

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/aid/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.

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.

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.

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.aids/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 Varembé
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

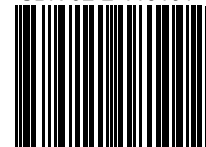


Joint United Nations Programme on HIV/AIDS

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UNODC • ILO • UNESCO • WHO • WORLD BANK

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