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On the right track

A training toolkit on HIV/AIDS





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Office



Facilitators' guide



**On the right track
A training toolkit
on HIV/AIDS
for the railway sector**



On the right track

A training toolkit on HIV/AIDS for the railway sector

Facilitators' guide

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

It is intended for policy-makers, managers, and workers in the railway industry. It can be used by governments (ministries of railways), railway enterprises in the public and private sector, workers' organizations, railway medical services and their partners to help them develop HIV/AIDS policies and programmes in the railway sector.

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

Together we can fight HIV/AIDS.

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Facilitators' guide
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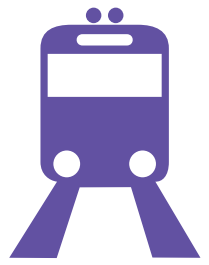
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Why this toolkit?

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

Yes. As long as workers in the railway industry are at risk of being infected with the HIV virus, as long as they cannot get advice, care or treatment, as long as railway companies are at risk of losing skilled drivers and helpers, we all need to find ways of spreading the key messages about HIV and AIDS. There are no training materials dealing with the issue aimed specifically at the railway industry, so the toolkit fills an important gap.

What is in the toolkit?

The toolkit contains four booklets together with other materials:

■ Fact sheets about HIV/AIDS

There are many myths and misconceptions about HIV/AIDS. The set of eight factsheets explains the facts.

■ HIV/AIDS: A resource book

This booklet looks at the impact of HIV/AIDS – how it is a threat to railway enterprises and how railway workers are particularly vulnerable to the infection.

It also explains about the social partners in the railway industry, namely workers and employers who have come together to develop the toolkit with the International Labour Organization (ILO).

The booklet also provides suggestions on how railway enterprises and railway trade unions can work together on the issue of HIV/AIDS. This involves a comprehensive response at the workplace, and also a recognition of the importance of railway systems for the prevention and treatment of HIV/AIDS as well as care and support for many sections of the population.

The booklet includes a glossary with definitions and abbreviations used in the toolkit.

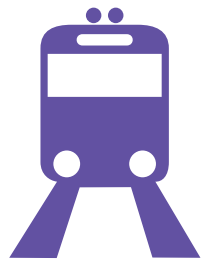
■ Learning materials

This booklet contains learning activities, games and role plays for use in education and awareness-raising programmes.

■ Facilitators' guide

This booklet provides a guide to the education methods that should be used with the toolkit. It will help you to run training programmes aimed at changing behaviour in the railway industry so that risky practices can be reduced. It explains the methods that can create successful adult learning.

- ***ILO code of practice on HIV/AIDS and the world of work***
- ***Using the ILO code of practice on HIV/AIDS and the world of work: Guidelines for the transport sector***
- A CD-ROM containing:
 - PowerPoint presentations
 - An electronic version of *An ILO code of practice on HIV/AIDS and the world of work*
 - An electronic version of *Using the ILO code of practice on HIV/AIDS and the world of work: Guidelines for the transport sector*
- **Condoms (male and female)**



Foreword

This toolkit on HIV/AIDS for the railway sector follows on from the successful similar toolkit developed for the road transport sector. HIV/AIDS can have a serious impact on railway enterprises, since railway workers are particularly at risk because of the nature of their work. But railways can also make a significant contribution to the overall response to HIV/AIDS, and a railway-specific response can attract support from government, managers, trade unions, employees and the public who use the railway.

It is for this reason that the social partners in the global railway industry – the International Union of Railways (UIC), representing railway enterprises, and the International Transport Workers' Federation (ITF), representing workers – have come together with the International Labour Organization (ILO), an agency of the United Nations, to prepare this toolkit.

The ILO's focus on different economic sectors is achieved through its Sectoral Activities Department. The Department has cooperated with the ILO Programme on HIV/AIDS and the World of Work (ILO/AIDS) to create policies and networks that guide and support the actions of ILO constituents on HIV/AIDS, and also to sensitize and mobilize leaders in the transport sector. Much remains to be done in addressing the fundamental factors and risks, including trans-boundary risks, to railway workers and the communities with which they interact.

It is hoped that the toolkit will strengthen the capacity of ILO constituents to respond to and manage the impact of HIV/AIDS in the railways sector. It will assist in the implementation of the *ILO code of practice on HIV/AIDS in the world of work* and the *Guidelines for the transport sector* developed by the Sectoral Activities Department together with ILO/AIDS. It is designed to enable railway workers, operators and managers to respond to the epidemic in their workplace.

The toolkit is based on the principle of joint collaboration and action between workers and employers, and their organizations, as a basis for an effective response to HIV/AIDS by the railways sector – a sector that can have a far-reaching influence on the local and national community in general.

Elizabeth Tinoco
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About this booklet

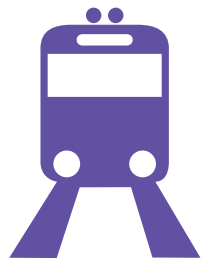
This part of the toolkit contains:

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



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Introduction

Few issues are as important in the world today as HIV/AIDS, and those of us who work in the railway industry cannot afford to ignore it.

The profits of some railway enterprises have been severely affected by HIV and AIDS. Absenteeism on the part of workers who are unwell can have a severe impact on operations, yet it is costly for railway enterprises to provide comprehensive medical support. But providing HIV and AIDS training, prevention and treatment through well-planned policies and programmes is a good investment.

HIV/AIDS can have a devastating effect on individual workers, their families and railway enterprises. In some situations it would be difficult to provide services if skilled railway workers were absent through sickness. When large numbers of workers are ill, medical services and the finances of benefit schemes provided by railway enterprises will be placed under pressure. The impact on individual workers and their families is no less serious. There are now millions of “AIDS orphans” and the families of those who are unable to work can suffer considerable financial hardship.

HIV/AIDS is not something that affects only those who are ill, or their families. It can have a serious impact on a railway enterprise as well as on the national economy of a country.

One key lesson from three decades of HIV/AIDS programmes is that the response cannot be left to a Ministry of Health alone. As HIV affects different sectors, a sectoral response is called for. A railway-specific response can attract support from government, managers, trade unions, employees and the public who use the railway.

At the same time, it is important to recognize that we now know how to respond to HIV/AIDS. With proper care, support and treatment, those who are infected are able to continue in work for many years.

Railway enterprises have a special role to play in preventing the transmission of HIV. They reach millions of people who travel, and in some countries imaginative and ground-breaking education initiatives in the industry are playing a vital role in national campaigns about HIV/AIDS.

This is why the social partners in the global railway industry – the International Union of Railways (UIC) representing railway enterprises, and the International Transport Workers’ Federation (ITF) representing workers – have come together with the International Labour Organization, a United Nations agency, to prepare this toolkit. Its aim is to help educate and inform all those involved in the industry about the threat from HIV/AIDS and what we can do about it.

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

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

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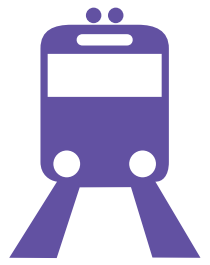
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Training the trainers

Programme for briefing facilitators on using the toolkit.

Aims

After completing this workshop, participants will:

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

Programme

Day 1

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

Coffee break

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

Lunch break

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

Coffee break

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

Day 2

- Activity: The learning experience
- Plenary report back

Coffee break

- Practice sessions by participants

Lunch break

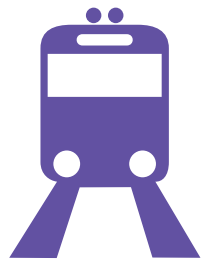
- Energizer: Game
- Practice sessions by participants (continued)

Coffee break

- Activity: Evaluating and improving sessions
- Wrap-up session and evaluation

Day 3 (morning only)

- Activity: Creating your own activity
 - Plenary report back
- Coffee break*
- Plenary: Where and when you will use the toolkit
 - Evaluation
 - Closing session



ACTIVITY

Introductions

Aims

To help you to:

- find out who is in the workshop
- practise interviewing skills and present information in a structured way

Task

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

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

ACTIVITY

Working together

Aims

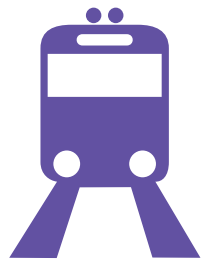
To help us agree some guidelines for the workshop

Task

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

Guidelines for the workshop

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



ACTIVITY

Who is learning? The learning profile

Aims

This activity should help you to:

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

Task

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

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

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



Timing: 45 minutes in groups, 30 minutes for reporting back

Report back

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

ACTIVITY

The learning experience

Aims

This activity should help you to:

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

Task

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

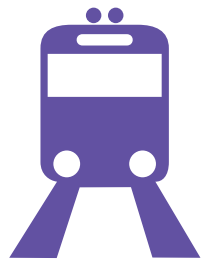
- What problems/issues can hinder people from learning?
- What helps people to learn?
- What might be good or bad learning experiences?
- What might they have heard about HIV/AIDS?
- What sources of information do they have about HIV/AIDS?



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

Report back

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



ACTIVITY

Using the toolkit

Aims

This activity should help you to:

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

Task

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

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

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

ACTIVITY

Evaluating and improving sessions

Aims


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

Task

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

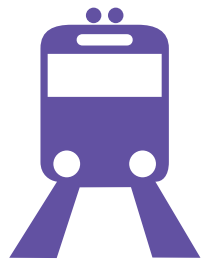
Report back

Prepare to present your list to the full group.

-  **Timing: 60 minutes to prepare your checklist, 10 minutes to report back, followed by 15 minutes of plenary discussion.**

To run a successful training session on HIV/AIDS

DO	DON'T



ACTIVITY

Creating your own activity

Aims

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

Task

Work in pairs. Develop your own talk, demonstration session or learning activity about HIV/AIDS for railway enterprises and railway workers.

You will need to take the following into account:

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

Report

Present your proposal to the rest of the group.



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

ACTIVITY

Workshop review

Aims

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

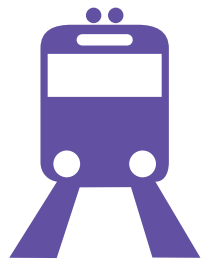
Task

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

- Did the workshop meet the aims?
- What was the most useful part?
- What was the least useful part?
- What improvements would you suggest?
- What are the next steps for you personally? How will you be implementing what we have covered in this training programme?



Timing: 10 minutes to think about your own reaction to the training programme, followed by 30 minutes of plenary discussion.



ACTIVITY

Evaluation form

This form enables you to provide anonymous feedback.

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

Thank you.

Resources on training methods for adults on HIV/AIDS

Active learning

When we are trying to communicate with adults in informal settings, we need to use active learning, which presumes that the participants already have experience, skills and knowledge acquired from life and work. Active learning recognizes and uses these skills, experience and knowledge.

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

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

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

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

Active learning methods

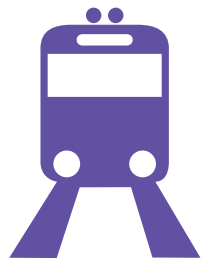
The main active learning methods used in this training package are:

- group work
- case studies
- role plays

Group work

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

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



Case studies

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

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

Role play

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

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

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

Tips for using role plays

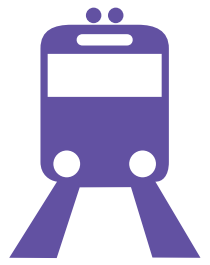
- You, the facilitator, remain in charge of the process at all times. You can stop the role play at any time, ask the role players to start again from any given point or to "freeze" at any point.
- Begin by setting the climate: explain the objectives and provide the rationale for the role play.
- Distribute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

Effective role-play sessions have the following characteristics

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

Some common mistakes that trainers make when using role plays include

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



CHECKLIST

Different teaching and training methods

Lecture

This is usually a “talk”, which can be factual but can also inspire. A lecture tends to involve the logical development of ideas and arguments.

Demonstration

This might involve verbal or non-verbal role-play and simulation.

Discussion

This is a tutor- or group-led exchange. It can be structured or unstructured and based on small group or plenary sessions.

Small group work

Groups of 4–5 people consider a topic or work on a task or activity.

Fishbowl

A small group discussion observed by another (probably larger) group which does not participate in the discussion. The process is then discussed by the group as a whole and repeated with roles reversed.

Brainstorming

The leader compiles, without modifying them, a list of the ideas put forward by participants on a given topic.

Expert panel

Input by a group of people with expert knowledge of the subject.

Role play

A topic or problem is examined through discussion and participants are then assigned roles within which they act.

Simulation

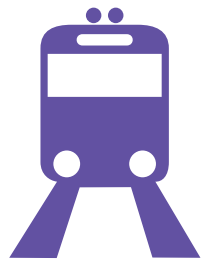
The creation of a situation where the real thing for some reason is not accessible.

Games

An extended simulation usually involving role playing with the addition of objectives, rules, rewards or scores.

Practice

- Carrying out a task
- Learning by doing



CHECKLIST

Working together

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

Guidelines

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

Understanding your learners

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

Try drawing a picture of how you think your learners will “look”.

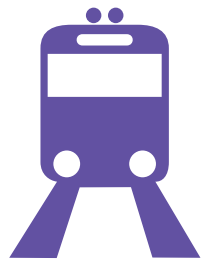
Map onto your drawing some comments on:

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

Who is learning?

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

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



CHECKLIST

How adults learn

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

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

2. Adults have experience of life and this should be respected

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

3. Adults need relevant learning and goals

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

4. Adults are practical

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

5. Adults need diversity

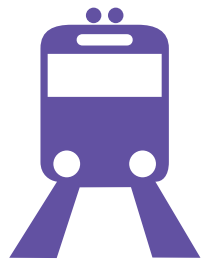
There is no one right method for teaching adults because we learn in different ways. However, adults learn most effectively when they are actively involved and allowed ample opportunity to "learn by doing" and through different (and creative) teaching methods.

6. Adults need to feel confident

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

7. Adults need feedback

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



CHECKLIST

The first meeting – getting started

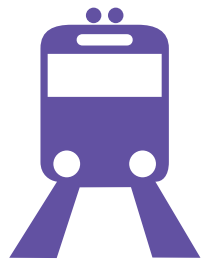
The first meeting can be an anxious one for both trainer and student. Here are some tips that should prove useful:

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

- Find out if the practical arrangements for the course suit everyone. Circumstances such as children's school holidays or train timetables can have a major bearing on the life of a group. Be flexible.

Remember the following:

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



CHECKLIST

Active learning

Follow these points to plan an active learning session:

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

Team teaching

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

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

“Passing the baton”

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

“One at a time”

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

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

Review

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

Visual aids

Visual aids (cartoons, pictures, diagrams, etc.) are certainly useful in helping learners to grasp concepts.

The best visual aids are those developed by participants themselves. Ask learners to report back by drawing a picture or developing a short “sketch” or “drama” – the exact word may vary from country to country. This has worked well in India, Eastern Europe and Southern Africa. Of course, you need to stress that you are not expecting a polished performance and product.

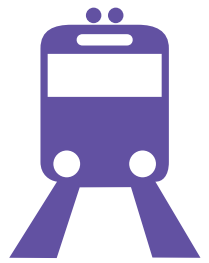
Using questions

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

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

We can distinguish three types of questions:

- Open questions
- Closed questions
- Leading questions



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

Do...

Is...

Can...

Could

Will...

Would...

Shall...

Should...

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

How...

Why...

When...

Where...

What...

Who...

Which...

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

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

Leading questions are those designed to produce a particular answer.

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

Planning a programme

You are now ready to plan a programme, which could be a whole day of training or a short event of a few hours in a canteen at the workplace. If you use the methods described in this part of the toolkit it should not be difficult. Structure the programme around the learning activities described in the *Learning materials* booklet in the toolkit.

You also need to think about the flow of a programme. One good way is to think

PROBLEM – INFORMATION – PLAN.

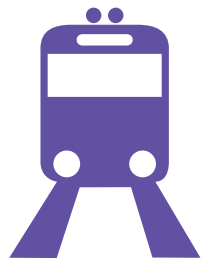
For example:

A course for dairy farmers needs to discuss ways of increasing milk production.

The first activity would ask farmers WHY they think production is low or has decreased – the problem or issue is reviewed and clarified.

The second activity would present information – what factors affect milk production. This could include examples of what other farmers have done to improve milk production.

The third activity would be an opportunity for the cooperative to draw up plans to increase production.



ACTIVITY

Planning a course

Aims

- To help you to:
- develop your planning skills
- prepare your training sessions
- familiarize yourself with the materials you are going to use

Task

In your group use the attached planning form to prepare a plan for a *one-day* programme aimed at trade union members or activists, or a group of workers.

Use the planning form for detailed notes. The first row of the planning form has been used as an example.

Programme planning form for one day

Topic:

Target group (e.g. members, shop stewards, male/female/youth):

If part of a longer course, what day of the course is this?

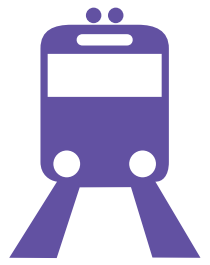
Subject covered	Learning objectives	Activity (specify the task that learners will do)	Supporting resources/ materials – if any	Timing
Using a condom	To remove anxiety/fears about using condoms	Condomize!	A hat or box	15 minutes

Checklist

Is there a clear logic/flow to the day?

Do the tasks in the activities relate to the learning objectives?

Are they suitable for the target audience?



A final word

You have now finished this section of the toolkit. We hope that you will now go out and join the fight against HIV/AIDS in the railway industry.

Do please remember that the purpose of this toolkit is *to bring about change*.

To fight HIV/AIDS, we need to change what individuals think, even what they feel about things like the relations between men and women and what constitutes “good sex”.

We also need to change what we do and talk about in the workplace – which means employers and trade unions changing too. You can be enormously influential in changing how employers and trade unions think.

A result of your work needs to be change. For example, are there workplace policies or agreements? Condom distribution facilities? Have workers come forward voluntarily and asked for counselling and testing? Do women workers feel they can report sexual harassment?

If these types of change have occurred you will have every reason to be pleased, as these steps will be an important contribution to reversing the challenge of HIV and AIDS.

Good luck!



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International
Labour
Office



Learning materials



**On the right track
A training toolkit
on HIV/AIDS
for the railway sector**



On the right track

A training toolkit on HIV/AIDS for the railway sector

Learning materials

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

It is intended for policy-makers, managers, and workers in the railway industry. It can be used by governments (ministries of railways), railway enterprises in the public and private sector, workers' organizations, railway medical services and their partners to help them develop HIV/AIDS policies and programmes in the railway sector.

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

Together we can fight HIV/AIDS.

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Why this toolkit?

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

Yes. As long as workers in the railway industry are at risk of being infected with the HIV virus, as long as they cannot get advice, care or treatment, as long as railway companies are at risk of losing skilled drivers and helpers, we all need to find ways of spreading the key messages about HIV and AIDS. There are no training materials dealing with the issue aimed specifically at the railway industry, so the toolkit fills an important gap.

What is in the toolkit?

The toolkit contains four booklets together with other materials:

■ Fact sheets about HIV/AIDS

There are many myths and misconceptions about HIV/AIDS. The set of eight fact sheets explains the facts.

■ HIV/AIDS: A resource book

This booklet looks at the impact of HIV/AIDS – how it is a threat to railway enterprises and how railway workers are particularly vulnerable to the infection.

It also explains about the social partners in the railway industry, namely workers and employers who have come together to develop the toolkit with the International Labour Organization (ILO).

The booklet also provides suggestions on how railway enterprises and railway trade unions can work together on the issue of HIV/AIDS. This involves a comprehensive response at the workplace, and also a recognition of the importance of railway systems for the prevention and treatment of HIV/AIDS as well as care and support for many sections of the population.

The booklet includes a glossary with definitions and abbreviations used in the toolkit.

■ Learning materials

This booklet contains learning activities, games and role plays for use in education and awareness-raising programmes.

■ Facilitators' guide

This booklet provides a guide to the education methods that should be used with the toolkit. It will help you to run training programmes aimed at changing behaviour in the railway industry so that risky practices can be reduced. It explains the methods that can create successful adult learning.

- ***ILO code of practice on HIV/AIDS and the world of work***
- ***Using the ILO code of practice on HIV/AIDS and the world of work: Guidelines for the transport sector***
- **A CD-ROM containing:**
 - PowerPoint presentations
 - An electronic version of *An ILO code of practice on HIV/AIDS and the world of work*
 - An electronic version of *Using the ILO code of practice on HIV/AIDS and the world of work: Guidelines for the transport sector*
- **Condoms (male and female)**



Foreword

This toolkit on HIV/AIDS for the railway sector follows on from the successful similar toolkit developed for the road transport sector. HIV/AIDS can have a serious impact on railway enterprises, since railway workers are particularly at risk because of the nature of their work. But railways can also make a significant contribution to the overall response to HIV/AIDS, and a railway-specific response can attract support from government, managers, trade unions, employees and the public who use the railway.

It is for this reason that the social partners in the global railway industry – the International Union of Railways (UIC), representing railway enterprises, and the International Transport Workers' Federation (ITF), representing workers – have come together with the International Labour Organization (ILO), an agency of the United Nations, to prepare this toolkit.

The ILO's focus on different economic sectors is achieved through its Sectoral Activities Department. The Department has cooperated with the ILO Programme on HIV/AIDS and the World of Work (ILO/AIDS) to create policies and networks that guide and support the actions of ILO constituents on HIV/AIDS, and also to sensitize and mobilize leaders in the transport sector. Much remains to be done in addressing the fundamental factors and risks, including trans-boundary risks, to railway workers and the communities with which they interact.

It is hoped that the toolkit will strengthen the capacity of ILO constituents to respond to and manage the impact of HIV/AIDS in the railways sector. It will assist in the implementation of the *ILO code of practice on HIV/AIDS in the world of work* and the *Guidelines for the transport sector* developed by the Sectoral Activities Department together with ILO/AIDS. It is designed to enable railway workers, operators and managers to respond to the epidemic in their workplace.

The toolkit is based on the principle of joint collaboration and action between workers and employers, and their organizations, as a basis for an effective response to HIV/AIDS by the railways sector – a sector that can have a far-reaching influence on the local and national community in general.

Elizabeth Tinoco
Director
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Director
ILO/AIDS

About this booklet

This part of the toolkit provides learning activities for a wide range of situations including formal seminars for policy-makers, formal training courses for managers, trade union officials and members, and awareness raising in informal settings for railway workers.

There are four types of exercise:



Learning activity. These require breaking up into groups and carrying out a small task, such as responding to a statement. In your group, you might need to write something on a flipchart.



Role play. You will have to pretend to be somebody else.



Energizers. Energizers are short activities that are good to use to break up longer days – and can also make important points



Demonstrations. These are, as the name suggests, instructions to showing how something works – in this case, condoms.

We have also included a short play. You can use this as a basis for your own short drama.



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Introduction

Few issues are as important in the world today as HIV/AIDS, and those of us who work in the railway industry cannot afford to ignore it.

The profits of some railway enterprises have been severely affected by HIV and AIDS. Absenteeism on the part of workers who are unwell can have a severe impact on operations, yet it is costly for railway enterprises to provide comprehensive medical support. But providing HIV and AIDS training, prevention and treatment through well-planned policies and programmes is a good investment.

HIV/AIDS can have a devastating effect on individual workers, their families and railway enterprises. In some situations it would be difficult to provide services if skilled railway workers were absent through sickness. When large numbers of workers are ill, medical services and the finances of benefit schemes provided by railway enterprises will be placed under pressure. The impact on individual workers and their families is no less serious. There are now millions of “AIDS orphans” and the families of those who are unable to work can suffer considerable financial hardship.

HIV/AIDS is not something that affects only those who are ill, or their families. It can have a serious impact on a railway enterprise as well as on the national economy of a country.

One key lesson from three decades of HIV/AIDS programmes is that the response cannot be left to a Ministry of Health alone. As HIV affects different sectors, a sectoral response is called for. A railway-specific response can attract support from government, managers, trade unions, employees and the public who use the railway.

At the same time, it is important to recognize that we now know how to respond to HIV/AIDS. With proper care, support and treatment, those who are infected are able to continue in work for many years.

Railway enterprises have a special role to play in preventing the transmission of HIV. They reach millions of people who travel, and in some countries imaginative and ground-breaking education initiatives in the industry are playing a vital role in national campaigns about HIV/AIDS.

This is why the social partners in the global railway industry – the International Union of Railways (UIC) representing railway enterprises, and the International Transport Workers' Federation (ITF) representing workers – have come together with the International Labour Organization, a United Nations agency, to prepare this toolkit. Its aim is to help educate and inform all those involved in the industry about the threat from HIV/AIDS and what we can do about it.

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

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

UIC

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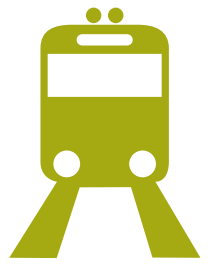
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GENERAL ACTIVITIES



Learning activity HIV/AIDS and the workplace – fact and fiction

Aims

To help you think about why HIV/AIDS is a workplace issue.

Task

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

“HIV/AIDS is spread by ignorance, prejudice and complacency.”

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

“HIV/AIDS is more than a health issue. It affects us all.”

“Several workers in our enterprise have, sadly, died from AIDS. But we have always replaced them. There is such high unemployment, that any worker can be replaced.”

“Yes, HIV/AIDS is a problem in our country. If it affects our company, we will deal with it by dismissing workers and paying them compensation.”

“HIV/AIDS is spread by sex and drug use. People bring it upon themselves.”

“The workplace is not the right place to discuss things like safe sex.”

“HIV-positive staff should not be in contact with the passengers; if necessary they could be transferred to a position where they have no contact with passengers.”

GENERAL ACTIVITIES

Learning activity

Dealing with fears about HIV/AIDS at work



Aims

To consider some of the problems which fear and ignorance about HIV/AIDS can create.

Task

In your group, discuss the following situations. How should a manager or union official respond?

- Workers refuse to eat with, or use the same toilet as a worker known to be HIV-positive.
- Workers demand protective clothing because of their fear of being at risk of HIV infection.
- Management propose to move a worker known to be HIV+ from a post where he or she meets the public.
- First-aiders have resigned their positions because they fear they are at risk from HIV/AIDS infection if they carry out first aid procedures (e.g. mouth-to-mouth resuscitation).



Learning activity

HIV/AIDS and its impact at work



Group work

In your group, think about your workplace. What might be the consequences if a worker:

- was off sick for one month with an opportunistic illness caused as a result of being infected with HIV?
- had to leave the employment because he was too ill with AIDS?
- died as a result of AIDS?

GENERAL ACTIVITIES

Learning activity Gender and education



Aims

To think about how workers can be encouraged to understand HIV/AIDS.

Task

In your group, think about the education and information available at your enterprise about HIV/AIDS.

Think about whether the messages given by this education and information apply equally to both men and women.

Think about the different ways in which men and women perceive certain issues, such as:

- The way HIV is spread among men and women.
- The myths about how HIV is spread and how it is “cured”.
- What protection is available to men and women workers to limit the spread of HIV.
- What rights and responsibilities women and men have, both at the workplace and in the home.

Now, decide if you need to review the education and information available at your enterprise.



EXERCISES FOR POLICY-MAKERS

These exercises may be especially useful in workshops, to help develop an enterprise policy.

EXERCISES FOR POLICY-MAKERS

Learning activity

Action against AIDS – the national picture



Aims

To discuss national policy about HIV/AIDS.

Task

You need to work in a group.

Obtain the national plan of action against AIDS. If a national plan or policy dealing specifically with the world of work exists, use that. Prepare a short report on the key features of the plan, especially those which might impact on railway enterprises.



Learning activity

Comparing policies



Aims

To help you to compare different workplace policies.

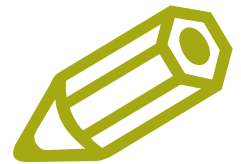
Task

Compare two workplace policies on HIV/AIDS at work. One should be your own railway enterprise, if possible. Decide which policy best meets the standards of the ILO code of practice, and which you prefer, and why.

Key principle (from section 4 of the ILO code of practice)	Policy 1: Your comments	Policy 2: Your comments
Workplace issue		
Non-discrimination		
Gender equality		
Healthy work environment		
Social dialogue		
Screening		
Confidentiality		
Dismissal		
Prevention		
Care & support		
What is the “ownership” of the policy? Is it endorsed by head management?		

EXERCISES FOR POLICY-MAKERS

Learning activity Workplace policies



Aims

To analyse workplace policies on HIV/AIDS.

Task

Read through and compare two different workplace policies on HIV/AIDS.

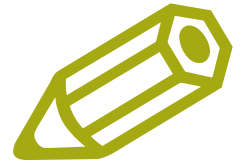
Which are the strong and weak points of each policy?

Which do you prefer and why?



Learning activity

Supporting communities



Aims

To help you think about support for communities around railway premises.

Task

Consider the communities who gather around or live close to railway premises such as stations or yards.

Include informal groups of workers such as vendors and porters, as well as marginalized groups such as injecting drug users or sex workers.

What are the ways in which railway enterprises can support these groups?

EXERCISES FOR POLICY-MAKERS

Learning activity Counselling



Aims

To help you see if you are following best practices on counselling.

Task

In your group, use the checklist to review the counselling provision at your railway enterprise.

1. Does your company provide HIV/AIDS counselling at the workplace?
2. If the answer is yes, how do you make sure the service remains confidential?
3. If the answer is no, do you think your company should consider doing this or not?
4. Do the human resource/welfare staff know where to refer employees who may need HIV counselling?
5. Has the company attempted to check on the professional training and expertise of the counselling staff employed by the agencies you are sending employees to?
6. Do the welfare staff know what the recommended counselling involves and what areas it covers? In other words, how comprehensive is the counselling?
7. Once you have referred an employee to a counselling service or organization, what measures do the welfare staff take to ensure that the company provides continued support to the employee and continues to liaise with any relevant service?
8. Does your company give time off with pay for workers who need access to counselling services?



Learning activity

Creating a safe workplace



Aims

To help you think about the HIV-friendly workplace.

Task

A safe or decent workplace is one where workers would have little fear in disclosing their HIV status at work. In your group, think about the main things that have to be done in order to make sure the work environment is considered HIV-sensitive. Put your report onto a flip chart.

EXERCISES FOR POLICY-MAKERS

Learning activity Prevention in the community



Aims

To think about how prevention messages might be spread in the community.

Task

Ajit, who worked at the railway workshop for many years, has recently died from an AIDS-related disease. He was a good worker, an active member of the union. He was respected by management in negotiations.

Ajit had accepted his diagnosis and at the union meeting before he left work for the last time, urged that the union and management should “do something in the community” about the disease.

It has been suggested that a delegation from the factory should visit the local school and support the AIDS-awareness campaign which is going on there.

The delegation is to be invited to speak to an audience of the school students. In your group, decide:

- What key messages should be put across?
- How will the delegation present these messages?
- Are there any special issues to be aware of?
- What about Ajit’s children? Will they be there? If so, will that affect what you would say?



AWARENESS RAISING IN INFORMAL SITUATIONS

This section contains simple materials for awareness raising and informal education.

They are designed to be used in situations outside a formal classroom, indeed, where there is no building. They can be used with workers who do not feel comfortable reading.

You may need to make some changes, depending on the languages used in your country, and the cultural context.

AWARENESS RAISING IN INFORMAL SITUATIONS

Energizer Walk the plank



You need a plank of wood long enough for at least six people to stand on. It should not be more than approximately 30 centimetres wide.

As this involves close physical contact, you need to think about your group. Some people might feel uncomfortable about doing this, especially if you have a mixed group of men and women,

Get everybody to stand up and form a large circle around the plank of wood. Ask for volunteers to stand on the plank of wood. Get as many as possible standing on the plank. It is good if they holding on to each other.

Now explain that hundreds of years ago there was a practice of forcing people to “walk the plank” on ships. The plank would be stretched out over the sea, and pirates, or the enemies they had captured, would be forced to walk along the plank until they fell into the sea and drowned – or were eaten by sharks.

Explain that this is such a plank and the floor around it is the sea. **AND YOU ARE A HUNGRY SHARK WAITING TO EAT ANYBODY WHO STEPS OFF THE PLANK!**

Now ask the volunteers on the plank of wood to rearrange themselves in alphabetical order, *without stepping off the plank of wood*. It is good to circle around, pretending to be the shark, and pretending to wait to catch those who “fall off”. If anybody does, they rejoin the circle.

Depending on the group, and the names, it usually takes a few minutes. If it is too easy, ask them to repeat using first names (if they used last names for the alphabetical order) or vice versa.

Now, finish off by asking “Why do we do this exercise?” The point is that HIV/AIDS is a threat to everybody – workers, employers, families – and we need to work together to defeat it.

It is much more complicated to write down these instructions than to actually do the exercise. It has worked successfully in many countries. Try it! Do not worry about making yourself into a shark and looking silly.



Energizer

Body parts – avoiding embarrassment



Aims

To break the ice about discussing sex. The main way that the virus is transmitted is through sex. We can't pretend otherwise. We have to be able to talk about sex.

Task

Take a plain piece of paper. Each participant writes down two or three words describing sexual practices or parts of the body.

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

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

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

This exercise is best used in contexts where the participants share a common identity – because then the words will be better known to all. And it can be worth waiting until the group has been together for a while, so that they feel relaxed.

AWARENESS RAISING IN INFORMAL SITUATIONS

Energizer Find a friend



Aims To get people moving around.

Task You need plain paper and a pen.

On one piece of paper write a C (for condom) and on another piece of paper write a + (for HIV-positive). Do not tell anybody about these two pieces of paper. Every participant is given a sheet of paper. Every sheet of paper is plain EXCEPT the two you have written on.

Everybody is now asked to walk about the room, and shake hands with at least three people. They must write down the names of those they shake hands with.

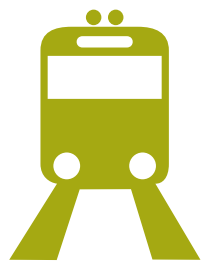
When everybody has done that for a few minutes, get everybody to sit down.

Now ask for the person with the piece of paper with + written on it, to stand up. Explain that this stands for a person who is HIV-positive. Ask him or her to read out the names of the three people they shook hands with. Ask them to stand up and to read out the names of the people THEY shook hands with. Repeat the process.

Almost everybody should now be standing up. Explain that this represents all the people who could be traced back to one individual who is infected, and that they too would be at risk of becoming infected, especially if that person was highly infectious – say in the month of so after they became infected.

Now ask if anybody has the C written on their piece of paper. Ask them to hold it up. Explain that because this person used a condom, he or she was not at risk.

(Of course, the virus is NOT transmitted by shaking hands. You can remind participants about this.)



Energizer

Flash cards – Don't die of ignorance!



Aims

To remind people how the HIV virus can be transmitted.

Task

You need cards or large pieces of paper (A4 or A5 size are best).

Write the following, one on each card (you can add your own suggestions too):

- KISSING
- HAVING SEX WITHOUT A CONDOM
- MOSQUITO OR INSECT BITES
- CASUAL PHYSICAL CONTACT
- HELPING A WORKER WHO IS BLEEDING AFTER AN ACCIDENT
- SHAKING HANDS
- COUGHING
- BLOOD TRANSFUSION
- SNEEZING
- USING COMMON TOILETS
- SHARING FOOD AND DRINK

Hold the flash cards up one at a time and ask: “Does this cause HIV to be transmitted?”

AWARENESS RAISING IN INFORMAL SITUATIONS

Learning activity

How is HIV transmitted?



Aims

To discuss how the HIV virus is transmitted.

Task

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



Learning activity

Myths about HIV and AIDS



Aims

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

Background

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

Task

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

Each pair now prepares a response to the ideas.

For example:

- *"Having sex with a virgin will cure AIDS."*
- *"You will not catch a disease if you have a shower or wash immediately after sex."*

AWARENESS RAISING IN INFORMAL SITUATIONS

Learning activity Talking about AIDS



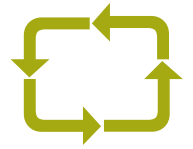
Task

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

- *“Now that antiretroviral drugs are available, HIV/AIDS is not an issue.”*
- *“HIV/AIDS is a serious problem. But I am more likely to die from a road accident, robbers or some other disease.”*
- *“My job is stressful, I need to release the tension. If I want to have sex, I don’t care what the woman wants.”*
- *“Girlfriend, wife, or a woman I give a lift to – it’s all the same to me.”*
- *“The workplace is not the right place to discuss things like sex.”*
- *“All this talk about AIDS is from people who want us to stop having sex. They don’t want us to enjoy ourselves.”*
- *“Most workers I know die before they are 50 years old. The job is dangerous and unhealthy. Why should I worry about AIDS?”*



Role play Talking about AIDS



Aim

To practise talking to workers about HIV/AIDS.

Task

You will be divided into groups of four. In each group:

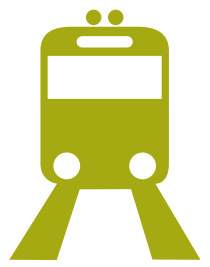
- one person will be union activist/manager/AIDS counsellor
- one will be a worker
- two will be observers

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

Observers: Keep careful note of the concerns expressed by the worker. Does the activist/manager/AIDS counsellor provide helpful answers?

USING CONDOMS

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



Learning activity

How difficult is it to use a condom?



Aim

To counter the argument that using a condom is difficult.

Task

Ask participants to compare a task they might do at work, for example, repairing the Permanent Way, with putting on a condom. Ask them to describe each step in the process. If you have a flip chart you can write this up using this table.

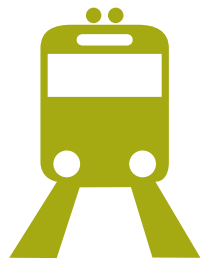
Changing a tyre	Putting on a condom

USING CONDOMS

Energizer Condomize!



- Aim** To overcome anxieties about and resistance to condom use.
- Task** Ask participants to write down on a piece of paper why they will not use a condom, or the reasons their partner gives for not using a condom. (Remember there are female condoms too!)
- Put all the pieces of paper into a hat or box.
- Pick one and read it out. The educator can write the different reasons given on the flip chart or the board, so that everybody can see them.
- Then discuss the different reasons given. Do you agree with any if them? What do you think?



Demonstration Correct use of a male condom



Aim To provide participants with the opportunity to practise using condoms.

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

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

 **Time 30 minutes**

Instructions

Step 1

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

Step 2

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

Step 3

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

- Check the expiry date and look for signs of wear such as discoloured, torn or brittle wrappers. Do not use condoms that have passed the expiry date or seem old.
- Tear the package carefully along one side. It is better not to do this using teeth or fingernails, to avoid damaging the condom.
- Place the rolled-up condom on the top of the penis.
- Pinch the tip of the condom (to leave space for the semen to collect).

USING CONDOMS

- Place the condom on the end of the penis and unroll the condom down the length of the penis by pushing down on the round rim of the condom. If this is difficult, the condom is probably inside out. You should not turn the condom the other way around as some semen could already be on it. You should open another condom and unroll it correctly over the penis.
- When the rim of the condom is at the base of the penis (near the pubic hair) penetration can begin.
- After intercourse and ejaculation, hold the rim of the condom and pull the penis out before it gets soft. Tie the condom in a knot, sealing in the semen.
- Wrap the used condom and dispose of it in an appropriate manner – for example, in a rubbish bin. Never flush a condom down the toilet, as it will block the plumbing system.
- Think of the “3 Bs”: *bin it, burn it or bury it*.
- Always use one condom per act.

Step 4

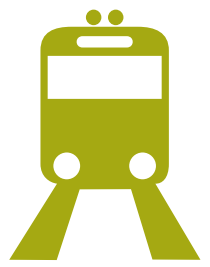
Hand out condoms to each of the participants. Have each participant practise putting the condom on the model and recite aloud each of the steps as they go. Ask the participants who are observing to point out any difficulties or omitted steps. If the group of participants is very large, they can be divided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

Step 5

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

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

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



Demonstration

Correct use of a female condom



Aim

To provide participants with the opportunity to practise using condoms.

Background

Demonstrating the use of the female condom is not a procedure that most trainers are familiar with. While we normally have access to a penis model, vagina models are not available.

Task

You will need two people, one condom and one penis model. One person could cup their hands as a substitute for the vagina.

- Always check the expiry date on the packet; if the date marked has passed, the condom should not be used. The female condom comes pre-lubricated with a non-spermicidal silicone based lubricant. While the female condom is still in the unopened packet, spread the lubrication around with your fingers to ensure even coverage.
- Tear open the packet carefully with clean hands, and avoid the use of sharp objects.
- The female condom has a ring at each end. Pinch the inner ring (at the closed end of the condom) with your thumb and middle finger so that it becomes long and narrow so that you can insert it, a bit like one does with a diaphragm.
- You should find a comfortable position for insertion, such as squatting or sitting with one leg raised or lying down. Next, insert the female condom into the vagina. The vaginal opening should be relaxed.
- Now place your finger inside the female condom and push the inner ring as far as it will go up into the vagina, ensuring that the pouch does not get twisted during insertion. The inner ring should be at the cervix, and the outer ring (at the open end of the condom) should remain on the outside of the vagina, covering part of the external genitalia. The female condom will line the inside of the vagina, whose natural shape, along with the inner ring which sits against the cervix when inserted properly, holds the condom in place.
- It is now safe to have penetrative sex. Note that the man's penis need not be fully erect for penetration when using the female condom. Be sure that the penis goes inside the female condom so that the surface of the genitals of the male and the female are protected. You are not protected if the penis goes between the outside of the female condom and the wall of the vagina.

USING CONDOMS

- After sexual intercourse, squeeze and twist the outer ring and gently pull the condom out to remove it (you don't have to remove it immediately after the act). Do this before standing up, to prevent ejaculate from leaking out.
- Like the male condom, the female condom is a one-time use product; it should not be re-used. Wrap the used condom in a tissue and dispose of it in a responsible and appropriate manner.
- Think of the “3 Bs”: *bin it, burn it or bury it*. Never flush it down the toilet, as it will block the plumbing system.
- Because the female condom is a relatively recent development, it is advisable that women practise its insertion and removal prior to first time use for a sexual encounter. Before making any decisions about future use and/or in order to find the most comfortable position for insertion, it is recommended that women try it at least three times.



Demonstration How big is a condom?



Aim

To instil confidence in the reliability of condoms.

Background

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

Materials

Condoms, water, two buckets and a funnel or cup. You might also need towels or cloths to mop up any spilt water.

 **Time 30 minutes**

Instructions

Step 1

Fill one of the buckets with water.

Step 2

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

Step 3

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

Step 4

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

USING CONDOMS

Step 5

Have the participants take turns filling condoms with water.

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



TESTING



Learning activity

Why not take the test?

Aim	To encourage people to talk about testing.
Task	<p>Ask participants to write down why they will not go for a test, or the reasons their partner or friends give for not going for a test.</p> <p>Put all the pieces of paper into a hat or box.</p> <p>Pick one and read it out. Write up the reasons given on the flip chart or board, so that everybody can see them.</p> <p>Discuss the different reasons given. Do you agree with any of them? What do you think?</p>

A SHORT PLAY

A SHORT PLAY

There is always hope

by Mr Eddie Dickson (International Transport Workers' Federation)

This short play was performed at a workshop in New Delhi in December 2009, attended by participants from Indian Railways, including representatives of trade unions affiliated to the ITF.

Cast

AJ. An experienced track repairer, married with family but recently a little stressed and unwell.

RAJA. An experienced track repairer who thinks he is superior to others.

MISTRA. The Union delegate and an experienced track repairer, friend of AJ.

The names of the characters can be changed to suit.

SCENE 1

RAJA and MISTRA on stage. RAJA has approached MISTRA to complain.

RAJA: Look here Mistra, I'm getting really upset with AJ. He's not working to my standards any more. He's getting slower, he's moody and has taken time off with the flu. We need team work on the track because it's very hard work.

MISTRA: Well, Raja, have you asked him what is wrong? He has always been a good worker and knows his job.

RAJA: No – it's not my responsibility to ask him. It's your role as union representative – I just want him to keep up with me on the job. There are only two of us plus our labourers.

MISTRA: OK. I'll talk to him. But you as a union member should be more supportive. In the union we look after each other. Goodbye for now.

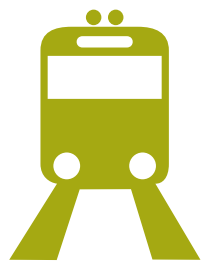
RAJA leaves and AJ comes on.

SCENE 2

MISTRA approaches AJ.

MISTRA: AJ my friend – how are you? I have not seen you for a while. Family all OK?

AJ: Hi Mistra. I'm OK. You know my wife is expecting another baby but recently I have been feeling tired. I'm not sleeping well and I have no sick leave left.



MISTRA: And how are you getting on with Raja? You two have been working together for a long time.

AJ: Not the best. He says I'm slow and have had too much time off. He upset me the other day when he said I was lazy.

MISTRA: So have you been to the Health Clinic (Medical Centre) to get a check-up? You could be lacking iron – or the flu virus might be slow going away. You might just need a tonic to lift your spirits.

AJ: My wife said I should go to the clinic but – well – I just don't know – I might be . . . I just hope I will get over it.

MISTRA: AJ. The clinic is there for you. I don't want to see you and Raja in dispute with each other. Look – what say I go with you? You and I have been best friends for years. Once you have had a check-up you can get the right advice. Will you come with me to the clinic?

AJ: OK, Mistra – I cannot go on like this any more.

Both leave scene together, pause, and then return.

SCENE 3

A week later. MISTRA and AJ.

MISTRA: Hi AJ. How did your visit to the clinic go? Raja said to me you are really tense!

AJ: Raja – he is always pushing me. He never stops picking on me.

MISTRA: And what about at home?

AJ: My wife never stops moaning. I don't know what to do. I am in deep trouble.

MISTRA: Trouble – what sort of trouble? I am your friend – I want to help.

AJ: *No* – I just have to face this on my own. It's all my fault.

MISTRA: Your fault? What are you talking about? Come on, AJ, how can I help you if you won't talk to me?

AJ: *(looking around secretively)* Oh Mistra, I'm in deep trouble – my wife will leave me – no one can know – *(whispers)* I'm HIV-positive. The clinic told me. They want me to start taking pills – my wife . . . oh, what a mess!

MISTRA: *(arm around AJ's shoulder)* You sure are in trouble at home – but you have already started the rebuilding process. You have told me your status. We need to help sort out your problems.

AJ: Oh no, Mistra, this is a sentence of death . . .

A SHORT PLAY

MISTRA: No, hold on my friend. Yes, you are in trouble. First challenge is your wife and family. She must know your status because she needs to be tested and I bet you never use a condom at home?

AJ: No . . . Oh . . . She might be positive! And then there is the baby – Oh, what a mess!

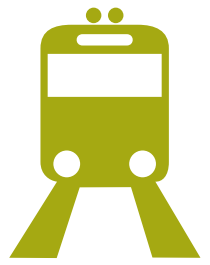
MISTRA: Listen here, AJ. Your family must come first. You have to tell her your status and ask her to support you. Then she can make a decision to find out her status. The union policy with the railways on HIV will protect your job. No one needs to know your status. Once you stop worrying, make peace with your family and take your medication, you will be your old self again.

AJ: And Raja?

MISTRA: He does not need to know. You tell your family. See, we are already making progress. If we know your status we can help you. My friend, without secrets we can solve any problem.

The friends hug.

END



SOME SUGGESTED “MENUS”

SOME SUGGESTED “MENUS”

 **A one-hour informal meeting at a canteen, running room, or elsewhere**

Learning materials

Flash cards

Condomize! OR How difficult is it to use a condom?

Talking about AIDS (learning activity)

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

Learning materials

Walk the plank

Find a friend

Talking about AIDS (role play)

Condomize! OR How big is a condom?

Demonstration session on using condoms

Why not take the test?

 **One day (6 hours or more)**

Learning materials Walk the plank

Flash cards

Find a friend

Talking about AIDS (role play)

Condomize! OR How big is a condom?

How difficult is it to use a condom?

Demonstration session on using condoms

Why not take the test?



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International
Labour
Office



Fact sheets



**On the right track
A training toolkit
on HIV/AIDS
for the railway sector**



On the right track

A training toolkit on HIV/AIDS for the railway sector

Fact sheets

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

It is intended for policy-makers, managers, and workers in the railway industry. It can be used by governments (ministries of railways), railway enterprises in the public and private sector, workers' organizations, railway medical services and their partners to help them develop HIV/AIDS policies and programmes in the railway sector.

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

Together we can fight HIV/AIDS.

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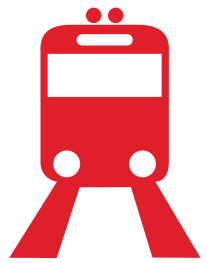
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Why this toolkit?

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

Yes. As long as workers in the railway industry are at risk of being infected with the HIV virus, as long as they cannot get advice, care or treatment, as long as railway companies are at risk of losing skilled drivers and helpers, we all need to find ways of spreading the key messages about HIV and AIDS. There are no training materials dealing with the issue aimed specifically at the railway industry, so the toolkit fills an important gap.

What is in the toolkit?

The toolkit contains four booklets together with other materials:

■ Fact sheets about HIV/AIDS

There are many myths and misconceptions about HIV/AIDS. The set of eight factsheets explains the facts.

■ HIV/AIDS: A resource book

This booklet looks at the impact of HIV/AIDS – how it is a threat to railway enterprises and how railway workers are particularly vulnerable to the infection.

It also explains about the social partners in the railway industry, namely workers and employers who have come together to develop the toolkit with the International Labour Organization (ILO).

The booklet also provides suggestions on how railway enterprises and railway trade unions can work together on the issue of HIV/AIDS. This involves a comprehensive response at the workplace, and also a recognition of the importance of railway systems for the prevention and treatment of HIV/AIDS as well as care and support for many sections of the population.

The booklet includes a glossary with definitions and abbreviations used in the toolkit.

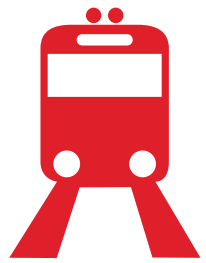
■ Learning materials

This booklet contains learning activities, games and role plays for use in education and awareness-raising programmes.

■ Facilitators' guide

This booklet provides a guide to the education methods that should be used with the toolkit. It will help you to run training programmes aimed at changing behaviour in the railway industry so that risky practices can be reduced. It explains the methods that can create successful adult learning.

- ***ILO code of practice on HIV/AIDS and the world of work***
- ***Using the ILO code of practice on HIV/AIDS and the world of work: Guidelines for the transport sector***
- **A CD-ROM containing:**
 - PowerPoint presentations
 - An electronic version of *An ILO code of practice on HIV/AIDS and the world of work*
 - An electronic version of *Using the ILO code of practice on HIV/AIDS and the world of work: Guidelines for the transport sector*
- **Condoms (male and female)**



Foreword

This toolkit on HIV/AIDS for the railway sector follows on from the successful similar toolkit developed for the road transport sector. HIV/AIDS can have a serious impact on railway enterprises, since railway workers are particularly at risk because of the nature of their work. But railways can also make a significant contribution to the overall response to HIV/AIDS, and a railway-specific response can attract support from government, managers, trade unions, employees and the public who use the railway.

It is for this reason that the social partners in the global railway industry – the International Union of Railways (UIC), representing railway enterprises, and the International Transport Workers' Federation (ITF), representing workers – have come together with the International Labour Organization (ILO), an agency of the United Nations, to prepare this toolkit.

The ILO's focus on different economic sectors is achieved through its Sectoral Activities Department. The Department has cooperated with the ILO Programme on HIV/AIDS and the World of Work (ILO/AIDS) to create policies and networks that guide and support the actions of ILO constituents on HIV/AIDS, and also to sensitize and mobilize leaders in the transport sector. Much remains to be done in addressing the fundamental factors and risks, including trans-boundary risks, to railway workers and the communities with which they interact.

It is hoped that the toolkit will strengthen the capacity of ILO constituents to respond to and manage the impact of HIV/AIDS in the railways sector. It will assist in the implementation of the *ILO code of practice on HIV/AIDS in the world of work* and the *Guidelines for the transport sector* developed by the Sectoral Activities Department together with ILO/AIDS. It is designed to enable railway workers, operators and managers to respond to the epidemic in their workplace.

The toolkit is based on the principle of joint collaboration and action between workers and employers, and their organizations, as a basis for an effective response to HIV/AIDS by the railways sector – a sector that can have a far-reaching influence on the local and national community in general.

Elizabeth Tinoco
Director
Sectoral Activities Department

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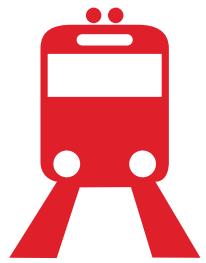




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Introduction

Few issues are as important in the world today as HIV/AIDS, and those of us who work in the railway industry cannot afford to ignore it.

The profits of some railway enterprises have been severely affected by HIV and AIDS. Absenteeism on the part of workers who are unwell can have a severe impact on operations, yet it is costly for railway enterprises to provide comprehensive medical support. But providing HIV and AIDS training, prevention and treatment through well-planned policies and programmes is a good investment.

HIV/AIDS can have a devastating effect on individual workers, their families and railway enterprises. In some situations it would be difficult to provide services if skilled railway workers were absent through sickness. When large numbers of workers are ill, medical services and the finances of benefit schemes provided by railway enterprises will be placed under pressure. The impact on individual workers and their families is no less serious. There are now millions of “AIDS orphans” and the families of those who are unable to work can suffer considerable financial hardship.

HIV/AIDS is not something that affects only those who are ill, or their families. It can have a serious impact on a railway enterprise as well as on the national economy of a country.

One key lesson from three decades of HIV/AIDS programmes is that the response cannot be left to a Ministry of Health alone. As HIV affects different sectors, a sectoral response is called for. A railway-specific response can attract support from government, managers, trade unions, employees and the public who use the railway.

At the same time, it is important to recognize that we now know how to respond to HIV/AIDS. With proper care, support and treatment, those who are infected are able to continue in work for many years.

Railway enterprises have a special role to play in preventing the transmission of HIV. They reach millions of people who travel, and in some countries imaginative and ground-breaking education initiatives in the industry are playing a vital role in national campaigns about HIV/AIDS.

This is why the social partners in the global railway industry – the International Union of Railways (UIC) representing railway enterprises, and the International Transport Workers’ Federation (ITF) representing workers – have come together with the International Labour Organization, a United Nations agency, to prepare this toolkit. Its aim is to help educate and inform all those involved in the industry about the threat from HIV/AIDS and what we can do about it.

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

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

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FACT SHEET 1

HIV/AIDS: The scientific facts

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

The virus weakens the body's immune system.

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

A syndrome, in medical terms, is a group of symptoms that are consistently found together. Because the immune system is weakened by the virus over time, a person then becomes vulnerable to a range of opportunistic infections which normally the body could resist.

You do not “catch” AIDS or “die of” AIDS. It is one or more of these opportunistic infections which can eventually cause death – but with proper treatment with the right drugs, and care and support, many people can and do live well for many years. So becoming infected with HIV is not the end of life.

HIV attacks the body's immune system by targeting a type of white blood cells called CD4 cells. These are the cells responsible for counter-attacking when the body is threatened – for example by bacteria that cause disease. CD4 cells organize the body's response to infections.

HIV particles enter the body and “hijack” these cells. The virus is safe from the immune system because it copies the CD4 cells' own DNA. The virus can remain in these cells for a long time before it begins to reproduce. The new virus particles then burst out, destroying the cell and going on to infect other cells. The CD4 cells die.

It is these virus particles that are referred to when we speak of a person's “viral load”; the more virus particles a person has in the body, the higher the viral load.

When someone becomes infected by the HIV virus there is what is called a “window period” when the body fights back against it. During this period a

FACT SHEET 1

HIV/AIDS: The scientific facts

person's HIV status cannot be detected using a standard test, but she or he can be highly infectious.

The window period is the time it takes for a person who has been infected with HIV to react to the virus by creating HIV antibodies. During the window period, people infected with HIV have no antibodies in their blood that can be detected by an HIV test, even though they may already have high levels of HIV in their blood, sexual fluids or breast milk.

According to the Centers for Disease Control and Prevention (CDC) in the United States: "Antibodies generally appear within three months after infection with HIV, but may take up to six months in some persons."

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

In its early stages, HIV infection has no symptoms, or causes only a flu-like illness. Although 50 to 90 per cent of people experience symptoms within two to four weeks after infection, most people and doctors dismiss the illness as a routine cold or flu.

Within six to 12 weeks of HIV infection, the body starts producing a specific type of antibody, or disease-fighting protein. This is an attempt by the immune system to resist the attack by the virus. The antibodies are a reliable indicator of whether someone is infected. If a person is tested for HIV, and HIV antibodies are found to be present, that person is referred to as *HIV-positive* or simply *HIV+*.

There now follows a long incubation stage. The body fights back; CD4 cells are destroyed and in turn destroy virus particles every day. In the end the virus gains the upper hand.

The onset of AIDS

In every microlitre (a microlitre is one millionth of a litre) of blood in the body, there are between 1,000 to 1,200 CD4 cells. When the CD4 cell count is very low (around or below 200), a person will begin to suffer from opportunistic infections, because the immune system is no longer strong enough to fight off disease. At this stage, a person is considered to have AIDS; remember that AIDS is a "syndrome" – a group of symptoms that occur consistently together.

In the absence of antiretroviral therapy, most people will progress from HIV infection to developing opportunistic infections, or what is known as "AIDS" at some point of time.



On average it takes seven to ten years after infection for an HIV-positive person to develop AIDS. For some, it may take an even longer time. For others it can take less time.

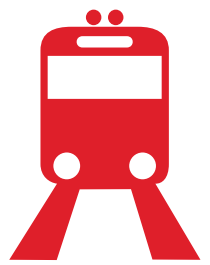
In the last ten years a range of medicines has become available that can treat the opportunistic infections easily and effectively. The development of antiretroviral therapy (ART) means that the body's own CD4 cells can be helped and the viral load can be reduced. At first these medicines were only available in richer countries, but they are now much more widely available. Millions of people are now able to go to work, stay with their families and lead a normal life.

Although there is no “cure” for AIDS, the treatment and support now available means that HIV and AIDS can be managed.

FACT SHEET 1

HIV/AIDS: The scientific facts





FACT SHEET 2

How HIV/AIDS is transmitted

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

- Unprotected sexual intercourse with an infected partner (the most common transmission route); this can be heterosexual or homosexual sex.
- Blood and blood products through, for example:
 - infected blood transfusions and organ or tissue transplants;
 - the use of contaminated injection or other skin-piercing equipment; this can be through shared drug use or “needle stick” injuries.
- Mother to child transmission (MTCT) from an infected mother to child in the womb, or at birth, or by breastfeeding. Without treatment, around 15 to 30 per cent of babies born to HIV-positive women will become infected with HIV during pregnancy and delivery. A further 5 to 20 per cent will become infected through breastfeeding.

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

Source: Department for International Development (DFID): *Prevention of mother to child transmission of HIV, a guidance note* (London, 2001).

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

FACT SHEET 2

How HIV/AIDS is transmitted

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

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

Periods of illness may alternate with periods of "remission" when there are no symptoms, and a person can feel well.

What is your risk?

Different forms of sexual activity with a person infected with HIV will have different likelihoods of infection as a result. And other incidents, such as blood transfusion or injury with a needle also carry different risks.²

Risks are increased four times in the presence of a STI, and *decreased for a male only*, if he is circumcized. Male circumcision does not decrease the risk for the female partner of an infected male, even if he is circumcized.

1 Centers for Disease Control: *TB elimination: Now is the time*, Fact sheet (New York, March, 2002).

2 ILO/WHO: *Post-exposure prophylaxis to prevent HIV infection: Joint WHO/ILO guidelines on post-exposure prophylaxis (PEP) to prevent HIV infection* (Geneva, 2008).

Percentage of risk from different activities or incidents	
Type of activity	Estimated risk of transmission
Anal receptive sex	1-3
Intravenous drug use	0.8
Injury with a “sharp stick” such as a needle	less than 0.3
Heterosexual penetrative sex (when the man is HIV+): risk to the woman	0.1. Circumcision does NOT reduce the woman’s risk
Heterosexual penetrative sex (when the woman is HIV+): risk to the man	0.07 in the absence of circumcision. When circumcision is present, the risk to the man is reduced by 60 per cent
Oral sex	Negligible
Blood transfusion with infected blood	92.5
Mother to child transmission during pregnancy and during delivery	15-30
Mother to child transmission through breastfeeding	5-20

FACT SHEET 2

How HIV/AIDS is transmitted





FACT SHEET 3

Prevention and treatment

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

- Avoid unprotected sex with a person whose HIV status you do not know; if you do not know for certain a person's HIV status, you should regard them as HIV-positive.
- Ensure that there is a barrier to the virus, for example condoms or protective equipment such as gloves and masks where appropriate. If used properly and consistently, latex condoms are considered highly effective in reducing the risk of transmission – although no protective method other than abstinence is 100 per cent safe.
- Do not share needles or other skin-piercing equipment; for this reason, tattooing may be a risk. If you are having tattoos, make sure that the person carrying it out has properly sterilized all equipment.
- Make sure that blood is tested for HIV and other viruses, including hepatitis, before any transfusion.
- HIV-positive people should seek advice from medical personnel and counsellors before deciding to have a child.

HIV transmission

HIV/AIDS is **not** transmitted through normal contact in railway work.

HIV is **not** transmitted by

- kissing (although deep kissing between two people where both of them have bleeding points in mouth may cause transmission)
- mosquito or insect bites
- visiting the dentist, so long as the dentist practises good infection prevention measures
- casual physical contact
- shaking hands
- coughing

FACT SHEET 3

Prevention and treatment

- sneezing
- sharing a toilet
- sharing a towel
- sharing washing facilities
- sharing a toothbrush
- using a common swimming pool
- using eating utensils or consuming food and beverages handled by someone who has HIV

How does antiretroviral therapy work?

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

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

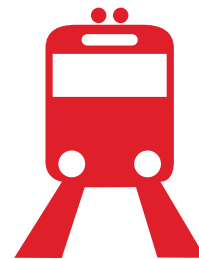
For HIV treatment to work properly it needs to be taken properly – *adherence* is the term that is often used for taking the correct dose of medication, at the right time and in the right way. Once started, treatment has to continue for life.

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

Improvements in treatment, care and support are being made all the time and the life expectancy of people who are HIV-positive is increasing. If somebody who is HIV+ gets the right treatment, is well cared for, can eat properly and rest, there is no reason why they cannot live a normal life.

The search for a vaccine

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



A vaccine for AIDS would be a tremendous weapon in the fight against the disease. There is currently a huge global effort to develop an HIV vaccine, with more than 30 clinical trials with HIV vaccine candidates worldwide. But it is unlikely that a vaccine will be widely available for many years. Research is also under way to develop a microbicide (spermicide) that can be used in the vagina to prevent infection during intercourse, but the research results so far are not encouraging.

It is also known that male circumcision helps prevent the transmission of the virus – FOR MEN ONLY, NOT FOR WOMEN. Men who have been circumcized should still practise safe sex.

FACT SHEET 3

Prevention and treatment



FACT SHEET 4

Myths and misconceptions about HIV/AIDS

“Sexual intercourse with a virgin will cure AIDS”

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

“HIV cannot be transmitted through oral sex”

HIV is not transmitted through saliva. There are binding agents in saliva that stick to the HIV virus and deactivate it, and also make it too large to pass through the membranes in the mouth. But HIV can be transmitted through blood. If two people having sex *both* have an open, actively bleeding cut or open sore in the mouth or genitals there is a theoretical risk, but it is so low as to be negligible. The Centers for Disease Control (CDC) in the United States has investigated *only one case of HIV infection that might be attributed to contact with blood* during open-mouth kissing.

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

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

“HIV is spread through vaccinations”

One scientist has put forward the theory that experimental polio vaccination campaigns in the 1950s used vaccine cultivated on chimpanzees, and that the

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Myths and misconceptions about HIV/AIDS

virus crossed from animals to humans in this way. This is simply a theory and cannot be proved one way or another. Unfortunately, in some countries this theory has given rise to opposition to all vaccination campaigns involving such diseases as polio. This has resulted in reduced protection for vulnerable groups.

“The CIA invented AIDS to destabilize Africa”

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

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

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

“AIDS is caused by witchcraft”

Witchcraft is usually associated with misfortune. When people are dying of a mysterious disease whose causes are not understood, some claim it can be explained by witchcraft. This belief is harmful as it prevents victims from seeking proper treatment and, of course, they will not take any precautions to prevent the spread of the virus.

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

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

This is why it is important that proper investments be made in the care and treatment of HIV victims, and that good support be available to them. If people undergoing treatment do not have adequate food, the drugs used *may* have some side effects. This is the case with many medicines.

“Using two condoms can help in not getting HIV”

If the condom is used correctly, one condom is enough to prevent the virus being transmitted. In fact, friction between two condoms can break them and may increase the risk of transmission.

FACT SHEET 5

HIV/AIDS and gender

Women and girls are at greater risk than men

The gender dimensions of HIV/AIDS are complex, but a clear picture is emerging. Worldwide, half of all persons living with HIV/AIDS are women. In sub-Saharan Africa, in the 15-to-24 age group in particular, 76 per cent of people living with HIV are women, with figures as high as 85 per cent in some countries.¹

Women typically become infected at a younger age than men – because males usually seek relationships with females younger than themselves. Sex is particularly risky for young girls who are not yet completely physically developed. They are more likely to suffer internal injuries that will allow the virus to pass from an infected male.

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

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

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

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

Women workers and railway enterprises

Railway workplaces are dominated by men. Women railway workers make up only a small proportion of all railway workers. There is also occupational sex segregation on the railways: traditionally, women have been mainly employed in clerical and administrative jobs or in services such as cleaning. Employers also like to use women’s interpersonal skills to handle contact with passengers, so they employ them in jobs such as ticketing and travel information.

1 Ministry of Foreign Affairs, Netherlands: *Choices and opportunities* (The Hague, 2009). Available at www.minbuza.nl

FACT SHEET 5

HIV/AIDS and gender

Driving and engineering jobs have largely been seen as “heavy” and therefore “men’s work”; the number of women drivers is still relatively low. But sex segregation on the railways is beginning to change, with increasing numbers of women getting “men’s” jobs. In some European countries women are employed in skilled manual work; in Britain and France a small percentage of women are train drivers. In 1999 a woman was employed as a train driver for the first time in South Africa, and the numbers of female train drivers have increased since then. In other countries, however, there are still many stumbling blocks to women gaining entry into skilled railway jobs. In Zambia, for example, maths and/or physics are needed to train as a driver, and these subjects are not open to many girls at school in that country.²

What is gender?

There is an important distinction between “sex” and “gender”.

Sex refers to the biological differences between men and women, which are universal and do not change.

Gender refers to socially constructed differences and relations between males and females. These vary widely among societies and cultures and change over time. What is seen as “normal” behaviour for men and women is learned or acquired. It is not universal or “natural”.

Gender roles are defined by social groups and cultural traditions. They greatly affect the world of work and influence which activities, tasks and responsibilities are perceived as appropriate to men and women. These divisions of labour are formed by age, race and ethnicity, religion and culture and are also influenced by class and the political environment. They change over time.³

Power and gender

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

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

2 International Transport Workers’ Federation (ITF): *Women transporting the world* (London, 2002).

3 ILO: *ABC of women workers’ rights and gender equality*, 2nd ed. (Geneva, 2007), pp. 89ff.



Violence against women in the workplace

In its most extreme form, this inequality results in violence against women – beatings, sexual assault, rape. This is most often perpetrated by the woman's partner – husband or boyfriend. Studies show that up to 50 per cent of all women worldwide report being physically abused by an intimate partner.⁴

But violence can also happen at work. Research in Kenya, for example, found that women in export-oriented industries such as coffee, tea, and light manufacturing, experienced violence and harassment as a normal part of their working lives.⁵

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

The International Transport Workers' Federation (ITF) has been running campaigns on violence against transport workers for several years (see www.itfglobal.org). In 2006–07 the ITF encouraged women transport workers around the world to take part in a survey about their health and safety at work.

Nearly three-quarters of those who took part said they were concerned about health and safety issues, with as many as 43 per cent saying they were “very worried”, the highest level of concern. The major problems were their employers' failure to deal with stress and violent attacks, and bad sanitation.

Of all the issues facing women transport workers, safety, security and freedom from violence and harassment are of utmost concern: 57 per cent of those who took part in the ITF survey were worried about violence.

What do we mean by equal opportunity?

Discrimination against women is not arbitrary or incidental; it is part and parcel of the institutions of society. To deal only with individual acts of discrimination is therefore not sufficient. The wider processes and structures which entrench discrimination against women must also be addressed. Removing these institutionalized barriers is referred to as creating equality of opportunity between men and women workers.

4 UNAIDS: *Gender and AIDS almanac* (New York, 2001).

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

FACT SHEET 5

HIV/AIDS and gender

Inequality and women transport workers

In the workplace, equality of opportunity applies to all employment conditions affecting men and women workers. It implies ensuring that:

- men and women workers have equal opportunities to apply for all jobs;
- men and women workers have the same right to employment, training and professional advancement;
- working methods and conditions suit both men and women;
- employment and parental responsibilities can be combined; and
- men and women workers have the opportunity to qualify for jobs of equal value.

In 2002 the ITF undertook a survey on equality and transport workers with results that showed cause for concern. Many women workers recognized that they had rights in theory but not in practice. In particular, many women transport workers perceived that:

- an unacceptable level of discrimination existed at the level of job entry;
- many transport companies failed to apply the principle of equal pay for work of equal value;
- there was a disproportionate prevalence of casual staff, temporary contracts and part-time workers among the female workforce;
- women were not given the same access to promotion as men; and
- the use of “attractive” female workers to sell transport services was a persistent problem, and was harmful to the workers’ status and effectiveness.

It was also clear from the survey responses that:

- the vast majority of workers did not know whether equal opportunities policies or anti-harassment policies existed in their workplace;
- women were paid less than men for equivalent work and had comparatively fewer job opportunities;
- many women were discriminated against if they were married or had children; and
- a high proportion of women in the transport industry could not exercise full maternity rights.⁶

6 ITF: *Equality testing in transport*, Results of a survey carried out by the ITF Women’s Department, February 2002.

Gender minorities

Rigid ideas about gender do not apply only to women. More than 80 countries around the world still have “sodomy laws” criminalizing consensual, adult same-sex sexual relations, and transsexual identities. These laws divide people and mark some as unequal. In consequence, in many countries groups such as men who have sex with men (MSM) will not come forward for testing or for other services which would help them avoid becoming infected, or would enable them to have access to treatment, for fear of being arrested or harassed by the police. There is widespread prejudice against such groups in many countries, leading to severe stigmatization, discrimination and violence.⁷

⁷ Human Rights Watch: *Together, apart: Organizing around sexual orientation and gender identity worldwide* (New York, 2009).

FACT SHEET 5
HIV/AIDS and gender



FACT SHEET 6

A global problem

HIV/AIDS is a global disaster that cannot be ignored. Just consider the statistics:¹

- In the last 25 years, 65 million people have been infected.
- Since the early 1980s when HIV/AIDS was identified, 25 million people have died of AIDS-related illnesses.
- In 2008 there were 2 million AIDS-related deaths.
- In 2007, 2.7 million people were newly infected with HIV.
- Every day, over 6,800 persons become infected with HIV.
- Every day, over 5,700 persons die from AIDS, mostly because of inadequate access to HIV prevention and treatment services.
- By creating orphans who in many cases have to work to support their younger brothers and sisters, HIV increases child labour. The number of children under the age of 18 orphaned as a result of HIV is expected to reach more than 14 million by 2015 if the current pace of scaling up the availability of antiretroviral drugs continues. Achieving universal access to treatment by the end of 2010, however, would reduce the number of orphans in 2015 to around 9 million.
- HIV/AIDS is the fourth largest cause of death in the world today. In sub-Saharan Africa it is the leading cause of death.

But the global response in recent years has begun to show a real impact:

- The annual number of new HIV infections has declined from 3 million in 2001 to 2.7 million in 2008, according to UNAIDS.
- In 14 of 17 African countries with adequate survey data, the percentage of young pregnant women (aged 15–24) who are living with HIV has declined since 2000–2001. In seven countries, the drop in infections has equalled or exceeded 25 per cent.
- The annual number of AIDS-related deaths has fallen over the last ten years as access to treatment has increased.

1 The statistics in this fact sheet are from the annual updates produced by UNAIDS (www.unaids.org).

FACT SHEET 6
A global problem

- The number of people with access to antiretroviral therapy has risen. As of December 2008, approximately 4 million people in low- and middle-income countries were receiving antiretroviral therapy – a ten-fold increase over five years resulting in a reduction of HIV-associated deaths.
- In 2007 the price of life-saving front-line drugs fell below US\$100 per person per year for the first time (a reduction by half since 2003).
- Globally, coverage for services to prevent mother-to-child HIV transmission rose from 10 per cent in 2004 to 45 per cent in 2008.
- New infections among women have stabilized. Globally, among people living with HIV the percentage of women has now remained stable, at 50 per cent, for several years.
- There has been encouraging progress in the implementation of integrated HIV and tuberculosis (TB) interventions in Africa.

**AIDS is an
international
problem**

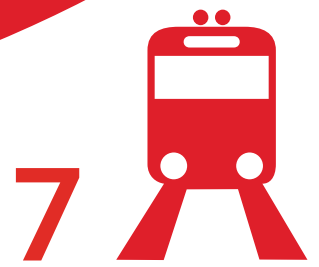
It is true that the majority of those who are HIV-positive live in sub-Saharan Africa. But HIV/AIDS is not just an African problem.

Eastern Europe and Central Asia are the only regions in the world where HIV infections clearly remain on the rise. An estimated 110,000 (100,000–130,000) people were newly infected with HIV in 2008, bringing the number of people living with HIV in Eastern Europe and Central Asia to 1.5 million.

The UNAIDS global report for 2008 with its 2009 update pinpoints in particular Ukraine, where according to the report the annual number of new HIV diagnoses keeps rising, and the Russian Federation, which has the biggest AIDS epidemic in Europe.

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

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



FACT SHEET 7

A human rights issue

The ILO approach to HIV/AIDS is a rights-based approach. What does this mean?

HIV/AIDS can be treated as a medical issue, a public health concern, or a socio-economic problem, among other approaches. For many years the focus was on the medical implications of the epidemic, especially the search for a cure and a vaccine. As these proved hard to find, the emphasis shifted to prevention.

All these approaches are necessary, but they should be pursued in parallel with the protection of the human rights of all involved in or affected by the epidemic. A rights-based approach means applying human rights principles to the problem of HIV and AIDS. It means respect for the human rights of those affected by the virus.

Rights are not just a matter of abstract principle; they have very practical effects. Take the right to non-discrimination. This is a fundamental human right, and it underpins and reinforces prevention in very practical ways. If people who are HIV+ (or think they are HIV+) are frightened of the possibility of discrimination, they will probably conceal the fact. They will not be able to get any treatment. It is more possible that they may pass on the infection to others. All successful prevention initiatives have been part of a wider approach that included establishing an atmosphere of openness and trust and a firm stand against discrimination.

Where the human rights of HIV-positive people are not protected, such individuals are at greater risk of stigma and discrimination and they become ill, unable to support themselves and their families.

We cannot choose to support only those human rights that we approve. The real test of our support for human rights comes when we defend the human rights of those individuals and groups that are unpopular.

This means challenging the deep-seated beliefs and cultural norms that still exist in many countries. It means defending the status of women and young people. It means defending the rights of sex workers, people who inject drugs (IDUs), men who have sex with men (MSM) and people who define themselves as bisexual, transgender, and other sexual minorities.

FACT SHEET 7

A human rights issue

So long as these groups suffer discrimination and in many cases criminalization of their activities, it is much easier to deny them services. And they are much less likely to come forward for testing, treatment, care and support. Fear of stigma, of violence from partners, or from the police, or from vigilante groups which claim to “protect morals”, leads to HIV infection going undetected, putting everybody at risk.

Changing the law itself is often not enough. South Africa was the first country in the world to explicitly prohibit discrimination on the basis of sexual orientation in its constitution, in 1994. However, there are ten cases of “corrective rape” reported every week in South Africa. This is a rape of a lesbian by a man, or more often a group of men, to “cure” or punish her sexual orientation. In 2008 Eudy Simelane, the captain of South Africa’s women’s football team, was gang-raped, beaten and murdered in a case of “corrective rape”.

What are human rights?

Human rights are entitlements which belong to every person because they are human. They are the birthright of all people. The purpose of conventions and laws is to protect these rights for individuals or groups. Among the most important characteristics of rights are the following:

- They are founded on respect for the dignity and worth of each person.
- They are universal and apply equally to all people without any discrimination whatsoever.
- They are inalienable – no person can have his or her rights taken away, except in very specific situations: the right to liberty, for example, could be restricted if a person is convicted of a crime, in a proper court.
- They are indivisible, interrelated and interdependent – if one right is violated, that may well affect respect for other rights.

All humans possess all these rights, regardless of race, colour, sex, language, religion, political or other beliefs, national or social origin, disability, property, birth, age, or other status – including real or perceived HIV status. No convention, treaty or law can *create* any human right – after all, human rights are a birthright. They cannot be taken away or created by governments. The purpose of laws and conventions is to *protect* rights.



The ILO, HIV/AIDS and human rights

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

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

The code is discussed further in the *Resource book* of this toolkit.

FACT SHEET 7
A human rights issue



FACT SHEET 8

HIV/AIDS and occupational safety and health

The HIV virus is not spread through normal workplace contact. It cannot survive outside the human body. It cannot survive on machinery. Nevertheless, the railway working environment does carry risks.

It must be stressed that the risk of infection in the following situations is almost negligible, but they are mentioned here because rail workers have expressed concern.

- Some workers may come into contact with body fluids as part of their work – the most obvious groups are cleaners, whether on railway premises or rolling stock. In some countries, railway stations and yards are used by injecting drug users, who may leave equipment behind. Protective equipment should be issued, including puncture-proof containers for needles.
- Workers may come into contact with body fluids as a result of an accident at work (for example, first-aiders) – whether or not the accident was caused by work.
- In the case of persons who commit suicide by jumping under a train (persons under train), blood may be left on the engine or another part of the train.
- Rail workers are vulnerable to violent attacks, particularly from passengers who are frustrated by delays or other aspects of poor service. Security staff may also be attacked. It is possible that an attacker could be HIV-positive.

It should be stressed again that the virus is extremely fragile and that the possibility of infection in these situations is close to zero. Nevertheless, in order to reassure workers, railway enterprises can take steps, particularly under the occupational safety and health arrangements already in place, to further minimize risks.

Health and safety committees

Many railway workplaces already have well-established arrangements for occupational safety and health (OSH). OSH is generally defined as “the science of anticipation, recognition, evaluation and control of hazards arising in or from the workplace that could impair the health and well-being of workers”.

A preventative culture for OSH requires risk assessment, and a management system that includes workers’ representatives. It has been shown that a unionized workplace has, on average, 50 per cent fewer accidents than a similar non-unionized workplace.

FACT SHEET 8

HIV/AIDS and occupational safety and health

Dealing with HIV/AIDS through existing OSH structures and workplace committees is a sensible use of ready-made structures for promoting safer workplaces.

Joint OSH committees in the workplace are a good forum for discussing HIV/AIDS and developing workplace programmes. They should already be the forums where occupational health (OH) services are discussed.

One of the principles of the *ILO code of practice on HIV/AIDS and the world of work* is that:

The work environment should be healthy and safe, so far as is practicable, for all concerned parties, in order to prevent transmission of HIV, in accordance with the provisions of the Occupational Safety and Health Convention, 1981 (No. 155).

As more countries adopt legislation dealing with HIV/AIDS and the world of work, and more labour inspectors are given the additional responsibility of enforcing this legislation, workplace inspections may well include HIV/AIDS along with traditional OSH issues.

Protecting workers at risk

In workplace situations where there is a risk of occupational exposure to HIV, good practice will include following the Universal Precautions.

Universal Precautions

Universal blood and body fluid precautions were originally devised by the United States Centers for Disease Control and Prevention (CDC). They are simple standards of infection control practice to minimize the risk of blood-borne pathogens. They consist of:

- care in handling and disposal of sharps (needles or other sharp objects);
- hand washing before and after procedures;
- the use of protective barriers to avoid direct contact with blood and other body fluids;
- the safe disposal of waste that has been contaminated with body fluids and blood;
- the proper disinfection of instruments and other contaminated equipment; and
- the proper handling of soiled linen.



Special considerations for first-aiders

For first-aiders in the workplace, the risk of being infected with the HIV virus while carrying out their duties is small. There has been no recorded case of HIV being passed on during mouth-to-mouth resuscitation. HIV does not survive in saliva. First-aiders should not withhold treatment for fear of being infected with HIV/AIDS.

The following precautions can be taken to reduce the risk of infection:

- Cover any cuts or grazes on the skin with a waterproof dressing.
- Wear suitable disposable gloves when dealing with blood or any other body fluids.
- Wash hands after each procedure.

Training about occupational exposure

All workers who may come into contact with blood and other body fluids should receive training about infection control procedures in the context of workplace accidents and first aid. The training should cover:

- the provision of first aid
- the Universal Precautions
- the use of protective equipment
- the correct procedures to be followed in the event of exposure to blood or body fluids
- rights to compensation in the event of an occupational incident

It is important to stress that these precautions *should always be followed*. There are other infections apart from HIV which can be transmitted through blood and body fluids. These precautions should not be related to the perceived or actual HIV status of workers.

Post-exposure prophylaxis

A worker may be concerned that he or she may have been exposed to the HIV virus as a result of an incident.

It could be a first aid incident, or a worker may have been attacked and injured and fear that the attacker might have the virus. Some railway workers are at risk, although the risk is low.

In such cases the risk of being infected by HIV from a person known to be HIV-positive has been estimated to be about three in 1,000 (0.3 per cent) for an injury with a sharp object, and lower if blood is splashed onto the worker.

FACT SHEET 8

HIV/AIDS and occupational safety and health

In these situations it may be appropriate to offer post-exposure prophylaxis (PEP), which lowers the chances of HIV infection even further. PEP means taking medication as soon as possible after exposure to HIV and in any case within 72 hours. PEP has been a standard procedure for some years for health-care workers exposed to HIV. The medications used in PEP depend on the degree of exposure.

While health-care workers may have swift access to the necessary medicines, other workers may not. It may be useful for trade unions to ask how such treatment can be obtained.

The ILO and WHO have issued an updated and comprehensive guide to PEP:

Joint WHO/ILO guidelines on post exposure prophylaxis (PEP) to prevent HIV infection

(http://whqlibdoc.who.int/publications/2007/9789241596374_eng.pdf).





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International
Labour
Office



HIV/AIDS: A resource book



**On the right track
A training toolkit
on HIV/AIDS
for the railway sector**



On the right track

A training toolkit on HIV/AIDS for the railway sector

HIV/AIDS: A resource book

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

It is intended for policy-makers, managers, and workers in the railway industry. It can be used by governments (ministries of railways), railway enterprises in the public and private sector, workers' organizations, railway medical services and their partners to help them develop HIV/AIDS policies and programmes in the railway sector.

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

Together we can fight HIV/AIDS.

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Why this toolkit?

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

Yes. As long as workers in the railway industry are at risk of being infected with the HIV virus, as long as they cannot get advice, care or treatment, as long as railway companies are at risk of losing skilled drivers and helpers, we all need to find ways of spreading the key messages about HIV and AIDS. There are no training materials dealing with the issue aimed specifically at the railway industry, so the toolkit fills an important gap.

What is in the toolkit?

The toolkit contains four booklets together with other materials:

■ Fact sheets about HIV/AIDS

There are many myths and misconceptions about HIV/AIDS. The set of eight factsheets explains the facts.

■ HIV/AIDS: A resource book

This booklet looks at the impact of HIV/AIDS – how it is a threat to railway enterprises and how railway workers are particularly vulnerable to the infection.

It also explains about the social partners in the railway industry, namely workers and employers who have come together to develop the toolkit with the International Labour Organization (ILO).

The booklet also provides suggestions on how railway enterprises and railway trade unions can work together on the issue of HIV/AIDS. This involves a comprehensive response at the workplace, and also a recognition of the importance of railway systems for the prevention and treatment of HIV/AIDS as well as care and support for many sections of the population.

The booklet includes a glossary with definitions and abbreviations used in the toolkit.

■ Learning materials

This booklet contains learning activities, games and role plays for use in education and awareness-raising programmes.

■ Facilitators' guide

This booklet provides a guide to the education methods that should be used with the toolkit. It will help you to run training programmes aimed at changing behaviour in the railway industry so that risky practices can be reduced. It explains the methods that can create successful adult learning.

- ***An ILO code of practice on HIV/AIDS and the world of work***
- ***Using the ILO code of practice on HIV/AIDS and the world of work: Guidelines for the transport sector***
- **A CD-ROM containing:**
 - PowerPoint presentations
 - An electronic version of *An ILO code of practice on HIV/AIDS and the world of work*
 - An electronic version of *Using the ILO code of practice on HIV/AIDS and the world of work: Guidelines for the transport sector*
- **Condoms (male and female)**



Foreword

This toolkit on HIV/AIDS for the railway sector follows on from the successful similar toolkit developed for the road transport sector. HIV/AIDS can have a serious impact on railway enterprises, since railway workers are particularly at risk because of the nature of their work. But railways can also make a significant contribution to the overall response to HIV/AIDS, and a railway-specific response can attract support from government, managers, trade unions, employees and the public who use the railway.

It is for this reason that the social partners in the global railway industry – the International Union of Railways (UIC), representing railway enterprises, and the International Transport Workers' Federation (ITF), representing workers – have come together with the International Labour Organization (ILO), an agency of the United Nations, to prepare this toolkit.

The ILO's focus on different economic sectors is achieved through its Sectoral Activities Department. The Department has cooperated with the ILO Programme on HIV/AIDS and the World of Work (ILO/AIDS) to create policies and networks that guide and support the actions of ILO constituents on HIV/AIDS, and also to sensitize and mobilize leaders in the transport sector. Much remains to be done in addressing the fundamental factors and risks, including trans-boundary risks, to railway workers and the communities with which they interact.

It is hoped that the toolkit will strengthen the capacity of ILO constituents to respond to and manage the impact of HIV/AIDS in the railways sector. It will assist in the implementation of the *ILO code of practice on HIV/AIDS in the world of work* and the *Guidelines for the transport sector* developed by the Sectoral Activities Department together with ILO/AIDS. It is designed to enable railway workers, operators and managers to respond to the epidemic in their workplace.

The toolkit is based on the principle of joint collaboration and action between workers and employers, and their organizations, as a basis for an effective response to HIV/AIDS by the railways sector – a sector that can have a far-reaching influence on the local and national community in general.

Elizabeth Tinoco
Director
Sectoral Activities Department

Sophia Kisting
Director
ILO/AIDS

About this booklet

This resource book looks at the impact of HIV/AIDS – how it is a threat to railway enterprises and how railway workers are particularly vulnerable to the infection.

It also explains about the social partners in the railway industry, namely workers and employers who have come together to develop the toolkit with the International Labour Organization (ILO).

The booklet also provides suggestions on how railway enterprises and railway trade unions can work together on the issue of HIV/AIDS. This involves a comprehensive response at the workplace, and also a recognition of the importance of railway systems for the prevention and treatment of HIV/AIDS as well as care and support for many sections of the population.

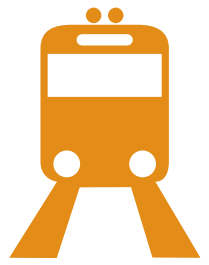
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Introduction

Few issues are as important in the world today as HIV/AIDS, and those of us who work in the railway industry cannot afford to ignore it.

The profits of some railway enterprises have been severely affected by HIV and AIDS. Absenteeism on the part of workers who are unwell can have a severe impact on operations, yet it is costly for railway enterprises to provide comprehensive medical support. But providing HIV and AIDS training, prevention and treatment through well-planned policies and programmes is a good investment.

HIV/AIDS can have a devastating effect on individual workers, their families and railway enterprises. In some situations it would be difficult to provide services if skilled railway workers were absent through sickness. When large numbers of workers are ill, medical services and the finances of benefit schemes provided by railway enterprises will be placed under pressure. The impact on individual workers and their families is no less serious. There are now millions of “AIDS orphans” and the families of those who are unable to work can suffer considerable financial hardship.

HIV/AIDS is not something that affects only those who are ill, or their families. It can have a serious impact on a railway enterprise as well as on the national economy of a country.

One key lesson from three decades of HIV/AIDS programmes is that the response cannot be left to a Ministry of Health alone. As HIV affects different sectors, a sectoral response is called for. A railway-specific response can attract support from government, managers, trade unions, employees and the public who use the railway.

At the same time, it is important to recognize that we now know how to respond to HIV/AIDS. With proper care, support and treatment, those who are infected are able to continue in work for many years.

Railway enterprises have a special role to play in preventing the transmission of HIV. They reach millions of people who travel, and in some countries imaginative and ground-breaking education initiatives in the industry are playing a vital role in national campaigns about HIV/AIDS.

This is why the social partners in the global railway industry – the International Union of Railways (UIC) representing railway enterprises, and the International Transport Workers' Federation (ITF) representing workers – have come together with the International Labour Organization, a United Nations agency, to prepare this toolkit. Its aim is to help educate and inform all those involved in the industry about the threat from HIV/AIDS and what we can do about it.

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

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

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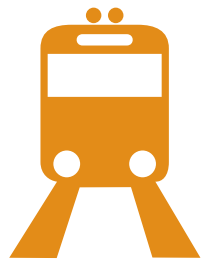
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Making a difference: One railway worker's story

Florence Wanjiru Theuri, a member of the Kenya Railway Workers' Union, describes what is happening in her country and how she was trained on HIV and AIDS.

I was trained in 2002 by the Friedrich Ebert Stiftung Foundation (a Foundation based in Germany that works with trade unions) and the International Transport Workers' Federation (ITF) in occupational health and safety, with a special focus on HIV and AIDS.

Since then we have trained peer educators and held workshops on the training of trainers, and we now have a programme on the sensitization of women workers, where we discuss issues related to sex and sexually transmitted infections and their implications for HIV and AIDS.

We also sensitize our union members and workers generally on voluntary counselling and testing. We conduct outreach activities within our communities, because in Kenya Railways we have estates where all our workers and their families live together.

We use films as a way of educating the community, especially the film *The Silent Epidemic*. What they see and hear in the film has a considerable impact. We also have discussions at the workplaces on Tuesdays and Thursdays, where our employer has given us these afternoons to go and talk to the workers and also hear from them, so that we are able to plan and know what problems they have.

It is not an easy task. I have my employer's other duties to perform. But it is a good job, especially when you know that you are saving people's lives. I get satisfaction when I am talking to people, mostly about HIV and AIDS.

Even where a woman suspects the husband of going with other women, it is difficult for her to initiate condom use. However, a woman needs to think about her life and her children. The time for assuming that the male spouse is a saint and the female is the devil is over!

HIV/AIDS and the railway industry

Women need to be strong and wise in this era of HIV and AIDS, speaking openly to their spouses about safer sex. Women must raise their voices and speak, and be able to say no to a man who goes out and has multiple sexual partners and then turns around and behaves as though he is a saint. Women should demand condom use even in marriage.



1 HIV/AIDS AND THE RAILWAY INDUSTRY

HIV/AIDS is **not** spread through normal contact at work. It is **not** transmitted by working in the same gang, travelling in the same cab, working on the same machinery, sharing tools or replacing another worker at a work station.

So why is it an issue in the railway industry?

Vulnerable workers

Some groups of workers seem to be particularly vulnerable to HIV/AIDS due to the particular conditions of their work. In general, workers who are mobile often encounter individual and social factors that increase their vulnerability to sexually transmitted infections (STIs), including HIV. Transport workers are not unique in facing this problem. Groups of workers who are highly mobile and are away from their home a lot are at higher risk of contracting the virus. Amongst some groups of miners, migrant workers and construction workers who have travelled long distances from their homes, higher rates of HIV infection have been found.

Many railway workers have to spend time away from home. Some also work in isolation, although there are differences in overnight stays, duration of trips and the frequency of absence from home. Engine drivers and some maintenance workers are among the categories of railway workers who spend considerable time away from home. Sometimes there is only limited access to health services, particularly those providing diagnosis and treatment for sexually transmitted infections (STIs). The majority of workers on railways are male, and in some enterprises and cultures this has given rise to a “macho” culture. In some countries, monogamous drivers are ridiculed by their colleagues who have sexual partners in several stopping places along their regular routes (Caraël, 2005).

HIV/AIDS and the railway industry

Risk and vulnerability

When considering HIV and AIDS, we draw a distinction between risk and vulnerability.

Risk may be something an individual can control. So we talk of risky behaviour such as having unprotected sex with a person whose HIV status you do not know. Or having several partners.

Vulnerability is about the external factors that a person cannot easily control. These could include working conditions, such as being away from home for a period of time, with poor recreation facilities. We know from other sectors within the transport industry that this is a problem – and it can increase situations in which people are at risk.

Other factors that increase vulnerability are poverty and gender.

Evidence from a survey

In 2006–07 the International Transport Workers' Federation (ITF) conducted an HIV/AIDS mapping exercise among its affiliates (ITF, 2007). Nearly 100 affiliates replied. More than half the trade unions representing railway workers thought that HIV/AIDS was having a clear effect. Nearly one in five unions thought that it was starting to have an effect.

According to the survey, HIV was most prevalent amongst road and railway transport workers, followed by seafarers. This figure coincides with data from UNAIDS and other agencies, according to the ITF.

The impacts of HIV and AIDS included:

Absenteeism – more than 50 per cent of railway unions found this to be an issue.

Death of co-workers – again, more than half of ITF affiliates in the railway sector reported this.

Skill shortages – 44 per cent of the railway unions responding reported that HIV and AIDS were leading to skill shortages.

Discrimination – four out of ten railway trade unions reported discrimination by employers on the grounds of HIV/AIDS.

Gender-based impacts – 40 per cent of ITF railway affiliates found that there was a disproportionate effect on women.

A burden on business

Railway enterprises are major employers – indeed, in some countries railways are the largest employer. HIV/AIDS can have a significant impact on the workforce, both present and future.

Research at Boston University suggests that AIDS-related costs to companies across the many sectors studied ranged from 3 to 11 per cent of the annual salary bill in 1999 and were estimated from 2 to 8 per cent in 2010. The variation among enterprises depends on each company's production structure and human resource policies (Brookings Institution, 2001).

At the enterprise level, AIDS-related illnesses and deaths reduce productivity and increase labour costs. Enterprises in all sectors in the most seriously affected countries report increases in absenteeism (due to illness, the burden of care and bereavement), in labour turnover (due to illness and death) and in the costs of recruitment, training and staff welfare (including health care and funeral costs). Absenteeism has a particularly disruptive effect on the provision of services. Loss of skills and knowledge make it difficult to replace staff, even where a pool of unemployment exists. The workload of non-infected workers rises, to the detriment of their morale.

Botswana

The Botswana Railway and Amalgamated Workers' Union (BRAWU) launched a project for union leaders and members because it was so concerned about the rate of turnover due to HIV/AIDS. Botswana's workforce is being depleted as many productive adults develop AIDS and are no longer able to work. Between 1999 and 2005, Botswana lost approximately 17 per cent of its health-care workforce from AIDS. And the number of transport workers who have died of HIV/AIDS has also increased significantly.

The union has decided to incorporate HIV/AIDS education into occupational health and safety training to make sure that every member is informed. They are also promoting voluntary counselling and testing to encourage members to know their HIV status, as a majority of HIV-infected workers do not know this.

Canada

Some groups of railway workers are at risk because railway premises can be used by injecting drug users who then discard their needles. Railway workers in Canada have specifically reported this as a problem.

India

Indian Railways is the second largest employer in Asia after the Chinese army, with 1.8 million workers. An ILO/AIDS report in 2005 cited a baseline survey undertaken in 1994 estimating that by 2006, six per cent of railway workers

HIV/AIDS and the railway industry

were likely to have become HIV-positive. Fortunately, prompt action by Indian Railways has helped to ensure that the situation has been kept under control. The prevalence rate in 2009 was 0.23 per cent, and had declined from 0.41 per cent in 2006.¹

HIV/AIDS on Indian Railways, 2009

	Number HIV+	Number on ART*
Employees (male)	2,681	1,013
Employees (female)	259	102
Spouses (male)	76	49
Spouses (female)	999	220
Children of employees (male)	111	28
Children of employees (female)	61	29
Total	4,187	1,441

* In addition to the number of employees and family members who were HIV+.

Uganda

Uganda Railways reported that it lost 5,600 workers due to HIV/AIDS in the 1990s, representing 15 per cent of the company's personnel.

The annual company medical expenses of Ugandan Railways increased from US\$69 per head in 1988 to US\$300 in 1992, and this was attributed to HIV/AIDS.

The International Transport Workers' Federation (ITF) supported two of its affiliates in Uganda in carrying out research into HIV/AIDS and transport workers (Bikaako-Kajura, 2000). Individual interviews were conducted, as well as focus group discussions with members of the Uganda Railways Workers Union (URWU). At the time of the research there was no HIV/AIDS policy in the workplace. Railway workers reported that both living and working conditions contributed to an environment where many workers engaged in risky behaviour. Workers' comments included the following:

1 Indian Railway Board statistics, based on anonymized blood tests; the national prevalence rate is estimated to be 0.34 per cent.



“Staff are away from their base for a long time. . . Those who cannot control themselves find available alternatives for companionship at the rest places or stop-overs.”

“When a staff member is away from home for a week to do engineering on the train, he meets somebody and they decide to sleep together.”

Sometimes workers were left to improvise accommodation arrangements for themselves. In such situations, one respondent to the survey asked, “If you have a woman who is willing to accommodate you free of charge, why hesitate?”

Zimbabwe

The National Railways of Zimbabwe (NRZ) is the largest transport company in Zimbabwe, employing 17,000 workers in 1997. By 1990 the company reported operational problems due to an absenteeism rate greater than 15 per cent. A later impact study estimated the company's AIDS costs at Z\$39 million, which was equivalent to 20 per cent of the company's profits. In 1997, absenteeism costs increased further to Z\$80 million.

The budget for the direct costs of managing HIV/AIDS prevention was estimated to be close to Z\$1.5 million per year in 1999. Further direct costs included an additional 10 per cent staff complement to cover for absentees in certain work areas. Training costs to replace skilled workers (direct training and lower productivity) were projected to increase five-fold due to AIDS between 1991 and 2000. Railmed, the company's medical aid society, noticed an 18 per cent rise in medical-related costs (from Z\$5.6 million in 1995 to Z\$6.8million in 1996). Since the costs of the medical scheme are shared between employer and employee, costs for both parties are bound to continuously increase (Bollinger, 1999).

Many railway enterprises operate extensive medical systems for their workforce. Health-care costs are increasing, particularly in enterprises which extend medical services to employees' dependants. The costs to enterprises of HIV/AIDS are both direct and indirect.

For many countries where the HIV prevalence rate is high, we do not know the exact situation regarding HIV/AIDS in the railway sector, as no study has been undertaken.

A lack of knowledge does not mean lack of a problem!

No room for complacency

HIV/AIDS and the railway industry

Particular groups of transport workers

Some groups of railway workers are put into situations that increase their vulnerability.

One high-risk group is the one involved in railway construction. In Namibia, for example, an extensive research programme in 2007 (Ministry of Works, 2007) found that construction contract workers are employed for periods of six months at a time. The company responsible for the construction generally does not provide accommodation for these contract construction workers.

Maintenance teams, because of distance, must stay in the field to carry out the maintenance work. TransNamib provides temporary accommodation such as coaches and, where available, rest rooms at TransNamib centres.

Both groups of employees are thought to be at high risk since they spend extended periods of time away from their homes.

In New Delhi, where a new metro system is being built, the Delhi Metro Rail Corporation Ltd (DMRC) has recognized this vulnerability of construction workers. All contractors are required, under the terms of their contract, to cooperate with an agency appointed by DMRC which will run awareness programmes for construction workers. Contractors must release a number of workers to be trained as peer educators.

“DMRC recognizes HIV/AIDS as a developmental challenge and realizes the need to respond to it by implementing regular HIV/AIDS prevention programmes and creating a non-discriminatory work environment for HIV-infected workmen engaged by contractors.”

DMRC, Conditions of contract on Safety, Health and Environment.

Railway police

A number of railway systems have a dedicated railway police force. Anecdotal evidence indicates that this group of railway employees is at higher risk. In India, for example, between 30 and 40 per cent of constables in the Railway Protection Force (RPF) live in single-sex barracks.



The impact on trade unions

Trade unions in several countries have already lost key staff and activists at national and branch level.

According to the survey undertaken by the International Transport Workers' Federation (ITF), mentioned earlier, its affiliates in the railway sector reported a profound impact on the union because of HIV/AIDS.

- More than one-fifth of affiliates reported the death of union officials; half the trade unions reporting said that members had died.
- Nearly one-third of unions reported that there was less participation by members due to HIV-related illness.
- Most worryingly, 30 per cent of unions reported that there was stigmatization by union members against those of their colleagues who were HIV-positive.

Many unions in developing countries have limited resources to organize and represent members; they have invested heavily in the training and development of core staff and workplace representatives. Their loss will affect how unions are able to support their membership effectively.

Unions in countries with high prevalence rates have to consider how they can best assist with programmes of prevention and care and ensure that workers are not subject to discrimination. They must also consider the direct effects of the pandemic on their own organizations.

Transport workers are not to blame!

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

HIV/AIDS and the railway industry

Transport workers need rights

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

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

Travel bans

For the railway industry, as a travel business, the importance of free movement cannot be over-emphasized. Yet many countries still retain actions on persons entering who are HIV-positive. Others require tests. These measures do not prevent the transmission of the virus, and they do not protect anybody.

Transport workers are still required, in some countries, to provide a certificate “proving” they are not HIV-positive before they can get a visa.

There has been a long-standing ban that prevents people who are active and HIV-positive from travelling to the United States. In August 2009, the US Secretary for Health and Human Services Secretary Kathleen Sebelius announced that the ban would be lifted – appropriately enough at a national conference on HIV prevention. Her remarks are worth quoting at length:

“We know that HIV/AIDS stigma remains a huge problem with real repercussions in people’s lives. There are people who don’t get tested because they’re afraid they could get beaten up or lose their place to live if the test comes back positive. They don’t pick up a flyer about treatment because they’re afraid that if they’re seen with it, someone will make a judgement about their sexual orientation or their drug use. Because we care about all of our friends, families, and neighbors, we need to send a message that HIV/AIDS may be a serious condition, but we have the knowledge and tools to help people live successfully with this condition.”



“Sometime later this year, we will strike a major blow against this stigma when we finally lift the rule – sometimes referred to as the “HIV entry ban” – that includes HIV on the list of diseases that can bar entry into this country. This change has been a long time coming.”

“The ban was not only unfair. It was also unsafe. The more accepted people with HIV/AIDS feel, the more open they are about their HIV status. The more open people can be about their HIV status, the more likely other people are to get tested. The more likely people are to get tested, the slower the spread of HIV. It’s a virtuous cycle and it starts with ending the stigma.”

Working together: Social partners in railway transport

2 WORKING TOGETHER: SOCIAL PARTNERS IN RAILWAY TRANSPORT

This toolkit has been developed as a joint initiative of the International Union of Railways (UIC), the International Transport Workers' Federation (ITF) and the International Labour Organization (ILO). The ITF is part of a global network of trade unions, and the UIC is part of a corresponding network of employers' organizations.

Working together

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

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

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

In the railway industry, in the wider transport industry and at the global level, employers' and workers' organizations are now working closely together.

A toolkit similar to this one has been developed for the road transport industry, involving the ITF representing workers, the International Road Transport Union, and the International Labour Organization. In the shipping industry, the social partners have also launched a programme of joint activity on HIV/AIDS.

The following common statement has been agreed by the International Organisation of Employers (IOE) and the International Confederation of Free Trade Unions (ICFTU).

Fighting HIV/AIDS together: A programme for future engagement

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

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

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

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

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

Working together: Social partners in railway transport

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

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

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

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

Source: <http://www.ilo.org/public/english/protection/trav/aids/ioeicftudecl.pdf> where the full statement can be found.

International Union of Railways

The International Union of Railways is the global employers' organization for the railway sector – one of the social partners. It is the worldwide international organization of the sector, and is often referred to by its French initials, UIC.

The UIC was established in Paris in 1922. It was set up to harmonize and improve conditions for railway constructions and operations. Initially the UIC

had 51 members from 29 countries including Japan and China; these were soon joined by members from the USSR, the Middle East and North Africa.

Today, the UIC has 194 members across all five continents, in three categories of membership:

- 82 active members, including the railway enterprises from Europe, China, India, Japan, Kazakhstan, Republic of Korea, the Middle East, North Africa, Pakistan, Russian Federation, South Africa and companies operating worldwide.
- 81 associate members, including railways from Asia, Africa, America and Australia.
- 31 affiliate members, comprising related or ancillary rail transport businesses or services.

UIC members may be:

- integrated railway companies
- infrastructure managers
- railway or combined transport operators, rolling stock and traction leasing companies service providers (restaurant services, sleeping cars, public transport, maritime transport)

UIC's mission and objectives

UIC's mission is to promote rail transport at world level and meet the challenges of mobility and sustainable development.

UIC's main objectives are to:

- facilitate the sharing of best practices among members
- support members in their efforts to develop new business and new areas of activities
- propose new ways of improving technical and environmental performance
- promote interoperability and create new world standards for railways (including common standards with other transport modes)
- develop centres of competence.

For further information please see www.uic.org.

International Transport Workers' Federation

The International Transport Workers' Federation (ITF) is the global trade union federation for all transport workers' trade unions, including railways as well as all other transport modes. Any independent trade union with members in the

Working together: Social partners in railway transport

transport industry is eligible for membership of the ITF. A total of 681 trade unions representing 4,500,000 transport workers in 148 countries are members of the ITF. It is one of several Global Federation Unions allied with the International Trade Union Confederation (ITUC).

The aims of the ITF are:

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

The ITF campaign against HIV/AIDS

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

Activities

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

- develop trade union and workplace policies
- negotiate collective agreements incorporating HIV/AIDS-specific provisions
- organize training for trade union leaders and for managers
- organize education for workers and their families and people in surrounding communities including commercial sex workers
- challenge discrimination, prejudice and marginalization of people living with HIV/AIDS
- show solidarity with organizations of people living with HIV/AIDS and assisting with their care
- develop linkages with HIV programmes targeting commercial sex workers and create synergies with these
- support community-based prevention initiatives
- work with governments and non-governmental organizations (NGOs) to develop and deliver specific programmes for members

- lobby governments to acknowledge the problem, especially in countries where the severity of the HIV/AIDS crisis is not officially recognized
- negotiate improved working conditions (reduce time away from home, speed up border checks, and so on)
- set up health centres at popular truck stops
- encourage members to go to voluntary counselling and testing centres
- develop information campaigns on STIs and their link to HIV/AIDS
- develop resource materials on HIV/AIDS for all relevant stakeholders
- lobby for affordable and accessible AIDS drugs

For further information please see www.itfglobal.org.

Trade unions in action in Malawi

The Central East African Railway Workers' Union, Malawi organized an open day to educate members and their families on HIV/AIDS as part of World AIDS Day. They posted press releases in daily newspapers about their activities.

The role of governments

In some countries railways are in private hands, while in others they are state-owned. In either case, governments lay down a policy framework, either through a specific Ministry of Railways or Transport, or more directly as the employer.

More widely, governments set down the overall framework within which national efforts are made with respect to HIV and AIDS. This normally takes place through a national AIDS programme (the exact name will vary from country to country). Collaboration by the stakeholders in the railway sector also needs to be highlighted: an opportunity for increased cooperation now exists, as countries are now talking about strengthening a multi-sectoral response to HIV/AIDS. India, for instance, has set up a National Council on AIDS, chaired by the Prime Minister, which includes some 31 ministries as well as representatives of the private sector in addition to civil society organizations.

Working together: Social partners in railway transport

Cooperation between the UIC and ITF

The UIC and ITF have agreed to cooperate on a number of issues, including HIV/AIDS.

In a Memorandum of Understanding (MOU) agreed in July 2007, the two organizations agreed “to promote rail transport and the interest of rail workers at the global level through mutual cooperation”.

Article 2 of the MOU specifies the areas of cooperation:

i) information exchange and communication:

The UIC and the ITF will regularly exchange information on their activities in particular for rail transport and multimodal transport developments.

Such exchange will be through meetings at expert levels and at management level, mutual access to the web sites and other information held by the organizations with the safeguarding of confidentiality if required.

ii) organization of studies and seminars:

The UIC and the ITF shall carry out studies related to subjects such as the following:

- a. To enhance the safety culture in rail transport
- b. To promote the public services role of the railways
- c. To upgrade professional skills to help with the adoption of new technologies in rail transport
- d. To address the issue of managing HIV and AIDS and other health and safety related issues in rail transport
- e. To analyse various organizational aspects of rail transport, including concessioning, workers' participation, human factors

The UIC and the ITF will discuss cooperation in ILO activities as social partners in the railway sector.

International Labour Organization

The International Labour Organization (ILO) is the specialized agency of the United Nations that deals with the world of work.

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

Like all organizations of the UN system, the ILO is financed by member States. Countries have to join the ILO separately. The ILO currently has 183 member States. The ILO is actually older than the United Nations. It was set up in 1919 by the Treaty of Versailles, which marked the end of the First World War. It became the first UN Specialized Agency in 1946.

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

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

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

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

Why is the ILO involved?

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

The ILO brings strengths to the fight against HIV/AIDS.

- Its tripartite structure makes it possible to mobilize employers and workers against HIV/AIDS. Other UN agencies deal principally with governments.
- It is the UN agency with a presence at the workplace.
- The ILO has more than 90 years of experience in guiding laws and framing standards to protect the rights of workers and improve their working conditions.
- It has a global presence, with regional and national offices the world over.

Working together: Social partners in railway transport

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

The ILO and HIV/AIDS

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

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

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

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

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

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

- Recognition of HIV/AIDS as a workplace issue
- Non-discrimination
- Gender equality
- Healthy work environment
- Social dialogue
- No screening for the purposes of exclusion from employment
- Confidentiality of information on HIV status
- Continuation of employment relationship

- Prevention
- Care and support

A new international labour standard

In March 2007 the ILO Governing Body agreed that a discussion was needed to adopt a new international labour standard specifically on HIV/AIDS. Labour standards are adopted through what is called a “double discussion” procedure which ensures that there is maximum debate about any proposal, and opportunity to reach wide agreement on the final text. The first discussion took place at the 2009 International Labour Conference, with the second discussion and hopefully adoption in 2010. This will strengthen efforts to ensure that HIV/AIDS is seen as a workplace issue.

Comprehensive help is available from ILO/AIDS to develop workplace policies and programmes based on the principles of the code of practice. A copy of the code is included in this toolkit and its principles are discussed individually in the next chapter.

For further information about ILO/AIDS please see <http://www.ilo.org/public/english/protection/trav/aids/>.

Responding to HIV/AIDS

3 RESPONDING TO HIV/AIDS

The components of a successful strategy to respond to the challenge of HIV/AIDS are now very well known.

The four pillars of an HIV/AIDS programme are as follows:

1. The protection of rights, including gender rights. It is vital to overcome the stigma and discrimination connected with HIV/AIDS.
2. Preventing the transmission of the virus remains vital.
3. Treatment must be available for those people who are HIV-positive, as well as to prevent the onset of opportunistic diseases. In many cases there are now effective treatments for those diseases.
4. Care and support should be provided for all HIV-positive people who need it.

In 2008, the amount of funding available to respond to HIV/AIDS reached \$US10 billion. The large increase in funding has made treatment available to many more people. Much more is necessary, but there are many reasons to be optimistic.

All programmes need to be based on good quality data. An important first step for the railway sector is to collect information on vulnerability and the impact of HIV/AIDS in the sector. Railway ministries and enterprises can work with their national AIDS programmes to collect this data.

Stigma and discrimination

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

- **Stigma** is commonly recognized as a process of devaluing an individual or group through beliefs and attitudes that discredit them.
- **Discrimination** occurs when people are able to act on their feelings of hostility towards others – they can put the stigma into practice. Discrimination is practised both by individuals and by institutions.

Whereas HIV is a virus that is found in the body, stigma is found in the thoughts of people and communities. Stigma occurs when people believe that a particular illness, or something a person has done or feels, is shameful and brings disgrace on themselves, their family or their community. So stigma can



arise because of an infection such as HIV, or because of behaviour such as taking drugs, or types of sexual behaviour such as homosexuality.

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

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

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

Voluntary counselling and testing (VCT)

“Knowing your status” is an important step for everyone in the railway industry. Those who are HIV-positive can take steps to make sure that they do not pass the virus on to other people, and they can also seek the necessary care and support. Those who test negative know that they can take steps to protect themselves and their families.

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

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

Responding to HIV/AIDS

Kenya: How railway unions helped to increase take-up of testing

According to the state-run National Aids Control Council (NACC), national HIV prevalence was estimated to be 7.1 per cent among adults aged 15 to 64 years in 2009. The decline in the prevalence rate is quite significant: from a high of about 14 per cent in the mid-1990s.

According to NACC the fall in prevalence is attributable to greater acceptance of prevention strategies, widespread use of VCT services and antiretroviral drugs (ARVs), greater use of condoms and more responsible sex behaviour.

The ITF affiliate, the Kenya Railway and Allied Workers' Union, has helped. The union started implementing a workplace HIV/AIDS programme which included peer education programmes for all workers. Peer educators are helping other workers to obtain correct information, resolving myths and misconceptions about HIV/AIDS.

They also help them to get access to voluntary counselling and testing (VCT), condoms and management of sexually transmitted infections (STIs). Recently the union has organized a special VCT session which was attended by a large number of leaders and workers.

Care, support and treatment

While antiretroviral (ARV) drugs are available that slow the progression of the disease and prolong life, they are expensive. Some countries have made them available to sufferers through paying drug manufacturers, or by producing generic copies of the drugs. Once a person starts taking ARVs, in most cases he or she will have to take them for life, otherwise the virus may develop resistance to the drug.

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

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

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



ARV therapy is a good investment

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

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

Source: ILO: *HIV/AIDS and work: Global estimates, impact on children and youth, and responses* (Geneva, 2006).

How railway enterprises can respond

There are several ways in which railway enterprises can respond to HIV/AIDS:

- Provide a response at the workplace. HIV/AIDS can have an impact on railways as a workplace – reducing the supply of labour and available skills, increasing labour costs, reducing productivity, threatening the livelihoods of workers and employers and undermining rights. There needs to be a workplace response.
- Railway stations are communities. People congregate there to buy and sell a huge number of products, work in the informal economy, transact commercial sex, or to buy, sell and use drugs. Railway premises can be an access point for programmes of prevention, treatment, care and support.
- Railways offer immense opportunities to provide information to passengers about the threat of HIV and AIDS to their health and the health of their families. There are some excellent examples of such an approach.

These three areas will each be considered in turn.

Responding to HIV/AIDS

Action in the workplace

An ILO code of practice on HIV/AIDS and the world of work is the basic document on which to base a workplace response. As we have seen in Chapter 2, it rests on ten fundamental principles that have received widespread support. A copy of the code is included in this toolkit.

Code principle 1. Recognition of HIV/AIDS as a workplace issue

HIV/AIDS should be treated like any other serious illness or condition in the workplace. This is necessary not only because it affects the workplace, but also because the workplace, being part of the local community, has a role to play in the struggle to limit the spread and effects of the epidemic.

Code principle 2. Non-discrimination, and equal protection and treatment before the law

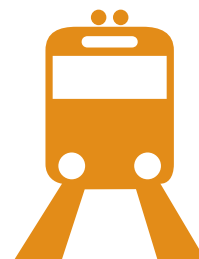
Discrimination (and stigmatization) of people with HIV/AIDS is contrary to fundamental human rights. *It also helps the spread of the disease.* If people who are HIV+ are mistreated, discriminated against or stigmatized, they are not going to come forward and let the fact of their status be known. They will be reluctant even to get tested for the disease.

Code principle 3. Gender equality: The right to non-discrimination on the basis of gender, and equality before the law

One of the main reasons why HIV/AIDS has spread so quickly is gender inequality. Women are more likely to be infected than men. Women are also more likely than men to be involved in caring for those who have the disease, or caring for those, such as orphans, who have lost those who support them.

The legal systems in many countries continue to grant women lesser status than men, restricting property inheritance and other rights. Customary laws, beliefs and practices continue to sustain gender inequalities and discrimination.

Gender-discriminatory beliefs lead directly to a higher risk for women of becoming infected with HIV. For example, in Botswana women who hold three or more gender discriminatory beliefs have 2.7 times greater odds of having unprotected sex with a partner who is not their primary partner (Physicians for Human Rights, 2008).



Workplace policies and discrimination: An example from Mumbai

The Mumbai Port Trust HIV/AIDS workplace policy states:

“Mumbai Port Trust management emphasizes the need to respond to HIV/AIDS by implementing regular HIV/AIDS prevention programmes and creating a non-discriminatory work environment for any person(s) infected by HIV. The features of the policy are as under :–

“Mumbai Port Trust recognizes HIV/AIDS as a workplace issue which needs an immediate attention from every sector. Mumbai Port Trust makes an attempt to prevent its employees suffering from the Human Immunodeficiency Virus (HIV), which causes the AIDS.

“Mumbai Port Trust will not discriminate against any members of staff because of his/her real/perceived HIV status. HIV status of a person will not be a criterion for either employing someone or keeping people in employment of Mumbai Port Trust. There will be no mandatory HIV testing during the employment.”

Code principle 4. Healthy working environment

Safety and health at work is itself a human right. The Universal Declaration of Human Rights says:

Everyone has the right to work, to free choice of employment, to just and favourable conditions of work . . . (Article 23)

This includes making the workplace safe from the point of view of HIV infection. The “universal precautions” should be followed to prevent the spread of HIV. At the same time the workplace should be adapted, if necessary, for those workers living with HIV/AIDS to ensure that it is safe and healthy for them.

Responding to HIV/AIDS

Mainstreaming gender in workplace HIV programmes

In order to be effective, workplace HIV/AIDS programmes must take into account the reality of the sexual behaviour of men and women. Therefore:

- All workplace HIV/AIDS programmes should, in addition to being sensitive to race and sexual orientation, be gender-sensitive. They should explicitly target both women and men, possibly by addressing women or men in separate programmes.
- Information for women on HIV/AIDS needs to alert them to their higher risk of infection and explain this, in particular the special vulnerability of young women to HIV infection.
- HIV/AIDS education should help both women and men to understand and act upon the unequal power relations between them, both in employment and personal situations; sexual harassment and violence should be specifically addressed.
- Programmes should help women to understand their rights, both within the workplace and outside it, and empower them to protect themselves.
- HIV/AIDS education for men should include awareness-raising, risk assessment and strategies to promote men's responsibilities regarding HIV/AIDS prevention.
- Women must be particularly involved in the planning and implementation of workplace HIV/AIDS policies and programmes.

Source: Romano Ojiambo-Ochieng, ITF *Agenda* magazine, 2007.

Code principle 5.

Social dialogue, and the right to freedom of association

HIV/AIDS causes embarrassment. The condition is seen as a death sentence, although many people live full lives – including work – for years after a diagnosis. The main way in which HIV infection is spread is through sexual contact. And people do not like talking about this most intimate and often secret activity.



It is essential that there should be the fullest discussion about the impact of HIV/AIDS and why it happens. One of the ways in which this can take place is through social dialogue.

If workers' and employers' organizations are to play an active role in the fight against HIV/AIDS, governments will need to encourage and strengthen these organizations and promote social dialogue. Stronger employers' and workers' organizations can be more active in the fight against HIV/AIDS.

Freedom of association for employers' and workers' organizations is a prerequisite for effective workplace action against HIV/AIDS.

Decent toilets for women

In an ITF survey in 2006/07 of women transport workers and occupational safety and health issues, 63 per cent of women said that there were no women's toilets for them to use. If you cannot go to the toilet when you need to, you run the risk of internal infection, kidney damage, haemorrhoids and other conditions. Infections of the urinary tract could conceivably lead to a higher risk of HIV infection.

Where toilets and washrooms do exist, women repeatedly complain about how dirty they are – and therefore how unhealthy. Lack of access to clean drinking water is another common health complaint. Clean and sanitary conditions would benefit the whole workforce.

Code principle 6. No screening, and the right to privacy

All forms of compulsory screening and testing of individuals for HIV/AIDS, whether in the workplace or more generally as an immigration or residence requirement are contrary to basic human rights. They do not help to prevent the spread of the disease. Workers have the right to privacy and employers should not violate such privacy.

Code principle 7. Confidentiality

The HIV status of a worker must be kept confidential if she or he requests it. There is no practical reason why other workers should be made aware of it. If proper health and safety practices are followed, there is no risk of infection. The same point applies to applicants for jobs and retired employees.

Responding to HIV/AIDS

A railway trade union takes a stand on confidentiality

The New Zealand Rail and Maritime Union (RMTU) has a policy that states:

“For reasons of confidentiality and impartiality, counselling and peer support services for those with HIV/AIDS should be provided by external organizations such as New Zealand Aids Foundation. Time for this should be given during normal working hours in the same way that this occurs for other personal problems.”

The RMTU would actively support any member’s request for support and access to these providers.

Code principle 8. Continuation of employment relationship

Workers infected by HIV can, in most cases, carry on at their jobs for many years. Even when they develop AIDS, and become ill through opportunistic infections, periods of ill health can alternate with spells of better health, when the worker can return to work. If the worker can be helped to work for as long as medically fit, this will benefit the enterprise as well as the worker. It may be appropriate to arrange different work for the employee. Dismissals should only be considered when an employee is unable to work at all, and will not be able to return to work.

Code principle 9. The right to prevention

Prevention has been called the “social vaccine”. The workplace is one more arena in which the prevention of HIV/AIDS can be promoted. Prevention is not simply a matter of providing a few posters or leaflets, or even of distributing condoms and giving talks. A preventative environment needs to be created – a combination of measures and attitudes which mutually reinforce each other. Changes in behaviour and knowledge, together with the human rights approach, will all contribute to a climate which supports prevention.

Employers’ and workers’ organizations can cooperate to bring about changes in attitudes and behaviour. They can also address issues such as safety in the workplace, which will contribute to preventing the further spread of the disease.



Peer education on Indian Railways

South Central Railways (a part of Indian Railways) has a network of peer counsellors serving its health units and hospitals. They offer information on HIV/AIDS, meet patients, and work closely with doctors and nurses. The Voluntary Testing and Counselling Centre (VCTC) at the hospital in Vijayawada routinely refers its clients to the peer counsellors, and vice versa.

“Running rooms”, where drivers rest between their shifts present another opportunity for peer counsellors to meet workers. Drivers in India report that they are more comfortable asking questions about sex, homosexuality, condoms and HIV/AIDS because of the work of the peer counsellors. Engine drivers have asked for condom boxes in running rooms. Many drivers also ask for information about HIV/AIDS to read on their trips.

Code principle 10. The right to care and support

In common with all those suffering from the infection, workers should receive care and support. There are two reasons for this:

1. Someone who is unwell or infected is entitled to medical treatment. This is a human right.
2. If care and support are *not* available, people have no incentive to come forward to be tested. And if a positive test result will only lead to stigmatization and discrimination and not to medical care and help, why bother? If a person already know they are HIV-positive, why should they change their behaviour? If there is no treatment, what is the point? Care and support are a vital part of preventing the spread of HIV.

Care for people living with AIDS involves:

- provision of antiretroviral therapy
- prevention of TB and other opportunistic infections
- treatment of HIV-related illnesses
- pain relief
- treatment for sexually transmitted infections
- prevention of further HIV spread (for example, by supplying condoms)

Responding to HIV/AIDS

- family planning
- psychological support
- end-of-life care

The entry point to comprehensive care is voluntary counselling and testing for HIV (VCT). Good quality VCT provides many benefits in addition to diagnosis of HIV: it bridges the gap between care and prevention, while clients derive support from counselling and gain entry to a range of HIV care interventions. VCT services alone cost more per person than the annual per capita health expenditure of many developing countries, so in many countries it will not be available as part of the public health system. A number of voluntary organizations may provide it.

Workplaces have the potential to provide VCT services as a natural extension of existing welfare services.

Care and support is about much more than ARV drugs. Still, some larger employers have taken the decision to supply ARV drugs to employees who are HIV-positive. Such enterprises usually have the in-house medical facilities to deliver such support.

Why should the social partners agree a policy?

The *ILO code of practice on HIV/AIDS and the world of work* suggests that workplace policies should be agreed between management and union. The advantages of an **agreed** policy, rather than one simply published by the management, are as follows:

- An agreed policy demonstrates that both union and management are committed to dealing with the problems of HIV/AIDS in the workplace.
- An agreed policy is likely to be more effectively implemented than a unilateral policy.
- The process of consultation that takes place before the policy is agreed will allow both management and union to identify areas of possible disagreement and resolve these areas of difficulty.
- An agreed policy can clarify how the policy fits in with other joint agreements between union and management that regulate workplace relations.
- An agreed policy will limit the number of disputes that arise when dealing with many of the difficult and sensitive issues surrounding HIV/AIDS in the workplace.



Developing a workplace policy

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

- provide a clear statement about non-discrimination;
- ensure consistency with appropriate national laws;
- lay down a standard of behaviour for all employees (both infected and non-infected);
- provide guidance to supervisors and managers;
- help employees living with HIV/AIDS to understand what treatment, support and care they will receive, so they are more likely to come forward for testing if they think they may be HIV-positive.

What should be included in a workplace policy on HIV/AIDS?

The key areas for an HIV/AIDS policy are:

- a description of the role of the social partners in implementing the policy;
- non-discrimination in relation to recruitment, promotion, training, and so on;
- testing policy;
- confidentiality;
- health and safety issues (risks to employees at work);
- employee responsibility to work with other employees who are HIV-positive or thought to be so;
- care and support for people living with HIV/AIDS;
- education and information provided at the workplace on prevention and care;
- reasonable accommodation for employees who become ill;
- dismissal if and when appropriate.

The role of railway medical services

Railway medical services can play an important role in the HIV/AIDS strategies of railway enterprises.

The medical care of railway workers has played an important part from the early days of railways. The founder medical officers concerned themselves not only with suitability questions within the context of railway safety, but also with the working conditions of staff in order to avoid the negative effects of such

Responding to HIV/AIDS

conditions on the capacity of workers to undertake their duties. The first railway medical service was instituted in Germany as early as 1889.

Transport medicine is a special form of occupational medicine directed not only at the individual worker, but also at operational safety. Railway medical services are broadly of two types:

- In some countries the focus is on occupational medicine, ensuring that railway employees are fit to undertake their specific job-related tasks and functions. For certain groups of railway employees, for example train drivers, this might include ensuring that their eyesight reaches a certain standard and that they can distinguish red signals.

In these situations, there is almost always a periodical medical examination (PME) to ensure fitness for work. But railway employees may also have a doctor through the state health system, or through health insurance, who will deal with non-railway-related medical matters.

- In many developing countries railway medical services provide comprehensive health care, covering all medical problems, for railway employees and their families.

Prevention

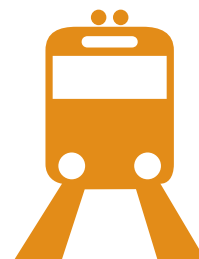
The periodical medical examination (PME) is an excellent opportunity to provide messages to railway personnel on how to avoid becoming infected, since health education is frequently one aspect of the PME. In some situations it may be possible to offer a test for infection, but this should be accompanied by appropriate counselling and should be voluntary.

Where the railway medical services are providing comprehensive health provision to employees and their families, there are many more opportunities to provide information on how they can avoid the risk of infection.

As mentioned elsewhere in this toolkit (Fact sheet No. 8 on HIV/AIDS and occupational safety and health), some railway employees have concerns about possible infection arising out of providing first aid, or cleaning up after incidents such as a person under a train or an accident, or cleaning railway premises used by injecting drug users.

Railway medical services can provide reassurance to employees and guidance on the proper procedures to be followed to reduce the already negligible risk in these situations. They may wish to consider whether they need to have post-exposure prophylaxis available for the very small number of situations in which it might be required.

Where railway enterprises are providing hospitals or clinics, the health-care staff working in these need to be provided with protection in case of needle stick injuries.



Psychological support

There has been increasing concern in railway medical services about stress, whether work-related or caused by outside problems.

A railway worker who is suffering from stress as a result of anxiety about his or her HIV status will affect the operational efficiency of the railway. Where railway employees are concerned about their HIV status, doctors can provide advice and support both to the employees and to their managers.

Managing HIV and AIDS

With the widespread availability of antiretroviral therapy, HIV is a chronic manageable condition similar to, for example, diabetes.

Some railway employees may prefer their status not to be known at work, and may be receiving medication through a medical practitioner who has no connection with the railway. However, in some cases railway employees will be receiving their medication through the railway medical service. Doctors and nursing staff need to be familiar with the different treatment regimes and drugs that are available.

A worker whose status is known and acknowledged will also require support. A programme of treatment, care and support can be designed by the railway medical service. If a worker is suffering from an illness as a consequence of a suppressed immune system, the enterprise should offer reasonable adjustment to a different job, or a reduced workload. The railway medical service can advise the management and the worker's trade union regarding appropriate adjustments.

Wider health promotion

Railway medical services can promote and support wider campaigns aimed at passengers and the general public.

Responding to HIV/AIDS

Action in the workplace: China

HIV/AIDS has been treated as a high priority by the Ministry of Railways in China.

There is a national high-level group on HIV prevention and control, chaired by a Vice-Minister of the Ministry of Railways. The group meets every March to review progress and discuss a work plan. A senior official of the China Railway Workers Union is a member of the high-level group.

The Ministry of Railways developed its own HIV/AIDS Action Plan for 2004–08 and is now planning a new Railway Action Plan to coincide with the national AIDS planning cycle (2011–15).

HIV/AIDS is seen chiefly as an occupational safety and health (OSH) issue. The Ministry of Railways has not issued any statistics of the number of employees who are estimated to be HIV-positive. It has, however, identified certain priority groups for education and awareness raising. These are:

- railway police (a group that has also been identified in India as a category with a high prevalence rate);
- staff who come into contact with passengers, such as ticketing staff or workers who sell food;
- staff who work permanently on the tracks and who may therefore be away from their homes for a period of time.

It is not permitted to dismiss employees because of their HIV status.



Action in the workplace: India

Testimony by Renuka Lakshmiraja Sridhar, Southern Railway Mazdoor Union:

“For us women trade unionists, coordinating along with our male comrades has made it easier for us to work against this dreadful disease. Initially, women had inhibitions about sharing and spreading the information. The peer group training conducted by the ITF helped our women comrades to learn about the subject, including medical terms. Now it has been made easier for women to work against infections.

“HIV/AIDS is a workplace issue not only because it affects the workforce but also because the workplace plays a vital role in limiting the spread and effect of this epidemic. Trade unions are key actors in the workplace, and can help to stop the spread of HIV/AIDS in collaboration with employees. They share the same background as the people they represent, so the messages are more readily accepted. This is why we have worked hard to raise awareness. In recent times, the Southern Railway Mazdoor Union, along with Tamil Nadu Aids Control Board and the Rotary Club of Chennai, Samudra held an awareness campaign on HIV/AIDS and conducted meetings at railway premises and schools. We distributed around 10,000 booklets on HIV/AIDS, insisting that every household should possess one.

“Our union’s Red Ribbon Committee was formed when the ITF conducted a peer education programme and trained about 25 comrades (including 12 women) on HIV/AIDS. The workshop educated the trainees in detail about the disease and on how to conduct awareness programmes and counsel HIV/AIDS-affected patients and their relatives, and related general issues.

“The Southern Railway Mazdoor Union Red Ribbon Committee observes World AIDS Day on 1 December and International Women’s Day on 8 March every year. We held an awareness campaign on HIV/AIDS among railway employees at the railway premises, and for the public at railway stations. We worked through information on exhibitions, the display of posters and the distribution of pamphlets and booklets. We distributed condoms.

Responding to HIV/AIDS

“During our recent campaign, the divisional medical officer of railways was grateful for the work of the Southern Railway Mazdoor Union Red Ribbon Committee. More than 100 railway workers have attended the HIV screening test at the railway hospital. They are aware of the risks of blood transfusion, and there is more awareness about safe sex.”

Source: *Agenda 2009*, ITF annual publication on HIV/AIDS and transport.

Action in the workplace: Ukraine

Ukraine is the country with the highest HIV/AIDS incidence (1.4 per cent) in Europe, and tuberculosis is also increasing there. The response has so far concentrated on certain high-risk groups such as intravenous drug users and commercial sex workers. As a result there has been little support for prevention activities and the workplace has been neglected.

The Ukrainian Trade Union of Railway Workers and Transport Constructors of Ukraine (TURW) is working with a non-governmental organization, the Labour, Health and Social Initiatives (LHSI) to develop the union's capacity and resources to carry out HIV/AIDS and TB workplace prevention programmes.

The project focuses on the Ukraine's most industrialized region, Donetsk, which has one of the highest HIV/AIDS and TB incidence rates in the country. Its aims and activities include:

1. increasing the participation and influence of trade unions in policy-making processes;
2. training trade union peer educators and medical staff of the Donetsk Railway;
3. carrying out education sessions for 18,000 union members;
4. an information campaign at railway stations, on trains and through union publications;
5. lobbying to address HIV/AIDS and TB issues in the collective bargaining agreement.



Responding in the community

Railway stations and workplaces are communities. People congregate there to buy and sell a huge number of products, work in the informal economy, transact commercial sex, or to buy, sell and use drugs. Railway premises can be an access point for programmes of prevention, treatment, care and support. This provides an opportunity for awareness raising, education programmes, and the protection of rights.

One approach would be to establish an outreach office at a railway station as a joint initiative of the management and trade unions, working together with appropriate NGOs, UN organizations and government AIDS-control organizations.

Such an initiative could play a most important coordinating role. There is no point in NGOs trying to encourage sex workers (for example) to come forward for prevention or testing if they are afraid that railway police officers will take action against them.

Workers in the informal economy

Many workers are employed not directly by railway enterprises, but around railway premises. They include vendors, porters and other groups.

In the southern Indian state of Andhra Pradesh, railway trade unions have developed a project aimed at porters and other informal workers. The project began in 2006 with the complete cooperation of the railway authorities, led by a railway nurse who is an active union member. It started with the target of reaching 600 porters and 400 spouses. Vendors and cleaners were included later.

Among the key achievements of the project are the following:

- 36 peer educators were identified and trained.
- Around 665 porters and vendors were reached in three large railway stations.
- Two workers were tested positive and were referred for treatment at a local hospital.
- HIV-awareness components were included in other relevant activities such as International Women's Day and the International Day for the Elimination of Violence against Women.
- Health camps were organized; through these, about 60 STI cases were identified and treated.
- 3,500 pamphlets and 600 booklets with HIV/AIDS information were distributed.

Responding to HIV/AIDS

In addition, after advocacy efforts by the union, a rest room for the informal porters has been built at the railway station. The building is double-storied and has cupboards for each person to safely store their belongings. It also has a large hall with fans where the porters can rest. It serves as a perfect site for condom promotion.

Families of railway workers

In Uganda, a joint programme run by two Ugandan transport workers' trade unions has targeted and reached spouses and children of employees of the Uganda Railways Corporation with information and education campaigns on STDs and HIV/AIDS.

The project has trained counsellors to carry out the information and education exercise. Workers are reached at their respective workplaces, while their spouses and children are sensitized at their places of residence. This is possible because they live in housing estates provided by the employer.

During workshops, films on HIV/AIDS and STDs are shown and proper condom use is demonstrated. Voluntary counselling and testing (VCT) is encouraged among all the target groups. The project distributes free male and female condoms. To encourage openness in talking about issues that are normally taboo, spouses are sensitized separately from the children. Spouses have revealed that their partners often do not share the information they receive on HIV/AIDS with them. It is difficult to popularize the use of female condoms.

The wider prevention role

Railways offer immense opportunities to provide information to passengers about the threat of HIV and AIDS to their own health and the health of their families – particularly during journeys. There are some excellent examples of such an approach.

Prevention messages

Railway enterprises and trade unions working with a range of organizations have developed imaginative programmes that reach beyond the workplace.

China Railways carries over 1.1 billion passengers each year. It is working with the Red Cross Society of China (RCSC) to provide AIDS information to train passengers. RCSC staff offer consultation services and hand out AIDS-prevention brochures on trains and at railway stations on the nation's major routes, telling passengers the ABCs of HIV/AIDS prevention.

Collaboration between China Railways and the United Nations Population Fund (UNFPA) began in 2001 in two railway regions in high-prevalence areas. The main emphasis in the pilot project was on HIV prevention in nine railway stations, with passengers as the target group. This was combined with some



general education on reproductive health. Condom vending machines were installed, and posters and electronic boards used to provide prevention messages.

A second pilot project took place in 2004/05, and included work on trains. The Ministry of Railways selected five bureaux and scaled up the work.

Migrant workers

Reaching train passengers is a particular innovation in China. Long-distance trains have a radio service, so tapes were developed to be broadcast on the train radio system. There was a particular focus on trains known to be carrying migrant workers during the spring and harvest festivals (March and August). These so-called “green trains” have fewer facilities, hard seats and are slower than normal passenger trains, but their low fares attract migrant workers.

It has been recognized that migrant workers are particularly vulnerable to HIV/AIDS due to their lack of education and health knowledge. Ministry of Railways staff and Red Cross Society of China volunteers travel on the trains used by migrant workers to hand out leaflets and talk to them about the risks of HIV infection.

Red Ribbon Express: India

Established in 2007, the Red Ribbon Express is a special train travelling throughout India, with a target of reaching 60,000 rural villages in its first year of operation. The initiative was so successful that it has been extended. The express stops at stations where teams provide education, counselling and other HIV/AIDS-related services to anyone who wishes. The teams also fan out into surrounding areas to provide HIV/AIDS education in very informal settings. One of the compartments is designed as a training room. The Red Ribbon Express achieved 27,000 stops in 24 Indian states in its first year.

The train attracts great attention wherever it goes, breaking down reluctance to talk about HIV and AIDS. Students are able to play interactive computer games on board and watch television spots. Health workers and people from the surrounding towns get a refresher lesson on HIV and AIDS.

Responding to HIV/AIDS

“The teachers accompanying the school students said it was a great way to break the ice for the school students and to initiate a discussion on matters relating to sexuality for the young boys and girls – an issue which has not been discussed openly. People who came with their families appeared nervous and embarrassed in the beginning, but came out of the trains with smiling faces.”

Source: Nishi Kapahi, ITF New Delhi, in *Agenda 2009*, ITF annual publication on HIV/AIDS and transport.

Trade unions affiliated to the ITF have been actively involved in the whole journey of the Red Ribbon Express. In many railway stations, they set up information centres with ITF posters and other materials.

The Red Ribbon Express is undertaking the longest journey any train has ever made in India, both in terms of distance and of time.

In addition to this initiative, the National AIDS Control Organization in India is working with the Ministry of Railways to set up condom vending machines at railway stations across the country.

HIV-prevention information is provided through hoardings at railway stations and information panels in coaches and toilets, while HIV-prevention messages are displayed on CCTVs installed at railway stations.

The Ministry of Railways also grants a 50 per cent discount to passengers living with HIV/AIDS on train fares for journeys for treatment at certain antiretroviral therapy centres.



4 NEXT STEPS

Whatever your role – manager, trade unionist, station manager, train driver, conductor, doctor or nurse working in a railway medical service, porter – you can do something about HIV and AIDS in your railway enterprise.

What are the next steps?

The following checklist suggests how a programme of work on HIV and AIDS in your railway enterprise could be developed.

- Set up an HIV/AIDS committee or task force. This should be broad-based and include representatives of top management, supervisors, workers, trade unions, railway medical services, human resources departments, training departments, industrial relations units, health and safety committees and, if they agree, persons living with AIDS.
- The terms of reference (TOR) of the committee or task force need to be agreed. They can be limited to the enterprise as an employer, but they could be wider – for example, dealing with the railway community and the impact that railways can have on raising awareness of the HIV/AIDS issue with the travelling public.
- The committee or task force could review national laws and policies and what other enterprises are doing, particularly transport enterprises in their country, and what other railway enterprises have done internationally.
- The committee or task force should arrange for a survey of the impact of HIV/AIDS (and its potential impact) on the enterprise. If a method of collecting data is not already in place (such as that followed by Indian Railways explained elsewhere in this toolkit), a baseline study needs to be made among the workforce. Health and information services should be appraised, both at the workplace, in any accommodation made available to rural workers and their families, and in the railway community – people who do not work on the railways but live or work in and around railway premises.
- The next stage is to develop a policy or policies. A specific policy for dealing with HIV/AIDS in the workplace should be negotiated with the relevant social partners. Policies focused on the railway community and on awareness raising for passengers should be developed in consultation with the National AIDS control organization (the exact name varies from country to country) and NGOs working on the issue. (For further information on developing a workplace policy see above, pp. 34-35);
- The committee or task force should prepare budgets and provide guidance on the implementation of its recommended policies and actions, including

Next steps

timetables. Recommendations should be made for responsibility and lines of reporting.

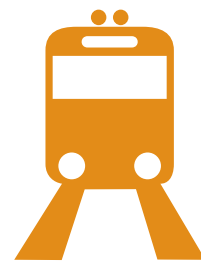
- In some situations, the task force will now have finished its job and the implementation of policies can be handed over to permanent committees or subcommittees of other structures. The exact decision will vary between different railway enterprises.
- The reports, policies, plans of the committee or task force should be widely disseminated.
- There should also be a way of monitoring the implementation and impact of the reports and policies.

Setting an example: What you can do as an individual

Don't forget that you who are reading this resource book can make a difference as an individual. In July 2000 the UN Security Council declared AIDS to be a potential national and global security threat – the first and only disease so declared. So we all need to do what we can.

- Publicly take a test and disclose your status. Not sure? Embarrassed? Watch <http://www.whitehouse.gov/blog/gettested/>
If he can do it, so can you!
- Talk to your work colleagues about HIV/AIDS.
- Talk to your family about HIV/AIDS.

Speaking out about HIV and AIDS should be a point of pride, not a source of shame or embarrassment.



Glossary

Sources: ILO, UNAIDS, UNICEF

Note: HIV terminology and statistics keep changing; up-to-date information can be found at www.unaids.org.

AIDS	Acquired Immune Deficiency Syndrome, the most severe manifestation of infection with the Human Immunodeficiency Virus (HIV). A syndrome is a cluster of medical conditions, including a number of opportunistic infections and cancers. To date there is no cure for AIDS, though antiretroviral treatment helps boost the immune system and increase resistance to the infections and cancers.
Affected persons	Persons whose lives are changed in any way by HIV/AIDS as a result of the infection and/or the broader impact of the epidemic.
Antibodies	Proteins produced by the immune system to neutralize infections or malignant cells.
Antigen	Any foreign substance, such as a virus, bacterium or protein that triggers an immune response by stimulating the production of antibodies.
Antiretroviral drugs	Substances used to kill or inhibit the multiplication of retroviruses such as HIV.
BCC	Behaviour Change Communication.
CD4+ cell	An immune system cell which plays a key role in orchestrating the way the immune system attacks foreign invaders. HIV infection leads to the destruction of these cells, leaving the immune system less able to fight infection. A normal CD4+ count in a healthy, HIV-negative adult is usually between 600 and 1,200 per cubic millimetre of blood. In an AIDS patient it is usually below 200.
CEO	Chief Executive Officer of a company or corporation (private or public).
Discrimination	Term used in accordance with the definition given in the Discrimination (Employment and Occupation) Convention, 1958 (No. 111), to include HIV status. It also includes discrimination on the basis of a worker's perceived HIV status, including discrimination on the ground of sexual orientation.
DNA	Deoxyribonucleic acid (DNA) molecules are known as the building blocks of life. They carry the genetic information necessary to create cells and to ensure that they function in the right way.
Employer	A person or organization employing workers under a written or verbal contract of employment which establishes the rights and duties of both parties, in

accordance with national law and practice. Governments, public authorities, private enterprises and individuals may be employers.

Epidemic

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

Epidemiology

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

Fusion inhibitors

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

Gender and sex

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

GIPA

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

Global Fund

The Global Fund to Fight AIDS, Tuberculosis and Malaria, established in 2001, is an independent public–private partnership.

HAART

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

HIV

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

HIV-negative

Showing no evidence of infection with HIV (e.g. absence of antibodies against HIV) in a blood or tissue test. This is also called being “seronegative”.

HIV-positive

Showing indications of infection with HIV (e.g. presence of antibodies against HIV) on a test of blood or tissue. Synonymous with “seropositive”. The test may occasionally show false positive results.

HIV incidence

Sometimes referred to as “cumulative incidence”, HIV incidence is the proportion of people who have become infected with HIV during a specified period of time.



HIV prevalence	Usually given as a percentage, HIV prevalence quantifies the proportion of individuals in a population who have HIV at a specific point in time.
IEC	Acronym for “information, education and communication”.
ILO	International Labour Organization, a United Nations agency. Web site: www.ilo.org .
Integrase inhibitors	Drugs currently under development which interfere with HIV’s integrase enzyme. Integrase plays a key role in the process where the HIV virus inserts its own genetic material into the host cell in order to use the cell to make new HIV particles.
ITF	International Transport Workers’ Federation representing workers. Web site: www.itfglobal.org .
IOE	International Organization for Employers. Web site: www.ioe-emp.org .
ITUC	International Trade Union Confederation. Web site: www.ituc-csi.org .
Karposi’s sarcoma	A type of cancer closely associated with AIDS. It usually appears as pink or purple painless spots on the skin or inside the mouth. It can also attack the eyes and occur internally.
Microbicide	An agent (e.g. a chemical or antibiotic) that destroys microbes. Research is being carried out to evaluate the use of rectal and vaginal microbicides to inhibit the transmission of sexually transmitted diseases, including HIV.
MTCT	Mother to child transmission. See also http://www.unaids.org/publications/documents/mtct/index.html .
NAC	National AIDS Council/ Coordination Committee.
NACP	National AIDS Control Programme.
NAP	National AIDS Programme.
Occupational health services (OHS)	This term is used in accordance with the description given in the Occupational Health Services Convention, 1985 (No. 161), namely health services which have an essentially preventative function and which are responsible for advising employers, as well as workers and their representatives, on the requirements for establishing and maintaining a safe and healthy working environment and work methods to facilitate optimal physical and mental health in relation to work. The OHS would also provide advice on the adaptation of work to the capabilities of workers in the light of their physical and mental health.

Opportunistic infections	Illnesses caused by various organisms, some of which usually do not cause disease in persons with healthy immune systems. Persons living with advanced HIV infection suffer opportunistic infections of the lungs, skin, brain, eyes and other organs.
Orphans	In the context of AIDS, this term refers to “children orphaned by AIDS” or “orphans and other children made vulnerable by AIDS”.
Pandemic	A disease prevalent throughout an entire country, continent, or the whole world. See Epidemic .
Persons with disabilities	This term is used in accordance with the definition given in the Vocational Rehabilitation and Employment (Disabled Persons) Convention, 1983 (No. 159), namely individuals whose prospects of securing, retaining and advancing in suitable employment are substantially reduced as a result of a duly recognized physical or mental impairment.
PMTCT	Acronym for “prevention of mother-to-child transmission”. See also http://www.unaids.org/publications/documents/mtct/index.html .
PLWHIV	People Living With HIV/AIDS.
Protease inhibitors	A class of antiretroviral drugs, designed to interfere with the action of HIV’s protease enzyme. Protease works as “chemical scissors” to cut up newly created chains of protein into smaller pieces: these are then used to build new HIV virus particles.
Reasonable accommodation	Any modification or adjustment to a job or to the workplace that is reasonably practicable and will enable a person living with HIV or AIDS to have access to or participate or advance in employment.
Retrovirus	A type of virus that, when not infecting a cell, stores its genetic information on a single-stranded RNA molecule instead of the more usual double-stranded DNA. HIV is an example of a retrovirus.
Reverse transcriptase inhibitors	Drugs which interfere with an enzyme called reverse transcriptase, which HIV needs in order to copy its genes into the host cell and reproduce itself. These are the oldest class of antiretroviral drug.
Screening	Measures – whether direct (HIV testing), indirect (assessment of risk-taking behaviour) or asking questions about tests already taken or about medication – designed to establish HIV status.
SME	Small and medium-sized enterprises.
Social dialogue	Social dialogue includes all types of negotiation, consultation and information sharing among governments, employers, and workers and their representatives. It may be a tripartite process, with government as an official party to the



dialogue, or it may consist of bipartite relations between employers and workers and their representatives. The main goal of social dialogue is to promote consensus building and cooperation between the government and social partners in the world of work in order to achieve objectives of common interest.

STD	See STI .
STI	<p>A sexually transmitted infection is an illness caused by an infectious pathogen that has a significant probability of transmission between humans by means of sexual contact, including vaginal intercourse, oral sex, and anal sex. STIs include, among others, syphilis, chancroid, chlamydia and gonorrhoea. The spectrum of STIs now includes HIV, which causes AIDS. The complexity and scope of STIs have increased dramatically since the 1980s; more than 20 organisms and syndromes are now recognized as belonging in this category.</p> <p>The term sexually transmitted disease (STD) is also used. STI has a broader range of meaning; a person may be infected, and may potentially infect others, without showing signs of disease.</p>
Testing	<p>HIV testing and counselling is pivotal to both prevention and treatment interventions. The “three Cs” continue to be the underpinning principles for the conduct of HIV testing of individuals: testing must be confidential, accompanied by counselling, and only be conducted with informed consent, meaning that it is both informed and voluntary.</p>
Tripartite	<p>The term used to describe equal participation and representation of governments and employers’ and workers’ organizations in bodies both within the ILO and at the national, sector and enterprise levels.</p>
UIC	<p>The French acronym for the International Railway Union, representing rail enterprises. The French name is Union Internationale de Chemins de Fer. Website: www.uic.org.</p>
UNAIDS	<p>Joint United Nations Programme on HIV/AIDS. The Programme brings together the efforts and resources of ten organizations of the UN system to help the world prevent new HIV infections, care for those already infected, and mitigate the impact of the epidemic.</p>
Universal Precautions	<p>These are a simple standard of infection control practice to be used to minimize the risk of exposure to HIV, e.g. the use of gloves, barrier clothing, and goggles (when anticipating splatter, masks) to prevent exposure to tissue, blood and body fluids.</p>
VCT	<p>Voluntary counselling and testing. All testing should be conducted in an institutional environment which has adopted the “three Cs”: confidentiality, informed consent, and counselling. It should include both pre-testing</p>

counselling and post-testing counselling. See also
<http://www.unaids.org/publications/documents/health/counselling/index.html>.

Viral load

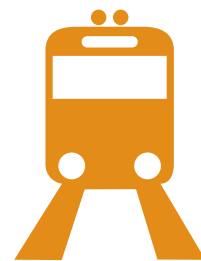
The amount of HIV in the blood, measured in the number of copies of the virus per millilitre of blood plasma.

Vulnerability

This refers to socio-economic disempowerment and a cultural context, working conditions and situations that make workers more susceptible to the risk of infection

Workers' representatives

In accordance with the Workers' Representatives Convention, 1971 (No. 135), these are persons recognized as such by national law or practice whether they are: (a) trade union representatives, namely, representatives designated or elected by trade unions or by members of such unions; or (b) elected representatives, namely, representatives who are freely elected by the workers of the undertaking in accordance with the provisions of national laws or regulations or of collective agreements and whose functions do not include activities which are recognized as the exclusive prerogative of trade unions in the country concerned.



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A guide to further information

There is an enormous amount of information available about HIV and AIDS. Appendix V of the *ILO code of practice on HIV/AIDS and the world of work* contains a useful reading list

General sources of information

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

International Union of Railways (UIC): <http://www.uic.org>

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

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

The report of the conference committee that discussed the proposed new standard on HIV and AIDS can be found at: http://www.ilo.org/wcmsp5/groups/public/---ed_norm/---relconf/documents/meetingdocument/wcms_108262.pdf

Other social partners

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

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

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

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

United Nations web sites

The web site of UNAIDS is a source of information: <http://unaids.org>

UNAIDS produces a *Best Practice* series.

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

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

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

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

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

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

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



World Bank

<http://www.worldbank.org>

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

Other web sites

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

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

KaiserNetwork is a general health site, with a large section on HIV and AIDS.

You can sign up for a daily email digest of stories about HIV and AIDS. The service is free. Stories are archived and can be searched (<http://www.kaisernetwork.org>).

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

UNAIDS issues regular reports on the epidemic which provide estimates of infection rates for each country and overviews of the pandemic. The latest is the *AIDS Epidemic Update 2008*.

UNAIDS. 2001. *The Global Strategy Framework on HIV/AIDS* (Geneva).

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Working together in the fight against HIV/AIDS

Family Health International. 2002. *Workplace HIV/AIDS Programs: An Action Guide for Managers* (Chapel Hill). Also available to download from their web site.

International Organisation of Employers (IOE). 2002. *Employers' Handbook on HIV/AIDS* (Geneva).

The gender dimensions of HIV/AIDS in the world of work

Global Coalition on Women and AIDS. 2006. *Keeping the promise: An agenda for action on women and AIDS* (Geneva). Available at <http://womenandaids.unaids.org/>

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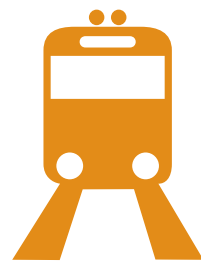
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Using the *ILO Code of Practice on HIV/AIDS and the world of work*



Guidelines for the transport sector

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Note to users

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

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

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

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

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

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

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

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

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

The impact of HIV and AIDS

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

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

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

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

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

Transport workers

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

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

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

Transport enterprises

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

The economy

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

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

What are the risks for transport workers?

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

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

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

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

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

► The UN estimates that 22% of seafarers in the Mekong subregion may be infected with HIV³.

► Although the level of HIV prevalence across the industry's 55,000 drivers has not been established, a 2001 study by the South African Medical Research Council found that 56 per cent of long-distance truck drivers in the KwaZulu/Natal Midlands region were HIV-positive. At one truck stop in Newcastle, 95 per cent of those tested were found to have HIV⁴.

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

Transport corridors, nodes and hubs

Transport can connect areas of high and low HIV prevalence. Busy transport routes, nodal points and border crossings have long been associated with factors of transmission and higher than average prevalence. It is not only transport workers themselves who are at risk, but also those who provide services along the transport corridors. While high rates of HIV infection have been found among commercial sex workers operating in these areas, many other people interact with the transport workers and may have sexual relations with them. Many truck drivers have "road wives" and some rail workers have "rail wives" with whom they stay when travelling certain routes. In the airline industry, pilots and crews may have similar arrangements in different countries.

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

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

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

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

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

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

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

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

Transport-related construction

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

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

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

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

The dangers of stigmatization

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

5. World Bank Findings: November 26, 2003.

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

7. World Bank Findings: November 26, 2003.

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

II. Taking action in the transport sector

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

The legal and policy framework: an integrated strategy

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

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

International instruments and guidelines

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

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

Regional integration in Africa

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

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

The **Common Market for Eastern and Southern Africa (COMESA)** was formed in 1994 to create an economic and trading unit and reduce barriers to trade. It has 20 member States, with nine of them SADC members. COMESA promotes trade in part by working to improve transport administration to ease the movement of goods, services, and people between the member countries and to promote a computerized customs network across the region.

The African Union's predecessor, the Organization of African Unity, set up **NEPAD (the New Partnership for Africa's Development)** in 2001. NEPAD's goal is to promote sustainable development in Africa by ensuring peace and security, democracy and good political, economic and corporate governance, regional cooperation and integration, and high institutional capacity in governments and other social partners. Its strategic plan includes: reducing delays in cross-border movement of people, goods, and services; reducing waiting times in ports; promoting economic activity and cross-border trade through improved land transport linkages; and increasing air passenger and freight linkages across Africa's subregions.

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

The **Cross-Border Initiative in Eastern and Southern Africa (CBI)** establishes a common policy framework for the 14 participating countries, with the support of four co-sponsors: the International Monetary Fund, the World Bank, the European Union, and the African Development Bank. The policy framework aims to facilitate cross-border economic activity by eliminating barriers to the flow of goods, services, labour, and capital, and to help integrate markets through appropriate macroeconomic policies¹.

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

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

A workplace issue

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

Non-discrimination

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

Gender equality

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

Healthy work environment

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

Social dialogue

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

No screening for purposes of employment

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

Confidentiality

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

Continuing the employment relationship

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

Prevention

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

Care and support

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

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

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

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

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

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

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

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

National and subregional policies

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

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

Action at the workplace and in the community

Where is the workplace?

Workplace action can take place in very different settings.

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

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

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

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

Case study

Teddy Exports, India

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

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

Creating trust: employer/worker collaboration

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

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

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

Collaborating on HIV policy

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

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

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

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

Protecting human rights

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

Non-discrimination

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

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

Improving working conditions

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

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

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

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

Prevention through information and education

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

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

Voluntary counselling and testing

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

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

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

Care and support

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

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

Why take the test?

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

But you can still pass on the virus.

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

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

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

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

I took the test!

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

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

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

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

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

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

Trucking Against AIDS, South Africa

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

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

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

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

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

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

Some 1.3 million condoms have been distributed.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- ▶ prevention of HIV/AIDS
- ▶ management and mitigation of the impact of HIV/AIDS on the world of work
- ▶ care and support of workers infected and affected by HIV/AIDS
- ▶ elimination of stigma and discrimination on the basis of HIV status.

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

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

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

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

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

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

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

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

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

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

Annex 1

Further sources of information

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

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

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

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

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

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

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

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

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

Annex 2

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

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

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

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

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

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

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

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

The policy

I. General statement

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

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

II. Policy framework and general principles

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

III. Specific provisions

The policy should include clauses on the following areas:

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

IV. Implementation and monitoring

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

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

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

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

Annex 3

Summary of recommendations from a report for the ILO/SIDA Project on HIV/AIDS Prevention in the Transport Sector of Southern African Countries: *HIV/AIDS in the transport sector of Southern African countries: A rapid assessment of cross-border regulations and formalities*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Annex 4

International Transport Workers' Federation (ITF) policy on HIV/AIDS

*40th Congress, Vancouver, 14-21 August 2002
Resolution No. 17: AIDS*

The 40th ITF Congress, meeting in Vancouver from 14 to 21 August 2002:

1. ACKNOWLEDGING the significant role the ITF is playing in combating the HIV/AIDS scourge.

2. AWARE that the HIV/AIDS pandemic affects our workplaces within the transport sector in many ways.

3. REALISING that transport workers especially the mobile workers are particularly vulnerable to the HIV/AIDS scourge due to nature and conditions of their work.

4. NOTING that women are particularly vulnerable to HIV/AIDS infection due to economic and social inequalities, the accepted traditional gender roles and their inherent subordinate position to men in the world of work.

5. NOTING that the workers spend more time at their workplaces than in their homes/houses.

6. NOTING the poor state of the health facilities available to transport workers, especially the mobile groups, while at work.

7. REALISING that the rapid spread of HIV/AIDS in the transport industry can be slowed down by sustained sensitisation programmes involving information and education coupled with advocacy for the elimination of the social economic conditions that put the working population at risk of HIV infection.

8. AWARE that proper use of antiretroviral drugs can and indeed has helped to prolong lives of people living with HIV/AIDS.

9. NOTING however that in the developing world, the cost of the antiretroviral drugs is still prohibitive and access to the drugs is difficult.

10. CONCERNED about the non-existence of effective policies on HIV/AIDS in most work places.

11. RESOLVES that:

a) All ITF affiliates, especially their leaderships, demonstrate their resolve to fight HIV/AIDS through supporting education and research programmes and availing themselves of all information that may assist ITF in its endeavours to fight the pandemic.

b) All ITF affiliates work hand in hand with employers and governments to put in place appropriate policies on HIV/AIDS at the workplace so as to prevent the spread of the infection and protect infected workers or those who are perceived to be living with HIV/AIDS from discrimination.

c) The ITF should urge and assist all its affiliates to intensify information, education and communication on HIV/AIDS preventive measures.

d) The ITF should spearhead the formulation of, and encourage its affiliated unions to negotiate, effective workplace policies based on the ILO Code of Practice on HIV/AIDS and the World of Work, aimed at prevention, care and support and a healthy work environment. Confidentiality, non-discrimination and the principle of no screening for employment purposes need to be included in these workplace policies.

e) The ITF should encourage employers to strengthen and maintain health facilities in their organisations by putting more resources into them and putting up clinics/hospitals where none exist.

f) The ITF should call upon all manufacturers and governments worldwide to avail and make antiretroviral drugs more affordable.

g) The ITF should call upon governments and employers to accept the underlying work related causes – such as sustained periods away from home – that render transport workers more vulnerable to HIV infection, and address these issues.

h) The ITF should call upon governments to educate people so that they are aware of how to protect themselves and others from HIV infection, particularly being mindful of the fact that it is easier for a man to pass the infection to a woman than a woman to a man.

i) The ITF should make the strongest representations to governments to:

(1) Make sure that women are educated to a standard that enables them to secure well-paid job so that they do not have to rely on an infected male partner for their livelihood.

(2) Make sure that the access to these jobs is not barred by patriarchal male attitudes.

Annex 5

Employers' organizations in the transport sector

Road transport

International Road Transport Union (IRU)

3, rue de Varembe
PO Box 44
1211 Geneva 20
Switzerland
Tel: +41 22 918 27 00
Fax: +41 22 918 27 41

IRU Commission on Social Affairs

IRU Permanent Delegation to the EU
32-34, avenue de Tervuren
Bte 37
B-1040 Brussels
Belgium
Tel: +32 2 743 25 88
Fax: +32 2 743 25 99

Air transport

International Air Transport Association (IATA)

Head Office:
800, place Victoria
PO Box 113
Montreal H4Z 1M1
Quebec, Canada
Tel: +1 514 874 0202
Fax: +1 514 874 9632
Website: <http://www.iata.org/index.htm>

IATA Executive Offices, Geneva:

33, route de l'Aéroport
PO Box 416
Geneva - 15 Airport
Switzerland
Tel: +41 22 770 2525
Fax: +41 22 798 3553

Airports Council International

PO Box 16
1215 Geneva 15 - Airport
Switzerland
Tel: +41 22 717 8585
Fax: +41 22 717 8888
Website: <http://www.airports.org>

See too:

Civil Air Navigation Services Organization: <http://www.canso.org/canso/web>

European Low Fare Airlines Association: <http://www.elfaa.com>

Ports

International Association of Ports and Harbors

Head Office

7th fl., South Tower, New Pier Takeshiba

1-16-1 Kaigan, Minato-ku

Tokyo 105-0022

Japan

Tel: +81 3 5403 2770

Fax: +81 3 5403 7651

Website: <http://www.iaphworldports.org>

See too:

The Port Management Association of Eastern and Southern Africa: <http://www.pmaesa.org>

Federation of European Private Port Operators: <http://www.feport.be>

European Sea Ports Organisation: <http://www.espo.be>

Maritime transport

International Shipping Federation

International Chamber of Shipping

Carthusian Street 12

London EC1M 6EZ

United Kingdom

Tel: + 44 20 7417 8844

Fax: + 44 20 7417 8877

Website: <http://www.marisec.org/>

International Council of Cruise Lines

Wilson Boulevard 2111, 8th Floor

Arlington, Virginia 22201

United States of America

Website: <http://www.iccl.org>

See too:

International Ship Managers' Association: <http://www.isma-london.org>

European Community Shipowners' Associations: <http://www.ecsa.be>

Asociación Latinoamericana de Armadores (Latin American Shipowners' Association):

Blanco 869, Piso 3ero

Valparaiso

Chile

Tel: +56-32-212057/58

Fax: +56-32-212017

E-mail: ARMADORE@entelchile.net

Railways

Union internationale des chemins de fer (International Union of Railways)

16, rue Jean Rey

75015 Paris

France

Tel: +33 (0) 1 44 49 22 30

Fax: +33 (0) 1 44 49 22 39

Website: <http://www.uic.asso.fr>

Annex 6

Examples of HIV/AIDS projects with a transport-related component

Project	Countries/ regions	Links
Social marketing & communications for health, PSI (Population Services International)	Myanmar borders with Bangladesh, China, India, Lao People's Democratic Republic, Thailand	http://www.psi.org/where_we_work/myanmar.html
UNDP South-East Asia and HIV Development Programme (includes migration and other forms of mobility)	South-East Asia	http://www.hiv-development.org/projects/sea_projects.asp
Creative Partnerships for the Future, Thailand Business Coalition on AIDS	Thailand	http://www.unescap.org/tctd/pubs/files/hiv2001.pdf http://www.hiv-development.org/text/publications/reduction_transport_sector.pdf
The National Highway One Project, World Vision International	Viet Nam	http://www.globaleducation.edna.edu.au/globaled/page433.html http://www.unescap.org/tctd/pubs/hiv01_1_1.htm
Prevention of STD/HIV/AIDS along the highway in Tamil Nadu (PATH)	India	http://www.unescap.org/tctd/pubs/hiv01_2_12.htm http://www.gramalaya.org/aidsprevention.html
Free Tea Parlours	India	http://www.iaen.org/files.cgi/7021_rao.pdf

Project	Countries/ regions	Links
Trucking Against AIDS, Road Freight Association and the National Bargaining Council	South Africa	http://www.transport.gov.za http://www.unescap.org/tctd/pubs/hiv01_5_1.htm
HIV/AIDS prevention in the transport sectors of eight Southern African countries, ILO	Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zimbabwe	http://www.transport.gov.za http://www.ilo.org/public/english/protection/trav/aids/projects/sweden.htm http://www.ilo.org/public/english/protection/trav/aids/publ/tech_coop/part4tech_cooperation.pdf
Corridors of Hope, USAID	Southern Africa, Durban/Lusaka Highway	http://www.usaid.gov/zm/hiv/hiv.htm
SADC transport sector HIV/AIDS prevention and mitigation initiative World Vision with EU funding	SADC member countries	http://www.wvi.org
International Transport Workers' Federation HIV/AIDS project	Eastern and Southern Africa (coordinated in Uganda)	http://www.itf.org.uk
HIV/AIDS prevention in the road transport sector in Southern Africa GTZ and European Union	Southern Africa	http://www.gtz.de/aids/english/praktiken.html

ILOAIDS

International Labour Office

4, route des Morillons

CH-1211 Geneva 22

Switzerland.

E-mail: iloaids@ilo.org

Website: www.ilo.org/aids

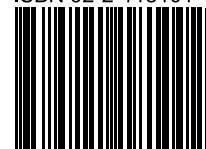


Joint United Nations Programme on HIV/AIDS

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UNHCR • UNICEF • WFP • UNDP • UNFPA
UNODC • ILO • UNESCO • WHO • WORLD BANK

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