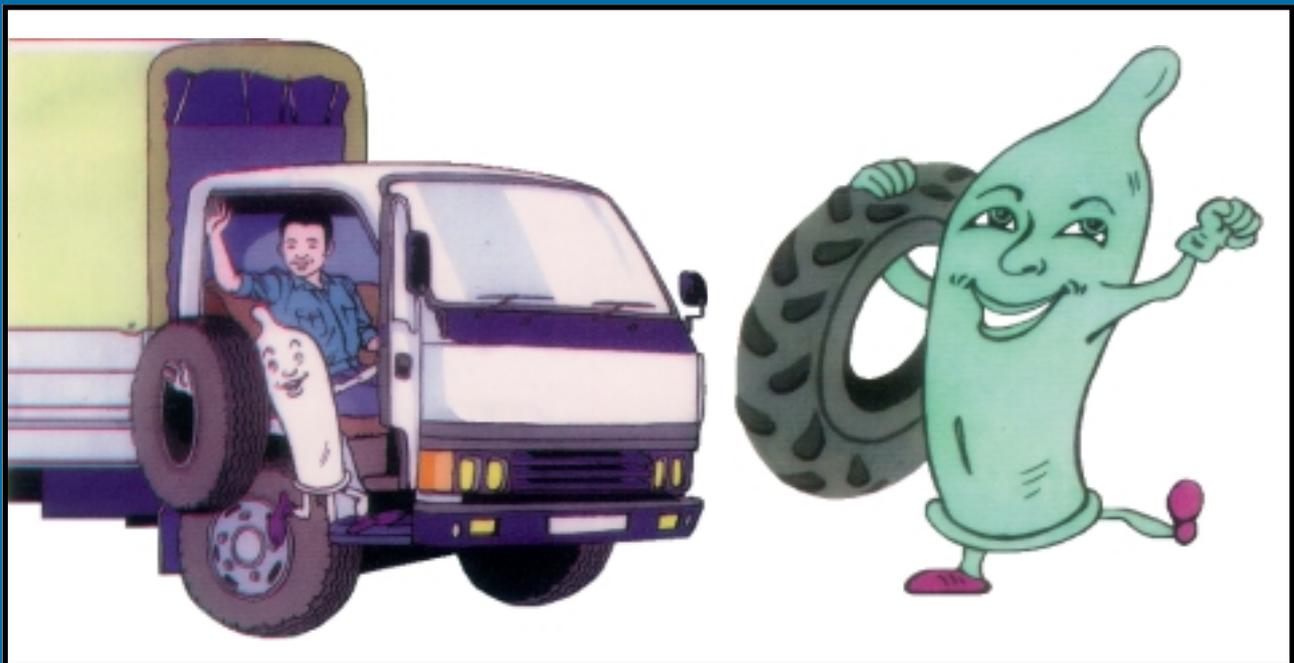




United Nations Development Programme  
South East Asia HIV and Development Project

## REDUCTION OF HIV VULNERABILITY WITHIN THE LAND TRANSPORT SECTOR:

TOWARDS A PUBLIC POLICY FRAMEWORK FOR  
ADDRESSING HIV/AIDS IN THE TRANSPORT SECTOR



UNESCAP



UNOPS



**Reduction of HIV Vulnerability  
within the Land Transport Sector:**  
towards a public policy framework for  
addressing HIV/AIDS in the transport sector

Bangkok, Thailand  
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**Proceedings from the workshop jointly organized by:**  
UNDP South-East Asia HIV and Development Project  
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UNAIDS Asia-Pacific Intercountry Team

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*Contact information: Lee-Nah Hsu, Manager, UNDP South-East Asia HIV and Development Project*

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## FOREWORD

**T**he UNDP/UNAIDS/UNESCAP Workshop on *Reduction of HIV vulnerability within the land transport sector: towards a public policy framework for addressing HIV/AIDS in the transport sector* was a collaborative effort among the three United Nations agencies to explore the linkages between HIV/AIDS and the transport sector. Its purpose was to advocate to the Committee on Transport, Communications, Tourism and Infrastructure Development of the United Nations Economic and Social Commission for Asia and the Pacific (CTCTID/UNESCAP) on HIV prevention policy and strategies for the land transport sector.

The workshop benefited from the experience and networks of UNESCAP Transport, Communications, Tourism and Infrastructure Development Division (TCTID) with the Ministries of Transport of member countries; the expertise in policy advocacy for population mobility and HIV vulnerability reduction of the UNDP South-East Asia HIV and Development Project (UNDP-SEAHIV); and technical input from UNAIDS Asia-Pacific Inter-country Team (APICT). These inputs assisted participants from 14 countries to deliberate on crucial topics such as the association between the land transport sector's priorities and the potential impact of HIV on the sector; how the transport sector might benefit from responding to the challenges of HIV; and what the sector can do to respond to those challenges. The deliberations included an example of an existing HIV mitigation policy framework from South Africa and descriptions of interventions to reduce HIV vulnerability in the land transport sectors in China, India, Myanmar, Thailand and Viet Nam. The presentations provided a rich basis of lessons learned for discussion.

The workshop identified three key entry points through which pragmatic, readily acceptable and implementable policy and strategic planning on interventions to reduce HIV vulnerability in the transport sector could best be made. These were the need for profit, infrastructure development, and business partnership. These points, together with the workshop's recommendations on land transport HIV mitigation policy and strategic plans, were communicated to the Second Session of the Committee on Transport, Communications, Tourism and Infrastructure Development meeting, 24-26 November 1999. The Committee accepted them in full.

The challenge remains for each member country to implement the recommendations. To facilitate this process, UNDP-SEAHIV, UNAIDS-APICT and UNESCAP are preparing a *Primer on transport sector HIV policy formulation and strategic planning*.

The workshop proceedings were developed with support from UNDP-SEAHIV and UNAIDS-APICT. Particular appreciations are due to Mr. Tony Lisle, Mobility advisor of UNAIDS-APICT and Mr. Bruce Parnell, UNDP-SEAHIV consultant, for their facilitation of the workshop. In addition, we wish to thank our editor Mr. Timothy Sharp for his valuable assistance in synthesizing the complex material and finalizing the workshop proceedings.

**LEE-NAH HSU**

*Manager*

*UNDP South-East Asia HIV and Development Project*

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## EXECUTIVE SUMMARY

**T**he workshop was the first of its kind in the Asia-Pacific region. Its purpose was to foster the development of public policy that would use the land transport sector as an entry point to reduce vulnerability to HIV/AIDS. Such policy would have two distinct facets.

First, it would complement ongoing efforts by the international community and NGOs as well as the public and private sectors to counter the growing role of all forms of transport in the spread of HIV/AIDS. As domestic and international transport infrastructure networks continue rapidly to expand, and as urban-rural and international mobility consequently increases, such policy support is urgently needed.

Second, it would also expand the use of public transport facilities as one of the most effective sites available to deliver HIV/AIDS behaviour change communication (BCC) messages and prevention measures to the general public. In this regard, the public becomes an ideal "captive audience" when it travels on public transport. Large numbers of people necessarily pass through bus, railway and air terminals daily, weekly and seasonally.

Discussion towards developing such policy was facilitated by a series of 10 presentations on the workshop's first day, plus working group sessions on the second day. The first two presentations described the background to the HIV/AIDS epidemic both globally and in South-East Asia, and established the rationale for the workshop.

The first presentation, by a representative from the *UNAIDS* Asia-Pacific Inter-country Team (APICT) described the global

epidemiological status of HIV/AIDS as of December 1999. An estimated 33.6 million people globally now live with HIV/AIDS. Of these, some 5.6 million were newly infected in 1999. A further 16.3 million people have died of AIDS since the beginning of the epidemic. The relevant figures for South and South-East Asia were 6 million living with HIV/AIDS, 1.3 million new infections in 1999 and 1.1 million deaths since the beginning of the epidemic. Although these figures represent a relatively small proportion of the total, it was pointed out that the epidemic in this region began much later than in Africa. It was stated that if current trends continued, the epidemic could reach African proportions. Within the region, Cambodia, Myanmar and Thailand stood out as the worst affected countries in terms of the proportion of adults infected. However, increasing evidence of epidemics was shown in China, India, Nepal, Papua New Guinea and Viet Nam.

The second presentation described the United Nations Development Programme South-East Asia HIV and Development Project's (UNDP-SEAHIV) complementary approach to HIV vulnerability reduction in the region's transport sector. This Project seeks to supplement ongoing activities of existing agencies and programmes by employing synergies between HIV/AIDS prevention and socio-economic development such that both goals are attained simultaneously from within the same activity and budget. Significantly, the transport sector abounds in such synergies. As one example, forging new regional and sub-regional trade, transit and transport agreements provides a window of opportunity to negotiate new freight facilitation and common transport infrastructure standards. These would not only reduce vehicle waiting

times and overall trip durations thereby improving transport economics, but would also minimize truck crew risk factors, thereby reducing HIV/AIDS vulnerability from transport. Similarly, if truck crews were paid at their home base rather than the point of delivery, the security of their household incomes would be enhanced while simultaneously limiting their own risk behaviour. If activities to employ such synergies were marshalled within a comprehensive HIV/AIDS transport sector policy, not only would all other initiatives to address the issue benefit, but the region's total vulnerability to the epidemic would be significantly reduced.

On this basis, six presentations, one each from Thailand, Myanmar, China and Viet Nam and two from India in that order then described ongoing activities to reduce HIV vulnerability in the transport sectors of the respective countries. While the papers from Thailand and Myanmar described diverse broad-band activities in which the transport sector was included, the other four papers focused specifically on HIV/AIDS reduction either in or through the transport sector. China has been using the railways for this purpose while India and Viet Nam have focused on road transport as the chief point of intervention. All papers were able to report positive preliminary results.

The presentation made by the Thailand Business Coalition on AIDS (TBCA) contributed valuable experience on ways and means to involve private sector companies in reducing HIV/AIDS vulnerability, an issue which other papers reported as difficult. The TBCA representative described the formation of a broad coalition of private sector companies against AIDS that includes transportation companies. Membership in the coalition opens the door to a range of targeted, fee-based, socially-responsive services, advice and mutual assistance that support corporate HIV/AIDS reduction programmes. A non-confrontational approach directed to top management that employs

a combination of emotive and rational argument strongly supported by statistical data is used to attract new coalition members. The coalition's overall goal is to provide leadership to the private sector to address the issue within the context of corporate culture and social responsibility.

Working at the opposite extreme of the commercial spectrum, the representative from Population Services International (PSI), Myanmar described a nationwide social marketing programme for condoms as a means to raise awareness of HIV/AIDS and prevent its spread directly among high risk groups. These include truck crews and sex workers at truck stops and border crossing points but trawlermen, migrant workers, ethnic minority groups, hotel employees and taxi and motorcycle rickshaw drivers are also targeted. The concept requires an abundant supply of branded yet affordable condoms to be made commercially available to the target groups. Advertising such availability entails the development of innovative, language and circumstance-specific HIV/AIDS information, education and communication (IEC) campaigns to promote behavioural change within each target group. A commercial structure that employs existing trading networks helps to ensure project sustainability. Condom sales are soaring hence HIV/AIDS prevention can be seen to be increasingly effective.

The presentation from *China* described an example of synergy whereby an in-house HIV/AIDS prevention programme among China Railway's 10 million employees and their dependents developed with comparatively small additional inputs into the country's most effective means of reaching one of its highest HIV/AIDS risk groups, namely young male migrant workers. In essence, because roughly 80 per cent of China's 120 million young migrant working population typically make long train journeys at least twice a year spending in the process some five hours at railway stations,

they become a captive audience of the IEC material. In particular, the in-house programme of on-train and station-platform IEC videos and broadcasts originally developed for railway employees was found to be an effective approach for reaching migrant workers. Capitalizing on this serendipity, China Railway has launched high-profile, passenger HIV/AIDS IEC activities on its main routes Beijing-Hong Kong and Beijing-Ulaan Baator. It hopes to establish outreach offices at its main stations in order to develop quantified IEC impact data as a basis for future activities.

In common with many other countries of the region, Viet Nam lacks statistics on HIV/AIDS prevalence, particularly among truck crews and the sex workers they visit. The Viet Nam presentation by World Vision International (WVI) therefore described progress to date of a pilot project that first collected and analysed some baseline data and is now employing it to provide IEC and prevention services to drivers and sex workers at selected sites along National Highway One. Since this highway, as well as the adjoining Highway Nine, has increasingly important links to Cambodia, China, Lao PDR and Thailand, the project has regional significance. A mid-project review suggested that devising effective IEC and prevention outreach activities is not difficult, yet effective implementation depends strongly on active community participation at all levels – local government, local chapters of social organizations, and the local communities at the truck stops. Although trucking companies have so far been unresponsive, the presentation noted the positive impact of commercially-based outreach activities on project sustainability at the community level.

The first of the two presentations from India described an HIV/AIDS mitigation project among Tamil Nadu state's truckers. Like those in Myanmar and Viet Nam, this project has chosen to work directly with

truck crews and sex workers along the state's main highways. It was explained that it does this through a coalition of 11 local NGOs, each of which has its own territory. However, all 11 partners receive external financial support and are trained, coordinated and monitored to deliver essentially the same IEC and condom provision services in much the same way. The approach depends crucially on broad approval and involvement of truck-stop communities in all of its activities. These, unlike the other projects, place strong emphasis on counseling, referral and quality medical treatment of all sexually-transmitted diseases (STDs). Consequently, involvement of the medical community is crucial. In fact the project views the broadest possible community involvement as the passport to project sustainability rather than the commercial viability of its activities. This project was able to report the most objective and encouraging impact indicators. After three years, condom availability and use was found to be increasing, truckers' sexual behaviour is changing and STD incidence is decreasing.

After describing the crucial role of roads and road transport at the national level in India, the second presentation, by the United Kingdom's Department for International Development (DFID), described the sector's characteristics and its major players. It then presented reasons for involving the transport sector in HIV/AIDS mitigation and on this basis discussed three attempts among national level truck operators, goods transport associations and the industry's apex body, respectively, to do so. Unhappily, none has been successful so far. However, the experience has led to the emergence of a possible model for HIV/AIDS intervention in India. This would combine private sector organizations, transport companies and associations, and trusts to provide resources, infrastructure and implementation, respectively.

Having surveyed what is being achieved in the region, the workshop considered how public policy intervention could provide much needed support. As guidance, UNESCAP's Transport, Communications, Tourism and Infrastructure Development (TCTID) Division presented a detailed overview of an intricate set of issues that would need to be considered. These included:

- the need for a comprehensive policy;
- the rationale for involving the transport sector; and
- the issues that should be considered in formulating the policy.

Under need, it was pointed out that HIV/AIDS is much more than just a medical problem whose scope has been underestimated. All measures to reduce vulnerability to it must be taken. Similarly, the transport sector must be involved not just to provide a comprehensive response to a major socio-economic peril, but because it is an important vector of that peril. As for the issues to be considered in order to formulate policy, the paper reviewed these under the headings:

- What is to be done?
- For whom and how?
- What should be achieved?
- Who should be involved?
- From whom can we learn?

Detailed elaboration of each of these questions provided a practicable framework for viable policy which itself was defined as sustainable, appropriate, implementable, carefully considered and targeted, and adequately resourced.

The workshop was then apprised of an actual HIV/AIDS prevention and social support policy that has been developed by the Ministry of Transport of South Africa. The policy was developed because one in every five workers in South Africa is expected to be HIV positive within five years. It is thus crucial both to try to slow the spread of the epidemic and to put in place appropriate policies to protect people living with HIV/AIDS. The policy focuses both on Ministry employees and on the transport sectors under its control. These are road and rail transport, road construction, ports and shipping, passenger transport and aviation.

The presentation said that, in-house, the Ministry is mobilizing its own workforce to develop and implement policy. The Department of Transport has already developed a clear policy document on HIV/AIDS in the workplace whose main thrust is that the rights of the individual would be upheld within a supportive and non-discriminatory environment. Externally, the Ministry is hosting meetings among the various partners in the different transport sectors in order to persuade them to establish their own HIV/AIDS mitigation activities. Such meetings typically involve organizations representing the transport operators and the unions. Significantly, South Africa will be working both to reduce the transport sector's negative aspects as vector and to use it as a site for broader IEC and prevention measures aimed at the general public. Most of these activities are still in their initial stages.

Following on from the presentations, the working group sessions were requested to review all the foregoing material in relation to three core issues:

- the association between the land transport sector's priorities and HIV,

- how the transport sector might benefit by responding to the challenges of HIV, and
- what the sector can do to respond to those challenges.

Subsequent discussion identified three entry points which could be harnessed by policy makers to develop synergies between more effective and efficient transport systems and HIV/AIDS vulnerability reduction. These were:

- profit,
- infrastructure development, and
- business partnership.

In each case synergies were found whereby the appropriate policy would contribute to national development while also being readily acceptable to the actors concerned as being clearly in their immediate economic and quality-of-life interests. The policies would also contribute to a reduction in the spread of HIV/AIDS. This was particularly true in relation to shorter waiting times among road freight crew, and improvements in infrastructure and cross-border facilitation procedures to both shorten journeys and make them less stressful. It was agreed that partnership in its broadest sense was essential to both formulate and implement the necessary policy.

In conclusion, the workshop produced the following recommendations for the consideration of the Committee on Transport, Communications, Tourism and Infrastructure Development:

- Ministries, agencies and parastatals involved in the land transport sector should take a more active role in the prevention of HIV infection and in the care and support of people living with AIDS. Specific actions to support this recommendation may include:

- ä ensuring high level representation on the National AIDS Committee;
  - ä convening in-house seminars to increase awareness of HIV/AIDS, to discuss issues involved, and to consider activities which could be undertaken to address the issues;
  - ä engaging partners from the private sector and civil society;
  - ä establishing an HIV task force in the transport sector to facilitate the development of policies and strategies;
  - ä formulating HIV/AIDS policies for the transport sector which are consistent with and support national HIV/AIDS policies and programmes; and
  - ä develop strategic plans for implementation of HIV/AIDS programmes in the transport sector.
- HIV/AIDS and the transport sector be included as an emerging issue to be included in the New Delhi Action Plan on Infrastructure Development in Asia and the Pacific.
  - HIV/AIDS and the transport, tourism and infrastructure development sectors be considered as a topic for consideration at the Ministerial Conference on Infrastructure scheduled for 2001.
  - UNDP, UNAIDS and UNESCAP to develop guidelines to assist the transport sector in developing policy and strategic plans for HIV/AIDS as they relate to the transport sector.
  - UNDP, UNAIDS and UNESCAP and other UN organizations, lending agencies, bilateral donors and NGOs to provide support to member countries in implementing the above recommendations.

## INTRODUCTION

**T**he Committee on Transport, Communications, Tourism and Infrastructure Development (CTCTID) at its first session in November 1998 was apprised of the rapidly deteriorating HIV/AIDS situation in the region and its economic and social consequences. The Committee recognized the urgent need to address the critical issues of AIDS in relation to transport and communications, and urged the UNESCAP Secretariat to collaborate with UNAIDS in formulating and implementing responsive programmes.

In considering the report of the Committee, the Commission at its fifty-fifth session in April 1999 noted the vulnerability of vehicle drivers and crews to HIV/AIDS, the role of the transport sector in the spread of the virus, and its potential negative impact on productivity within the transport industry. In endorsing the recommendations of the Committee, the Commission requested the UNESCAP Secretariat to hold seminars on HIV/AIDS and the transport industry, and to produce publications on the issues and responses which would be appropriate to the UNESCAP region.

In pursuance of this directive, an UNDP/UNAIDS/UNESCAP workshop on reduction of HIV vulnerability within the land transport sector was held 22-23 November 1999 in Bangkok. The workshop was the first of a set of seminars on HIV/AIDS and the transport industry. It was attended by participants from Bangladesh, Cambodia, China, Islamic Republic of Iran, Thailand and Viet Nam. United Nations bodies represented at the meeting were the United Nations Programme on HIV/AIDS (UNAIDS) Asia-Pacific Intercountry Team (APICT) and the United Nations Development Programme South-East Asia HIV and Development Project (UNDP-SEAHIV). Representatives of the Asian Institute of Technology (AIT); Asian Institute of Transport Development (AITD); Family Health International (FHI), Nepal; Population Services International (PSI), Myanmar; Pingxian City Government, Guangxi Province, China; Tiong Nam Transport Company, Malaysia and World Vision International (WVI), Cambodia and WVI, Viet Nam also attended. The workshop benefited from the presence of resource persons from China, India, Myanmar and South Africa. A list of participants is attached at the end.

## OPENING SESSION

The workshop was opened on behalf of UNDP by Dr. Lee-Nah Hsu, Manager of the UNDP South-East Asia HIV and Development Project (UNDP-SEAHIV) who pointed out its strongly collaborative nature. The workshop was based on a mapping assessment conducted by UNDP-SEAHIV for ASEAN of the impact of population movement on HIV in the Greater Mekong Subregion. The assessment found strong correlations between economic development, infrastructure construction and transport. When roads and bridges are built, they link high and low HIV prevalence areas by facilitating not only domestic urban-rural linkages but intercountry mobility as well.

The land transport sector therefore has a vital role to play in reducing HIV vulnerability among the general population. If proactive, collaborative steps are taken to:

- facilitate international transport,
- utilize the transport system to provide HIV prevention education to the general public,
- promote HIV prevention programmes within the sector.

It can complement other ongoing activities to counter the spread of the HIV/AIDS epidemic. The speaker asked for fruitful collaboration starting immediately to reduce HIV vulnerabilities and thus truly reap the maximum benefit of development from improved transport systems. She ended by quoting a Minister in Asia: "What is the use of building roads and bridges if

we do not prevent HIV. If more of our people die of AIDS, soon there would be no-one left to use them".

The workshop then heard an opening statement by Mr. Adrianus Mooy, ESCAP Executive Secretary. After briefly describing the workshop's background, Mr. Mooy also noted its timeliness. "The extent of HIV/AIDS in the region is already of epidemic proportions", he said. "Unofficial estimates in some countries suggest infection rates of 10 per cent of the adult population. In the face of statistics of this magnitude, governments must take a strong lead in confronting the epidemic."

Mr. Mooy then pointed out that the responsibility for addressing the epidemic has so far rested mainly with ministries of health. However, given that HIV/AIDS is a multisectoral problem, ministries of transport are in fact particularly well placed to make a significant contribution. For example, the transport sector is a major employer and consequently advocacy of HIV/AIDS prevention measures within the sector can reach a large audience. "Of even greater significance", he said, "is the fact that very large proportions of the population are at different times 'captive audiences' of passenger transport systems either at terminals or in buses, trains, boats and aeroplanes. This affords transport service providers the opportunity to disseminate information concerning HIV/AIDS prevention." Mr. Mooy closed by stressing the high priority ESCAP places on HIV/AIDS prevention and by wishing participants a successful meeting.

# PRESENTATIONS

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## HIV epidemiology in Asia and the Pacific

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**T**his topic was presented by Dr. Wiwat Rojanapithayakorn, Team Leader of the UNAIDS-APICT. Without referring specifically to land transport, it documented the status of the HIV/AIDS epidemic in Asia and the Pacific as of November 1998 and placed this in a global context as of December 1999. After reviewing HIV/AIDS epidemiological patterns in the region it focused in particular on Cambodia and Thailand where most research has been done.

The presentation estimated the global total of people living with HIV/AIDS in December 1999 was 33.6 million. Of this, 32.4 million were adults: 1.2 million children under 15 also had the condition. Within the adult total, slightly less than half, 14.8 million people, were women. Deaths from AIDS since the beginning of the epidemic were estimated at 16.3 million. Of these, 12.7 million were adults (6.2 million women) while 3.6 million were children under 15 years of age.

Some 5.6 million people were newly infected with HIV/AIDS globally during 1999, of which 5 million were adults and 570,000 children. The number of women infected was estimated at 2.3 million. AIDS deaths during 1999 were estimated at 2.6 million of whom 2.1 million were adults (1.1 million women) and 470,000 were children.

The clear anomaly here was that, whereas women typically constitute just under half of adult HIV/AIDS victims, they represented over half of all adult deaths in 1999. This might suggest a growing vulnerability of women to HIV/AIDS.

Placing these global figures in a geographic context, the presentation then showed that of the 33.6 million estimated to be living with HIV/AIDS at end 1999, 22.3 million were in sub-Saharan Africa, 6 million in South and South-East Asia, 1.66 million in Latin America and the Caribbean, and less than 1 million each in all other regions of the world. Of these, North America was most heavily infected with some 920,000 HIV/AIDS cases.

Similarly, of total deaths from AIDS since the beginning of the epidemic of 16.3 million, 13.7 million deaths have occurred in sub-Saharan Africa, 1.1 million in South and South-East Asia, and 680,000 in Latin America and the Caribbean. In this case, less than half a million deaths have been recorded in each of the other six regions with North America again being the worst affected with 450,000 deaths to end 1999.

Of the 5.6 million new infections during 1999, 3.8 million occurred in sub-Saharan Africa, 1.3 million in South and South-East Asia, and 207,000 in Latin America and the Caribbean. But in this case, Eastern Europe and Central Asia with an estimated 95,000 new infections for the year was almost twice as badly affected as North America which registered 46,000 new infections.

Hence, while the three developing country regions of sub-Saharan Africa, South/South-East Asia and Latin America have consistently been the worst affected areas in the world, the epidemic would seem to have been contained in North America but to be expanding in Eastern Europe and Central Asia. No geographic context was given for AIDS deaths in 1999.

The presentation then considered the HIV/AIDS situation in Asia and the Pacific at the end of 1998. The following table showed the ranking of 20 countries according to proportion of adults infected based on the estimated number of people with HIV/AIDS (PWA).

Based on the data, Cambodia, Thailand and Myanmar are countries seriously affected by HIV/AIDS in the region. India, Malaysia, Nepal, Viet Nam, Papua New Guinea, Singapore and Australia followed.

**The proportion of adults with AIDS in 20 Asia and Pacific countries, November 1998**

<b>Country</b>	<b>Estimated no. of PWA</b>	<b>% of adults infected</b>
Cambodia	180,000	3.70
Thailand	740,000	3.14
Myanmar	447,000	1.87
India	3,500,000	0.90
Malaysia	45,000	0.35
Nepal	34,000	0.33
Viet Nam	80,000	0.20
Papua New Guinea	4,400	0.19
Singapore	3,800	0.18
Australia	10,800	0.11
Hong Kong, China	3,400	0.09
China	400,000	0.09
Philippines	27,000	0.08
Sri Lanka	7,000	0.07
New Zealand	1,200	0.06
Indonesia	60,000	0.05
Lao, PDR	1,200	0.05
Bangladesh	23,000	0.04
South Korea	3,400	0.01
Japan	7,300	0.01

The presentation then addressed the issue of how HIV/AIDS is transmitted. Considering the period from 1987 to 1998, it found injecting drug users (IDU) to be a consistently high risk group accounting for 40 per cent of infections in 1998. Heterosexual behaviour was the second largest risk. This has grown steadily over the period and accounted for 33 per cent of infections in 1998. In contrast, the risk posed by homo-bisexual behaviour has plummeted dramatically from 60 per cent of new infections in the late 1980s to only 4 per cent in 1998. And mother-infant transmission as well as that through blood products together accounted for only 3.1 per cent of 1998 infections.

By country in the region the presentation noted:

- a declining male homosexual epidemic in Australia and New Zealand,
- an established and increasing epidemic among heterosexuals in Cambodia, Myanmar, India, Nepal and Papua New Guinea,
- an established and increasing epidemic among injecting drug users that is now shifting to heterosexuals in China and Viet Nam,
- a stabilized epidemic among heterosexuals in Thailand and among IDUs in Malaysia, Brunei and Macao, and
- low epidemics elsewhere.

By this measure, Cambodia, Myanmar, India, Nepal, Papua New Guinea, China and Viet Nam are most at risk of future epidemics even though present incidence of HIV/AIDS may be low in some of these countries.

These overviews were then backed by detailed HIV sentinel and other surveillance data for Cambodia and Thailand. The Cambodian data emphasized the overwhelming role of female sex workers in the spread of the epidemic. Over 40 per cent tested positive for HIV nationwide in 1998, while 57 per cent of female sex workers in Sihanoukville tested positive the same year. By comparison, five per cent or less of all other groups in Cambodia (except police at 6.7 per cent prevalence) tested positive for HIV in 1998.

In Thailand, while the source of sexually transmitted diseases (STD) are mostly sex workers, increased condom use since 1990 has seen a dramatic reduction of almost 95 per cent in reported STD cases from around 400,000 each year in the late 1980s to about 25,000 in 1997. Almost all clients, about 98 per cent, now use condoms. Consequently, HIV sero-prevalence among Royal Thai Army recruits declined from a high of 4 per cent in 1993 to less than 2 per cent in 1996. It has also dropped from 2.4 to 1.5 per cent between 1995 and 1998 among women attending antenatal clinics nationwide. The number of AIDS cases among children of HIV positive mothers has declined from 1,100 in 1996 to about 300 in 1998. Thus while the HIV/AIDS base remains large in both absolute numbers and as a proportion of the adult population, there is hope the epidemic can be contained.

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## Development, population movement and HIV, South-East Asia

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The presentation by Dr. Lee-Nah Hsu, Manager of the UNDP South-East Asia HIV and Development Project (UNDP-SEAHIV), entitled "Policy formulation and strategic planning for the land transport sector", linked the foregoing overview of HIV/AIDS in the region to land and waterway transport.

It began by pointing out that the key to the transport sector from an HIV vulnerability reduction perspective is its intense connectivity between both the communities it serves and between its various modes. Each of these has its own unique attributes and characteristics which should be employed to create new options and alternatives for the reduction of HIV vulnerability. UNDP's role as co-sponsor to UNAIDS would be to complement existing excellent efforts to mitigate HIV suscepti-

bility, its focus in this context being to enlarge people's choices to live long and healthy lives, to have access to knowledge, income and assets, and to enjoy a decent standard of living.

A synergistic developmental approach to intervention to reduce HIV/AIDS vulnerability in the transport sector would identify and assert the unique contributions the sector could make to such a reduction. This would require clear identification of the critical players in which issues, what are the appropriate options, how information flows could be increased, and how access to health facilities, services and education could be improved.

Examples of such interventions were given, based on UNDP-SEAHIV's extensive HIV vulnerability mapping in the GMS

region. For instance, the new regional and subregional free trade agreements now being negotiated provide a broad window of opportunity to also establish new international freight and passenger facilitation and common transport infrastructure standards. These would not only significantly reduce vehicle waiting times and overall trip durations thereby improving transport economics, but would also minimize key truck crew risk factors such as extended waiting times and long, stressful journeys thereby reducing HIV/AIDS vulnerability from transport. Streamlined intermodal connections at maritime and riverine ports as well as air-road-rail interfaces, international boundaries and railway gauge 'break-points' would have a similar impact. In addition, if truck crews were paid at their home base rather than at the point of delivery in some remote place, the security of their households would

be enhanced while simultaneously limiting their own risk behaviour. Many other examples of synergistic interventions could be given.

The presentation stressed the need not only to avoid duplicating the valuable efforts of other international, government and non-government agencies working on AIDS mitigation, but to develop synergies between such efforts. Towards this end, a comprehensive set of policy options should be developed as the basis for strategic planning of transport sector-related HIV mitigation interventions. If activities to develop such synergies were marshalled within a comprehensive HIV/AIDS transport sector policy, not only would all other initiatives to address the issue benefit, but the region's total vulnerability to the epidemic would also be significantly reduced.

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## **HIV/AIDS interventions in the transport sector: Asian experience**

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The Workshop then heard presentations from six agencies working in Thailand, Myanmar, China, Viet Nam and India in that order that have already begun outreach programmes to reduce HIV/AIDS vulnerability in their respective land transport sectors. While it was stressed that most projects are still in the early stages of development, all were able to report positive progress. For example, those in Myanmar and India were already able to provide objective indicators of change towards more health-conscious modes of behaviour among truckers and sex workers. Activities in China and Thailand, meanwhile, have already extended well beyond the land transport sector. In Thailand, the private sector has taken a leading role in sensitizing all commercial sectors including land transport to HIV/AIDS. In China, the rail transport subsector has been developed as a vehicle to reach other high risk HIV/

AIDS population groups such as young male migrant workers who might otherwise be missed. The pilot project in Viet Nam to reach both truck drivers and sex workers along National Highway One was shown to be developing well. The presentations are summarized below:

### **1. Creative partnerships for the future: An example of private industry collaboration on AIDS in Thailand**

This presentation by Dr. Anthony Pramualratana, Executive Director of the Thailand Business Coalition on AIDS (TBCA) focused on the issues that need to be addressed in order successfully to involve private sector, profit-oriented companies in activities to prevent the spread of HIV/AIDS

among their employees. It began by establishing a continuum of corporate commitment as the context within which all private sector activities should be carried out. The continuum had four stages, namely:

- advocacy,
- initiating AIDS workplace activities,
- reaping good rates of return, and
- leadership development.

TBCA works in all these areas to foster effective private sector AIDS prevention programmes overall.

In terms of advocacy, the presentation listed five effective strategies to convince companies to adopt HIV/AIDS mitigation policies and programmes. It was pointed out that the strategies should combine emotional appeal with rational argument. Arguments should be supported wherever possible with statistical data. The strategies were:

- use a non-confrontational, non-threatening approach,
- use a compassionate, understanding tone in which human rights are discussed in the context of confidentiality and the right to work,
- use persuasive case studies,
- use a top-down approach, enlisting the understanding and commitment of top management first,
- use existing legal structures only when they have been proven to be effective in managing AIDS in a manner that also supports people living with HIV/AIDS (PWHA).

Once corporate commitment has been achieved, AIDS prevention activities in the workplace can be launched. Two key questions were raised in this context:

- how will your company announce HIV/AIDS workplace policy to staff?
- who in your company will be responsible for HIV/AIDS?

Nor does it automatically follow, it was pointed out, that all companies should test all their employees for HIV/AIDS. Six reasons for not testing employees/new hires were:

- the 'window period' during which HIV tests are invalid,
- any employee may contract HIV,
- the need for empathy,
- knowledge of an employee's HIV status has both positive and negative aspects,
- existing laws may prohibit such tests, and
- tests may represent a lost opportunity to hire new staff if such people object to the tests.

Significantly, a February 1997 survey by TBCA of 348 companies found that fully 46 per cent (160 companies) practise voluntary testing of new applicants. A further 32 per cent (112 companies) do not test for HIV/AIDS at all. Of the remaining minority (22 per cent), 44 companies (13 per cent) test for HIV/AIDS without informing the applicants. In only 9 per cent of the surveyed companies (32 companies) was HIV testing mandatory.

The presentation pointed out that TBCA helps its members achieve strong results from their in-house programmes by providing HIV/AIDS prevention education and management courses and by working with corporate leaders to help create solutions to specific situations so that they can effectively implement activities in the workplace. In particular, TBCA's Business AIDS Network (BAN) provides a forum for personnel and training managers to share ideas on how best to manage HIV/AIDS.

TBCA itself is a coalition of business leaders promoting HIV/AIDS initiatives in the private sector through and beyond the AIDS epidemic. Coalition members receive AIDS related services according to their level of membership. The various levels are:

- pacesetter,
- prestige,
- executive, and
- associate.

Fees are charged for all services to ensure the programme's sustainability.

## **2. Social marketing and communications for health: The experience of Population Services International in Myanmar**

This presentation by Mr. Steven Honeyman, Representative of Population Services International (PSI), Myanmar, described the philosophy and services of PSI in relation to its activities to reduce HIV/AIDS transmission in Myanmar. PSI operates in over 30 countries including Bangladesh, Cambodia, India, Malaysia, Myanmar, Pakistan and Philippines in Asia. In Myanmar, its partners include UNAIDS, UNICEF, UNDP, DFID, plus all the other 10 NGOs working on HIV/AIDS there.

The presentation began by defining social marketing within the field of HIV/AIDS reduction as "The distribution of needed health products to lower-income populations at affordable prices". It was explained that the activity uses existing local commercial infrastructure and innovative communications campaigns. In Myanmar, these have included traditional art forms such as marionettes and comedians. Theatre and humour are effective vehicles to carry HIV prevention messages to populations at risk.

PSI's approach to social marketing of condoms involves five steps. It:

- procures the condoms either locally or internationally,
- sets up a local distribution system by working with existing wholesale and retail professionals,
- creates and advertises a brand-name product,
- designs and implements powerful communications campaigns that foster demand for the product by encouraging healthy behaviour, and
- sells the product at an affordable price.

The rationale behind the approach, it was pointed out, is that under normal circumstances in many developing countries the majority of people may not have access to, or cannot afford, condoms. It may be that government services are either unavailable in many locations or inadequate. In most cases, internationally recognized brands, when available, are too expensive. On the other hand, generic health products that are distributed free are often scorned. Recipients tend to associate 'free' with a sub-standard product that is consequently discarded.

It was explained that PSI tries to navigate a middle path through this marketing paradox. On the one hand, it establishes a local brand for its products and then uses local advertising and promotions to encourage demand for them. On the other, it fosters a commercially viable trade in the products at wholesale and retail levels in order to both generate product value in the minds of the purchasers and establish a sustainable widespread market in the products themselves. Revenues from the transactions that accrue to PSI are used to offset its programme costs. PSI is an international non-profit, secular non-government organization.

It believes this quasi-commercial intervention in the commercial market for condoms in Myanmar and other countries:

- overcomes 'resistance points' within its target groups, whether such points be commercially related, social or cultural,
- fosters behaviour change by increasing knowledge within the target group, thereby affecting health-related attitudes and practices, and
- consequently creates demand for health products which in turn strengthens sales, essentially establishing the basis for a sustainable market that will continue to exist after intervention ends.

It was pointed out that a further advantage of the approach is that it targets those most in need first, as opposed under conventional market practices to those most easily reached. Thus in Myanmar, PSI has identified 15 target risk groups for HIV/AIDS infection and five high risk areas. The groups include ethnic minorities, hospitality girls, motorcycle and regular taxi drivers, youth, mobile populations such as truckers and migrant workers, hotel employees, spouses of the target groups, and Myanmar's large population of seafaring fishermen. The high risk areas are Myanmar's borders with China, India, Thailand, Bangladesh and Lao PDR, particularly the main transit routes across them.

Such precise market targeting carries over into information, education and communication (IEC) and promotional activities. Because the PSI retail network in Myanmar covers 2,000 outlets in over half the country's 328 townships, it works in 13 languages. Because it focuses on specific target groups, it has prepared peer education materials for each one in its own in-house communications unit. Similarly, to launch *Aphaw* condoms in rural centres, PSI used the area's traditional musicians and drummers during the promotion. As

another example of group specific activity, seafarers now receive HIV prevention training on their boats, in many cases before they dock for shore leave.

Nor are sales restricted to ordinary retail outlets, the presentation said. PSI condom sales promoters talk to drivers in their trucks, carry condoms by horseback to small villages in the remote Chin hills, or have them on display in urban night markets. One result of all this is that condom sales are booming. After a slow first year, the millionth condom was sold in September 1997. One year later, over 4 million condoms had been sold. By September 1999 over 10 million had been sold. Over half a million are now sold each month.

The research on which all this activity has been based is similarly tightly focused. Members of PSI's in-house research department typically penetrate deep into the chosen target groups. Since the researchers ask many of the same questions in each group, they have been able to compile cross-group comparisons of perceptions of HIV/AIDS that are quite revealing.

Thus in eight groups questioned to date – hospitality girls, motorcycle taxi drivers, truckers, migrant workers, taxi drivers, hotel employees and fishermen – the presentation showed that nearly everyone believes "you can prevent HIV/AIDS by staying with a faithful partner/by using a condom during sex/by ensuring that injections are done with clean needles". Yet wide divergences were found over "you can prevent HIV/AIDS by getting medicine from traditional healers". Similarly, most people except hotel employees believe HIV/AIDS can be transmitted by mosquito and other insect bites whereas only truckers and migrant workers believe strongly in not sharing food with an HIV positive person. Unhappily, nearly all groups were shown to believe strongly that people with HIV should

not be allowed to keep this fact a secret, nor should they be allowed to continue their work as before. In tune with these beliefs, the majority of all groups except hospitality girls and motorcycle taxi drivers “would be afraid of caring for a family member with AIDS”. The most fearful were truckers, then migrant workers, then fishermen – the very people who live away from their families for extended periods.

The presentation ended with a set of lessons learned.

- Much, much more needs to be done.
- Myanmar’s isolation makes HIV/AIDS reduction and prevention much more difficult than it would otherwise be.
- A national condom social marketing programme is required.
- This should be integrated into existing reproductive health activities.
- Government policies and laws relating to HIV/AIDS and condom use need to be clarified.
- Mass media involvement in the campaign is crucial to its success.

An accompanying list of achievements to date made the lessons less severe.

### **3. The situation in China: Ministry of Railways response to AIDS**

The presentation from China by Ms. Han Shurong of the Department of Labour and Health of the Ministry of Railways described the Ministry’s activities to employ Chinese Railway as an entry point for effective HIV/AIDS prevention and education among the general public. The presentation found that Chinese Railway represents one of the best means of reaching a vast population of young migrant workers who by age

and occupation constitute a high risk HIV/AIDS population group.

The presentation pointed out that Chinese Railway is a huge, highly centralized state enterprise whose 68,000 kms of track cover the length and breadth of the country. It has over 5,700 stations, carries 35 per cent of national passenger traffic and 55 per cent of freight. Within these global figures, it carries roughly 80 per cent of medium and long distance passenger traffic, defined as journeys of over 500 kms.

A particularly important segment of its passenger traffic consists of about 120 million young male migrant workers, the presentation said, some four fifths of whom typically make 25-hour railway journeys twice a year when they return home at harvest time and Chinese New Year. Such journeys usually involve up to five-hour-wait at railway stations. Although the group is sexually active, its members typically have only primary school education. No means exist at their destinations to teach them about HIV/AIDS or other sexually transmitted diseases.

Chinese Railway, however, has a complete health care system for its own employees. It was therefore decided for the purposes of HIV/AIDS education to extend this system to its passengers. It thus uses its trains and railway stations as a means to reach migrant workers at times when they have nothing else to do. They are in this situation easy to reach.

The railway’s public HIV/AIDS education campaign has developed through five key stages.

- Since 1995, Chinese Railway has been training its railway epidemic prevention, railway station, and passenger train service (train and station broadcasting) employees on the relevant health knowledge.

- Using these trained employees as trainers, it has been educating its 10 million employees and their dependents on HIV/AIDS prevention through site lectures, video presentations and via cable TV.

- Due to the nature of railway work, this internal education programme entailed the production of video clips and audio diskettes to be broadcast on trains and at railway stations. Consequently the general public was exposed to the educational material as well with very good results.

- This led to the development of targeted public education activities on the 3,000 km Beijing-Hong Kong passenger service. The line traverses six provinces. Activities were coordinated with the China VD & AIDS Prevention Association in each province and attracted widespread media attention. It is estimated that more than half a million people have been reached.

- With UNDP financial support, this successful activity was extended to the Beijing-Ulan Bator international passenger service. About 200,000 people have been reached so far.

The presentation said that project achievements to date include:

- educating roughly two thirds of railway employees and their dependents on HIV/AIDS prevention, and

- reaching about 100 million passengers with the same messages either on the train or at the station through either video or radio programming.

These activities have helped to offset the shortage of social health education in China, have employed a leisure environment to provide health education to migrant workers, and have consequently helped to raise HIV/AIDS awareness among this group. Unfortunately, there is still no integrated plan to reach migrant workers

nationwide, no systematic means of evaluating the effectiveness of existing educational activities has yet been developed, and lack of financial resources and policy support threaten the sustainability of the project.

Measures to address these issues are being considered, it was pointed out. In particular, Chinese Railway may establish 'health education offices' at principal railway stations in order to collect systematic, time-series data on the migrant population that travels by rail. Such offices would explore migrant population lifestyles, information sources and topics of interest. This would enable Chinese Railway to establish an objective means of evaluating its HIV/AIDS education activities while also exploring the most effective ways of continuing them. Probably Guangzhou and Beijing West railways stations will serve as the pilots for this project. It was reported that more than one million migrant workers pass through these stations at Chinese New Year so that even the pilot project could be expected to produce meaningful results. If it is successful, it would be extended to 44 major railway stations throughout the country.

#### **4. The situation in Viet Nam: The National Highway One Project**

The presentation from Viet Nam by Mr. Serge Doussantousse, Manager, National Highway One Project of the World Vision International, Viet Nam, described an ongoing pilot project to develop community responses to HIV/AIDS along National Highway No. one. He pointed out that this highway is the backbone of transportation of people and goods within Viet Nam, linking the national capital Hanoi in the north with Ho Chi Minh City in the south. En route it passes through Vinh, Ba Den and Quang Tri, all of which will serve as hubs for East West road transport through the Lao PDR to

Thailand. The highway is also linked to cross-border traffic with China in the north and Cambodia in the south. It is thus one of South-East Asia's key transport corridors.

The decision in 1997 to launch the project specifically recognized the connection between extensive transport routes, mobility and the spread of HIV/AIDS. As the presentation pointed out, with the proliferation of regional trade routes, HIV transmission along main transport arteries will be an important feature of HIV transmission. After referring to African and Indian studies that support this view, it was pointed out that initial research at Da Nang reflects the same situation, particularly the fact that truck drivers have multiple and regular partners on their truck routes and are engaged in high risk activity. These factors, coupled with their high mobility, mean they are a potentially significant group in the context of HIV/AIDS transmission. As the only national route, Highway No. one is therefore an important route for transmission of HIV/AIDS within Viet Nam and the region.

The project, being implemented by World Vision International – Viet Nam with AusAID support, is a strategic response to this threat. It consequently seeks to:

- develop an effective model for HIV/AIDS prevention for particularly vulnerable groups, namely truck drivers and poor women. The model would be strategic in that it could be incorporated into existing social structures with the potential to reach large numbers of people at the grassroots level throughout Viet Nam. It would in particular fit well with the poverty alleviation/income generation programmes of the Women's Union (WU),
- strengthen the ability and confidence of women and through them, of their

communities, to effectively respond to HIV/AIDS, including promoting the acceptance and care of people living with AIDS (PHWA),

- strengthen the organizational capacity of the WU and the Department of Health (DoH) at the provincial level in Da Nang, Quang Tri, Quang Nam and Thue Thien Hue in research as well as project and financial management.

Towards these ends, the presentation said, the project has conducted research on the incidence of HIV/AIDS in the target populations in the four provinces; has developed two models for appropriate HIV/AIDS behaviour change communication (BCC) strategies for truck drivers and women, respectively, that is based on the research; is implementing the models on a pilot basis; and will evaluate them with a view to their promotion with modifications as appropriate for replication throughout the country.

Major project outputs will therefore be:

- operational research using participatory learning and action (PLA) methodologies in order to develop the appropriate BCC models,
- a BCC programme implemented for truck drivers in selected districts along Highway One, namely in Da Nang itself and in the three other provinces,
- a BCC programme implemented among poor women at the same intervention sites. The programme will incorporate appropriate care strategies,
- consequent on all of the above, improved capacity within the DoH and WU in research, project management, and training.

In the process, 140 peer educators

and front line social networkers are being trained, as are 400 women to serve as key informants in their communities. Up to 10 counterpart staff are being trained as trainers, and up to 30 counterparts are receiving project and financial management training. It is hoped that the project will persuade at least half the target truck drivers to practise safe sex. At least half the targeted women should be able to protect themselves in risk situations.

The project was launched in 1998 for three years. It is ground-breaking in that no prior research had been done on HIV/AIDS among truck drivers in Viet Nam. No specific HIV/AIDS education had been conducted among them either. Consequently the appropriate entry points for communication were unknown. Research was required not only to determine appropriate BCC strategies but also the most effective means of delivery. For example, no organization such as the WU represents or works with truck drivers. Although trucking companies exist, many drivers are freelance.

As for the female target group, although some information was known about HIV/AIDS incidence among poor women, it was pointed out that this has been derived from other HIV/AIDS reduction programmes focused on other sub-sectors of the population such as drug abusers. Hence the project had to identify the land transport-oriented context and important factors which increase the vulnerability of poor women to HIV/AIDS transmission. This knowledge has been used to develop an appropriate model for HIV/AIDS education among such women.

The presentation then offered a progress report on the project from an August 1999 midterm review by an external consultant. In essence, the review found that while valuable progress has been made, this has so far been uneven in terms of both technical content and geographic spread.

Technically, the project's baseline

research was well implemented in a timely manner and is being used to guide the project. One of the main outcomes has been a set of international quality information, education and communication (IEC) materials whose messages are perfectly suited to the target group and whose media are appropriate to the messages. Based on extensive needs assessment carried out as part of the research, the messages were pre-tested, mock-up field testing was performed, revisions were made based on the field tests, and now further ideas are being solicited in preparation for the first reprinting. Interestingly, almost all suggestions for change have concerned the type of IEC media rather than the message. Most media types, both static and dynamic, have been used successfully in other public education campaigns in the past.

The review's main recommendation regarding IEC materials was that more should be made available so that distributors do not hold back for fear of running out of stock. Condom supply should be increased for the same reason. Purchasing condoms within the community creates a market, builds sustainability and has economic benefits for members of the community. IEC materials and condoms could also be distributed at toll booths and filling stations if they are close to the communities involved.

A second recommendation was that each IEC message would most profitably be transmitted via both static and dynamic media – i.e. the design and message should be able to fit anything from a bumper sticker or cap-badge to a filling station billboard. The main remaining challenge with IEC is that Da Nang decided to develop its own set of materials. The survey found that some of these are not targeted at truck drivers and are not appropriate for them. Most materials have also not yet finished mockup field testing.

With respect to the delivery and impact of the IEC material on the target groups, two project entry points were selected to reach the truck drivers. The first of these, a community-based direct approach to drivers at their rest-stops, is developing well according to the review. Truck stops in three of the four target provinces are participating. Long-distance truck drivers who stop at these sites are being reached. Many lessons have been learned that can be used to make the programme more effective in future.

It was pointed out that the programme seeks to influence drivers' behaviour directly by trying to convince the men to reduce risk. This is done through a combination of community outreach activities, dynamic IEC materials carried on the trucks themselves and condom promotion. The programme also tries to change the drivers' environment to one which enables behaviour change through the display of static IEC materials at the stops and condom promotion among sex workers who are part of the community. The review felt the community itself benefits from the strategy as community members can take their own independent action to limit their own risks and vulnerabilities. The following features were noted as particularly relevant to the early success of the strategy:

- the truck stops have many small businesses with well-established relationships with truck drivers so that the economic forces that drive these relationships also drive HIV prevention activities,
- the stops have large numbers of community members participating in the prevention activities so that many drivers are contacted. Also, many members of the community can see the direct benefits to the community of the project activities,

- the stops are remote from towns so that drivers and community members have few other activities to distract them, and
- the stops have effective leadership among local implementers, effective support from the provincial AIDS committee, and a project management board that is part of the community.

Based on this initial success, it was felt that community-based activities for drivers at the stops should be continued. It was noted that short bursts of activity such as those in most HIV campaigns are not as effective as longer term participation that is integrated into the daily life of the community.

The second intended entry point for drivers has been less successful. The original intention was to develop a corps of peer educators in trucking companies. However, most drivers have not been reached and few are participating. It was found that management of the trucking companies have not taken responsibility for project activities, perhaps because they have little financial incentive to protect the health of contract drivers who meet their own health care costs and train their own crew through an apprenticeship system. It was also felt that drivers' wives were unlikely to give their husbands condoms as readily as drivers could obtain them from peer educators.

It was therefore recommended that the reasons for the difficulty in reaching truck drivers through their companies should be further explored and the constraints removed. IEC materials and condoms should be given directly to drivers. Peer educators should reach at least all the drivers in their own companies. If the companies agree, a mobile peer educator could be assigned to hitch rides back and forth to and from provincial borders a day or two a month – a form of mobile outreach

intervention that could be very effective for drivers and crews.

Despite the lack of progress on the peer educator front, the review felt that no compensatory activities should be launched. Drivers wives should not be included in the project, nor should new sites be developed for any of the project activities. Travel time to the dispersed sites is already a burden on project administration.

This burden imposed itself on the review in that there was insufficient time to assess how deeply behaviour change among the women target group has penetrated into the truck stop communities to reach all women. Nevertheless the review found that effective strategies are being used to reduce vulnerability to HIV/AIDS among both younger and older women. In particular, women who have more life skills, more formal education and more income are less vulnerable than those who do not. This is particularly true for younger women.

The review was sceptical about the verifiability of the project impact indicators, pointing out that in the case of the women's target group it is hard to objectively measure whether they can protect themselves from their partners' actions. However, self-reported condom use could be determined and process indicators would also make the impact more visible.

Generally, the review was against extending women-targeted activities to any more sites than the one selected mainly because the selected strategy – increasing life skills, formal education and income of women in a sustainable way in addition to reducing their vulnerability to HIV/AIDS through BCC – absorbs substantial resources. However, the approach should be

expanded at the Tam Hiep site so that more can be learned towards replicability. One issue that is already clear: effective women's programmes require effective local WU leadership. It is also important for the women's component of land transport HIV/AIDS reduction programmes that their activities are in some way synergistic with those of truck drivers.

## **5. The situation in India:**

### **a. Prevention of STD/HIV/AIDS Along the Highway (PATH) in Tamil Nadu**

Within the context of still exploratory attempts to launch effective HIV/AIDS prevention activities at the national level of the Indian land transport sector, the presentation by Dr. P. Krishnamurthy from India offered clear proof that locally-based 'bottom up' approaches to the issue can have important positive impacts.

The presentation showed that over a three-year period from 1996 to 1998, PATH, which is a consortium of 11 NGOs working to reduce the sexual transmission of HIV/AIDS among truckers in Tamil Nadu state, was able to reduce the proportion of truckers having sex with non-regular sex partners from 48 to 32 per cent. Simultaneously, condom use among the same group increased from 44 to 66 per cent.

These results were achieved together with five-fold increases in both condom availability and the number of STD cases identified, referred and treated between June 1997 and October 1998. The overall impact of these achievements was a significant reduction in the increase in new infections in its target group. It is hoped that if the project can be sustained, the overall incidence of new infections will begin to decline.

Significantly, PATH opted to work

directly with truck crews in their environment. It thus focused primarily on meeting and advising truckers and their helpers and female sex workers at various points along the highway. It also had a secondary focus on all the road transport industry's allied trades including:

- loaders,
- employees in vulcanizing shops,
- workers in roadside workshops,
- workers in dhabas/roadside eating houses,
- operators of pan shops/petty shops/pharmacies,
- filling station employees,
- lodge owners where sex workers operate,
- dalals, pimps and brokers who control the sex workers,
- associations of truck drivers, and
- health care providers to truckers, their helpers and sex workers.

It was pointed out that this secondary target audience was very important. Without its endorsement, PATH would have been unable to carry out its work. In particular, these people provided the necessary security to NGO field staff. They also constituted a perpetual source of information which was a pre-requisite for the successful implementation of the project. They multiplied the effect of messages spread by field staff by facilitating communication with the primary target group. They thus complemented the efforts of field staff and thereby worked towards long term sustainability of communication along the highway.

The presentation identified PATH as one of six activities within the AIDS Prevention and Control (APAC) Project of the Chennai-based Voluntary Health Services. With financial support from USAID, APAC has the overall objective of reducing sexual transmission of HIV/AIDS in Tamil Nadu. It aims to achieve this by introducing and reinforcing HIV prevention among groups with high risk behaviour. Its specific interventions have consisted of:

- STD care and prevention, by providing and improving access to comprehensive STD care services through strengthened counseling, partner treatment, compliance with treatment and follow-up,
- behaviour change communication (BCC), through a range of innovative communication strategies aimed at raising awareness in the target community of the risk factors for HIV transmission, improving STD treatment-seeking behaviour, and encouraging safer sex behaviour,
- improved condom promotion and logistics, expanding both aspects for both socially and commercially marketed condoms,
- greater awareness of correct and consistent condom use.

It was explained that in order to implement these interventions among truck drivers and their helpers, and sex workers, APAC identified and trained 11 Tamil Nadu NGO partners. Each partner worked at a major truck halt in its area. All 11 stations are on a National Highway. PATH's long-term objectives were:

- elimination of, or a sizeable reduction in, the incidence of STD/HIV infection or re-infection among the target community,
- a perceptible change in their beha-

viour pattern, and

- creation of an infrastructure in Tamil Nadu for target specific STD/HIV/AIDS intervention programmes by capacity-building among a large number of NGOs and NGO support organizations through financial support for capital expenditure and training.

Within these long-term goals, PATH's short-term aims were to:

- increase awareness of STD/HIV/AIDS among the target group, stress the importance of quality care for STD, and underscore the availability of treatment facilities,
- improve access to quality STD care,
- promote safe sexual behaviour by impressing on the target group its absolute importance,
- instil in the minds of the target group the essentials of correct condom usage,
- ensure the availability of condoms to the target group at all times,
- stress the importance of partner treatment,
- induce appropriate changes in health seeking behaviour through proper education and counseling.

In relation to the project's crucial secondary target group, it was explained that PATH tried pro-actively to increase their value to the project by:

- making them communication conduits along the highways through motivation and skill building (peer education), and
- by using as many of their premises as possible as condom outlets.

The delivery of PATH's services were timed to suit the target audience – i.e. normally late evening to midnight. It

established Drop-in Intervention Centres at the larger halt points that are equipped with TV, video cassette players and slide projectors. Other educational materials such as posters, handbills, stickers, booklets, flip charts and calendars were developed, and condoms were put on display. Truckers were encouraged to visit the centres for educational sessions. People in allied services were mobilized to work as volunteers, peer educators and condom outlets. Sensitization training was given. Medical practitioners working in the area were trained in counseling and providing quality STD care.

In terms of behaviour change communication (BCC), PATH's main objective has been to improve knowledge within the target group on the causes and consequences of STD and how to prevent it. Measures that have been employed to achieve this objective include:

- one-to-one interaction,
- group discussions,
- workshops at which successful case studies are presented,
- cultural and puppet shows, as well as street plays, and
- exhibitions.

These have been supported by the educational materials listed above as well as hoardings, stickers, signs, etc. along the highways. Snakes-and-ladders games, condom usage games, calendars and a doctor's index have also helped to impart knowledge.

It was pointed out that one-to-one interaction has been one of the most fruitful means of education and covers such topics as safe sex practices, STD symptoms, the necessity for timely, quality and complete

treatment, and the importance of partner treatment. Initially, the focus was on removing myths and misconceptions about sex and STD among the target population, including such ideas as:

- only females and not males are susceptible to STD,
- young and attractive girls are not likely to be infected,
- having sex with a virgin will cure STD, and
- washing genitals with lime and soda is sufficient to avoid STD.

The facts behind such misconceptions were clarified and the target group educated on the complications that can develop if STD is not diagnosed and treated properly. Education was imparted to individuals or groups depending on the circumstances. Counseling is an important aspect of one-to-one interaction.

It was explained that while behavioural change can be seen as crucial to the long-term sustainability of the project, more immediate effects were achieved by increasing the use of condoms. Education and counseling activities in this sphere concentrated on:

- removing the misconception that condoms lessen sexual pleasure,
- overcoming hesitation or embarrassment in purchasing or using condoms,
- inducing changes in sex practices, particularly to avoid casual or unprotected sex, and to use condoms in every sex act,
- teaching the correct storage and use of condoms.

Simultaneously, PATH sought to increase the availability of condoms through:

- distribution of free condoms,
- placement of condom boxes in strategic locations to provide confidentiality to the user,
- opening a number of condom outlets on the highway,
- persuading non-traditional outlets such as petty shops, hotels, dhabas, filling stations, barber and liquor shops and truck owners' associations to stock condoms,
- motivating these outlets to sell priced condoms along with free ones,
- social marketing of condoms,
- training of condom outlet staff,
- links with local condom stockists to increase availability.

PATH also developed a Trucker's Handbook and a trucker's kit, both promoting condoms. Taken together, both the BCC and condom promotion activities have achieved the dramatic results with which the presentation began.

As for sustainability, PATH is either already implementing or planning the following measures:

- identification of peer groups and volunteers for further training,
- equipping the peer groups with communication materials,
- building up target group ownership of the project through:
  - active involvement of the truckers' and loaders' associations,

- ä formation of local committees and fostering their involvement in the implementation of the programme,
- involving government doctors and other STD care providers in project activities,
- persuading doctors to visit the Drop-in Intervention Centres once or twice a week to improve treatment-seeking behaviour among the target group, and
- periodic get-togethers among condom manufacturers, sellers and buyers.

It was pointed out that this successful project was built around a bottom up direct approach to truck crews and women in sex work by well-trained, adequately financed and supervised NGOs. Significantly, the active involvement of all parties in the sex work, both the primary and secondary targets groups, has been essential.

The 11 NGOs involved in PATH are: Alternative for India Development, Association for Rural Mass India, Gramalaya, Institute of Community Development Services, Khajamalai Ladies Association, Pache Trust, Prakriti, Rural Institute for Community Education, Rural Integrated Development Organisation, Santoshi Social Science Research and Welfare Centre, Social Change and Development.

**b. Transport sector based intervention attempted within the Healthy Highway Project**

This presentation by Mr. Maju Mathew described three attempts to date to establish transport-related HIV/AIDS mitigation activities at the national level in India within the UK Department for International Development (DFID) – financed Healthy Highways

Project. It was explained that although the attempts themselves have so far been unsuccessful, a possible model for such intervention is emerging from the lessons learned.

The presentation began with a brief overview of the Indian road transport system. Some 35,000 kms of National Highway (NH) serve most of the country's 26 states and six union territories. Although the NH represents less than 2 per cent of total road length of some three billion kms, it carries about 40 per cent of total road traffic. This is crucial to the national economy. An estimated 87 per cent of all passengers travel by road while two thirds of all goods traffic is also hauled by truck.

It was pointed out that, significantly, the road transport sector in India is highly fragmented. It is:

- operated almost entirely by the private sector,
- widely dispersed,
- multi-tiered,
- inter-linked, and
- containing many different actors.

The interface between the actors consists of agents and brokers who not only facilitate road transport itself but link its many allied trades to it as well. In addition, goods transporters on the one hand, and truck owners on the other have their own trade associations which in turn belong to the All India Motor Transport Congress (AIMTC) which is the apex body for the industry.

It was then explained that DFID's purpose in working with the transport sector was to facilitate the creation of a conducive environment for HIV/AIDS mitigation. This would:

- support and complement work already being done by NGOs,
- reinforce the behaviour change message,
- increase coverage by reaching more people, and
- foster a healthy, sustainable HIV policy.

Unhappily, the fragmented structure of the industry has so far thwarted DFID efforts which were characterized as a search for feasible and replicable approaches. Three attempts have so far been made working with, respectively, individual transport companies, goods transport and truck owner associations, and AIMTC.

Lessons learned from the individual transport companies were that:

- only a few large fleet owners exist,
- trucking is not recognized as an industry by government, and
- there is no formal employer/employee relationship.

Consequently, a short-term view pervades the industry such that little or no attention is given to driver training or

welfare. When this attitude is combined with the logistics of reaching out to hundreds of small, independent companies, the approach becomes infeasible.

DFID therefore shifted its attention to the several road transport trade associations in the hope that they would prove more amenable. However, the lessons learned here were that:

- the associations have essentially a business focus,
- truck crew health and welfare issues are consequently easily sidelined, and
- the associations' managing committees are so powerful that changes in their membership can affect association activities.

The final approach to AIMTC was in fact thwarted by similar changes within the Congress. Had it succeeded, the goal would have been to establish an institutional structure within the road transport industry to initiate and manage HIV/AIDS mitigation intervention.

The overall lesson learned from this experience, it was pointed out, is that a combination of forces would be required for effective intervention. Hence an emerging model would combine private sector organizations with transport companies and associations, and trusts, to provide, respectively, resources and strategy, infrastructure, and implementation.

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## Towards a commitment of the land transport sector to HIV/AIDS prevention

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Mr. Chaiyan Rajchagool of the Transport, Communications, Tourism and Infrastructure Development (TCTID) Division of ESCAP elaborated on three key points:

- the need for a comprehensive policy to address HIV/AIDS prevention issues in the region,
- the rationale for involving the transport sector in such a policy, and
- the issues that should be considered in formulating such a policy for the land transport sector.

The three main reasons for a comprehensive prevention policy were:

First, HIV/AIDS is not merely a medical problem and not restricted to the health issue. On the contrary, it is a socio-economic peril affecting the whole family and the community. It can drain the strength of the nation by means of adverse productivity, healthcare cost and the cost from social problems. In this context, it was pointed out that such beliefs as "AIDS does not just come to you, you go to AIDS" are misleading and perhaps even contribute to a general complacency. A much more accurate statement would be "HIV travels along the fault lines of society. Vulnerability is aggravated by many factors such as migrations, economic disparities and the like. Directly and indirectly, these factors rob individuals of their control over HIV exposure. In many contexts, AIDS prevention involves tackling the epidemic at its social, cultural and economic roots".

Second, the scope of the problem has

been underestimated. In Thailand for example, despite official awareness and prevention programmes, the explosion to around 1 million people with either HIV or AIDS occurred within only 15 years from 1985 to 2000. The situation has reached the point where it is not only extremely difficult to reverse, but the gloomy situation could become worse. Its direct costs in Thailand have been estimated at US\$ 7 to 9 billion for the year 2000.

Third and partly as a consequence of the first two reasons, the prevailing emphasis on information programmes to prevent HIV/AIDS is inadequate. It was emphasized that institution-based health education conducted in some countries is not effective and may even be counter-productive. Even NGOs, supposedly an alternative to the mainstream development agencies, similarly adopt the instructive, if not the preaching, method. More often than not, the ways in which this method has been practised are rather authoritative and not particularly conducive to learning and awareness building. Commercial sex workers, perceived as disease carriers, and truck/bus drivers, labelled as social deviants, it was pointed out, are happier to stay away from preaching and teaching from health workers or educators. As an example, field studies of AIDS awareness among commercial sex workers and long-distance offshore fishermen can show impressively high scores on the means of HIV transmission. Some are even more aware of the perils of the disease than the public at large as they have witnessed their fellows gradually succumbing to AIDS. But despite the ubiquitous information available, the statistics on HIV infection among them have not

abated. To achieve “awake beyond awareness” more thoughtful approaches are required.

Within this much broader context, the main rationale for involving the transport sector in HIV/AIDS prevention was that any weak links or nodes in a prevention scheme can invalidate the integrity of the whole scheme. More colourfully, to keep burglars at bay, *all* doors and windows must be locked. Beyond this general point, however, the presentation showed that the land transport sector is a crucial and perhaps even primary point of intervention in society at large for any comprehensive HIV/AIDS prevention campaign. Three main issues were raised.

First, land transport means mobility of truck, bus and train crews and their passengers. Such mobility is an inherent part of the spread of HIV/AIDS.

Second, mobility entails increased risk of exposure to HIV/AIDS. In relation to land transport crews and their allied workers, these were listed as:

- being prone to loneliness from having gone away from their families and communities for long periods,
- being forced to rely on drugs to keep awake for long hours of driving,
- being in an all-male gathering with masculine outlook and very much under the influence of a peer group whose life-world is conducive to casual mishaps leading to risk behaviour,
- being in drinking circumstances/drinking preferences,
- being inclined to seek male-related types of relaxation from strenuous work,
- being in possession of money and

temptation to pay for pleasure (in the environment of the availability of the supply of commercial sex along the roads), and

- being subject to risks and stress such as road accidents and official harassment which affect world outlook and risk behaviour.

Third, both of these powerful drivers for the continued growth of the HIV/AIDS explosion are themselves spreading as the region’s land transport networks expand. Technically and physically, it was pointed out, regional transportation has now significantly re-oriented its course from the sea to modern land and air routes. The Asian Highway (AH) is as extensive if not more so than it has ever been. In addition, the Trans-Asian Railway (TAR) and the existing convenient linkages among countries will further enhance contacts among people. This is in addition to road infrastructure development within each country which would greatly add to the magnitude of the changing situation. Political developments, particularly the collapse of political boundaries, are also promoting much greater contact between people. Land transport is at the heart of all these issues.

Having made these arguments, the presentation discussed the topics that should be considered in order to develop a comprehensive HIV/AIDS prevention policy. It addressed them under the five following questions:

- What is to be done?
- For whom and how?
- What should be achieved?
- Who should be involved?
- From whom can we learn?

*What is to be done?* The presentation distinguished between prevention and intervention which were defined respectively as 'non-infectious sexual behaviour' and 'the ways and means to bring about such behaviour'. Given that, of the four possible forms of non-infectious behaviour condom use is the most practicable, the subsequent discussion of modalities of intervention referred to this option only.

Two possible forms of intervention were identified, namely:

- methods to reach target groups, and
- methods to ensure condom availability.

In view of the reservations on communications out-reach expressed earlier, it was argued that target groups should be reached through such 'bottom up' approaches as behavioural change communication (BCC). This goes beyond merely providing information, to discuss with people what knowledge, skills, encouragement and support they need to enable them to live healthy HIV-free lives. Unfortunately, such an approach would be too costly and time-consuming to implement along main transport routes. Therefore the following other options could also be employed:

- promotion and referrals to STD diagnosis and treatment facilities,
- well designed and worded posters placed strategically on public transport, along the main transport routes, at filling stations and low-cost hotels. These should employ well-known mottoes, proverbs or slogans and can be attached to rear mudguards, rear doors, windshields and other easily visible places,
- cartoons, pamphlets, flyers as well as slogans on official bills and receipts,

- TV and radio soap operas, spots and features on programmes popular with truck drivers,
- a distinctive, culturally-sensitive sign that indicates the availability of services and materials against HIV/AIDS,
- meetings with company managements to sensitize them to employee welfare,
- HIV/AIDS prevention strategies integrated into worker education programmes on drug use and road accidents, and
- particular emphasis in all communications outreach on the incubation period to dispel misunderstandings about the infection mechanism.

With respect to condom availability, methods such as:

- social marketing,
- strategic placement of condom dispensers at border crossings, rest places, etc.,
- making condoms available at pharmacies and shops (especially liquor) at nodal points along main roads,
- increasing the availability and affordability of condoms at hot spots and 'high' seasons (festivals, harvest time) and
- subsidies

could be used. It was emphasized that whatever intervention strategies are being employed at present, there is always room for improvement.

*For whom and how?* HIV/AIDS prevention target groups within the land transport sector are much larger and much more fluid than is generally recognized, it was pointed out. By number of large vehicles (trucks and buses), the Thai transport sector

expanded almost four-fold in the 17 years 1981-98. If the number of people to be reached includes not just drivers, but loaders, apprentices, bus conductors, porters and the like, some 2 million people in Thailand alone are involved. This number has obvious implications for the supply of educational materials and protective provisions as well as optimum operational considerations.

Similarly, transport activities often have seasonal peaks and troughs as well as overall annual growth. In Thailand, the peak occurs in the dry season. Rainy season transport activity is roughly two-thirds of peak. General economic conditions also have an impact on transport activity and hence on HIV/AIDS prevention outreach strategies. Thailand's bubble economy of 1985-97, for example, prompted much more transportation of construction materials than agricultural goods. Today, however, the construction material transport trade is relatively quiet.

A short list of transport sector-related target groups was then given. It included:

- cross border and internal migrants such as traders and factory/construction site workers, respectively,
- commercial sex workers,
- travelling business people,
- seasonal and temporary workers, and
- tourists.

All such groups would become targets of a comprehensive land transport sector HIV/AIDS prevention strategy.

*What should be achieved?* The presentation suggested that reliance only on condoms to achieve full prevention of HIV/AIDS is unrealistic. As just one indicator,

roughly three to four times the number of condoms now sold would be required fully to control new infections. Thus although condoms represent the most practicable preventive method, closer attention to other aspects of intervention is warranted. In particular,

- a reassessment of the possibilities and problems of intervention,
- tighter focus on the core target groups to achieve better results with them, the ultimate goal being subsequently to apply the lessons learned to more peripheral target groups,
- reassess the reasons for shortcomings, whether these are in fact due to inadequate measures or other factors,
- given that activities so far have gone a long way towards averting a widespread epidemic, what in fact would constitute a realistic target? And
- similarly, given that behavioural change is extraordinarily difficult to achieve, what might a realistic target in this context be?

Looking at the policy aspects of the issue, the presentation flagged six issues as worth further attention. Whatever policy is adopted, it needs to be:

- sustainable,
- uniformly applicable across the public sector,
- implementable,
- vetted for likely implications or impacts,
- appropriately targeted,
- adequately resourced with both personnel and finance.

*Who should be involved?* The presentation urged that involvement in HIV/AIDS prevention should be as inclusive as possible, covering public sector highway, railway and transport agencies, trucking companies, trade unions, service companies, state enterprises, NGOs and CBOs. The issues to be addressed to achieve effective implementation and broader coverage include:

- establishing partnerships between the public and private sectors, and between the various sectors and modes within the transport industry,
- organizing project partners,
- building networks and linkages, and
- establishing common codes of practice within the industry through such bodies as a transport industry leaders forum.

It was pointed out that the public and private sectors have different motives for being involved but that this need not constitute a barrier to effective partnership. Further, two basic databases would greatly assist project implementation. The first of these should cover the capacities and activities of transport and related companies, including:

- company ownership and affiliation,
- organizational structure,
- number and size of companies,
- number and type of transport vehicles, and
- management-employee relationships.

The second database would detail government policies regulating transport sector operations, such as:

- state/police laws and rules,
- the seasonal and cyclical nature of transport intensive activities such as construction and agriculture,
- the public attitude of the transport/trucking industry,
- the activities of other industries/businesses that often come into contact with the transport sector such as motor repair shops and filling stations.

*From whom can we learn?* The presentation pointed out that several countries have already begun to implement land transport sector HIV/AIDS prevention activities. Some of these, including earlier presentations, have been documented and can serve as a springboard for future activities. The Tamil Nadu AIDS Prevention and Control Project was singled out for particular mention not only because it could serve as a basis for other country programmes, but because it effectively transmits the four following crucial messages:

- why it is crucial to have HIV/AIDS preventive programmes for truckers and helpers,
- how the concerned organizations developed the programme strategy,
- what the strategy does to serve its target groups,
- the strategy's successes and failures.

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## HIV policy for the transport sector: South Africa

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Following on from the broad discussion of the transport policy aspects of HIV/AIDS mitigation above, Ms. Helen Nguni and Ms. Nomsa Maeko of the South African Ministry of Transport presented a brief outline of the nascent HIV/AIDS prevention and care campaign in the transport sector in South Africa. It offered a possible template for similar government policy and action initiatives in the Asia-Pacific region.

It was pointed out that the main drivers for the involvement of the Ministry of Transport in HIV/AIDS programmes in South Africa are that:

- one in five workers will be HIV positive by 2005, and
- current life expectancy of a person with HIV is only 1-3 years. This can be increased to 15 years with appropriate care and support.

As part of a government-wide initiative to address these issues, the Ministry has therefore established an internal prevention, awareness and policy action programme within the Ministry itself that covers the Department of Transport, its four agencies and the three parastatal organizations that report to the Minister. It is also fostering the development of external activities among the transport sectors it oversees in order that they both establish similar prevention, awareness and care-giving programmes for their employees and also, as appropriate, serve as sites for awareness raising activities among the general public.

The internal programme has yet to progress much beyond preparatory peer educator training (training of trainers and

training of counsellors) and condom distribution. However, the Department of Transport has already developed an internal policy document on HIV/AIDS and other STDs in the workplace that:

- acknowledges the seriousness of the HIV/AIDS epidemic,
- seeks to minimize the social, economic and developmental consequences to the Department and its staff,
- commits itself to providing resources and leadership to implement an HIV/AIDS and STD programme, and
- commits itself to create a supportive and non-discriminatory working environment through dispelling myths and stereotypes and offering counseling and education services to affected and infected employees.

The document then lays down the principles it will adhere to in dealing with HIV/AIDS. No-one may suffer discrimination because of the condition. All HIV testing will be voluntary. The HIV status of any employee will be confidential. Revealing the HIV/AIDS status of an employee without their consent shall be a disciplinary offence.

The document then commits the Department to appointing an HIV/AIDS programme coordinator and working group to implement the internal programme. It lists the programme components as:

- information, education and communication (IEC) activities, including media materials and peer education,

- barrier methods, i.e. male condoms,
- health services for the appropriate management of STDs,
- treatment of opportunistic infections for infected staff,
- testing and counseling services,
- personal protective equipment for staff who may potentially be exposed to blood or blood products, and
- support for both infected and affected staff and their immediate family members.

All employees and management are made responsible for implementing the policy. The document also commits the Department to interacting with civil society, other government agencies and its own stakeholders to foster other effective HIV/AIDS prevention and care-giving activities.

Externally, the Ministry is targeting the road freight industry, road construction industry, rail sector, ports and shipping, passenger transport and aviation. Recognizing that the road freight industry is the highest risk sector within transport, it has assisted the National Bargaining Council (NBC) which represents major truck companies and the transport unions to launch "Trucking Against AIDS" (TAA).

TAA is a prevention and care programme for which training of trainers for peer education has already begun. Management workshops are also being held to sensitize truck company management on HIV/AIDS prevention, policy and care issues. Meanwhile an associated agency, Engen, is conducting an audit of the road freight industry to determine the best target areas to launch programme activities.

Likely routes are the N3 linking Durban and Johannesburg and the N1 (Johannesburg to Messina) as these have the highest truck, passenger and freight volumes. The Ministry recognizes the role major trucking routes have in facilitating the spread of HIV/AIDS.

An audit is also being conducted of current policies and programmes in the road freight industry with regard to people living with HIV/AIDS. The NBC has already developed a draft policy statement that will be negotiated by the truck companies and transport unions before it is accepted as a document for the industry.

With respect to the road construction industry, the Ministry sees it as an entry point to educate migrant labour working on big road infrastructure projects. An industry forum consisting of both the construction companies and unions will be formed. The rail sector will meanwhile serve in awareness raising activities including a red "AIDS train" on each route and plentiful IEC materials at all stations. Millions of people use the stations daily, as well as the airports. Condom vending machines could be placed at all stations. Advertising companies may be contracted to sell space on the condom dispensers to pay for their installation. Advertising revenues could also be used to sponsor poster and sticker campaigns at the stations.

Under passenger transport, the Ministry is identifying the country's key intermodal (trains-taxis, buses-trains) hubs in order to maximise the IEC impact. In ports and shipping, the Maritime Training Board has agreed to establish HIV/AIDS prevention activities at Durban Port after which the other five major ports in South Africa will also be targeted.

## WORKING GROUP ACTIVITIES

The working group sessions began the process of policy formulation with regard to HIV/AIDS vulnerability reduction in the land transport sector. The carefully structured sessions began by considering the waves of impact of the HIV/AIDS epidemic in Asia, particularly along land transport routes. The groups then considered three core issues:

- the association between the land transport sector's priorities and HIV,
- how the transport sector might benefit by responding to the challenges of HIV, and
- what the sector can do to respond to those challenges.

The outcome of these discussions formed the Workshop's recommendations given below.

The discussions identified three entry points which could be harnessed by policy makers to foster both more effective and efficient transport systems and HIV/AIDS reduction, namely:

- profit,
- infrastructure development, and
- business partnership.

In each case synergies were found whereby the appropriate policy would contribute to national development in conventional macroeconomic terms, yet be readily acceptable by the actors concerned as being clearly in their immediate economic and quality-of-life interests, and contribute to a reduction in the spread of HIV/AIDS.

Under profit, for example, it was agreed that one of the chief means available to transport companies to maximize profit is to minimize truck and other transport waiting times. But since extended waiting periods:

- during loading or unloading,
- at international transit points,
- at intermodal (e.g. ferry) junctions,
- at domestic (police) check points, and
- due to substandard infrastructure

also place truck crews in a high risk situation, policy whose effect would be to reduce waiting times would achieve the synergies mentioned above. Such policy could impact labour laws, goods and passenger transit points, trucking regulations, freight handling mechanization, cross-border transport infrastructure standardization and/or multimodal transport systems, international facilitation of freight and passenger flows and so forth.

Similarly, while truck crew health issues are not commonly perceived by trucking companies as part of their responsibilities to their drivers, policy that would regulate driving time, require health checks and ensure quality rest for drivers would increase their productivity, reduce absenteeism through ill-health and help to retain a pool of skilled manpower. All these benefits would directly benefit the companies, truck crews and the larger economy while also helping to reduce the incidence of HIV/AIDS by reducing high risk behaviour patterns.

Participants pointed out that the profit motive inherent in privatization could weaken the social responsibility of trucking

and other inland transport agencies. However, it was also acknowledged that private sector involvement in the provision of high quality infrastructure such as freeways leads to reduced travelling time which in turn reduces HIV risk. Less time away from home inherently translates into less exposure to risk. The appropriate policy response to privatization, therefore, would be to facilitate the formation of responsible transport companies whose management would be sensitized to the larger issues surrounding profitability outlined above. In sum, participants found that:

- monetary income,
- good company strategy,
- skilled manpower,
- working regulations, and
- good management

all impact profitability. As demonstrated, all these aspects are amenable to many forms of policy intervention which can also minimize HIV/AIDS risk.

Working group participants found the second key entry point, infrastructure development, to be strongly double-edged. On the one hand, it is precisely the expansion of such infrastructure both regionally and domestically that is a major force for the rapid spread of HIV. There is on the other hand, therefore, a commensurately strong responsibility to establish appropriate transport infrastructure policy that effectively minimizes such risk.

Appropriate policy goals would therefore minimize transport:

- times,
- delays, and
- danger.

Participants agreed that key issues here are the appropriate engineering standards and freight/passenger terminus design according to agreed throughput criteria. It was agreed that quite apart from shortening journeys and therefore avoiding HIV risk situations, better roads reduce stress and therefore reduce the need for sex. Similarly, city by-passes mean that fewer rest stops are needed due to shorter traveling times, while the quality of the stops can be more easily regulated.

Safety was seen as an over-arching issue that extends from the passive risk avoidance inherent in better infrastructure, through better driver and truck crew security provided by appropriate wage protection and insurance regulations, to active driver (and passenger) education and behaviour change programmes. From a policy standpoint, the objective would be to facilitate the reduction of high risk behaviour by improving all aspects of the transport 'experience'.

Participants agreed that key aspects affecting infrastructure policy would involve:

- government planning,
- lobbying on decision makers,
- political participation,
- financial resources, and
- manpower.

Business partnership was the term used to include all the various partnerships at all levels within and surrounding the transport sector needed to produce the required synergistic development outcomes. Hence driver-company partnerships would be as relevant as inter-ministerial cooperation or GO-NGO-private sector initiatives. The essential insight of the discussions was that both the sector and those it impacts are highly diverse.

Thus rail, river and road transport all have different characteristics yet all affect private companies and individuals throughout the economy in many different ways. Consequently, an extremely broad range of public, private and quasi-government organizations are necessarily involved, all of whom need to collaborate. Policy development therefore needs to be a cooperative venture between the Ministries of Transport, Health and Social Welfare/Labour plus whoever else needs to be involved in a specific issue. Since HIV/AIDS knows no boundaries, international cooperation, particularly to remove transit bottlenecks at borders whether these are physical or procedural, is also needed. If new legisla-

tion is required, for example on the issue of HIV testing within the transport sector, then a dialogue across the sector that includes NGOs, the media and politicians needs to be fostered. Similarly, the capacity of the sector to respond to HIV/AIDS through behaviour change education and prevention activities may require policy intervention.

Across such a vast field only three keywords emerged. They were:

- credibility (trust),
- efficiency, and
- mutual benefit.

## RECOMMENDATIONS

**B**ased on the foregoing presentations and deliberations, the Workshop concluded by producing the following recommendations for the consideration of the Committee on Transport, Communications, Tourism and Infrastructure Development:

- Ministries, agencies and parastatals involved in the land transport sector should take a more active role in the prevention of HIV infection and in the care and support of people living with AIDS. Specific actions to support this recommendation may include:
  - ä ensuring high level representation on the National AIDS Committee,
  - ä convening in-house seminars to increase awareness of HIV/AIDS, to discuss issues involved, and to consider activities which could be undertaken to address the issues,
  - ä engaging partners from the private sector and civil society,
  - ä establishing an HIV task force in the transport sector to facilitate the development of policies and strategies,
  - ä formulating HIV/AIDS policies for the transport sector which are consistent with and support national HIV/AIDS policies and programmes, and
  - ä develop strategic plans for implementation of HIV/AIDS programmes in the transport sector.
- HIV/AIDS and the transport sector as an emerging issue to be included in the New Delhi Action Plan on Infrastructure Development in Asia and the Pacific,
- HIV/AIDS and the transport, tourism and infrastructure development sectors be considered as a topic for consideration at

the Ministerial Conference on Infrastructure scheduled for 2001,

- UNDP, UNAIDS and UNESCAP to develop guidelines to assist the transport sector in developing policy and strategic plans for HIV/AIDS as they relate to the transport sector, and
- UNDP, UNAIDS and UNESCAP and other UN organizations, lending agencies, bilateral donors and NGOs to provide support to member countries in implementing the above recommendations.

The Workshop noted with appreciation the offer of the Asian Institute for Transport Development (AITD), New Delhi, to host in association with UNESCAP a subregional workshop/seminar to increase awareness of HIV/AIDS amongst key stakeholders in the transport industry. The workshop would also investigate ways in which the transport sector can assist in the fight against HIV/AIDS.

AITD also offered to network the efforts of governments, donor agencies and NGOs in the transport sector of the SAARC subregion, thereby acting as a facilitator between the various stakeholders in the industry.

Having created a basis for how the land transport sector could advocate policy formulation and devise strategic planning for the reduction of HIV vulnerability, it was agreed that a primer be developed which would outline the process of policy and strategic planning. This policy and strategic planning framework will be a reference tool for land transport policy makers on how to incorporate HIV vulnerability reduction programming into their strategies for their sector.

# LIST OF PARTICIPANTS

## **Bangladesh**

Mr. Mohammad Abdul Quadir  
Sub-Divisional Engineer  
Roads and Highways Department  
Ministry of Communications  
Dhaka, Bangladesh  
Tel: (880-2) 955-1343, 602-547  
E-mail: aquadir@citechco.net

## **Cambodia**

Mr. Chhin Kong Hean  
Director General, Public Works  
Ministry of Public Works and Transports  
Phnom Penh, Cambodia  
Fax: (855-23) 427-862 or 723-028

## **China**

Ms. Liu Guiming  
Attaché and Assistant Permanent  
Representative to ESCAP  
Embassy of the People's Republic of China  
57 Rachadapisake Road, Dindaeng  
Bangkok, Thailand

## **Islamic Republic of Iran**

Mr. Mohammad Esmaeil Alikhani  
General Director  
Ministry of Roads and Transportation, Tehran  
Tel: (98-21) 649-5827, 646-0581  
Fax: (98-21) 641-7218

## **Thailand**

Department of Land Transport  
Ministry of Transport and Communications  
1032 Phaholyothin Road, Bangkok 10900

Mr. Silpachai Jarukasemratana  
Acting Transport Advisory Expert  
Tel: (66-2) 272-3642  
Fax: 272-5330

Ms. Nonglak Wongsuksiridacha  
Transport Technical Officer  
Tel: (66-2) 272-5326  
Fax: (66-2) 617-6683

Ms. Wilawon Kreekavee  
Foreign Relations Officer  
Tel: (66-2) 272-5326  
Fax: (66-2) 617-6683

Mr. Poksak Srethabutr  
Deputy Director, Operation  
The Bangkok Mass Transit Authority

Mr. Somsak Triarnjarun  
Counsellor  
International Development Affairs Division  
Department of International Organization  
Ministry of Foreign Affairs, Bangkok

Mr. Whisit Sombut  
Marketing Department  
State Railway of Thailand  
Pathumwan, Bangkok 10330  
Tel: (66-2) 272-5326  
Fax: (66-2) 617-6683

## **Viet Nam**

Dr. Dan Thi Hoc  
Deputy Director  
International Relations Department  
Ministry of Transport  
80 Tran Hung Dao St, Hanoi  
Tel: (84-4) 825-2079  
Fax: (84-4) 826-7291

Ms. Kieu Thi Diem, Expert  
International Relations Department  
Ministry of Transport  
80 Tran Hung Dao St, Hanoi  
Tel: (84-4) 825-2079  
Fax: (84-4) 826-7291

## **UNITED NATIONS BODIES**

### **United Nations Joint and Co-sponsored Programme on HIV/AIDS (UNAIDS), APICT**

3rd Floor, United Nations Building  
Rajadamnern Nok Avenue  
Bangkok 10200, Thailand  
Tel: (66-2) 288-2497-8  
Fax: (66-2) 288-1092

Dr. Wiwat Rojanapithayakorn (MD)  
Team leader  
E-mail: wiwatroj@un.org

Mr. Steven J. Kraus  
Programme and External Relations Advisor

Mr. Tony Lisle  
Inter-country Technical Advisor  
Mobility and HIV Vulnerability

**United Nations Development  
Programme South-East Asia HIV and  
Development Project (UNDP-SEAHIV)**

5<sup>th</sup> Floor  
United Nations Building  
Rajadamnern Nok Avenue  
Bangkok 10200, Thailand  
Tel: (66-2) 288-2205  
Fax: (66-2) 280-1852

Dr. Lee-Nah Hsu  
Manager  
E-mail: leenah.hsu@undp.org

Mr. Colin Steensma  
CIDA Intern

Mr. Bruce Parnell  
UNDP consultant & public health advisor  
Macfarlane Burnet Centre for Medical Research  
77 Dunstan PDE  
Port Melbourne 3207, Australia  
E-mail: parnell@burnet.edu.au

Ms. Puntsag Tsetsgee  
Manager  
UNDP North East Asia HIV and  
Development Project  
P.O. Box 83, Ulaanbaatar-38, Mongolia  
Tel/Fax: (976-1) 321-278  
E-mail: neahiv@magicnet.mn

**OTHER ENTITIES**

**Asian Institute of Technology (AIT)**

Ms. Rana Ahmed  
Prathumthani, Thailand

**Asian Institute of Transport Develop-  
ment (AITD)**

Mr. P.K. Malik  
Senior Fellow, Apt. E-5, Qutab Hotel  
Shaheed Jeet Singh Marg  
New Delhi 110 016, India  
Tel: (91-11) 685-6117  
Fax: (91-11) 685-6113  
E-mail: aيتد@vsni.net

**Family Health International (FHI)**

Mr. Anthony Dee Bondurant  
Country Director, FHI  
P.O. Box 8803, Kathmandu, Nepal  
Tel: (977-1) 535-565  
Fax: (977-1) 524-754  
E-mail: tony@fhi.org.np

Ms. Arunsiri Phothong  
FHI Asia Regional Office  
1337 Arwan Building  
Pracharat 1 Road, Bangsue  
Bangkok 10800, Thailand

**Pingxiang City, Guangxi Province, China**

Mr. Huang Dongri  
Deputy Secretary of Pingxiang City Party  
Committee  
7 Nanda Road  
Pingxiang City Guangxi 532600, China  
Tel: (86-771) 852-23 71, 852-0500  
Fax: (86-771) 852-1687  
E-mail: huanghe@public.nn.gx.cn

**Tiong Nam Transport Company**

Mr. Ong Joo Hock  
Personal Assistant to the Managing Director  
Lot 2-10B Persiaran Tengku Ampuan  
Lion Industrial Park  
Section 26, 40400 Shah Alam  
Kuala Lumpur, Malaysia  
Tel: (60-3) 511-5555  
Fax: (60-3) 511-0260

**World Vision International**

Mr. Oum Sopheap Manager  
AIDS Prevention and Care for Highway  
Four Project  
Central Post Office P.O. Box 479  
Phnom Penh, Cambodia  
Tel: (855-23) 216-052  
Fax: (855-23) 216-220  
E-mail: oum.sopheap@wvi.org

Mr. Serge Doussantousse  
Manager, National Highway One Project  
Da Nang, Viet Nam  
Tel: (84-511) 824-059  
Fax: (84-511) 824-980  
E-mail: serge\_doussantousse@wvi.org

## RESOURCE PERSONS

### China

Ms. Han Shurong  
Department of Labour and Health  
Ministry of Railways  
10 Fuxinglu  
Beijing 100-844, China  
Tel: (86-10) 6324-1987  
Fax: (86-10) 6324-1483  
E-mail: dlisa@sohu.com

### India

Mr. Maju Mathew  
Consultant – Work Place Intervention  
Department for International Development  
(DFID) – Health Sector Group  
C-109, Block C, Lajpat Nagar-II  
New Delhi 110 024, India  
Tel: (91-11) 632-1418  
Fax: (91-11) 621-0639  
E-mail: majumathew@hotmail.com

Dr. P. Krishnamurthy  
AIDS Prevention and Control Project  
Voluntary Health Services, Adyar  
Chennai 600-113, India  
Tel: (91-44) 235-2965, 235-5048  
Fax: (91-44) 235-5018  
E-mail: apacvhs@vsnl.com

### Myanmar

Mr. Steven Honeyman  
Population Services International

### South Africa

Department of Transport  
Private Bag X193, Pretoria  
Republic of South Africa

Ms. Helen Nguni  
Coordinator, AIDS Programme  
Tel: (27-12) 309-3299  
Fax: (27-12) 324-3486  
E-mail: mngunih@n.pwv.gov.za

Ms. Nomsa Maeko  
Deputy Manager  
Administrative Secretary

### Thailand

Dr. Anthony Pramualratana  
Executive Director  
Thailand Business Coalition on AIDS (TBCA)  
Chamnan Phenjati Business Center  
Suite 65/62, 6th Floor, Rama 9 Road  
Huaykwang, Bangkok 10320, Thailand  
Tel: (66-2) 643-9891-3  
Fax: (66-2) 643-9894  
E-mail: tbca@ksc.net.th

### SECRETARIAT

Mr. Adrianus Mooy  
Executive Secretary

Ms. Kayoko Mizuta  
Deputy Executive Secretary

Mr. S. Thampi  
Special Assistant to the Executive Secretary

### Division of Administration

Ms. Mary Bess Spurlock  
Chief, Division of Administration

Mr. Brian W. Heath  
Chief, Conference and General Services  
Section

### Transport, Communications, Tourism and Infrastructure Development Division

Mr. Mohammed Rahmatullah  
Director

Mr. Vladimir N. Timopheev  
Chief, Land Transport Section

Mr. Barry Cable  
Chief, Water Transport Section

Mr. John R. Moon  
Chief, General Transport  
Coordination and Communications Section

Mr. Ryuji Yamakawa  
Chief, Tourism Unit

Mr. Chaiyan Rajchagool  
Economic Affairs Officer

### United Nations Information Services

Mr. David Lazarus  
Chief, United Nations Information Services