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IOM-UNAIDS Reports on Mobile Populations and HIV/AIDS

HIV and Mobile Workers

A REVIEW of RISKS and PROGRAMMES among TRUCKERS in WEST AFRICA

IOM International Organization for Migration

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ISSN 1728-0788

Copublished by the International Organization for Migration and the Joint United Nations Programme on HIV/AIDS.
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Cover illustration: Vanessa Cuisinier

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02_05

HIV and Mobile Workers: A Review of Risks and Programmes among Truckers in West Africa

September 2005

IOM International Organization for Migration

Joint United Nations Programme on HIV/AIDS

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ACKNOWLEDGEMENTS

This paper was written by Eleonore Caraël. Supervision by Aurorita Mendoza and Mary Haour-Knipe.We would especially like to thank the following people for their comments and assistance: Pierre M'Pélé, Sahko Mamadou Lamine, Didier Blibolo, Danielle Grondin, Elizabeth Collett, Leul Ayalew. Special thanks to Lindsay Knight for editing.

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INTRODUCTION

The association between migration, mobility, and infection with the human immunodeficiency virus (HIV) has been documented almost since the beginning of the epidemic of acquired immunodeficiency syndrome (AIDS).[1] Early studies suggested that rates of HIV infection amongst people who had moved within or between countries were higher than amongst those who did not travel.[2,3] Indeed, in one of the earliest studies to examine the link between HIV and mobility, Carswell and colleagues reported in 1989 that HIV prevalence amongst people who were mobile for professional reasons, lorry drivers, was particularly high in a truck stop in Uganda, and that the same was true for the sex workers who serviced the drivers.[4]

Migrant and mobile workers in general often encounter individual and social factors that increase their vulnerability to sexually transmitted infections (STIs), including HIV. In addition, such workers often have inadequate access to health education, thus may lack basic information about HIV and AIDS. Assessments have regularly highlighted the need for provision of information and services among migrant and mobile workers in Asia,[5,6,7] the United States and Central America[8,9] and in Africa.[10,11]

This report addresses HIV risk and programmes for one particular category of mobile worker: truck drivers. Truck drivers are not migrants: the word "migrant" designates a person who, voluntarily and for personal reasons, moves from his or her place of origin to a particular destination with the intention of establishing residence. Nor are truck drivers forced to move, as are refugees or internally displaced persons. They do not change their place of permanent residence. But truck drivers do undertake regular travel for professional reasons, in common with other mobile workers such as seafarers, members of armed forces, airline personnel and traders or business people.

Truckers have been the objects of a great deal of attention as far as HIV is concerned. One reason is simply that there are so many of them: in India for example, it is estimated that 2 to 5 million people are long-distance truck drivers and helpers.[12] Another reason for attention in relation to HIV is that truckers move between regions with different rates of HIV, and have multiple interactions with foreign and local populations as they travel. In ways that will be described in more detail in this review, some of their living and working conditions put truckers at risk of contracting and of transmitting the virus: they are of an age to be sexually active; they are usually men, often living and working in a macho culture and separated from regular partners for extended periods of time; they are subject to stress; they usually carry significant sums of cash to meet their travel needs; they are attractive custom-

ers to the sex industry that tends to be active in so-called "hot spots" where trucks stop; and they often have inadequate access to health services, including to treatment for sexually transmitted infections.

Objectives, methods and plan

The report aims to identify the policy and programmatic needs of truck drivers, through a review of literature and of projects that have addressed their vulnerability to STIs including HIV.

The review focuses mainly on West Africa because of the strong links increasingly being shown between population mobility and HIV in this region, and since the situation of truckers in West Africa has been less well documented than that of their colleagues in East and South Africa. The situation of truck drivers in South Asia is described at intervals in the report in order to highlight similarities when the profession is the same, but the region is different. The review does not cover the numerous studies and projects for truckers elsewhere in the world, such as in southern, central and eastern Africa or in Latin America.

Similarly, although many of the underlying risk factors concerning STIs might be similar for other categories of workers who are mobile for professional reasons, such as maritime workers, the report covers only programmes for truckers.

Part 1 of the report focuses on the reasons for truckers' vulnerability to STIs/HIV, on their socio-economic environment, sexual behaviour and knowledge of STIs, HIV and AIDS. Part 2 provides examples of interventions aimed at promoting behaviour change among truckers, including regional initiatives, cross borders interventions, community-based activities, prevention at the workplace and management of STIs and HIV along highways. Part 3 provides recommendations for data collection and for programme strategies.

Data searches were conducted from January to July 2002 by a review of epidemiological studies, behavioural surveys, annual reports from international agencies and implementing agencies. Numerous websites related to HIV, mobile workers and transport were consulted (see Annex 2). Additional information on truckers was collected through meetings with non-government organizations (NGOs), academic institutions and United Nations (UN) agencies in West Africa during a short field mission in March 2002; basic surveys and field reports were obtained when available. Finally, the 30-odd abstracts on mobile workers presented at the XV International AIDS Conference (Barcelona, July 2002) were reviewed.

1. STI/HIV RISK FACTORS AMONG TRUCKERS IN WEST AFRICA

HIV prevalence and demographic characteristics of truckers in West Africa

HIV prevalence among truckers are not uniformly available for all West African countries. Table 1 presents information from the published studies as of the year 2002. The data was mainly recorded at the beginning of the 1990s and should be examined with caution since different methodologies were used in the studies listed.

The epidemiological data available shows HIV prevalence among truckers ranging from 3 per cent to 32 per cent. When prevalence among other groups are specified, comparisons show that truckers have higher infection rates than the general population and pregnant women, but lower rates than TB patients and sex workers.

A number of factors are reported to contribute to truckers' vulnerability to STIs/HIV, including their demographic profile, sexual behaviour, working conditions, socio-economic environment, and level of awareness regarding HIV and AIDS.

The studies reviewed reported that truck drivers were mostly foreign, of urban origin, and young. Most are at an age when they are most sexually active. The West Africa studies reviewed found the age range of truck drivers to be between 15 and 48 years, with most truckers aged 30 years old and above, followed by the age range of 20-24 and 25-29 years. A majority of truck drivers are reported to be foreign workers although this is not always the case. In a behavioural surveillance study carried out in Côte d'Ivoire, 36 per cent of truckers were Malian, 35 per cent Ivorian and 23 per cent Burkinabe.[13] In Rwanda in 2000, 40 per cent of the truck drivers were Tanzanian and 26 per cent Rwandeese.[14] By contrast, in a similar study conducted in Benin, 79 per cent of the respondents were from Benin.[15] Data concerning marital status does not give consistent findings: in some samples single men predominate, whereas in others the number of married men is higher.

By the nature of their work, truckers spend extended periods of time away from their regular partners. Information on the duration of truckers' journeys varied between countries. In Cote d'Ivoire, drivers may spend between one and four weeks away from home each month,[16] while in Nigeria, they reported returning home every week or two.[17]

TABLE 1

REPORTED HIV PREVALENCE AMONG TRUCKERS IN SEVERAL COUNTRIES OF WEST AFRICA

No	Country	Period of the Survey	Sample Size	Reported HIV Prevalence	
				Truckers	Other Population Groups
1.	Burkina Faso	1994	-	16%	-
2.		1994-95	N=236	18.6%	Pregnant women: 8% Sex workers: 58.2%
3.		1995	-	13.1%	Pregnant women: 8.5% TB patients: 29%
4.	Cameroon	1994	-	15.2%	General population: 5.5%
5.		1996	N=131	15.2%	-
6.	Mali	1994	-	8%	-
7.		1994	-	8.9%	-
8.		1997	N=302	8.9%	-
9.		2001	-	3.5%	-
10.	Niger	1993	-	3.4%	-
11.		1993	-	6.9%	General population: 1% Pregnant women: 1.3%
12.	Togo	1992	N=120	32.5%	Sex workers: 78.9%
13.	Guinea	2001	-	7.3%	Sex workers: 42% TB patients: 16.1%

Sources: See Annex 1.

Sexual relationships en route

Not surprisingly, many truckers have multiple relationships with women – often, but not always, sex workers – en route. Sex workers are readily available at the truck stops along the main highways where truckers stop to eat and rest. Such truck stops are centres for trading markets, bars and lodges, populated by the truckers themselves, but also by migrant workers and others passing through, and by members of local communities gathered to sell services.

However, commercial sex is only one part of a driver's sexual network.The studies reviewed reported that it is common for truckers to have other partners in the areas through which they drive. In Cote d'Ivoire for example, almost 40 per cent of truckers have had sex with an occasional partner whereas only 16 per cent had sex with sex workers.[18] Stopover towns often contain a high proportion of young women and men from surrounding rural areas, attracted by the economic opportunities in such towns. Young girls and female itinerant traders may exchange sex with truckers for free transportation, negotiating in advance or offering sexual services at their destination.[19] Some may establish long-term relationships with truckers. In Nigeria, for example, truckers' girlfriends are found to represent an essential component of their social network at regular truck stops.[20] In addition, qualitative studies from several countries depict a milieu of sexual bravado where drivers gain prestige from having many sexual partners and where monogamous drivers are ridiculed.[21]

Truckers also stop at border crossings and checkpoints to unload merchandise, repair vehicles, make up special convoys, and go through tax and examination procedures. Slow administrative procedures often cause delays and long stopovers that then provide opportunities for multiple sexual relationships.

Moreover, the more truckers have to wait, the more they pay for their subsistence.[25] Lack of accommodation is a serious concern in several areas: depending on the facilities available and on their salary, drivers may sleep in the garage of terminals, in rented rooms, in their trucks or in the open air. In some cases, drivers report that sex workers are their only source of accommodation: some argue that it is cheaper to hire a sex worker for a night than to rent a hotel room.[26]

It is not only geographical factors such as a border crossing that may increase the truckers' vulnerability to STIs/HIV but also those such as road barriers or broken-down bridges. These unexpected stopovers oblige drivers to spend one or more nights in given localities where local populations often perceive them as good consumers. Young girls who appreciate the imported goods that truckers carry, and know that truckers often have ready cash, may reciprocate in kind for gifts received.[27]

BOX 1

EXAMPLES OF STOPOVER SITES IN WEST AFRICA

In Burkina Faso, the city of Koupéla (a) is located on the Niamey-Ouagadougou-Abidjan road axis. It receives migrants from localities in Burkina Faso, Niger, and Mali, and is a major stopover for migrants on their way to Côte d'Ivoire, Benin and Togo. The Gaoua (b) border district, located in the south-west of Burkina Faso, is a well-known source of migrant workers for the coastal plantations in Côte d'Ivoire and the gold fields in the Ashanti region of Ghana.[22]

In Côte d'Ivoire, Ferkéssédougou (c) lies at the junction of international road and railway axes towards Abidjan, and is a centre for migrants coming from neighbouring countries such as Burkina Faso, Mali, Togo, Benin, and Niger. Ferkéssédougou has a sugar factory that attracts seasonal labourers working in the agro-industrial sector. The city of San Pedro (d) is used as a stopover for truck drivers coming from Mali and Guinea. Other transit areas for truck drivers are Bouaké (e) (64% of the truck drivers passing through stopped in this area), Yamoussoukro (14%), and Tiassale (6%).[23]

In Ghana, Elubo (f) and Aflao (g) are two important cross border posts, serving as transit centres for migrants and also centres of business. A large number of sex workers operate in these localities. One city especially is known for its several brothels.[24]

In Niger, the city of Gaya (h) is a cosmopolitan urban centre sharing borders with Nigeria and Benin. The city is connected by road with axes towards Benin, Togo, Côte d'Ivoire, and Nigeria.

In Senegal, the city of Kaolack (i) is a transit point towards Gambia and Guinea-Bissau. Many traders and farmers come for trade, leaving their spouses in the villages. Sex workers are available for the seasonal workers and truck drivers.

In Mali, the region of Sikasso (j) is a major section of the Bamako-Abidjan road axis. Sikasso serves as a centre of commercial activities, attracting major flows of population from all regions of the country. Before conflict broke out in the region, the city served as a stopover point for migrants from Mali, Mauritania, and Senegal going towards Côte d'Ivoire.

Similarly, sex workers report that truck drivers are good clients because they carry money and are often exhausted and undemanding.

> *"With a trucker, or a trader I am sure to be paid well that evening "*, says a sex worker in Batoui (Cameroon).

Awareness of HIV and AIDS

The great majority of the truckers in the studies reviewed had heard about HIV and AIDS, and could describe at least one correct method of HIV prevention. Their information came mainly through the radios with which their trucks are often equipped, and also through television and friends or colleagues. However, misconceptions about HIV transmission continue to prevail. For example, truck drivers, and sex workers in Benin believed that mosquito bites, use of public latrines or contacts with people with AIDS will transmit the virus.[28]

BOX 2

FOCUS GROUP WITH TRUCKERS IN "ABUJA", A "MIGRANTS' AREA" IN ACCRA

The truckers we interviewed told us that their work is hard: "sometimes we work 24 hours and then, in addition, we have to wash the trucks". The truck drivers often have to wait for goods at their destination, where they may not have friends with whom they can stay. Some rent their trucks, and others own them. After work, they said, they are very tired – their bodies "ache all over". Some are able to rent hotel rooms, but not all truck drivers can do so, because of lack of money. Some sleep in the mosque but most usually sleep outside their trucks "with a lot of mosquitoes". They told us they get malaria as a result.

Many of the drivers said they have children but do not know precisely when they will see their family. "Our spouses also suffer because of this". They told us they would like to spend more time with their wives but that they are dependent on the delivery of goods. Sometimes they have to wait for up to two weeks. The truckers said they do believe that AIDS exists, and that they have known about it for a long time. However, they said that their wives are just learning about HIV and AIDS. One driver commented: "AIDS is a new disease, which is invisible like no other disease before". Another driver told us that he had seen "a man who got the disease. He was slim, slim, slim". "It is a disease of womanizers, or of a woman who is chasing too much. Suddenly they die". Some of the drivers carry condoms in their trucks. One said: "If you know that you are a womanizer, you have to wear your condom". And he added: "employers don't care about us. So they didn't tell us about AIDS."

Source: Nankoe, A., Caraël, E., Field mission in West Africa, internal report, March 2002.

Truckers' harsh work conditions – injuries, robbery, attacks, destruction of their vehicles, stress, malaria and respiratory infections clearly contribute to their low perception of the seriousness of HIV infection.[29] In relation to the many other hazards they face they may consider that HIV is less immediate, or more of a danger to other people. Their immediate needs take precedence over the possible long-term consequences of unprotected sex.[30]

Condom use

Despite their knowledge of HIV, condom use among truckers is inconsistent; it depends on beliefs and types of partners. Reasons given for not using a condom include lack of time, lack of availability, disagreements with partners who dislike condoms, or decrease of pleasure. Studies show that a number of socio-cultural representations are obstacles to using condoms. For example, the action research carried out in the city of Gaya in Niger found that despite the fact that inexpensive condoms were widely accessible, there is a moral condemnation of condom use: people who ask for condoms are thereby demonstrating that they are engaging in illicit sexual activity.

Condom use among truckers is especially low with their regular/stable partners. In Burkina Faso, condom use was 65 per cent with occasional partners and 49 per cent with regular partners.[31] In Benin, 45 per cent of respondents used condoms with occasional partners, 43 per cent with sex workers, and only 5 per cent with spouses.[32] The same trend is observed among the sex workers with their boyfriends[33] or their regular clients. They tend to make a distinction between regular clients, who do not have to wear condoms, and unknown clients who are requested to wear condoms.[34]

This trend is not specific to truckers: behavioural research around the world has shown that condoms are often perceived as incompatible with a close relationship.[35] Promotion of female condoms is beginning to be explored in the subregion, to assist women in gaining power over their sexual lives.

Sexual health

Many truck drivers report having experienced episodes of sexually transmitted infections, and truckers are aware of STI symptoms. In Nigeria, 40 per cent of drivers reported having been treated for gonorrhoea and syphilis, as were 77 per cent of their sexual partners.[36] In 1994-95, one study in Burkina Faso found 2.5 per cent of preg-

nant women, 9.3 per cent of truckers, and 15 per cent of sex workers to be infected by syphilis.[37] As for treatment, it is common for truckers to treat themselves with traditional medicinal herbs or pills bought in markets en route. The studies reviewed report that truck drivers have difficulties with more formal medical facilities: their mobility is a barrier to attending clinic appointments and regular follow-up visits. For the same reasons they may also be ignorant of sexual health services available at their destination.[38] In some cases, they argue that the cost of treatment in formal health centres is higher than the costs of local practitioners.[39]

BOX 3

SOUTH ASIA: DIFFERENT SETTINGS – SAME SCENARIOS

In South Asia, international highways ease mobility, and traffic flows uninterruptedly between cities. At one point on the India-Nepal border, for example, an average of 2,000 trucks pass through each day.[40] Transportation routes and cross-border areas are depicted as risky environments, where rates of alcohol consumption, drug use, and commercial sex are found to be higher than elsewhere.

As in West Africa, truckers have to put up with extended waiting times at checkpoints. Waiting times may be used for drinking and for patronizing beer houses, saunas, or brothels.[41]

Truckers often pick women up along the roads, travel for a while, and then leave them at some other roadside "hot spot". Although sexual relations outside of marriage are not acceptable to the norms of most Asian societies, in practice it is tolerated for men to purchase commercial sex. In some instances, the purchase of commercial sex may be actively encouraged as a "manly thing to do".[42]

Peer pressure also plays a role in encouraging the practice of having several partners, for example when new drivers are introduced to sex workers as part of their introduction to the work.[43] Tough working conditions – including road accidents – lead some truckers to perceive themselves as invincible; they argue that they are "too strong to contract any kind of disease, including AIDS".[44] There is a low sense of vulnerability to AIDS despite contacts with commercial sex workers.[45] As in West Africa, AIDS is a distant threat compared to the immediate risks of daily life.

The prevalence of STIs among Asian truckers is also reported to be high. In China, cross-sectional surveys suggested that prevalence among truckers were higher than those observed in the general population.[46] Findings from one study carried out in Bangladesh found that about 7 per cent of truck drivers and helpers were positive for syphilis.[47] And, as in West Africa, a significant proportion of those infected do not seek treatment, even self-treatment. Truck drivers sometimes see public health settings as "AIDS clinics", and think that if they were seen entering such a facility other truckers would suspect that they had contracted the disease.[48] Fear of stigma and negative attitudes from health care workers are reported to be strong barriers to visiting medical centres, and partly explain why truckers used traditional remedies.

BOX 3 (cont.)

SOUTH ASIA: DIFFERENT SETTINGS – SAME SCENARIOS

The use of condoms among truckers is still very low in some countries in the region. In a survey from Pakistan published in 2001 truckers were unaware that condoms could prevent HIV transmission. Only 6 per cent reported using a condom during their last sexual encounter with a sex worker; 5 per cent used one with a man and 8 per cent with their wives. This is lower than the national urban levels of condom use in Pakistan. Condoms are mainly perceived as a contraceptive method.[49] In a survey among 100 truck drivers in Philippines, more than 50 per cent of truckers and their helpers reported having had sex with occasional partners and only 25 per cent of these used condoms.[50] By contrast, condom use was higher in Viet Nam where 55 per cent to 85 per cent of truckers reported always using a condom.[51] In Hong Kong as well, 90 per cent of the drivers interviewed reported using condoms with sex workers.[52]

Truck drivers in Asia share many characteristics in common with West African truckers: they are separated from regular partners for long periods of time, they rest regularly in transit points along the routes where they mix with populations liable to be at high risk, and they often have an inadequate access to health services. The literature review found two main differences between the regions, however. Drug use is more often reported among truckers in Asia than in West Africa: marijuana, cocaine and cough syrup are reportedly not only taken as recreational drugs, but also to help drivers stay awake while travelling.[53] Reports on truckers' sexual networks also appear to be different. In West Africa, truck drivers reported only heterosexual intercourse, whilst in several countries in South Asia truckers also reported sexual relationships with male cleaners and helpers[54] or with male sex workers.[55]

2. EXAMPLES OF STIs/HIV PREVENTION PROGRAMMES FOR TRUCKERS

Providing information, promoting condoms, providing VCT and treating STIs

HIV prevention programmes among truckers have used a wide range of information, education and communication (IEC) activities and materials. Cassettes with songs in local languages are used in West Africa to encourage drivers, migrant workers, and sex workers to change their attitudes regarding STIs, including HIV. Radio has been found to be especially useful since many truckers practically live in their vehicles and listen to the radio to counter the monotony of long journeys. Radio sketches, music, spots and educational cassettes on STIs, HIV and AIDS have been produced by international organizations,[56] and then distributed to radio stations, itinerant traders and NGOs for use in peer education activities.

Oral and visual materials are the most popular modes of IEC communication. Community theatres are located at stopover points in Nigeria to disseminate HIV education among truckers and also to provide them with alternative forms of recreation to sex.[57] Mobile video units are used along the highways throughout West and Central Africa to ensure the diffusion of the message *Roulez Protégé*.[58] Other tools such as billboards, posters, banners, and stickers are also used to appeal to transport workers. As for written material, small brochures that can be slipped into a pocket may be particularly effective.

In both West Africa and South Asia, HIV prevention programmes have worked in collaboration with the transport sector. In South Asia, partnerships have been formed between agencies and transport companies in the aim of ensuring representation of the transport sector in the National AIDS Committee, and that strategic plans, national HIV/AIDS policies, and targeted interventions are developed with the needs of transport workers in mind. In West African countries such as Cote d'Ivoire, national projects have been initiated by Ministries of Transport to address HIV and AIDS issues in the transport workplace.

Some truckers are rarely in contact with their employers and do not often stay in company terminals, thus some programmes target transport workers at delivery points. Such places as harbours are important meeting points for drivers unloading goods and waiting for inspection and tax procedures. In the Port of Dakar, for example, an HIV prevention project targeting seafarers, dockworkers, truck drivers, and local commu-

nities has been running since 1997. It includes a care service with doctors, nurses, and social workers. Sensitization of workers and families has been undertaken through group sessions, one-to-one discussions, and distribution of condoms.[59]

In West Africa, transport companies have complained that lack of funding may limit the sustainability of HIV interventions. HIV prevention activities for transport workers are not yet well integrated into countries' National AIDS plans, nor are they usually connected to international organizations or NGOs active in the field of HIV. Evaluation reports point out that when transport unions are included in their design and implementation, broad programmes are more effective in meeting truck drivers' specific needs and interests. For example, since 1997, in Burkina Faso, *l'Union des Routiers Burkinabé de lutte contre le SIDA* has been a key player in HIV awareness campaign among mobile workers. The union developed its own information material, organized regular monthly meetings, video shows, and talks on HIV and AIDS.[60] It also carried out assessments of migration in the target areas (stations and border posts) and baseline studies on migrant workers.[61]

Through peer education, truck drivers and sex workers have often been used as "bridge populations" in disseminating HIV education among other mobile workers. Less common, but also important, is the approach of involving truckers' wives as important partners in ensuring the sustainability of such education. In India, the Bhoruka AIDS Prevention project seeks to improve women's ability to talk about sexuality and to negotiate safer sex with truckers. One objective is to provide skills to truckers' spouses through training sessions and to train peer educators. The project operates in two villages. Groups of women were trained in twice monthly sessions to discuss sex, sexuality, STIs, HIV and AIDS. At the end of each training session, the truckers' wives were given a question or an issue to discuss with their husbands. Continuous follow up was carried out by social workers. The most receptive women in the group were chosen as peer educators to ensure the sustainability of the project.

BOX 4

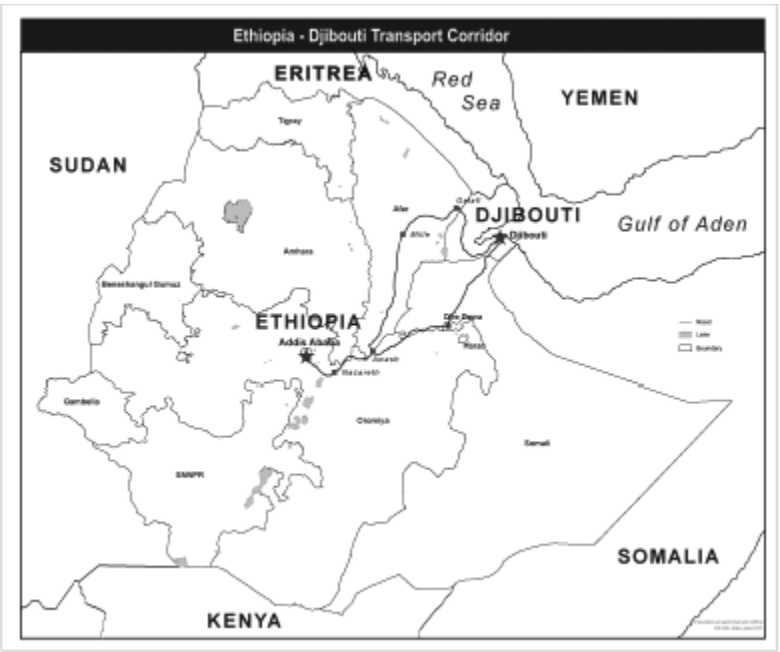
EXAMPLES OF HIV PREVENTION PROGRAMMES FOR TRUCKERS IN ASIA

Since 1998, the India-Nepal partnership has been developed among transport workers on both sides of the border between the two countries.[62] Outreach workers in India were trained to refer truckers to STI clinics providing general health services, including STI treatment and HIV counselling and testing. Collaboration with outreach educators working in Nepal ensures that drivers on the Nepali side are also referred to the clinic. During the first year of the programme the number of people seeking counselling and testing for HIV increased from 136 to 2,431 and requests for condoms rose from 630 to 26,290.[63]

HIV prevention and care activities for mobile populations are also supported by community mobilization in and around transport nodes. In India for example, the PATH project (Prevention of STIs/HIV/AIDS along the highway) has involved numerous workers located on the highway – including sex workers, loaders, and employees of cafes and petrol pumps – to reinforce the prevention of HIV among truckers. More than 40 community-based activities are ongoing in the state of Tamil Nadu to promote the use of condoms, change high-risk behaviour and improve treatment of STIs. Behavioural studies in 1998 reported that truck drivers and women involved in commercial sex along the highway made use of the communication materials. The proportion of truckers and helpers engaging with non-regular sex partners had decreased from 48 per cent to 21 per cent in the previous two years. Among the targeted truckers, 67 per cent reported condom use, compared with 44 per cent two years before. Some 88 per cent of sex workers surveyed were now using condoms with their clients, compared with 56 per cent before the intervention began. Finally, 90 per cent of truckers were seeking treatment from qualified health care providers, an increase of 26 per cent since 1996.[64]

In Viet Nam, where the number of drivers has increased, the National Highway One Project used trained community workers – often local restaurant and other service workers – to talk to truckers and women in and around targeted villages, and to provide thousands of condoms. An evaluation has indicated that the project had an impact on many communities living in the target sites, including, for example, workers from clothing factories, railway workers, and students. Requests for, and the availability of, condoms have increased.[65]

In the Philippines, an intervention referred to as the Truckers' Project developed sustainable educational activities for truckers, managers and co-workers, and promoted safer practices and health-seeking behaviour among partners. The implementing agency helped six transport companies to manage prevention at the workplace and disseminate information along truck routes. Companies each had a project coordinator and two peer educators.[66]



BOX 5

EXAMPLE OF HIV PREVENTION AND CARE PROGRAMMES IN EASTERN AFRICA

Ethiopia became a land-locked country after the Eritrean independence in 1991. Since then, and particularly subsequent to conflict with Eritrea in 1998, Ethiopia's import-export economy has become highly dependent on the ports in Djibouti, and on the trucking routes that connect the country to the coast. More than 4,000 drivers work along the two major trucking routes connecting Ethiopia and Djibouti, as do more than 8,500 sex workers.[67] HIV prevalence among female sex workers in Nazareth, a large town on the Ethiopia-Djibouti trucking route, had been reported to be 52 per cent in 1990, a figure that rose to 65 per cent in 1991.[68]

The 2002 Ethiopian HIV Behavioral Surveillance Survey showed that more than 13 per cent of the 1,793 male transport workers and assistant workers interviewed reported commercial sex partners in the previous 12 months. Amongst those who were married, 8 per cent of truckers, and 7 per cent of intercity bus drivers reported extramarital sex. Amongst truckers with commercial sex partners, 91 per cent reported using condoms during their most recent sexual encounter and 84 per cent said they had used condoms consistently during the previous 12 months. Reported consistent condom use with non-regular partners was only 12 per cent, however. In focus group discussions carried out for the same survey, truck drivers said that sex workers were abundant along the Ethio-Djibouti route, including in all small towns. They said that the lives of the sex

BOX 5 (cont.)

EXAMPLE OF HIV PREVENTION AND CARE PROGRAMMES IN EASTERN AFRICA

workers depended on the presence of truckers, and that since the sex workers were young and beautiful, they always had clients. They thought truck drivers were at high risk for HIV. Only 10 per cent of the 1,793 transport workers surveyed reported having been tested, however (rates were similar for the overall adult population in Ethiopia). Barriers to being tested for HIV included cost, lack of time, and lack of information.[69] There is no adequate data on the prevalence of STIs among truckers in Ethiopia, but the Ethiopian Ministry of Health estimates that, overall, STIs are among the top ten reasons for out-patient visits.[70]

In order to address these risks and lacks, Save the Children USA and the International Organization for Migration launched the "High-Risk Corridor Initiative" in 2002. This comprehensive HIV prevention and care programme aims to ensure accessibility of HIV counseling and testing and of STI treatment for mobile transport workers (truck drivers, assistant truck drivers, truck technicians and other similar personnel), female sex workers and the affected sedentary populations in communities along the trucking corridor. Local communities are included in the programme in order to promote equitable access to services and to help reduce stigma towards truckers and sex workers. The programme attempts to ensure long-term sustainability through promoting ownership and capacity building of existing government health institutions and community-based structures along the route.

As of December 2004 the programme had supported 21 government health facilities and one NGO-based facility located on the Corridor through human resource enhancement and direct provision of testing kits, medical supplies and drugs. Fifty-five health workers had been trained on VCT and management of STIs and of opportunistic infections, and 12 laboratory technicians had received training on HIV testing techniques.

A total of 20,272 service users had visited the health facilities, including transport workers and sex-workers. Over 3,250 people were treated for STIs, among whom half were women. Of those tested for HIV, 17 per cent were found to be positive: rates were 13 per cent for males and 22 per cent for females[71] (national HIV prevalence rates for Ethiopia at the end of 2003 was 3.8 per cent for males and 5 per cent for females; 12.6 per cent urban and 2.6 per cent rural).[72]

The "High-risk Corridor Initiative" also supports programmes aimed at: reducing stigma and discrimination through public sensitization programmes carried out by trained leaders of faith-based organizations and by people living with HIV; improving coordination of HIV/AIDS committees and of care and support sub-committees; networking with community service organizations; increasing coverage and quality of community home-based care programmes; improving linkages of home-based care activities with related programmes, such as those providing antiretroviral therapy, prevention of mother to child transmission, and care and support for orphans and vulnerable children among the resident and mobile populations along the Corridor.

Raising awareness and creating regional approaches

Numerous organizations are now involved in action research, technical assistance for strategic planning, policy development, implementation, and monitoring of HIV projects among mobile populations including truckers. There are also a growing number of networks on mobility, migration, and HIV. In South-East Asia, a Regional Task Force on mobility and HIV/AIDS was created in order to provide programmatic responses and policy actions.[73] NGOs working in 11 countries of the region have created CARAM, the Coordination for Action Research on AIDS and Mobility, that has developed information, community-based interventions and advocacy for a number of groups of migrant workers, including transport workers.[74] In West Africa, tech–nical resource networks have been developed through the West African Initiative (WAI), supported by UNAIDS and an electronic network on mobility and HIV was created.

Advocacy and improvement of institutional networks have led more countries to include mobility or mobile populations in their National AIDS Plans. In South-East Asia, most governments have now recognized that mobility is a major factor for HIV vulnerability in their countries. Mobility has become a major concern in the National AIDS Plans of Cote d'Ivoire, Senegal, Benin, and Sierra Leone. Some strategic plans have included specific actions for "migrants" since they are often excluded or simply missed in many HIV interventions. Others include a special focus on truckers.[75]

Subregional initiatives are increasing in both West Africa and in Asia. Broad HIV prevention activities and STI-related services are now covering migration corridors and border zones. Population Services International (PSI) and other USAID-funded agencies initiated a regional intervention entitled *Prévention du SIDA sur les Axes Migratoires de l'Afrique de l'Ouest* (PSAMAO) to increase the dissemination of information on HIV and AIDS and to strengthen the availability and use of condoms within West and Central Africa. Populations targeted include truck drivers, seasonal workers, and sex workers. The project, initially launched in Côte d'Ivoire, was later expanded to Burkina Faso (1997), Togo (1998), Cameroon, and Benin (2000). HIV programmes for mobile people also address cross-border issues, focusing their activities at international border crossings where activities have generally been weak. Services are linked on both sides of the border, and communication materials are produced in the major languages spoken at the border.

3. MOVING FORWARD

Effective interventions for the prevention of STIs including HIV must be based on comprehensive, consistent, and up-to-date information. They must be appropriately targeted, and acceptable, and they must bring together actors from a number of different sectors. This section draws upon the studies presented above to recommended actions for work with a specific group of people who are mobile for professional reasons, truck drivers.

Recommendations for improving available data

Currently, information on truckers' vulnerability is not uniformly available. For example, there is a significant lack of recent epidemiological data on truckers in West Africa compared with Southern Africa. Even when such data exists, inconsistencies in the methodologies used make it difficult to interpret and to compare. The published literature contains little information, in addition, about truckers' occasional or stable sexual partners. Surveys that focus only on truckers' commercial relationships miss the networks that represent both an important portal of entry for HIV and for effective prevention activities. Efforts should thus be made to improve the database concerning truckers and STI/HIV, as well as to document their sexual networks, the immediate concerns of their sexual partners, and their levels of awareness concerning STIs, HIV and AIDS.

Qualitative research

Appropriate HIV interventions among truckers must be based on detailed understanding of their living and working conditions, and of the social and sexual environments in which they live. This requires qualitative information, such as that gathered in direct on-site observations, in-depth interviews, and focus group discussions. There are currently few published reports to provide such insights, and to complement the findings of behavioural surveillance surveys. Such data will also contribute to identifying new risk environments, through the systematic study and identification of itineraries, truck routes, depots, terminals, and popular stopover sites. Ethnographic research concerning truck stop risk zones and surrounding communities should be promoted.

Harmonizing categories

Consistency should be promoted in the methodologies and categorization used in studies. For example, there is no convention for categorizing truckers: some researchers

differentiate between truck drivers and their assistants, or between short- and long-distance truckers, whereas others do not. Similarly, depending on surveys and strategic plans, truck drivers are defined as short-duration migrants, as mobile workers, or as commuters. Ambiguity also exists regarding truckers' sexual partners. For example a relationship between a truck driver and a woman in a regular stop along his route might involve significant gifts or lodging. Researchers might classify such a relationship as transactional, whereas the partners involved might define it as casual or stable. In general, researchers setting up studies of truckers and their sex partners should be careful to refer to previously established and clearly defined categories.

Recommendations for programme approaches

Truck drivers are eminently visible, and relatively easy to reach during their professional and leisure activities. Targeting HIV prevention and care programmes towards truck drivers is thus not particularly difficult – indeed, as Decosas has put it: "it is difficult to ignore a man who moves with 20 tons of steel around him".[76]

Targeted prevention

Efforts to develop appropriate IEC materials for truckers, and in particular to improve the sustainability of outreach and peer education activities within key communities, must be maintained and reinforced. Representatives of transport workers should participate in the design of material, and also be included in implementation teams. In order to reduce denial of the importance of HIV and AIDS issues (the feeling that "AIDS is not my problem") IEC materials should increase the visibility of people living with HIV, for example by using testimonials.

It is important to develop models of intervention that are sensitive to drivers' specific working conditions. Numerous creative means of reaching truckers with oral information have been described. In addition, flexible approaches to condom distribution need to be developed and promoted, such as the Condom Bank located in gas refuelling stations along Highway 8 in India, which makes condoms available at any hour of the day or night. To be effective, though, mass media campaigns and condom distribution must be reinforced and supported by interpersonal counselling and STI treatment made available along highways.

Partly because of their mobility, and also because of their working schedules, truckers face many obstacles in gaining access to medical care. Thus, health centres

stationed at transit points along highways are an efficient means of encouraging truckers to seek out STI treatment. Such centres are especially effective if they address truckers' immediate other needs – tea shops are one example – and also if they provide sources of entertainment. They must find ways of countering the stigma attached to STIs, and also find creative ways to address the problem of sustaining follow-up treatment for patients who are constantly on the move.

In sum, STI/HIV prevention efforts to be specifically targeted towards truckers must find creative means of outreach. They should seek to decrease denial and stigma, and to reduce barriers to access to condoms, VCT and STI treatment.

Inclusive programming

Interventions that target truck drivers alone, without addressing the surrounding communities and the partners at home, and without seeking to reduce the structural factors that increase vulnerability to HIV, are missing the boat however. HIV prevention and care activities for truck drivers must address the particular environments, and conditions in the "risk zones" that grow up around transport nodes, and also the families and other partners of the truckers, who may live far away. Efforts to reinforce communication and negotiation skills between truckers and their sexual partners are especially promising, and still too rare, with the exception of programmes in South Africa, Thailand, and India, where transport companies and implementers have taken innovative measures to encourage truckers' wives and sex workers to talk with drivers about sexuality. Such efforts should also include the young girls from surrounding communities and female itinerant traders, who are often especially at risk in their interactions with truckers. Such women should be systematically included in the design and development of projects targeting transport workers.

More broadly, STI/HIV prevention efforts concerning the trucking sector should be expanded to include the communities affected by the movement of goods along highways. They must be supported by community mobilization, thus ensuring that they involve all of those who may thus become vulnerable to STIs and HIV. Interventions with women community leaders around HIV prevention, education and services are immediately and urgently needed.

In sum, programme interventions in the land transport sector should target not only truckers, but their sex partners, and risk zone "hot spots" and surrounding communities.

Partnerships between health promotion and transport sectors

An inadequate recognition of the diversity of truck drivers and of their living and working conditions has resulted in programming gaps. Defining truck drivers as mobile workers makes it clear that they are workers belonging to the transportation sector, allows prevention programmes to develop workplace entry points, and also to engage in partnerships with key stakeholders such as unions and employers.

Working and living conditions clearly contribute to truckers' health status in general and vulnerability to STIs in particular, thus it is essential to make HIV and AIDS workplace issues, through the strong involvement of employers, employees, and trade unions. Health committees, training activities and peer support groups are excellent examples of activities that have been established in some transport companies, with the participation of outside workers in daily interaction with truckers. There is also a need to address trucker's rights, for example by adopting the International Labour Organization Code of Practice on HIV/AIDS, thus facilitating the design of prevention and care activities and strongly advocating for voluntary counselling and testing.

HIV interventions must address the immediate daily problems that contribute to truckers' vulnerability to STIs/HIV. General occupational safety for drivers should be strengthened, decreasing the number of risks met during travel that otherwise overshadow HIV risk. Truckers' working conditions should be modified to allow them to minimize the amount of time they spend away from home, for example by allowing drivers to work not only on the road but also in the depot, on administration matters or maintenance. Transport companies might also take example from the South African transport companies that encourage truck drivers to take their wives or regular partners with them on long journeys. Improving truckers' sleeping facilities should also reduce their risks: simply establishing rest stops that ensure accommodation and security has been shown to be effective in decreasing the number of risky sexual encounters. Formulating policies and regulations that will simplify cross-border formalities and administrative procedures will also reduce STI/HIV risk by limiting the length of time that truckers have to wait at checkpoints.

The majority of the HIV prevention initiatives for truckers covered in this review have come from the public sector and from NGOs. The private sector is key, however: there is a need to ensure that the land transport sector take a proactive role in the fight against HIV. One way to start is to routinely establish an HIV Task Force that would assure that HIV and AIDS issues are routinely taken into account.

Finally, it is essential to advocate for the systematic inclusion of the needs of people who move between countries for professional reasons into National AIDS Plans. Addressing risk and vulnerability factors associated with such mobility requires going beyond national approaches, however. Cross-border, subregional and regional interventions need to be expanded and evaluated so as to address both local residents and mobile populations.

Information sharing

Broad information-sharing systems are required between governments, private sectors, unions, international agencies, academic institutions, and NGOs in order to proactively reduce STI/HIV risk related to land transport. Potential risk zones would be better identified if ministries of transport systematically provided National AIDS programmes with data and maps on traffic flows and checkpoints. Since new roads bring increased STI/HIV risk for both the mobile workers constructing them and the surrounding local communities, it is also vital that key health partners are informed of plans to construct bridges, ports, industrial areas, and roads and highways. Information should also be shared on evaluation of impact and outcomes of STI/HIV prevention activities among truckers, as well as on lessons learned. Such partnerships have already started in West Africa, and will need to be evaluated in order to refine future development. Lessons learned from the South-East Asian regional Task Force on mobile populations should serve as a model in this regard.

Finally, stronger partnerships must be forged among stakeholders at national and regional levels in order to improve the collection, exchange, and dissemination of information.

In conclusion

HIV and STI prevention efforts for truckers – and for the communities through which they pass – must be seen in the context of economic development. Along with the construction of new roads that facilitate access to regions hitherto only very difficult to reach, comes, inevitably, the creation of new "needs" for goods. Such opening up creates opportunities, but also clearly creates new risks and vulnerabilities, such as the risk of STIs and HIV covered in this review.

The scope of these risks and vulnerabilities is clear, and numerous measures for reducing them have been reviewed here. Other measures will surely be developed.

The review has been carried out in the hope that increased understanding of the social factors that cause such risk for one category of mobile workers – as well as for the people in communities through which they pass – will help move away from blaming and stigma, and will help to construct appropriate measures to reduce vulnerability. Increased understanding, and forming partnerships between sectors, should help move the "men who move with 20 tons of steel around them" from being part of the problem to being part of the solution.

ANNEX 1
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ANNEX 2. EXAMPLES OF HIV PREVENTION PROGRAMMES TARGETING TRUCK DRIVERS IN WEST AFRICA

ANNEX 2

EXAMPLES OF HIV PREVENTION PROGRAMMES TARGETING TRUCK DRIVERS IN WEST AFRICA

COUNTRY	PROJECT NAME	REFERENCE
Benin		
	SIDA 3/AIDS 3	CCISD http://www.ccisd.org/ang/a_documents/s3_brochure_ang_pays.pdf
	PSAMAO	PSI http://www.psi.org/where_we_work/benin.html
	Africa Fund	CARE http://www.careusa.org/careswork/projects/zaf003.asp
	Abidjan-Lagos corridor	WORLD BANK http://www-wds.worldbank.org/servlet/wds_ibank_servlet?pcont=details&eid=000090341_20031117104415
Burkina Faso		
	PSAMAO	PSI http://www.psi.org/where_we_work/burkina_faso.html
Cameroon		
	AIDSPAT	CARE http://www.careusa.org/careswork/whatwedo/health/rhproj.asp

ANNEX 2 (cont.)

EXAMPLES OF HIV PREVENTION PROGRAMMES TARGETING TRUCK DRIVERS IN WEST AFRICA

COUNTRY	PROJECT NAME	REFERENCE
	SIDA 3/AIDS 3	CCISD http://www.acdi-cida.gc.ca/cida_ind.nsf/0/48a500da6d6919c585256e85004c1c4d?OpenDocument
	HIV/AIDS Project	PSI/CAMEROON http://www.psi.org/where_we_work/cameroon.html
	AIDS Cameroon-Program	CIDA/ACDI http://www.acdi-cida.gc.ca/cida_ind.nsf/0/eac7c25f2b352c5a85256e8500483f89?opendocument
	AIDSCAP	FHI http://www.fhi.org/en/hivaids/pub/archive/aidscapreports/finalreportaidscaprica/fnl_rprt_aidscap_wafrica_prog_desc.htm
Cape Verde		
	The West African initiative	UNAIDS http://www.onusida-aoc.org/eng/publications/west%20african%20initiative.l
Ghana		
	The West African Initiative	UNAIDS http://www.onusida-aoc.org/eng/publications/west%20african%20initiative.l

ANNEX 2 (cont.)

EXAMPLES OF HIV PREVENTION PROGRAMMES TARGETING TRUCK DRIVERS IN WEST AFRICA

COUNTRY	PROJECT NAME	REFERENCE
Guinea		
	SIDA 3/AIDS 3	CCISD http://www.ccisd.org/ang/a_documents/s3_brochure_ang_pays.pdf
Mali		
	The West Africa AIDS Project	ACDI/CIDA http://www.acdi-cida.gc.ca/cida_ind.nsf/0/b7e8c68eb37502708525691a004b9ed9?opendocument
	Corridors of Change	PSI http://www.psi.org/news/0903b.html
Niger		
	SIDA 3/AIDS 3	CCICD http://www.ccisd.org/fra/sida3/niger.html
	Lake Chad Basin Countries Initiative	UNAIDS http://www.onusida-aoc.org/eng/lake%20chad%20basin.htm
	SIDA EN EXODE	CARE http://www.careinternational.org.uk/cares_work/where/niger/projects/projec hp?id=92

ANNEX 2 (cont.)

EXAMPLES OF HIV PREVENTION PROGRAMMES TARGETING TRUCK DRIVERS IN WEST AFRICA

COUNTRY	PROJECT NAME	REFERENCE
Nigeria		
	STIs, HIV and AIDS programmes with vulnerable groups	PATHFINDER http://www.pathfind.org/site/pageserver?pagename=programs_africa_niger programs&s_showpub_nigeria=advocacy
	Lake Chad Basin Countries Initiative	UNAIDS http://www.onusida-aoc.org/eng/lake%20chad%20basin.htm
	AIDSCAP	FHI http://www.fhi.org/en/hivaids/pub/archive/aidscapreports/aidscapfinalvol2/fh idscap_fnl_rprt_vol2_africa_nigeria_rwanda_senegal.htm
Senegal		
	AIDSCAP	FHI http://www.fhi.org/en/hivaids/pub/archive/aidscapreports/finalreportaidscap egal/fnl_rprt_aidscap_senegal_count_desc_ab.htm
Togo		
	Abidjan-Lagos Corridor	UNAIDS http://www.onusida-aoc.org/Eng/Abidjan%20Lagos%20Corridor.htm
	Togolese transporters against AIDS	CARE http://www.careusa.org/newsroom/specialreports/aids/creative.asp

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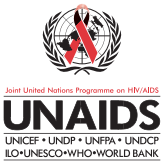

This volume, jointly produced by the International Organization for Migration and the Joint United National Programme on HIV/AIDS, reviews HIV-related risks and programmes for a category of worker who moves from place to place for professional reasons, truckers. It focuses on a region not well covered by other reviews, West Africa, with references to South Asia in order to highlight similarities when the profession is the same, but the region is different.

Based on an extensive review of publications and conference presentations, the document identifies the living and working conditions that put truckers at risk of HIV and other sexually transmitted infections, then gives examples of programmes aimed at promoting behaviour change among truckers. Perhaps the most important part of the review is the formulation of recommendations for research and for programme strategies, such as increasing our understanding of the dynamics of 'risk zones'; developing creative means of outreach; and elaborating measures to decrease denial and stigma and to increase access to condoms, to voluntary counselling and testing, and to treatment for sexually transmitted infections.

The review concludes, however, that programmes that target truck drivers alone will fail: HIV prevention and care programmes for truck drivers must include surrounding communities, the particular environments that grow up around transport nodes, and also the families and other partners of the truckers. In sum, such programmes must involve **all** of those who may become vulnerable to HIV and AIDS because of the movement of goods along highways.