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Instructors' module

Driving for change

A training toolkit on HIV/AIDS for the road transport sector

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Instructors' module

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

It is intended for instructors, managers, drivers and other workers in the road transport industry.

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

Together we can fight HIV/AIDS.

First published 2008

DRIVING FOR CHANGE
A TRAINING TOOLKIT ON HIV/AIDS FOR THE ROAD TRANSPORT SECTOR

Instructor's module

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These materials were produced by Mr. Stirling Smith in the framework of the Tripartite HIV/AIDS Project between the International Labour Organization (ILO), the International Transport Workers' Federation (ITF) and the International Road Transport Union (IRU) Academy.

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What is in the toolkit?

When something is wrong with a truck, you choose the right tool from the toolbox to fix it. This toolkit is the same. You don't need to use all of it. You only need to find the right part that is useful for your purpose.

The toolkit contains:

- **Instructors' module**

This module is intended for anyone called upon to deliver training about HIV and AIDS. You may be working in a road transport company, a training institution or a trade union. You may be delivering training in a more formal setting through, for example, a training institute accredited by the IRU Academy, the educational arm of the International Road Transport Union (IRU), or you may be meeting drivers at union meetings, border crossings or "truck stops". You may be a travelling counsellor working on a project as a volunteer.

Maybe you don't have a background in HIV/AIDS issues, or maybe you lack prior training experience, but don't worry about that! This toolkit will help you.

- **Managers' module**

This module is for use by instructors who will deliver training programmes for managers on HIV/AIDS through an international network of quality approved IRU Academy Accredited Training Institutes (IRU Academy ATIs). It contains detailed lesson plans for training with managers and a workbook which the students on those training programmes will be able to use. Students who attend IRU Academy accredited programmes will receive a qualification.

- **Drivers' module**

This module is for use by instructors who will deliver training programmes for drivers on HIV/AIDS through an international network of quality approved IRU Academy Accredited Training Institutes (IRU Academy ATIs). It contains detailed lesson plans for training with managers and a workbook which the students on those training programmes will be able to use. Students who attend IRU Academy accredited programmes will receive a qualification.

- **Module for informal settings**

This module contains exercises and activities that can be used with drivers and other road transport workers in informal (and formal) settings.

- **"Driving for change" – a short promotional film on HIV/AIDS**
- **PowerPoint presentations**

- **Condoms**

- **A CD-ROM with key publications:**
  - Conclusions of the Tripartite Meeting on Social and Labour Issues Arising from Problems of Cross-Border Mobility of International Drivers in the Road Transport Sector, held in Geneva in 2006
  - ILO *Guidelines for the transport sector*

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

- **ILO leaflet *Know Your Status***

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Foreword

HIV is spreading fast along major transport routes in different regions of the world. Transport workers are at risk by virtue of the nature of their work, but they can also make a significant contribution to the response required to deal with the epidemic. Therefore, efforts to combat HIV and AIDS in the road transport sector should be centred on the world of work and its workers. In addressing the issue of HIV/AIDS in road transport, the ILO has followed a sectoral approach that puts a sharper focus on the specificities of this economic sector. The ILO's focus on different economic sectors is achieved through its Sectoral Activities Programme.

In 2006 the Tripartite Meeting on Labour and Social Issues Arising from Problems of Cross-Border Mobility of International Drivers in the Road Transport Sector (TMRTS) adopted a series of conclusions. These included a number of follow-up activities, among them the development of an HIV/AIDS training course for the road transport sector.

In the past, the ILO Programme on HIV/AIDS and the World of Work (ILO/AIDS) has worked with other ILO departments to create policies and networks that guide and support the actions of its constituents, and also sensitize and mobilize leaders in the transport sector. However, much remains to be done in addressing the fundamental factors and risks, including trans-boundary risks, which confront transport workers and the communities with which they interact.

The present training toolkit on HIV/AIDS in the road transport sector is the implementing tool of the *Guidelines for the transport sector* developed by the Sectoral Activities Branch together with ILO/AIDS. It is designed to enable workers, drivers, managers and instructors to respond to the epidemic in their workplace.

The toolkit is the result of joint collaboration between the ILO, the IRU Academy and the ITF. During the process of development and validation of the toolkit, particular sector-specific issues related to HIV/AIDS were addressed and reflected in the training material.

The toolkit is structured in order to satisfy the training needs of the different actors in the transport sector and includes:

- A training manual for trainers/course for facilitators
- A training course for management personnel of road transport companies
- An awareness-raising and advocacy course for transport workers which can be used on its own or integrated in existing courses

- A DVD to promote the joint effort to combat HIV/AIDS in the road transport sector and raise awareness of the training materials and training opportunities that may be offered jointly or separately by the ILO, the IRU Academy and the ITF.

The toolkit builds on the principle of joint collaboration and action between workers and employers, and their respective organizations, as a basis for an effective HIV/AIDS response in the transport sector.

It is hoped that this toolkit will strengthen the capacity of ILO constituents to respond to and manage the impact of HIV/AIDS in the transport sector, thereby ensuring economic and social development.

Elizabeth Tinoco
Chief
Sectoral Activities Branch

Sophia Kisting
Director
ILO/AIDS

Introduction

Few issues are as important in the world today as HIV/AIDS, and the road transport industry cannot afford to ignore it.

HIV/AIDS is not something that affects only the people that are ill and their families.

It can have a serious impact on a transport enterprise as well as on the national economy of any country.

That is why the social partners in road transport – the International Road Transport Union (IRU), representing employers, and the International Transport Workers' Federation (ITF), representing workers – have come together with the International Labour Organization (ILO), 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 of HIV/AIDS and what we can do about it.

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

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

IRU Academy
Mr. Bruno Dingemans
Head - IRU Academy
International Road Transport Union (IRU)

ITF
Mr. Mac Urata
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Inland Transport Sections
International Transport Workers' Federation (ITF)

ILO SECTOR
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Transport Sector Specialist
Sectoral Activities Branch
International Labour Organization (ILO)

Why this toolkit?

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

Yes. As long as road transport workers are at risk of being infected with HIV, as long as they cannot get advice, care or treatment, and as long as road transport 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.

This toolkit has been assembled following a global Tripartite Meeting on Labour and Social Issues Arising from Problems of Cross-Border Mobility of International Drivers in the Road Transport Sector, held in Geneva in October 2006.

What is in this module?

Section 1 – HIV/AIDS: The facts

This section gives the straight facts about HIV/AIDS and refutes the many myths and misconceptions that surround the disease. The facts about HIV/AIDS need to be understood and all the doubts and queries of road transport workers answered.

Section 2 – Why does HIV/AIDS matter?

This section looks at the wider, global consequences of the HIV/AIDS pandemic and its impact on the world of work.

Section 3 – HIV/AIDS: A vital issue for the road transport industry

This section looks at the evidence showing that HIV/AIDS is a threat to businesses in the industry and explains why road transport workers and drivers are particularly exposed to it.

Section 4 – Working together: Social partners in road transport

This section describes the different players that have come together to create this training toolkit and explains why they think we can be more effective working together to fight HIV/AIDS. The three social partners in road transport – namely, workers, employers and authorities – are represented through, respectively, the International Road Transport Union (IRU), the International Transport Workers' Federation (ITF), and the International Labour Organization (ILO), a specialized agency of the United Nations.

Section 5 – HIV/AIDS and gender

This section provides a short introduction to the relationship between HIV/AIDS and gender issues. Indeed, unless gender issues are addressed we will not be able to beat HIV/AIDS.

Section 6 – Facilitators' guide

This section will help you if you want to know how to run training programmes, including one-off informal sessions, aimed at changing the behaviour of drivers so they reduce risky practices. It explains the methods that can create successful adult learning and change behaviours.

Glossary

Contains definitions of the various terms and explains the abbreviations used in the toolkit.

Resources: A guide to further information

A list of web links, publications and organizations.

1. HIV/AIDS: The facts

HIV **stands for Human Immunodeficiency Virus.**

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

People do not "catch" AIDS. What happens is that after someone gets infected with HIV, the virus weakens the body's immune system. The person then becomes vulnerable to a range of opportunistic infections which normally the body could fight off. It is one or more of these infections which will ultimately cause death.

HIV attacks the body's immune system by targeting a type of white blood cells called CD4+ cells. These are the cells responsible for attacking and killing many disease-causing germs. The virus hijacks the cell, inserts its own genes into the cell's DNA and uses it to manufacture more virus particles. These go on to infect other cells. The CD4 cells eventually die.

In each drop of blood in the human body there are between 1,000 and 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.

Within six to 12 weeks of HIV infection, the body starts producing a specific type of antibody, or disease-fighting protein. These antibodies are an attempt by the immune system to resist the attack by the virus. While not very effective in fighting the virus, they are a reliable indicator of whether someone is infected. If a person is tested for HIV and the presence of HIV antibodies is found, the person is said to be *HIV positive* or simply *HIV+*.

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 with many of the following symptoms: fever, sore throat, rash, nausea and vomiting, diarrhoea, fatigue, swollen lymph nodes, muscle aches, headaches and joint pain. Although 50 to 90 per cent of people experience symptoms within the first few weeks of contracting HIV infection, most people and doctors dismiss the illness as a routine cold or flu.

On average, it takes seven to ten years for an HIV-positive person to develop AIDS. For some people it may take an even longer time to develop symptoms of these infections and therefore AIDS, while for others it may take less time. Not everyone with HIV has AIDS.

AIDS is not the same as HIV. In the absence of antiretroviral therapy (ARV), the victims will progress from HIV infection to AIDS.

How does antiretroviral therapy (ARV) work?

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

Anti-HIV therapy does not cure HIV, but it can lower the amount of HIV in the blood to such low levels that the virus 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 the body can fight 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.

To make adherence easier, some advanced but more expensive anti-HIV 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.

How HIV/AIDS spreads

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.

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, *Prevention of Mother to Child Transmission of HIV: A Guidance Note* (London, 2001).

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

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 this 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 cancer, 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. If somebody who is HIV+ is well cared for, can eat properly and rest, they can live for several years with a good quality of life. They may be able to work. But AIDS is ultimately fatal.

1 Center for Disease Control, *TB elimination: Now is the time*, fact sheet, March 2002.

Prevention

HIV is a fragile virus, which can only survive 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.
- Ensuring that there is a barrier to the virus, for example condoms or protective equipment such as gloves and masks (where appropriate). Latex condoms are essentially impermeable to HIV-sized particles; if used properly and consistently, they are considered highly effective in reducing the risk of transmission, although no protective method other than abstinence is 100 per cent safe.
- Not sharing needles or other skin-piercing equipment.
- Making sure that blood is tested for HIV and other viruses before any transfusion.
- HIV-positive people should seek advice from medical personnel and counsellors before deciding to have a child.

HIV/AIDS is not spread through normal contact at work.

So why is it an issue in the road transport industry?

We will answer that question in section 3 of this module.

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 HIV.

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 that 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

Knowing one's HIV status is important for everyone in the road transport 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 regular centres in the community.

Care and treatment

Antiretroviral drugs (ARVs), which slow the progression of the disease and prolong life, are now available, but 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.

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 some USD 1,000 in monthly productivity gained.

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

The search for a vaccine

On average, people require life-saving antiretroviral treatment (ARV) 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 ARV drugs worldwide not receiving them.

A vaccine for AIDS would be a tremendous weapon in the fight against the disease. Currently there is 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. It is also known that male circumcision helps prevent the transmission of the virus, although men who have been circumcized should still practise safe sex.

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"

There is a *very* low risk. HIV can be transmitted through oral sex when there is contact between semen and the mucous membranes of the mouth. The risk of infection from a single encounter is small, but it increases with frequency of activity. The risk of transmission is increased when there is direct contact between semen or saliva and breaks in the skin or surface of the mouth. This could happen in the case of open sores on the genitals and/or mouth, or significant gum disease or bleeding.

"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 that at the time puzzled doctors with symptoms that would today indicate AIDS. It appears that HIV and AIDS have been around for longer than was originally thought. The virus may have existed before and evolved in a way to spread more rapidly. But even if it were true that the drug companies "invented AIDS" in the early 1980s, why would 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 the medicines right away.

"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 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 begin dying of a mysterious disease whose causes are not understood, the disease can be attributed to witchcraft. The logic is that if it is caused by witchcraft, a witch doctor can find a way to remove the spell cast by somebody else.

This belief is harmful as it prevents victims 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 treatment is a complex area of medicine. If the correct dose or combination of drugs is not prescribed, there is a risk that the treatment will not work properly or that it will cause side effects.

This is why it is important that appropriate investment 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, drugs to treat AIDS *may* have some side effects. Again, this is the case with many medicines.

HIV transmission

HIV is **not** transmitted by:

- kissing (although deep kissing between two people where both of them have bleeding points in the mouth may cause transmission)
- mosquito or insect bites
- visit to the dentist
- casual physical contact
- shaking hands
- coughing
- 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

2. Why does HIV/AIDS matter?

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

- 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 2007, 2.1 million people died of AIDS-related illnesses.
- In 2007, 2.5 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.
- 15 million children have been orphaned by AIDS. If present trends continue, the number will increase to 20 million by 2010. By creating orphans who in many cases have to work to support their younger brothers and sisters, HIV/AIDS increases child labour.
- HIV/AIDS is the fourth biggest cause of death in the world today. In sub-Saharan Africa it is the leading cause of death.
- Only 9 per cent of HIV-positive pregnant women receive antiretroviral drugs that can prevent the infection being passed on to their babies.
- Only 7 per cent of people who need treatment in low- and middle-income countries have access to antiretroviral medicines[2].

HIV/AIDS has long ceased to be just a health issue. It is undoing many of the development gains made in recent decades. If we are not successful in stopping the HIV/AIDS pandemic, it could result in countries being left with reduced populations, fewer people available for productive work, and weakened economies.

HIV/AIDS is a major cause of poverty and of discrimination. It worsens existing problems of inadequate social protection and gender inequality.

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2 Statistics drawn from: *AIDS epidemic update December 2006* (UNAIDS, Geneva, 2006); *HIV/AIDS and work: global estimates, impact on children and youth, and response 2006* (ILO, Geneva, 2006); and *HIV/AIDS policy fact sheet* (Henry J Kaiser Family Foundation, 2006).

AIDS is not just an African problem

Eastern Europe and Central Asia are experiencing one of the world's fastest-growing HIV/AIDS epidemics. UNAIDS global report for 2006 puts the number of people infected with HIV in these areas at around 1.5 million in 2005. This means that in the space of just ten years, prevalence in the region has increased 20-fold.

The report pinpoints in particular Ukraine, where it says 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. Growing numbers of women are being affected, many of them acquiring HIV from male partners who became infected when injecting drugs.

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

The impact on the world of work

Many diseases target the young and the old. HIV infection is different since it is adults, the economically active part of the population, that are frequently the hardest hit. According to the ILO estimates:

- 28 million workers had been lost to the global workforce due to HIV/AIDS by 2005;
- this number will rise to 45 million by 2010 and nearly 86 million by 2020 if no action is taken;
- 2 million HIV-positive workers become unable to work every year as their illness worsens.[3]

The impact on economies is severe. A study of a group of 33 countries estimated that by 2020 they would lose 18 per cent of their GDP, representing a cumulative shortfall of USD 144 billion in lost growth due to HIV/AIDS.[4]

3 *HIV/AIDS and work: global estimates, impact on children and youth, and response 2006* (ILO, Geneva, 2006).

4 *HIV/AIDS and work in a globalizing world 2005* (ILO, Geneva, 2006).

3. HIV/AIDS: A vital issue for the road transport industry

Earlier, we asked the following question: *HIV/AIDS is **not** spread through normal contact at work. So why is it an issue in the road transport industry?*

Transport workers have been extensively studied. Some groups of transport workers seem to be particularly vulnerable to HIV/AIDS due to the nature and conditions of their work. Transport workers are not unique. Groups of workers that are mobile, and are away from their home a lot, are at higher risk of contracting the virus. Miners or construction workers who have travelled long distances from their homes, for example.

Why are road transport workers vulnerable?

Many workers in the road transport industry are highly mobile and spend considerable time away from home. Truck drivers experience a lot of stress: long delays at border crossings; harassment by police and customs; poor road conditions; the threat of attacks by criminal gangs. There are usually very limited services, and very limited access to health services, particularly for sexually transmitted infections (STIs). The majority of drivers sleep in their vehicles. Transport workers also often operate in a male environment, and that leads to a "macho" culture.

Not surprisingly, road transport workers are vulnerable.

- A survey conducted in Uganda showed that 70 per cent of drivers had spent less than a week at home in the previous four months. Often, they find partners in several different cities along routes they travel, or visit commercial sex workers. Sometimes drivers give lifts to women in exchange for sex.[5]
- Although the exact HIV prevalence among the 55,000 drivers in the country's road transport industry is unknown, 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 were HIV positive. At one truck stop in Newcastle, 95 per cent of those tested were found to be HIV positive.[6]
- Along Highway Five between Phnom Penh and Poi Pet on the Thailand-Cambodia border, in 2000 there were 109 brothels and 40 "karaoke bars" – places where drivers and assistants congregated.[7]
- A survey of border crossings in Poland and Lithuania found that two out of five truck drivers had casual sex while travelling.[8]

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

6 South African Press Association, 18 August 2003.

7 *HIV/AIDS and work in a globalizing world 2005* (ILO, Geneva, 2006).

8 *Truck drivers and casual sex – An inquiry into the potential spread of HIV/AIDS in the Baltic region* (World Bank, Washington, DC, 2004).

Improving transport services lead to more road transport workers spending longer away from home and their families. The consequences may be regional and even international as many drivers cross borders. For example, drivers travel from the South African port of Durban to the mines of southern Zaire, spending weeks on the road, and often having to spend days waiting to go through border formalities.

The International Transport Workers' Federation has produced a documentary film called "Highway of Hope". We recommend that you watch it.

http://www.itfglobal.org/hiv-Aids/highwayofhope.cfm

Truck drivers 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 victimisation 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 truckers, starting with a redress of their working and living conditions, no meaningful response to the control of HIV transmission ....is possible."

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

Transport workers are not to blame!

Because of the risk factors, road transport workers are sometimes stigmatized and blamed for the high rates of HIV infection. This is unfair. Drivers and their helpers 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 the disease spreading faster.

4. Working together: Social partners in road transport

This toolkit has been developed following a global Tripartite Meeting on Labour and Social Issues Arising from Problems of Cross-Border Mobility of International Drivers in the Road Transport Sector, held in Geneva in 2006.

The meeting was organized by the International Labour Organization (ILO).

The International Road Transport Union (IRU) Academy and the International Transport Workers' Federation (ITF) – employers' and workers' organizations in the road transport industry, respectively – were represented. Government representatives and a number of international organizations also attended.

The meeting discussed a broad range of problems connected with border crossings. It agreed that relevant labour and social issues were an integral part of a package necessary for improving cross-border efficiency and trade facilitation in general.

On the question of HIV/AIDS, the meeting agreed that:

- International drivers are among the most vulnerable categories of workers to HIV/AIDS due to the particular conditions of their work. Their vulnerability to sexually transmitted infections (STIs), including HIV, substantially increases at border crossings where unduly long delays are experienced. Combined with any serious deficiencies in infrastructure and facilities and stress, the risks to HIV/AIDS become even greater as these factors create a situation where drivers may be exposed to risky behaviour.
- Transport enterprises are also at risk because of the negative impact on their workforce. Inevitably, this situation has a negative impact on national economies and consequently on the whole world.

Follow-up

The ILO, IRU, ITF and governments agreed to follow up the meeting with a joint project on HIV/AIDS, leading to the development of this toolkit.

Talking, not fighting

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 companies and to workers, and it is sensible to work together against it.

At a global level, employers' and workers' organizations have agreed on this joint approach. The International Organisation of Employers (IOE) and the International Confederation of Free Trade Unions (ICFTU), which is now part of the International Trade Union Confederation (ITUC), have agreed the following common statement.

FIGHTING HIV/AIDS TOGETHER:
A PROGRAMME FOR FUTURE ENGAGEMENT[9]

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.

9 The full statement is available at: http://www.ilo.org/public/english/protection/trav/aids/ioeicftudecl.pdf

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.

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 circle. 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 raise the profile of the problem as well as looking to increase the resources available to fight this pandemic.

The social partners in road transport

International Road Transport Union (IRU)

The International Road Transport Union (IRU), founded in 1948, is the global employers' organization for the road transport sector – one of the social partners. It assists truck operators as well as bus, coach and taxi operators throughout the world and briefs them on developments affecting their business. Through its national associations on every continent, the IRU speaks for the entire road transport industry.

In all international bodies that make decisions affecting road transport, the IRU acts as the industry's advocate. By working for the highest professional standards, the IRU improves the safety record and environmental performance of road transport and ensures the mobility of people and goods.

One of IRU's Working Commissions, the Commission on Social Affairs, is mandated to seek cooperation with trade unions.

The IRU Academy

The IRU Academy seeks to help road transport companies and employees find effective training solutions, through harmonization and transparency in training standards and procedures. It develops, implements and promotes internationally recognized competence-based training standards.

Given the international nature of the industry, international training standards will help to increase road safety, environmental protection and quality of service.

The IRU Academy accredits training institutes and ensures that training programme materials, teaching methods and procedures for training programmes, examinations and testing conform to international standards.

Individuals who successfully complete training programmes accredited by the IRU Academy receive an internationally recognized IRU Academy Diploma.
http://www.iru.org/

International Transport Workers' Federation (ITF)

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

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

The ITF campaign against HIV/AIDS

Three ITF sections representing civil aviation workers, seafarers and road transport 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
- 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
- Support community-based prevention initiatives
- Work with governments, non-governmental organizations (NGOs), etc. 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, etc.)
- 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

www.itfglobal.org

International Labour Organization (ILO)

The 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, 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 181 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 system 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 certain 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 80 years of experience in guiding laws and framing standards to protect the rights of workers and improve their working conditions.
- A global presence, with regional and national offices the world over.

- 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.
- 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

This 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 drafted by a group of experts drawn from all three ILO's constituents – workers' and employers' organizations and governments – and 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 purposes of exclusion from employment
- Confidentiality of information on HIV status
- Continuation of employment relationship
- Prevention
- Care and support

Comprehensive help is available from ILO/AIDS to develop workplace programmes based on the principles of the *ILO code of practice on HIV/AIDS and the world of work*. A copy of the code is included in this toolkit.

The web page for ILO/AIDS is:
http://www.ilo.org/public/english/protection/trav/aids/

The ILO and the road transport sector

The ILO has been very active in the road transport sector. It has produced *Guidelines for the transport sector* which have been translated into a number of languages.

The ILO has also taken practical action through projects in more than 40 countries. Several of these have targeted the transport sector in countries such as Botswana, Lesotho, Mozambique, Namibia, South Africa, Swaziland and Zimbabwe.

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. Women typically become infected at a younger age than men because males usually seek relationships with younger women. Sex is particularly risky for younger women who are not completely physically developed. They are more likely to suffer internal injuries that might 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 and forced to engage 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 it is older women looking after their 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. Rape is often used during war and civil conflict, for example during the Rwanda genocide in the mid-1990s.

Women and border crossing points

At border crossing points and other truck stops on highways and transport corridors, women may offer sex in exchange for money, lifts, cigarettes or other goods. It is because of this that the road transport industry has in certain situations become associated with high levels of HIV prevalence.

Stigmatizing these women or blaming them for the situation is not the answer. It is poverty that forces them to expose themselves to the risk of contracting HIV or other STIs or suffering violence from male partners.

What is gender?

A crucial distinction is drawn between “sex” and “gender”.

Sex refers to the universal biological differences between men and women – the male and female sex. This is biologically determined, universal, and cannot be changed.

Gender refers to male and female behavioural norms. These are not universal or "natural". They are learned or acquired. This is clear from the fact that they vary so much between different societies and have changed over time. Gender is learned, and therefore can be unlearned.

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.

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.[10]

Violence against women in the workplace

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:

- 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.[11]

10 *Gender and AIDS Almanac* (UNAIDS, New York, 2001).

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

6. Facilitators' guide

Introduction

This section 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 and checklists for trainers and facilitators

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 road transport 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: 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
- Practise sessions by participants (continued)

Coffee break

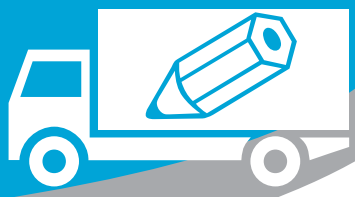
- Activity: Evaluating and improving sessions
- Wrap-up session and evaluation

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

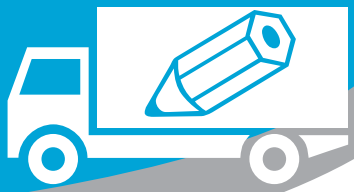
To help you to:

- 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

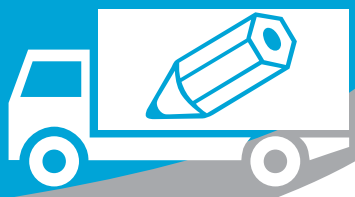
To help us agree some guidelines for the workshop.

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 for the workshop. Think about any additions and amendments you would suggest, and how we can deal with differences in opinions and views that may arise 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 what you think the learners will "look" like.

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

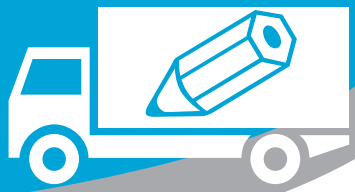
- Who your learner might be (male/female, etc.)
- How they might be feeling about learning
- How they might be feeling about their learning environment
- How they might be feeling about their HIV status
- What they consider to be risky or risk-free behaviour?

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 reference in particular to delivering programmes about HIV/AIDS:

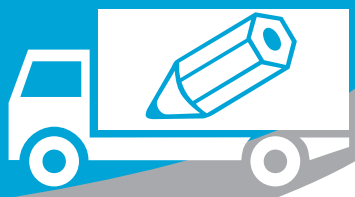
- What problems/issues can hinder people from learning?
- What helps people to learn?
- What might be good or bad learning experiences?
- What might they have heard about HIV/AIDS?
- What sources of information do they have about HIV/AIDS?

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 flip chart and to then report back to the larger group.



ACTIVITY

Using the toolkit

Aims

This activity should help you to:

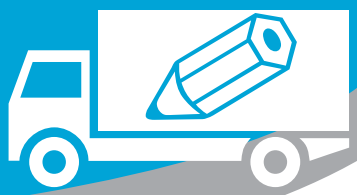
- Plan and deliver a short session using the materials in the toolkit
- Practise active teaching and learning
- Familiarize yourself with the toolkit

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?

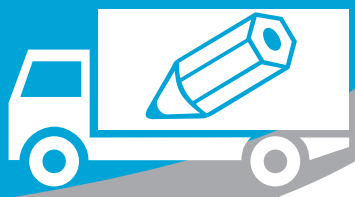
Report back

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 a pairs. Develop your own talk, demonstration session or learning activity about HIV/AIDS for road transport workers (drivers or managers).

You will need to take the following aspects into account:

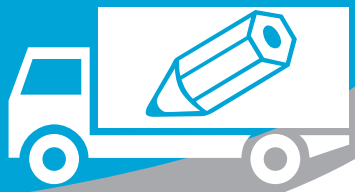
- Who is your session aimed at?
- What will the session be about?
- What do you want people to get out of the session?
- How will you organize the session?

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.

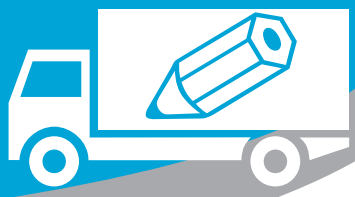
Task

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? (Look back at the section on learning outcomes to refresh your memory.)
- 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,
30 minutes for 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.

EVALUATION

Resources on training methods for adults on HIV/AIDS

Active learning

When trying to communicate with adults in informal settings we need to use active learning, which presumes that the drivers already have a certain amount of experience, skills and knowledge acquired from life and work. It 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 rather 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. Groups should be small, 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, etc.

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.

EVALUATION

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 saw. 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, asking 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 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 participants' 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 the experience of participants' experience.

CHECKLIST

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

Checklist of 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 into 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 drivers 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

Ways of learning

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 are life experienced 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 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.

CHECKLIST

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 to display 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 necessary "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 Activity 1 – the "ice-breaker" – is so useful.
- Introduce yourself to the group by saying something about your background and how you became 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 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.

CHECKLIST

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
- Keep to the subject
- Think carefully about how you group people together
- Explain to participants why you are splitting them up into groups

CHECKLIST

Active learning checklist

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 (3-4 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 by 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 or read the paper. S/he can observe, check group dynamics and think about ways of improving the activity.

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

Review

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

Instructors' module

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 by being asked questions. On the other hand, questions can help establish a rapport with a group and build confidence.

We can distinguish three types of questions:

- Closed questions
- Open questions
- Leading questions

Closed questions

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

Do...

Is...

Can...

Could

Will...

Would...

Shall...

Should...

Open questions

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

How...

Why...

When...

Where...

What...

Who...

Which...

Try asking a question that starts with one of these words and you can see how unlikely it is that you'll get a "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

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.

Glossary

Sources: ILO, UNAIDS, UNICEF

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

Deeper 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

Stands 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. It is the largest global fund in the health domain, with over USD 2 billion currently committed.

HAART

Highly Active Anti-Retroviral Therapy is 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 the 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 all so 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". Test may occasionally show false positive results.

HIV incidence

HIV incidence (sometimes referred to as cumulative 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

Stands 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 virus inserts its own genetic material into the host cell in order to use the cell to make new HIV particles.

IRU

International Road Transport Union, representing employers.
Web site: www.iru.org

IRU Academy

A provider of high-quality education for the road transport industry through a network of approved training institutions.
Web site: www.iru.org/index/en_academy_index

ITF

International Transport Workers' Federation, representing workers.
Web site: www.itfglobal.org

IOE

International Organisation of Employers.
Web site: www.ioe-emp.org

ITUC

International Trade Union Confederation.
Web site: www.ituc-csi.org

Kaposi'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 ILO Occupational Health Services Convention, 1985 (No. 161), namely health services which have an essentially preventative function and which are responsible for advising the employer, 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

Stands 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.

Road transport

Defined for the purpose of this toolkit as transport on roads, that is, most transport over land which is not rail transport.

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.

STI

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.

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.

Testing

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.

Tripartite

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.

UNAIDS

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.

Universal precautions

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.

VCT

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 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

Refers to socio-economic disempowerment and 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 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.

Resources: A guide to further information

There is an enormous amount of literature available about HIV and AIDS.

Appendix V of the *ILO Code of Practice on HIV 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 Road Transport Union (IRU): http://www.iru.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/

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.businessfightsaids.org/

United Nations web sites

The web site of UNAIDS is a good 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 2006.*

Declaration of Commitment on HIV/AIDS; UN General Assembly Special Session on HIV/AIDS, 2001.

The Global Strategy Framework on HIV/AIDS, UNAIDS, Geneva 2001.

Human capital and the HIV epidemic in sub-Saharan Africa, ILO/AIDS Working Paper No. 1, Geneva 2002.

The labour market and employment implications of HIV/AIDS, ILO/AIDS Working Paper No. 2, Geneva 2002.

HIV epidemic and other crisis response in sub-Saharan Africa, InFocus Programme on Crisis Response and Reconstruction, Working Paper No. 6, Geneva 2002.

Working together in the fight against HIV/AIDS

Employers' Handbook on HIV/AIDS, IOE, Geneva 2002.

Workplace HIV/AIDS Programs: An Action Guide for Managers, Family Health International, Chapel Hill 2002. Also available to download from their web site.

The gender dimensions of HIV/AIDS in the world of work

Global Coalition on Women and AIDS, a UN-led initiative. See publication *Keeping the promise: Agenda for Action on Women and AIDS*, available at http://womenandaids.unaids.org/

Sheila Smith and Desmond Cohen, *Gender, Development and the HIV epidemic*, ILO, October 2000.

Gender and AIDS Almanac, UNAIDS, New York 2001.

UNAIDS Best Practice Collection, *Working with men for HIV prevention and care*, 2001.

Gender, HIV and Human Rights: A Training Manual, The United Nations Development Fund for Women (UNIFEM), 2000 (www.unifem.undp.org)

South Africa's Children, HIV/AIDS and the Corporate Sector, A toolkit for action for HIV/AIDS affected children, Save the Children, 2002.

Resource Packet on Gender and AIDS, UNAIDS, 2001.

Prevention, care and support

Getting started: WFP support to HIV/AIDS training for transport and contract workers World Food Programme, April 2006.

UNAIDS Best Practice Collection: *HIV prevention needs and successes: A tale of three countries.*

Condom Social Marketing: Selected Case studies, UNAIDS, 2000.

A practical guide to employment adjustments for people who have HIV, Employers' Forum on Disability, London 2002 (http://www.employers-forum.co.uk)

International AIDS Vaccine Initiative (http://www.iavi.org)

ISBN: 978-92-2-120815-0