transactional sex in a defined space. These include not only the number of trucks, and therefore, truckers, but also the numbers of FSWs present at the location.

Figure 7: Example of thematic map of single hot spot

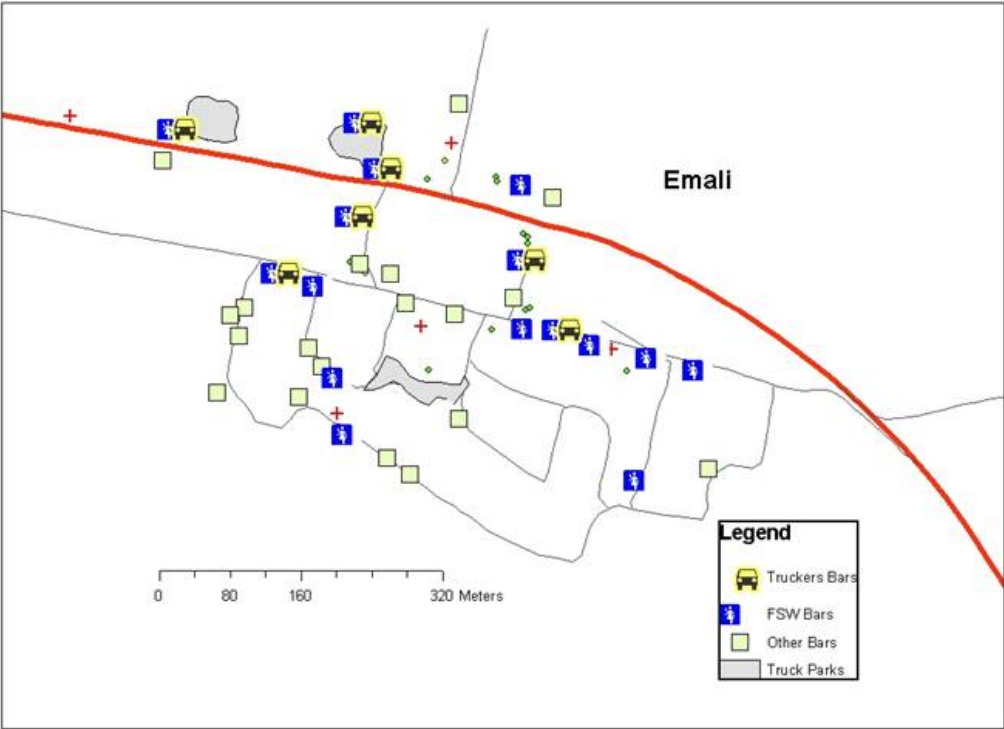
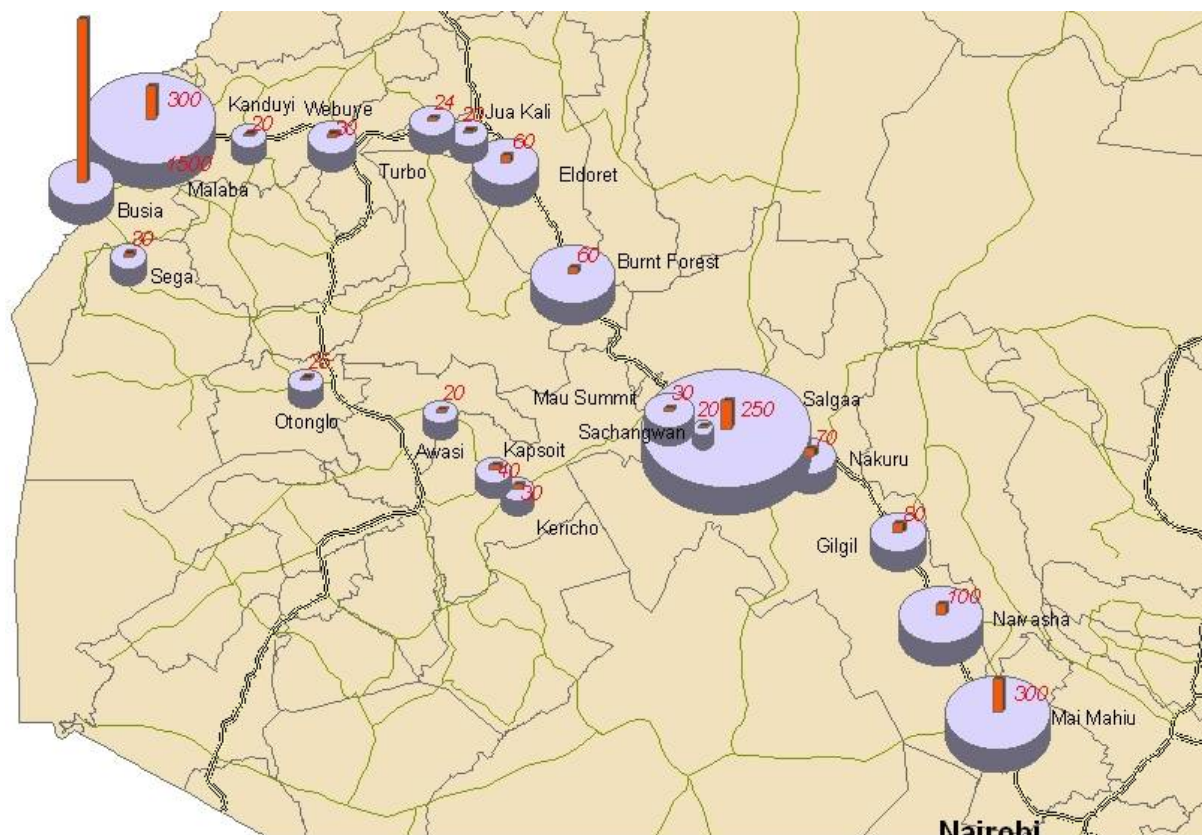


Figure 8: Mean no. trucks (round blue diagrams)/ FSW estimates (red sticks)



In the identification of truckers' health seeking behaviors, this study confirmed findings of previous studies whereby the majority of drivers cited problems other than HIV such as malaria (45%), hypertension (41%) and fatigue (35%) as their main health concerns. Only 9% sought treatment for an STI in the 12 months prior to the study. Truckers reported an average of three sexual partners in the year prior to the survey, with one-third engaging in risky sex (non exclusive condom use) during the same period of time. Attempts to understand the prevailing contextual factors under which these truckers operate revealed that the majority (72%) reported having been home for less than 40 days of the year.

With the data collected and using the AVERT model the number of new HIV infections resulting from transactional sex is estimated to be 3,200 to 4,200. This is significant considering that these primary infections will in turn lead to other secondary infections. Raising condom use to 90% would avert almost 2/3 of these new infections

The study also established that access to quality health services was not optimal at the hot spots, which has significant negative implications on the health of truckers and other population groups. Similarly it came to the fore that despite evidence-based advocacy, programmatic responses of both government and civil society targeting truckers and, especially, sex workers are slow and generally too limited in scale.

The study recommended that it is necessary to improve the scope of HIV interventions particularly in terms of access to services in time and space as well as embrace the ideals of effective targeting of vulnerable population groups and vulnerable places.

6.2.3 Impact of HIV and AIDS in the Transport Sector in Namibia

Dr. Kathrin Lauckner, German Technical Cooperation (GTZ)

In December 2006, the Namibian Ministry of Works, Transport and Communication (MWTC) with the support of the German Development Corporation (GTZ) contracted the services of PricewaterhouseCoopers (PwC) to conduct an HIV/AIDS impact assessment study on the transport sector in Namibia. The overall objective of the study was to enable the MWTC, as the responsible Ministry and Lead HIV/AIDS Agency of the transport and public works sector, to develop a sound sector approach towards the fight against HIV/AIDS based on detailed knowledge and information of the impact of HIV/AIDS on the transport sector.

Namibia has a number of major transit routes (see Figure 4): the Trans-Kalahari Highway, Trans-Caprivi Highway, Walvis Bay Harbour, Highways to Angola and South Africa. In places with high mobility estimated HIV prevalence (ANC Data 2006) is high: Walvis Bay (22.4%, 2006), Swakopmund (17.3%, 2006), Oshakati (27.1%, 2006), Katima Mulilo (39.4 %, 2006), Oshikango (Engela hospital) (27%, 2006).

The Namibian transport sector is made up of all four modes of transport, namely road, rail, water and air transport. Considering that approximately 90% of the total produce of Namibia is exported and that an equivalent percentage of goods consumed in the country are imported, it is not surprising that the transport sector is relatively well developed.

The study includes responses from 150 transport sector employees and 20 transport and construction companies, a detailed literature review and key informant interviews with various stakeholders from the transport sector as well as community members

that interact with the transport sector employees such as border post officials and commercial sex workers. Also, hotspots and risk zones were mapped.

Key findings of HIV responses among companies

- There is a lack of effective coordination with regard to HIV/AIDS in the transport sector.
- Critical data to establish impact of HIV and AIDS, particularly HIV prevalence rates, is not available. Namport is the only company in this survey to have conducted an HIV prevalence survey and they have used this information to effectively respond to the disease, including the provision of treatment to its infected employees and bringing the number of AIDS related deaths down from nine in 2004 to zero in 2006.
- There are a limited number of HIV workplace programmes being implemented by companies in the transport sector. Of the 20 companies that were part of this survey, only eleven of them were found to have at least one type of HIV/AIDS intervention in place. The more common interventions included condom distribution (9 companies), disseminating IEC materials (8 companies), training (7 companies) and peer education (7 companies). Employees were quite critical of the peer education sessions conducted at the workplace mainly because of the manner in which messages are imparted (lecture-type), versus a more “conversational” and less condescending-type approach.
- The more popular types of interventions were the ones that are provided under the sponsorship of Government or donors. Only in a few and exceptional situations were companies using their own resources for interventions.
- The number of interventions varied across sub-sectors with the sea-faring / portbased and construction companies registering higher activity than the road sector. However, the company size appeared to affect the response to HIV/AIDS, with the medium size (between 100 and 500 employees) and larger type companies (over 500 employees) registering higher response levels in terms of interventions, as opposed to small companies (below 100 employees). The majority of the smaller companies were from the road sub-sector.

- 85% of the transport sector employees that were interviewed indicated they would be willing to participate in HIV prevalence testing at the workplace, while only 40% of the companies that responded expressed interest in undertaking the same exercise.

Findings related to Susceptibility and Vulnerability

- 97% of the sea-faring/port based sub-sector individual respondents indicated that they did not live with their families and had moved to the Walvis Bay area in search of employment. The road transport and construction sub-sectors showed a more even split between migrants and non-migrants.

Findings related to Impact

- Very few companies could provide comprehensive data on healthcare expenditures or HIV/AIDS interventions, death rates, recruitment costs, training costs etc for the past 5 years. Therefore, it was difficult to make any conclusive statement on the impact of HIV/AIDS on the transport sector.
- Although there is a very limited amount of data available on deaths and ill-health retirements in the transport companies surveyed, there is evidence of high death rates in some of the larger companies which are likely to be the result of AIDS. However, two of the large companies in the sample have seen a recent decline in death rates which is believed to be the result of ARVs.
- Overall, a greater number of sea transport companies are aware that HIV and AIDS has impacted their businesses. However, the fact that all of the companies surveyed in the sea transport sub-sector are medium and large companies may have influenced the result. A greater number of medium and large companies in the sample are aware that HIV/AIDS has impacted their businesses. The companies surveyed appear to be most concerned about costs related to absenteeism and reduced productivity, the loss of skills and experience, and the costs associated with replacing employees that died of AIDS. It is also clear that the smaller companies are addressing HIV/AIDS less than the medium to large sized companies.
- The study found a lot of unsafe sexual practices; 38% of the workers in the transport sector reported multiple partnerships with low rates of consistent

condom usage. Workers reported high levels of mobility and long periods of absence from home and away from wives and regular partners.

- Also, a possible factor for increased vulnerability is the relative high level of disposable income of transport workers in comparison with the host communities which influences the levels of transactional sex. This was found to be particularly true at “hot spots” which were characterised by high levels of commercial and transactional sex activity. Hotspots were identified based on the following criteria: transport volume, CSW activity, high levels of alcohol consumption, HIV prevalence, unemployment rates.

Recommendations:

- An HIV in Transport sector policy should be developed in Namibia and a sector coordination mechanism should be created;
- The awareness and commitment of management structures in both the public and private sector should be increased;
- Cost-Benefit-Analyses (CBA) and VCT campaigns should be conducted to establish economic impact; and
- Explore options to increase access to services, both in the existing network and additional service centres.

6.3 Policy Development on HIV in the Transport Sector

6.3.1 HIV/AIDS Prevention & Impact Mitigation in the Transport Sector: An ILO Response to the Problems of HIV and AIDS in the Southern African Sub-region

Letsholo Mojanaga, International Labour Organization, Pretoria

ILO presented their HIV in the Transport Sector Project which has been implemented in two phases since 2002.

The project aims to address the triple impact of HIV and AIDS on the transport sector which are:

- Impact on transport workers, their families and their communities;
- Impact on the enterprise;
- Impact on the economy (important component).

Generally, as transport improves, people become more mobile which also becomes a factor in HIV transmission.

PHASE I

The first phase, implemented between February 2002-August 2003, aimed to mobilise a united and intensified response among ILO tripartite constituents to the challenges presented by HIV and AIDS to the transport sector in Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland and Zimbabwe.

The Objectives of the project were:

- To develop national policies to prevent the transmission of HIV among employees in the transport sector, including road, rail, water and air transport, and to mitigate the impact of the epidemic in the transport sectors of the eight participating countries.
- To assist the participating countries with the implementation of effective national strategies for the prevention of HIV transmission in the transport sector.
- To develop a regional strategy and a set of inter-country mechanisms for the prevention of HIV in the transport sector, based on the national strategies of the participating countries.

Achievements Phase I

- Assessments completed in 4 countries on the impact of HIV and AIDS on the Transport Sector;
- Assistance provided to ILO Constituents & national stakeholders to develop national policies on HIV prevention in the transport sector;
- Training programmes on HIV/AIDS in the Transport Sector implemented;
- Sub-regional assessment of cross border regulations and formalities completed;
- Sub regional workshop held on HIV Prevention in the transport sector;
- Participation in the SADC Technical Working Group on Population Mobility and HIV/AIDS in Southern Africa;
- Establishment of Project Advisory Committees;

- Production and dissemination of an information brochure on project activities;

Challenges encountered

- Coordination at national level;
- Differing level of commitment;
- Differing level of implementation capacity;
- Differing expectations; and
- Diverse needs of participating countries.

PHASE II (2003-2009)

The second phase of the project "HIV & AIDS Prevention and Impact mitigation in the Transport Sector" aims at mobilizing the tripartite constituents and other strategic partners to contribute to the reduction of HIV infections among transport workers and mitigating of impact of HIV and AIDS on the overall sector through sustainable prevention, care and support structures and programmes involving the affected communities.

Countries included in this 2nd phase are South Africa, Mozambique, Malawi and Zimbabwe because there was relatively high level commitment of partners, progress during phase I and policy development.

Intended Outcomes of the 2nd phase are:

- Increased number of HIV/AIDS Workplace Programmes in Transport Sector Companies;
- Increased HIV/AIDS intervention at cross border areas;
- Increased capacity of employers and workers organisation to develop and manage HIV/AIDS;
- Increased capacity of cross border authorities to implement HIV/AIDS measures;
- Improved coordination among ILO constituents and other relevant stakeholders to provide guidance in the implementation of policies and strategies addressing the needs of high sector;

Project Achievements

- Established Project Advisory Committees in four countries;
- Workplans developed and shared with stakeholders;
- HIV/AIDS Strategic Plan Developed for the Transport Sector in RSA;
- Labour Inspectors trained on inspecting HIV/AIDS in the workplace including revised labour inspection form to include HIV/AIDS issues;
- National policy dialogue meetings on HIV in the Transport Sector held;
- Assisted National railways and airways to finalise their HIV in the workplace policies in Zimbabwe;
- Trained Provincial coordinators in project monitoring and database management in Zimbabwe and Mozambique;
- Technical support rendered to airways and railways in facilitating access to treatment and care service in Mozambique and Zimbabwe;
- Baseline surveys on HIV responses in the transport sector in Zimbabwe and South Africa underway;

Challenges encountered:

- Coordination;
- Duplication among implementing organizations;
- Different levels of commitment among stakeholders;
- Different levels of implementation capacity;
- Different expectations;
- Harmonizing cross border policies;

Way Forward

- National Policy Dialogues in RSA and Malawi;
- Implementation of Zimbabwe National Policy Dialogue recommendations; and
- Sub-regional policy dialogue to harmonise HIV and transport policies in SADC

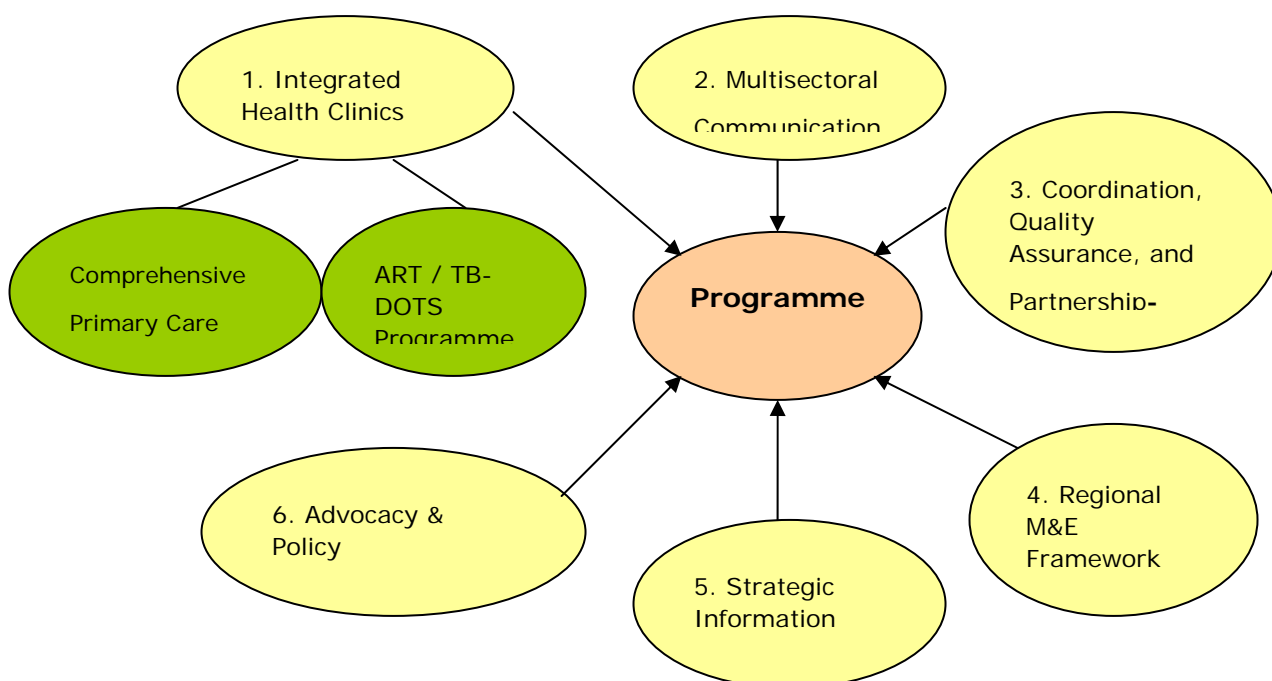
7 Discussion and Recommendations

Following the formal presentations, participants converged in break-away groups where further discussions took place on the process of reaching an agreement towards a regional policy framework on HIV in the Transport Sector. A draft framework was developed based on all the presentations and this formed the basis for the group discussions although groups were at liberty to introduce new dimensions to the framework.

The four breakaway groups included participants randomly selected from different backgrounds to enhance the heterogeneity of discussions and guarantee representation of diverse view points. The main objective of these discussions was to find ways of scaling-up an integrated and harmonized response to HIV prevention, treatment, care, and support in the Transport Sector. It was agreed by all participants that such a response should address the specific needs of workers in the road transport sector, sex workers, and other vulnerable groups along transport corridors in Southern Africa.

The main components of the proposed programme are outlined and discussed hereunder.

Figure 8: Components of a comprehensive HIV Programme



7.1 Integrated Health Services

The participants from the different groups proposed that the health services should be structured in such a way that services are responsive to the prevailing health needs of the target beneficiaries. Some of the key approaches recommended include:

- Wellness centres to act as appropriate service points through which to reach those working in the road transport sector and other vulnerable populations along transport corridors. These centres should have support from crucial stakeholders such as governments, civil society and the private sector so as to ensure their sustainability.
- Establishment of effective linkages between wellness centres and national health systems (particularly through the primary health care systems) to ensure that they are integrated with national health systems and that there is optimum information sharing, quality control and appropriate referrals.
- Adoption of a minimum service package that addresses basic primary care, STI screening and treatment, nutritional support, malaria prevention and treatment;

as well as provision of integrated tuberculosis and HIV responses; such as voluntary testing and counseling (VCT), adherence counseling and treatment literacy.

- The National AIDS Coordinating bodies should bear the primary responsibility of harmonization of health systems to allow for effective functioning of these centers as well as integration of these responses into the overall National Strategic Plan.

7.2 Multi-Sectoral Communication Strategy

A multi-sectoral communication strategy was recommended as an integral part of the comprehensive HIV response in the road transport sector. This would ensure that the programming efforts convey the same message as well as meet the information needs of different audiences. This strategy should ensure the following:

- Develop and implement an evidence based behaviour change communication (BCC) strategy with appropriate communication messages and IEC/BCC materials that is targeted in terms of language, culture etc; and
- The establishment of linkages with other programme components and stakeholders. Invariably this would ensure that all programme components speak with one voice and therefore work in tandem towards a common goal.

7.3 Coordination, Quality Assurance and Partnership Building

Coordination, quality assurance and partnership building were identified as crucial ingredients for a comprehensive HIV response. It was recommended that this could be achieved through the following approaches:

- Regular coordination meetings at the different levels of operation spanning from the community to the regional level. Such coordination forums provide avenues through which various role players articulate their position in the interest of finding a common way forward.
- Effective partnering among different stakeholders so as to compliment each other in providing services to the target beneficiaries. For instance such partnerships with donors, governments, civil society, communities and the private sector among others would lead to sustainable financing.

- Technical partnership among different service providers would lead towards quality improvement.
- Integration of lessons learned across different levels of programming, to entrench the culture of quality of assurance in HIV programming.
- Multi-level government leadership and commitment is an important ingredient to guide the coordination and partnership processes.

7.4 Regional Monitoring and Evaluation Framework

In the interest of ensuring that the programming efforts are on track towards the achievement of the desired outcomes, a monitoring and evaluation (M&E) framework is an absolute imperative. It was suggested that the M&E framework should embody the following attributes:

- Alignment with the national, regional and international strategic HIV and AIDS policies/guidelines such as the National Strategic Plans, Millennium Development Goals and UNGASS;
- Adoption of common indicators at different programming levels that would serve to benchmark progress and provide a basis for detection and institution of corrective action for any form of programmatic deviation that might occur;
- Application of standardized M&E tools and protocols across the region for easy and efficient reporting as well as sharing of results and lessons;
- Encourage a culture of total quality improvement, by meeting program information needs and provision of practical solutions for the identified problems;
- Promotion of the culture of information demand and utilization as well as sharing among different stakeholders so as to encourage continuous learning for better results; and
- Regular M&E workshops at different levels of programming would provide appropriate avenues through which such meaningful interaction would be fostered with the aim of improving overall program quality.

7.5 Strategic Information

Generation and utilization of products of research was identified as one important approach towards quality and effective programming. This would serve the following purposes:

- Provide the crucial evidence base to guide the implementation of various interventions as well as in the determination of what works and what does not;
- Ensure that respective interventions are appropriately adapted to suit the contextual conditions; and
- Some special studies on the various determinants of HIV in the transport sector would serve the purpose of informing the various interventions in place and probably suggest betterment strategies. Such studies could focus on issues like mobility, partnering, mapping of determinants, impact assessments of certain interventions as well as formative/baseline research for interventions.

Taking cognizance that this kind of research is a major undertaking that could be beyond the scope of most organizations, it was suggested that collaborative research efforts should be strengthened. Similarly the establishment of links between research and programming would ultimately shape the future of HIV interventions in the right direction.

7.6 Advocacy and Policy Development

There was general consensus that the role of advocacy and policy development in HIV response can not be overstated. For example advocacy for the development of national and regional policies was identified as a crucial component of a comprehensive HIV response in the road transport sector. It is true that such policies provide a framework through which strategies aimed at HIV prevention and impact mitigation are actualized. This program component would serve the purposes outlined below.

- Highlight the various achievements as well as challenges facing the sector with the aim of encouraging further dialogue of the topical issues.
- Facilitate the cultivation of good will as well as buy-in from crucial stakeholders such as governments, donors, civil societies and the private sector. This would have positive spin offs such as protocol harmonization, regional coordination, resource mobilization among others.

- Advocacy forums such as conferences and workshops were identified as avenues through further dialogue and best practice sharing would take place. In such forums sensitive matters such as decriminalization of sex work can also be liberally discussed with the aim of finding innovative ways of tackling the HIV epidemic among vulnerable populations.
- Enhance inter-country collaboration in various crucial matters pertaining to HIV programming in the sector. For instance there is no doubt that sensitized countries would work in tandem towards harmonization of migration protocols with the aim of reducing border transit times. Similarly enterprises would work with employee associations to implement responsive workplace policies that would ultimately meet the challenge posed by HIV and AIDS in the sector.

8 Conclusion

The workshop concluded with a plenary discussion on the main lessons and ways to take the key recommendations forward. In a nutshell, the road transport sector was identified as the lifeline for economic activities in the southern African region. However, it was also noted with grave concern that the impact of HIV and AIDS in this very sector are so enormous and far reaching that they are affecting virtually entire national and regional economies.

Various factors were identified as responsible for fanning the spread of HIV among those working in the road transport sector. These factors are not limited to the individual risk characteristics (such as behavior and biological factors), but cover the environmental and broader structural domains such as workplace conditions as well as national and regional policies. It was also clearly established that these factors do not act in isolation as determinants of the HIV epidemic, but rather through an intricate interplay that often results in a vicious cycle of increasing vulnerability.

Having fully appreciated the different levels of HIV determinants this forum recognized the need for integrated responses across different sectors as well as national boundaries. Through regional collaboration such interventions would ensure synergy of action towards the achievement of the desired outcomes and avoidance of unnecessary duplication of efforts. Similarly, this approach would ensure effective targeting in terms of time, person and place for optimal results.

The role of SADC was identified as crucial in the development of regional collaboration and it was suggested that efforts be made to strengthen this function further. On the other hand SADC reiterated that in the interim various member countries have ratified a number of policy positions that should serve as channels through which to implement these regional responses. Another area which gained recognition as key to the realization of the desired objectives was the integration of transport sector policies in the respective National Strategic Plans for HIV and AIDS at the national level. Here the role of transport sector representatives at the National AIDS Coordinating bodies was stressed.

Multi-sectoral collaboration was advocated as a best practice approach that would guarantee success. Establishment of effective linkages, through advocacy, coordination and implementation among various stakeholders would facilitate a shared vision that would serve as a joint rallying point for all. It was forthcoming that through such efforts a measure of success has been achieved so far, but much ground remained to be covered.

In order to make a significant and lasting difference, the workshop realized the imperative for continued knowledge and lesson sharing as well as the application of evidence based good practices at a larger scale. Creation of regional networks in the southern African region and beyond would provide such forums for the realization of these noble objectives.

The workshop was officially closed by Ms. Barbara Rijks, Programme Manager, for International Organization for Migration.

Annex 1 Workshop Agenda, Regional Workshop on HIV in the Transport Sector in Southern Africa, 26-28 September 2007

<i>Time & Sessions</i>		<i>Presenter /Coordinator</i>
DAY I: Wednesday 26 September 2007		
Welcome & Introductions – Chair : IOM		
08:00-08:30	Welcome	Under Secretary Mr. Churchill Dlamini Ministry of Transport and Public Works, Government of Swaziland
08:30-09:00	Opening remarks: SADC, UNAIDS	SADC HIV Unit UNAIDS Country Coordinator- Swaziland
09:00-09:45	Introduction to the workshop: Setting the objectives for the day and outlining the workshop format	International Organization Migration
09:45-10:15	Setting the Scene: HIV in the Road Transport Sector of Southern Africa	International Organization Migration
10:15 – 10:30	TEA BREAK	
Theme 1: Case Studies - Chair: ILO		
10:30 – 13:00	Presentations: Trucking Against AIDS: A unique and sustainable response to HIV/AIDS by the South African road freight industry" (10:30-11:00) Trucking Industry Roll out of ARV in South Africa (11:00-11:30)	Louis Hollander (National Bargaining Council of South Africa)
	Meeting the business challenge of HIV/AIDS (11:30-12:00)	Luke Disney (North Star Foundation)
	Question and Answer Session (12:30-13:00)	
13:00 – 14:00	LUNCH	
Theme 1: Case Studies continued - Chair: UNAIDS		

Time & Sessions		Presenter /Coordinator
14.00 - 16:00	Presentations: Walvis Bay Corridors Group: Success story (14:00-14:30)	Johnny Smith (Walvis Bay Corridors Group)
	Intervention in the road transport sector: Lessons Learnt from Corridors of Hope project Zambia Targeting Long Distance Truck Drivers (14:30-15:00)	Joseph Kamanga (Corridors of Hope)
	Regional Outreach for Addressing AIDS through Development Strategies (ROADS) Project (15:00-15:30)	Shelagh O'Rourke (USAID/East Africa)
	Question and Answer Session (15:30-16:00)	
16:15 – 16:30	TEA BREAK	
16:30 – 17:30	Interactive Activity: Power Walk	Sonke Gender Justice
DAY II: Thursday 27 September 2007		
08:30 – 09:00	Recap of day one	International Organization for Migration
Theme 2: Research and Policy - Chair: WFP		
09:00-10:00	Men on the Move: STIs, HIV and health-seeking behavior among long-distance truck drivers in South Africa (09:00-9:30)	Mdu Mntambo (Reproductive Health & HIV Research Unit)
	Mapping transactional sex on the Northern Corridor highway of East Africa (09:30-10:00)	Dr. Alan Ferguson (Constella Futures)
	Question and Answer Session (10:00-10:15)	
10:15 – 10:30	TEA BREAK	
10:30 – 13:00	Presentations: Impact of HIV and AIDS in the Transport Sector in Namibia (10:30-11:00)	Dr. Kathrin Lauckner (German Technical Cooperation)
	Development of HIV in Transport Sector Policies in SADC (11:00-11:30)	Letsholo Mojanaga (International Labour Organization)
	Question and Answer Session (12:00-12:30)	

<i>Time & Sessions</i>		<i>Presenter /Coordinator</i>
13:00 – 14:00	LUNCH	
14:00 - 15:30	Break away sessions : Group work	
15.30 - 15.45	TEA BREAK	
15:45 – 16:30	PLENARY: Report back of group work	
16:30-17:00	Agreement on the process towards developing a regional framework	SADC HIV Unit
17:00 – 17:30	Workshop Evaluation, wrap up and closure	International Organization Migration
DAY III: Friday 28 September 2007		
<i>Field Visit</i>		
09:00-11:00	Visit to Oshoek border post (RSA/Swazi Border) North Star Foundation Wellness Centre targeting truck drivers and related populations	Tertius Wessels (Ikaheng HR Services)
11:00-12:30	Celebratory luncheon to mark the official opening of the Oshoek Roadside Wellness Centre	Tertius Wessels (Ikaheng HR Services)
	DEPARTURE	

Annex 2 List of Participants

Name	Designation	Organization	Country	E-mail	Tel	Mobile	Fax	Address
Regional Orgs, Intl Orgs, Donors								
Doreen Sanje	Technical Advisor- Partnership Coordination	SADC HIV/AIDS Unit	Botswana	dsanje@sadc.int	+267 (395) 1863	+ 267 719 94834	+267 3972 848	SADC House, Private Bag 0095, Gaborone
Mulunesh Tennagashaw	UNAIDS Country Coordinator	UNAIDS	Swaziland	mulunesh.tennagashaw@undp.org	+268 404 85 59		+268 404 99 31	
Luke Disney	Programme Manager	North Star Foundation	Netherlands	luke@north-star-foundation.org	+31 6 10 960 983	+31 (0) 20 500 89 69	+31 20 500 7470	P.O. Box 13000, 1100 KG Amsterdam, The Netherlands www.northstarfoundation.org
Letsholo Mojanaga	National Program Officer	International Labour Organization (ILO)	RSA	mojanaga@ilo.org	+27-(0)-12-431-8817	+27-(0)72-528-4176		P O Box 11694 Hatfield, Pretoria 0028
Robin Landis	HIV/AIDS Programme Adviser	WFP	Italy	Robin.Landis@wfp.org	+39 6513 3217	+39 348 526 7152	+39 6513 2873	Via Cesare Giulio Viola, 68/70 Parco de' Medici 00148 Rome, Italy
Robin Jackson	Chief, HIV/AIDS	WFP	Italy	robin.jackson@wfp.org	+39 6513	+39 348 133	+39 6513 2873	Via Cesare Giulio Viola, 68/70

Name	Designation	Organization	Country	E-mail	Tel	Mobile	Fax	Address
	Service				2562	5965		Parco de' Medici 00148 Rome, Italy
Paola Corrado	Regional Logistics Officer	WFP	RSA	Paola.Corrado@wfp.org	011 517 1634		011 517 1642	P O Box 1668 Sunninghill, 2157
Priscilla Amiri	Programme Officer (HIV/AIDS)	WFP Blantyre	Malawi	Priscilla.Amiri@wfp.org	+ 265 1 820 099 / 1 822 189 Ext 4400	+265 8 359 783/ 9 984 400	+265 1 820 121	Kang'ombe House, Fourth Floor, PO Box 30571, Capital City, Lilongwe 3
Kathrin Lauckner	Programme Manager	GTZ -Namibia	Namibia	Kathrin.Lauckner@gtz.de	+264 (0) 61-203 2761	+264 (0)61-222447	+264 (0)61-222427	John Meinert 88, Windhoek West P.O. Box 8016 Bachbrecht Windhoek, Namibia
Colly Masuku	National Project Coordinator	ILO/SRO-Harare	Zimbabwe	masuku@ilo.org	+263 4 369805-12		+263 4 369813-4	8 Arundel Office Park, Norfolk Road, Mt Pleasant P.O. Box 210, Harare, Zimbabwe
Government								
Churchill Dlamini	Under Secretary	Ministry of Public Works and Transport	Swaziland		+268-404-2321	+268-617-7085	+268-404-6828	Hospital Road, Mbabane / PO Box 3642, Mbabane

Name	Designation	Organization	Country	E-mail	Tel	Mobile	Fax	Address
Lindwe Dlamini	HIV/AIDS Coordinator	Ministry of Public Works and Transport	Swaziland	dlaminilpa@gov.sz	+268-404-2321	+268-617-7085	+268-404-6828	Hospital Road, Mbabane / PO Box 3642, Mbabane
Ana Paula Simões	HIV/AIDS Focal Point	Ministry of Transport and Communication	Mozambique	apsimes@yahoo.com.br	+258 6778905	+258 828748 800	+258 6778405	7890., J.Nyerere Road Maputo, Mozambique
Eugene Tendekule	Deputy Director Transportation Policy	Ministry of Works, Transport and Communication	Namibia	apaulo@mwtc.gov.na	+264 61 208 2192		+264 61 228560	6719 Bell Street, Snyman Circle, Windhoek / Private Bag 13341
Mr Brian Manda	Principal Transport Economist/Deputy HIV Coordinator	Ministry of Transport Public Works and Housing	Malawi	bmanda2000@yahoo.com	+265-1-789-377	265-9258-699	+265-1-789-328	Private Bag 322, Lilongwe Malawi
Benedictor Tlou	Medical Doctor	South African Civil Aviation Authority	RSA	tloub@caa.co.za	+27 11 545 1296	+27 83 451 2631	+27 11 545 1458	Ikhaya Lokundiza 16 Teur Close Waterfall Park Bekker Street, Midrand South Africa

Name	Designation	Organization	Country	E-mail	Tel	Mobile	Fax	Address
Business Coalitions								
Khosi Hlatswayo	Coordinator	Swaziland Business Coalition Against HIV/AIDS (BCHA)	Swaziland	bcha@business-swaziland.com	+268 404 0768/4408	+268-6045441	+268-4090051	Emafini Business Center Malagwane Hill Mbabane
Daryl Wearne	BizAIDS Programme Manager	South African Business Coalition on HIV/AIDS (SABCOHA)	RSA	daryl@sabcoha.co.za	+27 11 880 4821	+27 82 378 6650	+27 11 880 6084	3rd Floor 158 Jan Smuts Avenue, Cor Walters, Rosebank / BizAIDS, SABCOHA, P O Box 950, Parklands 2125
Esther Kalonga Sakala	Executive Director	Zambia Business Coalition on AIDS (ZBCA)	Zambia	zbcaed@zamnet.zm / eksakala@yahoo.co.uk	+260-(0)1-220-801/2	+260-966-901-740	+260-(0)1-220-801/2	4TH FLOOR ZANACO BANK PLC Headquarters, Cairo Road South End / BOX 31026 LUSAKA
Phindile Weatherson	National Coordinator	BizAIDS	Swaziland	pweatherson@realnet.co.sz	+268 404 4176	+268 6421612	+268 404 4176	Emafini Business Centre Mbabane, Swaziland
Employee Associations								
Anna Karume	Education officer for Africa	International Transport Workers' Federation	Kenya	wamuyu63@yahoo.com	+254 20 4448018		+254 (0) 20 444 80 20	ITF House, 49-60 Borough Road, London, SE1 1DR

Name	Designation	Organization	Country	E-mail	Tel	Mobile	Fax	Address
Masilela Norman	Administrative Officer	Federation of East and Southern African Road Transport Associations	RSA	fesarta@iafrica.com	+2711 468 5277	+2783 379 2820	+2711 468 5277	96 MAIN ROAD, CROWTHORNE A.H. JOHANNESBURG
Aaron Samiyengo	National HIV/AIDS Projects Coordinator	National Drivers Association of Zambia (NDAZ)	Zambia	aaronsams2002@yahoo.com	+260-977-707-299	+260-977-707-299	+260-(0)1-220-802	Kenneth Kaunda House, 8th Floor, Room 808, Cairo Road, Lusaka
Private Sector								
Tertius Wessels	HIV/AIDS Project Manager	Ikaheng HR Services	RSA	tertius.wessels@ikaheng.co.za	+27 11 784-6254	+27 82 600133 2	+27 11 394-4224	55 Forge Road Spartan, Johannesburg
Johny M. Smith	Business Development Executive	Walvis Bay Corridor Group	Namibia	wbcg@mweb.com.na	+264-61-251-669	+264-811-294-168	+264-612-516-83	No. 333 Independence Avenue, 2nd Floor, Namlex Chambers / P O Box 25220, Windhoek
Rosy Jacobs	Project Manager: Safe Corridors	Walvis Bay Corridor Group	Namibia	safecorridors@mweb.com.na	+264 61 251669	+264 81 122 7002	+264 61 251683	2nd Floor Namlex Chambers Independence Avenue WINDHOEK Namibia

Name	Designation	Organization	Country	E-mail	Tel	Mobile	Fax	Address
Des Meyers	Divisional SHEQ Manager	Unitrans Fuel and Chemical (Pty) Ltd.	RSA	desire.meyer@unitrans.co.za	+27-031-4651234	+27-0833864633	+27-0866701427	91 Archary Road, Clairwood, Durban 4001 / P.O. Box 41060 Rosburgh 4072
Louis Hollander	Human Resource Director	Imperial Logistics	RSA	louish@ith.co.za	+2711 821 5505	+2783 259 4559	011 873 5400/086 505 8124	Imperial Place 79 Boeing Road East Bedfordview, 2008
NGOs / Academic								
Joseph Kamanga	Prevention Services Advisor	Corridors of Hope / Family Health International	Zambia	jkamanga@coh.org.zm	+260-21-256-493/5	+260-97-7-821-289	+260-21-1-256-496	Plot 560, 55 Independence Avenue. Lusaka / P.O Box 30323, Lusaka
Malibongwe Puzi	Gender specialist	Sonke Gender Justice	RSA	malibongwe@genderjustice.org.za		+27 78 235 9867		
Adolphus Mntambo	Researcher	Reproductive Health & HIV Research Unit	RSA	amntambo@rhru.co.za	+27-(0)11-989 9253	+27-(0)83-534-7011	+27-(0)11-989-9294	Chris Hani Baragwanath Hospital, New Nurses Home, 11th floor, Soweto, Johannesburg / P.O Box 18512 HILLBROW 2038 / www.rhru.co.za
Outside SADC								
Shelagh O'Rourke	Senior Advisor for Prevention & Support	USAID/East Africa Office of	Kenya	so'rourke@usaid.gov/ shelagh_orourke@	+254-2-862-2857	+254-723-273-674	+254-20-825-105	UN Ave., Gigiri / P.O.Box 629, Village Market 00621, Nairobi, Kenya

Name	Designation	Organization	Country	E-mail	Tel	Mobile	Fax	Address
		Reproductive Health and HIV/AIDS		yahoo.com				
Alan Ferguson	M&E Advisor, HIV/AIDS Prevention and Care Project (HAPAC3)	Constella Futures	Kenya	aferguson@constellafutures.co.ke	+254 20 271 9540	254733 5545		Mucai Drive, off Ngong Road, PO BOX 75367-00200 Nairobi Kenya
International Organization for Migration (IOM)								
Greg Irving	Health & HIV Program Officer	IOM Regional Office Nairobi	Kenya	girving@iom.int	+254 20 444 4174 x227	+254 0725 456 375	+254 20 444 9577	Rhapta Road PO Box 55040 00200 Westlands Nairobi KENYA
Barbara Rijks	Regional HIV/AIDS Coordinator	IOM	RSA	brijks@iom.int	+27-12-342-2789		+27-12-342-0932	PO Box 55391 Arcadia 0007, Pretoria, South Africa
Reiko Matsuyama	Project Officer	IOM	RSA	rmatsuyama@iom.int	+27-12-342-2789	+27-72-238-8902	+27-12-342-0932	PO Box 55391 Arcadia 0007, Pretoria, South Africa
Skhulile Ngqase	Project Officer	IOM	RSA	sngqase@iom.int	+27-(0)12-342-2789	+27 74-436042 5	+27-12-342-0932	PO Box 55391 Arcadia 0007, Pretoria, South Africa
Tom Achoki	Consultant		RSA	n_achoki@yahoo.com				

