



HIV/AIDS: Transport Workers Take Action

An ITF Resource Book for trade unionists in the transport sector

How to use this resource book

This book is aimed at leaders in transport unions, especially senior shop stewards, educators and negotiators. Whilst this book mainly draws on the experiences of African and Asian transport unions, it is intended as a resource for transport unions wherever their members are affected by HIV/AIDS.

The manual is divided into four sections. The first deals with HIV/AIDS from the perspective of the transport sector, and shows why particular emphasis needs to be placed on this sector. It deals with some facts and figures about the spread of the virus, and the particular vulnerability of transport workers.

Chapter two deals with the facts about the disease: how it is spread, how it progresses through the body, and what treatments are available, including anti-retroviral drugs. It also deals with ways to live positively with the virus, so that the infected person can stay healthy for longer. The issues of gender and culture are also addressed within the chapter.

The third chapter deals with the role of the trade union. It includes inspiring examples from transport unions around the world, and lays out a framework for action. Our belief is that union strategies should begin with a rights-based approach: trade unions must fight discriminatory practices and stigma. They must also fight for better care and support, as well as for anti-retroviral treatment for their members.

The fourth chapter deals with workplace policies, collective agreements, and negotiating strategies, both within multinationals and smaller companies.

Each chapter also contains some case studies to refer to, as well as a set of educational activities. At the end of each chapter you will find a summary of the key information covered. This is provided on a separate page, which can be photocopied if necessary.

The idea is that you will be able to use the material in this resource book to facilitate a workshop or discussion with workers or shop stewards and office bearers. Users are encouraged to develop their own educational material that is specific to their needs. Further, we hope that you will be able to use the information here in your negotiations, and thus win the best possible agreements for workers.

At the end of the book are a glossary, links to organisations and some sample policies, including the ILO code of practice on HIV/AIDS and the world of work, which we see as a very useful foundation for developing a policy.

We trust that you will be able to use the information provided here to positively influence your union's activities around HIV/AIDS, and that this will result in empowered, better informed and healthier members.

Best wishes in your campaign and struggles against HIV/AIDS!

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Introduction

– by David Cockroft, ITF General Secretary

Since its creation in 1896 the ITF has been fighting to defend and improve transport workers' rights and working conditions. HIV/AIDS is of great concern to us because discrimination against workers living with HIV/AIDS or perceived to be living with HIV/AIDS is rampant.



David Cockroft

Long absence from home, long working hours, delays at border crossings, harassment by authorities and inadequate rest facilities are just some of the issues transport workers have always faced. As these adverse working conditions have resulted in increased vulnerability of transport workers towards HIV infection we now need to intensify our efforts to address these issues.

Many trade unions around the world have made the fight against HIV/AIDS one of their priorities. The ITF hopes to assist its affiliates in their efforts through this resource book. But our commitment does not stop here. The ITF actively encourages and supports union campaigns in Africa, Asia and the Caribbean and will continue to do so. With its sister organisations, the other Global Union Federations and the International Confederation of Free Trade Unions (ICFTU) it has launched the Global Unions HIV/AIDS Campaign.

In May 2003 the General Secretary of the ICFTU and the Secretary General of the International Organisation of Employers signed a historic statement **'Fighting HIV/AIDS Together'**. In many ways this symbolises the opportunities workers now have to effectively address HIV/AIDS in the workplace. A partnership between unions and employers provides opportunities beyond the workplace, for example by lobbying governments to provide life-prolonging anti-retroviral drugs.

Very few collective bargaining agreements currently exist which cover HIV/AIDS issues comprehensively. They tend to be negotiated between unions and subsidiaries of multinational enterprises or some para-statals. The challenge is to learn from good practices and to adapt and replicate them in other countries, industries and companies, even in workplaces where unions are not able to negotiate collective agreements.

For many transport unions HIV/AIDS may be the biggest challenge but it also provides one of the biggest opportunities. A successful campaign could result in better working and living conditions, could address many of the immediate concerns of transport workers, link the unions up with new allies, lead to better collective agreements and result in better union organisation.

HIV/AIDS is a trade union issue – the more we see it as such the greater the potential is for really making a difference.

Chapter 1

HIV/AIDS and the transport industry

Some facts about HIV/AIDS

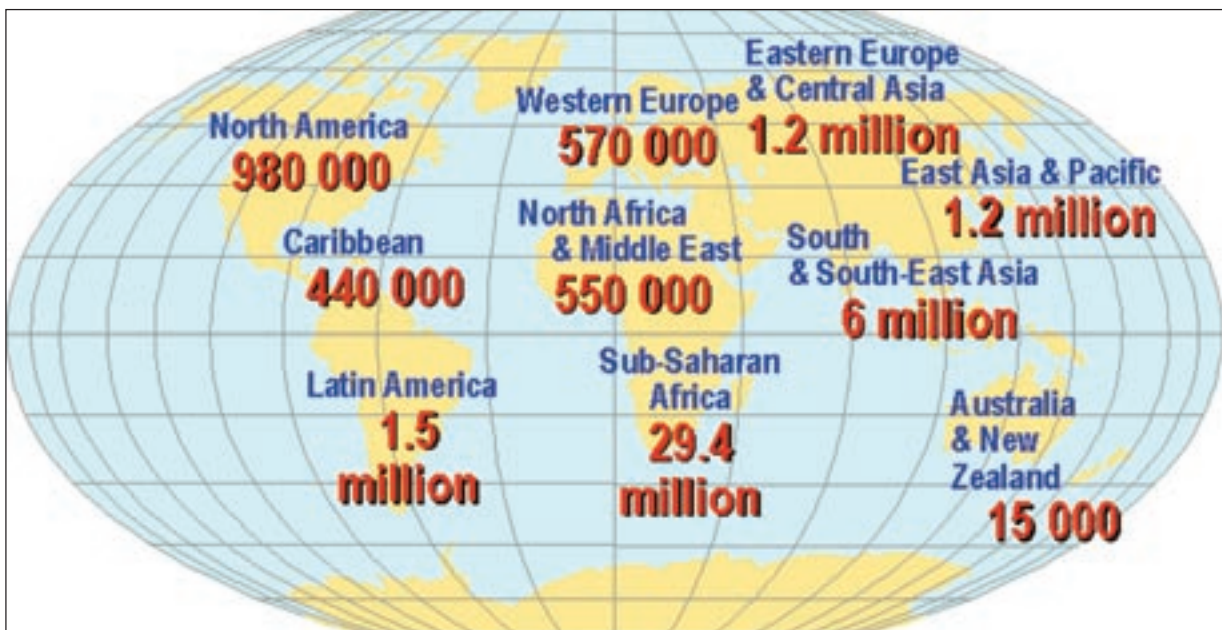
UNAIDS estimates that in 2003 three million people died due to AIDS globally. This is the highest number yet of deaths per year since HIV/AIDS was first discovered just over 20 years ago. Due to the high number of new infections, the total number of people living with HIV/AIDS (PLWHA) has increased to over 40 million. A recent study worldwide showed that 11 million children have already been orphaned because of the disease, and 12% of children in Sub-Saharan Africa are orphans.

Source — Children on the Brink 2002 - A joint USAID/UNICEF/UNAIDS Report on Orphan Estimates and Program Strategies

PLWHA – this stands for Person/People Living with HIV/AIDS, and is the preferred term, instead of insensitive and disempowering terms like 'AIDS victims'.

Although medical science has advanced dramatically since the 1980s, we are still a long way from having a cure or a vaccine.

Prevalence is at present highest in sub-Saharan Africa, which is the epicentre of the disease and an area of crucial focus for combating the HIV/AIDS pandemic. However, the seriousness of the problem in this region does not mean it is safe to ignore it elsewhere – HIV/AIDS is rapidly increasing in some parts of the world where prevalence has so far been much lower, and it needs to be halted before the situation gets more serious. In most countries the most common way of HIV infection is through unprotected sexual contacts between women and men.



Spread of HIV/AIDS, UNAIDS 2003 data

In terms of understanding the impact of HIV/AIDS we have come a long way since it was first discovered and seen as a medical problem. Due to the false association with certain groups that were seen as at high risk most people and governments were complacent for too long. HIV/AIDS is now widely accepted as a threat to social and economic development, to national security as well as to the social fabric of societies.



Transport workers

Transport workers are particularly vulnerable to HIV/AIDS. This is because of the nature of the work they do. In particular the fact that they spend so much time away from home in unpleasant and difficult circumstances.

The virus has spread throughout the world as people travelled. Right from the beginning, prevalence has been particularly high in communities situated on transport routes, such as at border posts and certain port towns and cities.

It is difficult to know the extent of the problem in the transport sector, as there has been little consistent research. One survey at a truck stop in South Africa, for exam-

ple, revealed that 75% of the truck drivers tested were HIV positive. Some ITF affiliates in Africa report that more than 10 members per month die of AIDS-related illnesses. In Bangladesh, a recent survey found that 30% of the truck drivers had sexually transmitted infections (STIs) which is an indicator of their risky behaviour and their increased vulnerability to HIV infection.

Over the last few years HIV/AIDS has gained some prominence as a workplace issue:

HIV/AIDS, unlike many other diseases, strikes the most productive age groups the most. With workers so highly affected many enterprises have felt the impact of the disease through loss of workers, absenteeism, medical costs, recruitment costs, and increased insurance premiums. Stigma and discrimination have also had an impact on morale and hence productivity.

Employers often screen transport workers for HIV in pre-employment medicals. Discrimination also occurs during employment, with dismissals as a response to actual or perceived HIV status commonplace. Employers in the transport industry often try to justify their action by arguing that they cannot guarantee medical care or other assistance while workers are on journeys.

Basic health care, as well as treatment for sexually transmitted diseases (which in turn increase the risk of HIV infection), are often not available where transport workers need them most. Sometimes condoms are very expensive or not available in locations frequented by transport workers.

The Impact of HIV/AIDS on the different transport sectors

Although HIV/AIDS affects all transport workers, the conditions of various transport sectors mean that sector-specific approaches are necessary. Below is a brief look at some of the issues facing workers in the different sectors.

Civil aviation

Air-travel personnel are vulnerable to HIV/AIDS infection in the same way as other transport workers. Long absence from home and frequent relationship problems due to mobility can lead to casual sexual encounters. Early on in the development of the HIV/AIDS pandemic, civil aviation as an industry was in the spotlight. This was largely due to the relatively high number of homosexual men employed in the industry at a time when there was a high HIV infection rate within the homosexual male population. With the detection of the disease mainly within this group, the industry was disproportionately affected by HIV/AIDS. Many airlines therefore lead the responses to HIV/AIDS as a workplace issue and numerous HIV/AIDS workplace policies of European and North American Airlines date back to the late 1980s and early 1990s.

In South Africa, a landmark case was won ('A' vs SAA, 1999) when a man applying for a job as a cabin crew member with the national carrier, SAA, was turned down. He was found to be HIV positive after a medical test was carried out without his informed consent as part of his job application. He took the airline to court and won a large settlement, thus setting a precedent against discriminating against workers and job applicants on the basis of HIV status.

However a number of civil aviation specific problems prevail. For example, crew members need to be up to date with their inoculations. PLWHA are generally advised to avoid immunisation with particular live-vaccines (such as yellow fever), due to their weaker immune systems. Other issues for cabin and flight crew living with HIV/AIDS are:

- ***complicated medical regimes that are difficult to uphold when flying across many time zones;***
- ***medication that needs to be refrigerated and***
- ***visa/entry requirements in numerous countries are very restrictive.***

Some airlines have been very progressive in finding solutions to these and other problems. However, many have also reacted to this by requiring pre-employment screening. For example, the Joint Aviation Authorities (the European Civil Aviation body) ask pilots and co-pilots direct questions on sexually transmitted infections (STIs) before they can be licensed.



Trucking Against AIDS Campaign (South Africa)

Road transport

"For the last four months, I have spent only one night at home. I cannot even stop at my home in Nakuru town when on official duty from Mombasa because we move in a convoy for security purposes." 32-year old Kenyan trucker.

Source: AIDS and transport, ITF

Truck drivers and their assistants have always been very vulnerable to HIV/AIDS, especially in the developing countries, where their working conditions are particularly harsh.

These workers are away from their homes and families for long periods, and often become bored, lonely and frustrated. A survey conducted by the ITF in Uganda showed that 70% of drivers had spent less than a week at home in the previous 4 months. Sometimes they find lovers or visit commercial sex workers (CSW) in several different cities along the routes they travel. Sometimes drivers give lifts to women in exchange for sex.

Source: AIDS and transport: The experience of Ugandan road and rail transport workers and their unions, ITF July 2000

Employers seldom give drivers adequate money to pay for decent accommodation, and in many places, drivers and assistants sleep inside or under trucks. This has a negative effect on both health and behaviour.

A study in India shows that 75% of drivers and 50% of assistants have casual sex on route. This obviously makes them highly vulnerable.

Entertainment facilities are limited, so drivers may turn to alcohol, drugs and prostitution to fill this void. There are reports from some countries of a prevailing macho-culture and associated peer pressure that aggravate the situation.

Truckers' recreation centres are important for the well-being of truck drivers and their assistants



Transport workers can be stigmatised and marginalised by the harassment of police, immigration officials and the communities they come into contact with. Many drivers complain of having to pay bribes and unreasonable fines, and of exorbitant prices at truck stops. This has an adverse impact on their behaviour, as it makes them feel insecure and marginalised. Long delays at borders and police checks often lengthen the journey time unnecessarily, especially for road transport workers.

For long-distance truck drivers it is often very difficult to get effectively treated against sexually transmitted infections (STI) when they are on the road. Having an STI greatly increases the vulnerability to HIV. In some places it is also difficult to get condoms or they are too expensive.

Seafarers

Seafarers are away from home for long periods of time while at sea. Their human contact is limited to their workmates. Then, when they dock at port many want to make up for the loss of contacts during the time on board.

Seafarers are particularly hard to reach with HIV/AIDS prevention activities, as they are away from their home countries for such a long time.

In South East Asia, seafarers are among one of the populations most affected by HIV/AIDS, with workers from Myanmar, Thailand, Cambodia and Vietnam being particularly badly affected. The Philippines Health Department has confirmed that seafarers are the most affected group among Filipino workers overseas.

Seafarers also suffer when shipping companies try to cut costs by flying 'flags of convenience' from countries which have lower standards for registering ships. This undermines safety standards, as well as efforts to provide good workplace HIV/AIDS policies. The struggle against HIV/AIDS is not an isolated one, and is part of the struggle to win better conditions for members.

Trade Union leaders and members taking the lead in campaigning against HIV/AIDS

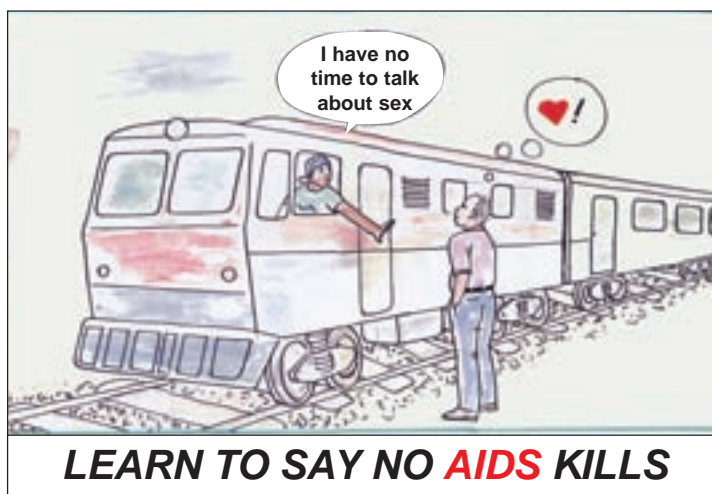


Women seafarers are particularly vulnerable, and special care needs to be taken to consider their needs when developing interventions. Women seafarers regularly report sexual harassment and rape. On long journeys relationships between male and female colleagues develop naturally. It is often in these situations that condom use declines even though the partners may not know their HIV status.

More than any other transport workers, seafarers are subject to pre-employment HIV tests. As many seafarers only get short contracts of less than 18 months they are regularly subjected to this discriminatory practice. In some countries employers are not even directly to blame, as the big insurance companies insist on them enforcing these tests.

Railway workers

Many railway workers travel long distances and are absent from home for long periods. In some countries workers are also regularly placed on duty in districts far away from home. Often single sex hostels are provided for accommodation. Bars and sex workers can be found close by.



Traditionally railway companies had their own health infrastructure, providing basic health care at major hubs and comprehensive care in some centrally located hospitals. Increasingly railway restructuring has led to neglect or privatization of this infrastructure. Therefore, due to commercialisation, restructuring and privatization, many railways companies have lost the ability to look after the wellbeing of their workers through prevention and treatment.

In the 1990s, Uganda Railways reported that it lost 5 600 workers due to HIV/AIDS, a labour turnover rate of over 15%. Indian Railways has also become aware of the serious effect HIV/AIDS has on its workers.

Port workers

Although most port workers are non-mobile transport workers there is evidence that they too are highly vulnerable to HIV infection. Some evidence points to the high number of migrant workers amongst port workers, who are forced to leave their families behind. Commercial sex is also traditionally more readily available in port towns, increasing the chances of HIV infection of port workers who use commercial sex services.

Throughout the world, there are many other transport workers that we do not have the scope to cover in detail. These workers include rickshaw pullers, taxi drivers, motorbike and bicycle taxi drivers, river and lake shipping workers and so on.

The reasons for transport workers' vulnerabilities may be different. However, it is always important to assess the living, working and wider social conditions and address them within any broader HIV/AIDS intervention. A high level of difficult conditions that make transport workers more vulnerable to HIV/AIDS means that it is hard for transport workers to change their behaviour. HIV/AIDS information messages are important but they have often failed to make an impact on behaviour change, if the wider and deeper issues are not addressed.

Transport workers are affected by the HIV/AIDS pandemic in very definite ways. The disease has affected many transport workers and the communities they relate to. **As transport workers and trade unions we are in a unique position to make a huge difference in defeating this devastating pandemic. Through our regular travels and contact with people in different parts of our countries and the world, we can spread positive and constructive messages on how to fight HIV/AIDS. We can play a special role in the worldwide campaign as union members and affiliates of the ITF. This booklet is prepared to assist you in this campaign. Use it fully!**



Action ideas for campaigns and education

Here are some ideas for workshops, educational activities and campaigns around HIV/AIDS. Please feel free to adapt them according to your own needs.

- Do some research to find out the facts about HIV/AIDS infection levels in your country and sector. Compare these to the facts given in this chapter. Present both to workers in a meeting or workshop, and discuss the following questions:

1. How serious an issue do you think HIV/AIDS is for your union or workplace?
2. How serious do you think it is for transport workers in general?

- If you are working with truck drivers, organise meetings of drivers and discuss the information presented in this chapter. Discuss the following issues:

1. How do they feel about the information being presented?
2. Do they believe it is accurate?
3. Do they believe they are unfairly blamed for the spread of HIV/AIDS by the communities they pass through?
4. What/who do they see as responsible for the spread of the virus?
5. What positive effects does road transport have on the communities they pass through?
6. What negative effects does it have?
7. What can drivers do to make the effects as positive as possible?

(A similar activity can be conducted with other transport workers)

- Discuss the following questions with workers:

1. In your industry / country / workplaces are there factors that contribute to the increased vulnerability of workers to HIV infection
2. List these factors as specifically as possible
3. What would realistically need to be done to address these factors?

Key information found in Chapter 1

1. **The first cases of HIV/AIDS were discovered a little more than 20 years ago.**
2. **There are about 40 million PLWHA in the world today.**
3. **Africa is the most affected continent with adult prevalence rates over 30% in a number of countries in Southern Africa.**
4. **Transport workers are particularly vulnerable to the virus, and there is a high rate of infection in many of the communities that they pass through.**
5. **No one knows for sure how many transport workers are infected, but many unions report a high rate of infection and are seeing many workers die.**
6. **Mobility and the long absence from home is seen as one of the major factors for the high vulnerability. Other factors closely linked to this include:**
 - o Long delays at borders*
 - o Harassment and stigmatisation by police, border officials and communities*
 - o Isolation*
 - o Inadequate rest and recreation facilities*
 - o Lack of health infrastructure where transport workers need it most*
 - o Lack of other services*
 - o Stigma and discrimination by employer*
 - o Stress leading to abuse of alcohol and drugs*
 - o Absence of legal protection*
 - o Sexual violence and harassment*
 - o Macho culture*

Chapter 2

Understanding HIV/AIDS

What are HIV and AIDS?

HIV is a virus, called the **H**uman **I**mmunodeficiency **V**irus. It attacks the immune system of a person's body. The immune system is the part of the body which fights diseases. If the immune system is weakened or destroyed, the body can't resist the diseases properly. HIV mutates (changes itself), and there are several different types of the virus. Some are worse than others.

HIV is a retro-virus. This is a particularly devious virus that tricks your body into helping it spread. HIV integrates itself into the immune system and in particular targets cells called CD4 cells. These are cells that would normally attack a virus. It enters healthy cells and subverts the natural process of the cells to make copies of itself. While your body is trying to make more CD4 cells it is actually making more HIV. This is why it is hard to target the virus with drugs. The cells die and more copies of the virus are released to infect more healthy cells. This continues until the immune system is destroyed.

AIDS is what happens to the body once HIV has entered the cells and destroyed the immune system so that it cannot combat and resist other diseases. AIDS stands for **A**cquired **I**mmune **D**eficiency **S**yndrome. This is a medical term that refers to a whole range of different illnesses or diseases that can spread inside the body.

When people develop AIDS and eventually die from it, it is not the HIV that has killed them, but **opportunistic infections** that have taken advantage of their body's weakened state. As the HIV spreads through the body, it makes the immune system weaker and weaker. People with HIV are particularly vulnerable to the following sicknesses:

- ***Colds and Flu***
- ***Tuberculosis (TB)***
- ***Candidiasis (thrush)***
- ***Cryptococcal infection (which can lead to meningitis)***
- ***Diarrhoea***
- ***Herpes***
- ***Mycobacterium***
- ***Kaposi's sarcoma (a kind of skin cancer)***
- ***Pneumonia***

It is very important to treat these diseases as early as possible, with conventional 'allopathic' medicine, holistic alternatives or traditional medicines, as they can severely weaken the body and lead to a person with HIV developing AIDS much more quickly. Tuberculosis (TB) is one of the biggest killers of PLWHA in the developing countries.

These are all diseases that you can get even if you do not have HIV/AIDS. The difference is that people with HIV have weaker immune systems, so these diseases attack them more easily and are harder for their bodies to resist.

What happens to your body once you have HIV/AIDS?

Your body is made up of millions and millions of cells, all carrying out different functions to keep you healthy. After the HIV enters your body, it starts to make copies of itself inside your healthy cells. As it makes copies, it also mutates, so that each copy is very slightly different from the previous one. This is one reason why it is so difficult to treat HIV.

When the HIV first enters your body, you may get a fever, a rash, swollen glands and some other symptoms.

Here are some of the most common symptoms:

- ***Thrush***
- ***Ongoing diarrhoea***
- ***Weight loss***
- ***Difficulty swallowing***
- ***Coughing***
- ***Night sweats***

The symptoms usually go away after the initial period of infection, and the person will usually feel fine for years afterwards, with no visible sign that the virus is spreading through the body. A person who has the HIV in his or her body is said to be HIV positive.



Condom use during sexual intercourse can effectively prevent the spread of HIV

HIV/AIDS and poverty

The struggle against HIV/AIDS is part of the struggle for a better life for all our members. Poverty is not the cause of HIV/AIDS, but it is the biggest killer of people with the virus.

Poor people - especially in developing countries - tend to die from HIV/AIDS much more quickly than wealthy people, or people in rich countries, because they cannot afford good nutritious food, let alone anti-retroviral treatment. Often, only those who have money get the medical treatment, drugs and food that they need to keep their bodies strong. The poor are left to die.

As trade unionists we need to fight not only against the disease, but also against the system that makes the disease such a killer - the system that puts profit-driven economic policies before people's lives. We need to support initiatives to extend treatment to more people, such as the World Health Organization's 3 by 5 campaign, which aims to have 3 million people on anti-retroviral treatment by 2005. We also need to campaign to ensure that our governments address the needs of our people, especially in relation to poverty and HIV/AIDS.

"It is now nine years that I know that I am ill. I have two children but their mother died. I constantly have a cough and I cannot afford the diet that would help me to remain strong for longer." He adds "For poor people HIV/AIDS is a much bigger problem than for the rich. Poverty and discrimination are our biggest problems." (motorbike-taxi driver, Rwanda)

Prevention

HIV can only be transmitted through contact with certain body fluids. These would need to enter into the bloodstream for you to become infected. Blood, semen, vaginal fluids and breast milk carry HIV. Urine, vomit, faeces and saliva do not carry the virus in sufficient quantity to be especially dangerous, although care should be taken with all body fluids, especially if they may contain blood.

Therefore it is almost impossible to contract HIV by casual physical contact, coughing, sneezing, sharing toilet and washing facilities, by using eating utensils or consuming food and beverages handled by someone who has HIV, by social kissing (but not deep kissing!); it is not spread by mosquito or other insect bites.

How HIV spreads?



Through unprotected sexual activity with an infected person.



Intravenous needle use shared with an infected person.



H I V can be transmitted from mother to child during and after pregnancy.

There are three ways that you can contract the virus:

- **By having unprotected sex with an infected person**
- **By coming into contact with infected blood through, for example, infected blood transfusions and organ and tissue transplants or the use of infected injections or other body piercing equipment. Nowadays the most common way to come into contact with infected blood is when intravenous drug users share needles, or by injuries from needles.**
- **The virus can pass from a pregnant woman to her unborn child, or be transmitted during birth or after birth through breast milk. This is usually referred to by the acronym MTCT, which stands for Mother To Child Transmission.**



Truckers learning about the use and importance of condoms.

Practise safe sex

The main way that HIV spreads between people is through sexual contact. The best way for sexually active people to protect themselves from HIV is to have safe sex, using a condom every time they have sexual intercourse. The chances of getting HIV if you use a condom are very much less than the chances if you have sex without a condom.

Condoms also reduce the chance of catching other sexually transmitted infections (STIs) like syphilis and gonorrhoea.

According to the World Health Organization in about 88% of cases HIV is transmitted by sex between a man and a woman. Therefore, wearing a condom is still the most effective way of preventing HIV transmission

Avoid infected blood

It is very rare for a person to receive an HIV-infected blood transfusion, because most countries now have effective screening mechanisms. All workers should observe the following basic safety precautions:

- **Do not share razor blades or syringes (injections) with anyone.**
- **Ensure that body piercing and tattooing equipment is sterilised**
- **Do not let blood from a cut on someone else get into any cut on your own skin.**
- **If there is an accident at work or on the road, follow the correct safety procedures, known as **universal precautions**. This treats all body fluids as potentially carrying infectious diseases (not just HIV), which should be isolated and neutralised with disinfectant. Universal precautions are listed at the end of this chapter.**

However, the chances of becoming HIV positive from infected blood are extremely low. In a workplace or road accident scenario, exposure to HIV positive blood carries a risk of about 0.1% of contracting the virus, according to the Centers for Disease Control and Prevention (CDC) in the United States. If universal precautions are followed, the risk almost totally disappears.

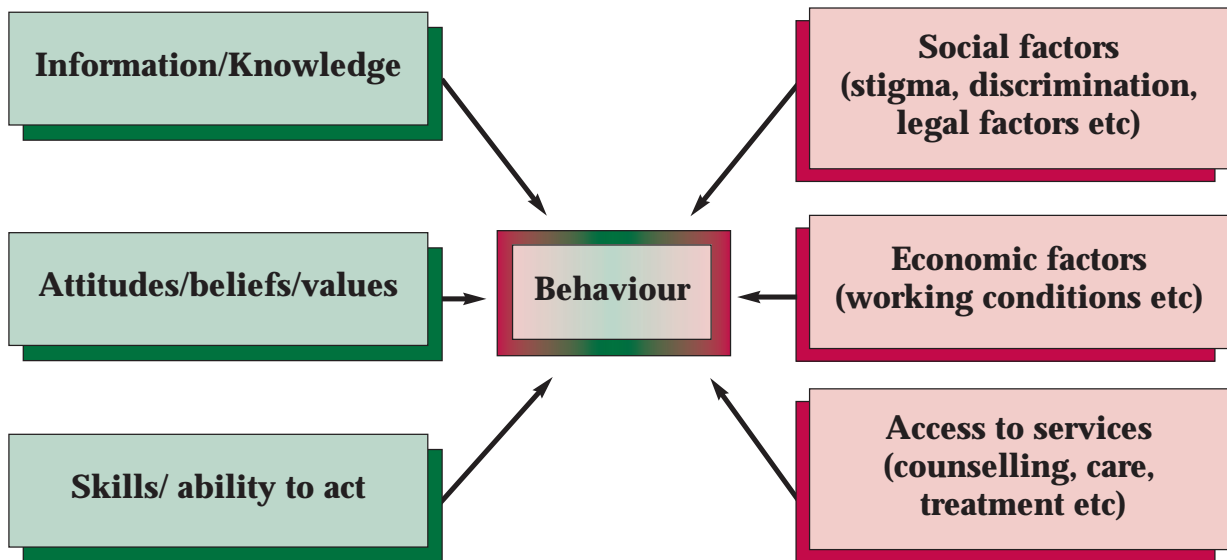
HIV and pregnancy

All women who become pregnant should be tested for HIV at a clinic. The baby can only be HIV positive if the mother already has HIV. If this is so, there are drugs, such as AZT and Nevirapine, that can be given to the mother and baby just before, during and after childbirth, which reduce the chances of HIV being passed on to the baby by about 50%.

Behaviour change

There is clear evidence that information / knowledge about HIV transmission and prevention thereof is only one factor leading to behaviour change. Other factors are attitudes/beliefs/values/skills and the ability to act, a wide range of environmental factors (including social and economic factors) and access to services.

Many factors influence behaviour



Voluntary counselling and testing

Voluntary counselling and testing (VCT) is seen as a key element in any HIV/AIDS campaign. In short: if people know that they are not infected with HIV it is said that they will do more to stay that way. If they are infected they have a chance to live positively (see page 20). However, for VCT to be taken up it is crucial that people know that their HIV test result remains absolutely confidential. Another crucial factor is that people have an understanding that, if they test positive, they will get support to live positively. Ideally this should include anti-retroviral treatment. A thorough and compassionate counselling process (pre-test and post-test counselling) are crucial (see diagram).

Treatment and care

There is no medical treatment yet that can destroy HIV once it gets into your body. Doctors and traditional healers have had success in treating some opportunistic infections and strengthening the immune system, but their treatments cannot kill the virus itself. **This is why the most important way to fight the virus is to prevent people getting infected.**

There are three main thrusts to the treatment and care.

- Supporting the immune system and strengthening the body
- Treating opportunistic infections and sexually transmitted infections (STIs)
- Anti-retroviral treatment

Supporting the immune system and strengthening the body

This is important throughout the life of an HIV positive person. But it is especially important that when someone finds out they are HIV positive, they start making positive changes to their lifestyles. By strengthening the immune system naturally, you can dramatically delay the onset of AIDS and sickness. Careful support of the body will keep you healthy for years with the virus, without it being necessary to take expensive drugs, which may have side effects. We will deal with this in more depth under the heading of **positive living**.

In many parts of the world, there are traditional medicines that are very good at building up the immune system and keeping the body strong. Vitamin supplements such as B Complex and C, as well as minerals such as Selenium and Zinc, are also thought to boost the immune system and keep PLWHA healthy.

Treating opportunistic infections and sexually transmitted diseases

STIs such as syphilis and gonorrhoea greatly increase the chances of contracting HIV. The reasons for this are that these infections often create open sores in the genital region. Because HIV is passed through contact with body fluids, including blood, these open sores make it much easier to transmit the virus. Also, someone with an STI is likely to have an immune system that is already weakened. The weaker your immune system is, the easier it is to contract HIV.

But STIs are curable, and can in fact be treated with antibiotics. So it is very important that workers who find themselves infected seek treatment as soon as possible. We will deal with the logistics of providing treatment in chapter 3.

The opportunistic infections that PLWHA develop, such as TB, also weaken the body greatly. The immune system will already be broken down by HIV, and so PLWHA are much less likely to recover speedily from an infection. TB is probably the most dangerous opportunistic infection in developing countries, and is the major cause of death of PLWHA. Yet it can be cured inexpensively.



Voluntary testing and counselling - an important factor in fighting HIV/AIDS.

Western medicine

Western medicine, in addition to having many treatments already available for opportunistic infections such as TB, has also developed a range of treatments aimed especially at the diseases PLWHA suffer from. For example, there are specific medications for Cryptococcal meningitis and PCP, a pneumonia that is common among PLWHA.

One of the greatest inventions of western medicine is antibiotics, which can destroy many of the opportunistic infections that PLWHA suffer from.

Most treatments for opportunistic infections that are offered are available free or very cheaply at clinics and hospitals throughout the world. If a PLWHA feels they are becoming ill with an opportunistic infection, it is vital that they seek treatment as soon as possible, before their bodies become further weakened by the disease.

Traditional healers

Many people in the developing countries use traditional healers and herbalists, following traditional African, Ayurvedic, Chinese or other medical systems, when they are sick. Traditional healers are often more accessible and cheaper than doctors trained in Western medicine. They also understand things from the same cultural perspective as their patients.

Traditional healers can help people with HIV/AIDS. Many traditional herbal remedies that healers give are very effective at treating the opportunistic infections that arise when a person is HIV positive. Traditional medicines are particularly good at supporting and strengthening the body in a holistic way, and giving it added strength to fight the virus.

But some traditional healers are ignorant of the reality surrounding HIV/AIDS, and will make things up to disguise their ignorance and protect their standing in the community. Many dangerous myths have been spread this way. Therefore, it is very important that people who use traditional healers are aware of the facts themselves and find a healer that they can trust.

Anti-retroviral treatment

Most people with HIV eventually get to the stage of having full-blown AIDS. The number of years it takes to reach that stage depends on a number of factors, but in particular on how well the immune system is maintained and how opportunistic infections are treated. In developing countries, full-blown AIDS takes an average of between 3 to 7 years to develop.

AIDS is diagnosed when the immune system is so compromised it can no longer fight off disease by itself, and the patient quickly succumbs to infections. Most doctors diagnose AIDS when a patient is sick and the CD4 count has dropped from a healthy average of 1 500 cells per millilitre of blood to 200.

Doctors call this stage full-blown AIDS. It can be measured by counting the number of copies of HIV in a millilitre of blood — **the viral load** — and the number of CD4 cells.

Doctors can supply drugs to slow the spread of HIV through the cells of the body. New drugs are being tested all the time. There is still no drug that works perfectly to stop HIV, but different combinations of drugs (**the 'drug cocktails'**) can be very effective in slowing down HIV in the body.



A traditional healer holds up an African Potato, which many traditional healers use to treat HIV/AIDS. It cannot cure the disease, but it can strengthen the body's immune system and help fight opportunistic infections.

(Photo courtesy of Giselle Wulfsohn/Beyond Awareness Campaign)



A healing ceremony being performed by a traditional healer.

(Photo courtesy of Fanie Jason)

The most effective form of this therapy is known as **HAART** — **highly active anti-retroviral treatment**. These drugs are very expensive, but are increasingly getting cheaper, due to sustained pressure from unions and civil society groups.

Anti-retrovirals (ARVs) are a fundamental issue, as almost all PLWHA will need them at some stage. It is usually recommended by doctors that PLWHA support the immune system and treat opportunistic infections for as long as possible without resorting to ARVs, as these drugs need to be taken every day for the rest of a person's life. Also, because HIV mutates, it is possible for it to develop resistance to ARVs.

Positive living

One of the most important ways for PLWHA to live long and healthy lives is to understand the need to live positively in the face of the virus. If you take good care of your body and do things to keep your immune system strong you can live a normal life with the HIV in your body, even without ARVs. Most people living with HIV can continue to do their work, take part in family and social life, and do the things that they enjoyed before they got the virus.

One of the biggest killers of PLWHA is a lack of the will to live. For example, a person might find out they are HIV positive, and believe they have been sentenced to death. As a result, they may stop looking after themselves, become depressed and drink or take drugs. Consequently, their bodies will be further weakened, and they may quickly succumb to the first opportunistic infection they get. Often, they will be socially ostracised and will lack the physical and emotional support and the knowledge that is needed to live with the virus.

The notion that HIV/AIDS is a death sentence must be challenged. PLWHA can live for a very long time with the virus in their blood, if they make the decision not to be defeated by it and live positively. There are people who were diagnosed as HIV positive 20 years ago who are still healthy today. They usually say that the reason for their continued good health is a refusal to let the disease defeat them, and a commitment to improving their health through eating correctly, exercising and avoiding cigarettes, alcohol and drugs.

Important principles of positive living

Practice safe sex

Firstly, this is important to avoid infecting anyone else with the virus. But it is also important for the health of PLWHA, ***as it is possible to get more than one strain of HIV, and be re-infected several times.*** This will cause AIDS to develop much more quickly. Also, STIs greatly weaken the immune system, especially of PLWHA.



Distributing and using condoms can prevent the spread of HIV.

Look after the immune system

Keeping the immune system healthy is fundamental to staying healthy with HIV. Stress, pollution and eating unhealthy food weaken the immune system.

Good food: Eating lots of fresh food, especially fruit and vegetables and whole grains, like brown rice, will strengthen the immune system. **Fried food, sugar and foods with a lot of chemical additives should generally be avoided.** Vitamin supplements also help, and it is a good idea for PLWHA to take a good vitamin B complex and vitamin C. B vitamins strengthen the body and help it to cope with stress, while vitamin C boosts the immune system.

Avoid cigarettes and alcohol: Cigarettes, coffee, tea, alcohol and drugs are very bad for the immune system and should be avoided as much as possible as they weaken the body.

Physical exercise is a very important way to boost the immune system, and is very relevant to transport workers, who often spend long hours sitting behind the steering wheel of a truck, and don't get much chance to exercise. Physical exercise also increases one's sense of well being, and sport played with friends is a very good way to overcome the social isolation many HIV positive people suffer from.

Continuous counselling, advice and emotional support: PLWHA often feel socially isolated, stressed or depressed. Besides the psychological impact, stress and depression can weaken the immune system. They can be helped in many ways to cope with the problems that HIV causes them, and it is very important that they do not feel alone or abandoned. People need to be able to go for counselling, and get advice on medicines, lifestyle, financial matters, and other aspects of managing the disease. It is not enough for counselling to happen before and after a test. Once HIV infection is diagnosed counselling should continue. There are advantages to this being supported at the workplace; for example by trained trade union officials.

Gender relations, culture and HIV/AIDS

In the developing countries, HIV is most often spread through sex between a man and a woman. This means that the way men and women relate to each other is central to understanding what we can do to defeat this disease. One of the biggest factors in the spread of HIV/AIDS is the unequal power between men and women. Very often in society, men have power over women in the form of:

- Physical power through violence or the threat of violence;
- Economic power through being able to pay a sex worker for sex, or force a woman to submit because she has nowhere else to go; and
- Social power, like the prevalent idea in society that wives should obey their husbands.

The fact that women do not have full control over their own sexuality means that they are unable to protect themselves fully from the virus. They can be completely faithful and always want their partners to wear a condom, but if men refuse, there is often little they can do.

This is where union peer educators have a very important role to play. They can educate men about being more sexually responsible without being patronising.

“When we arrive, we refresh ourselves with beer, food and women. Our hours of rest are limited further when we have to drink and indulge in sex.” - 48-year old truck driver

Also, in many poor communities throughout the developing countries, the only employment available to women is sex work. Commercial sex workers (CSW) exist because they fulfil a need or desire for men to have casual sex, and that they do this work because it is often the only alternative to starvation.

It is no use educating CSW and women at risk about safe sex and telling them that they must ensure that men always wear condoms if the men in their lives refuse to do so. There are numerous examples of women being beaten or thrown out for demanding that their partners wear condoms during sexual intercourse.



Rest points for truck drivers can play an important role in the promotion of HIV/AIDS awareness.

Rwanda: involving the wives of truckers

The truck drivers union of Rwanda (ACPLRWA), organised several seminars for its members. The union quickly realised how important it was to involve the partners of the truck drivers in their AIDS campaign. Many of them brought their wives along when they went for voluntary counselling and testing, also organised by the union.

With the support of the Canadian embassy, ACPLRWA organised a four-day HIV/AIDS workshop for the wives of truck drivers. The participants expressed how happy they were that the union had realised the importance of involving the partners of the truck drivers in this work. The women said that they did not usually speak to their husbands about HIV/AIDS. As the women were very keen to get much more involved in HIV/AIDS work they asked the union to organise a peer educators seminar for them and their husbands. The union organised this within months of the request.

Women's right to refuse sex

We need to be open with our partners about our sexual history and commitments. A woman must also be able to refuse sex if she thinks her partner has been unfaithful, which is why all our HIV/AIDS interventions must have a strong focus on raising awareness of women's rights.

Men need to learn to respect women as their equals, and not force them to have sex because of 'cultural values' or 'tradition' or 'my rights as a man'. It is also important that men stop using violence to make women do whatever they want.

Many women will say that they just don't have the power to protect themselves from being infected with HIV, because they cannot control the behaviour of the men they meet or live with.

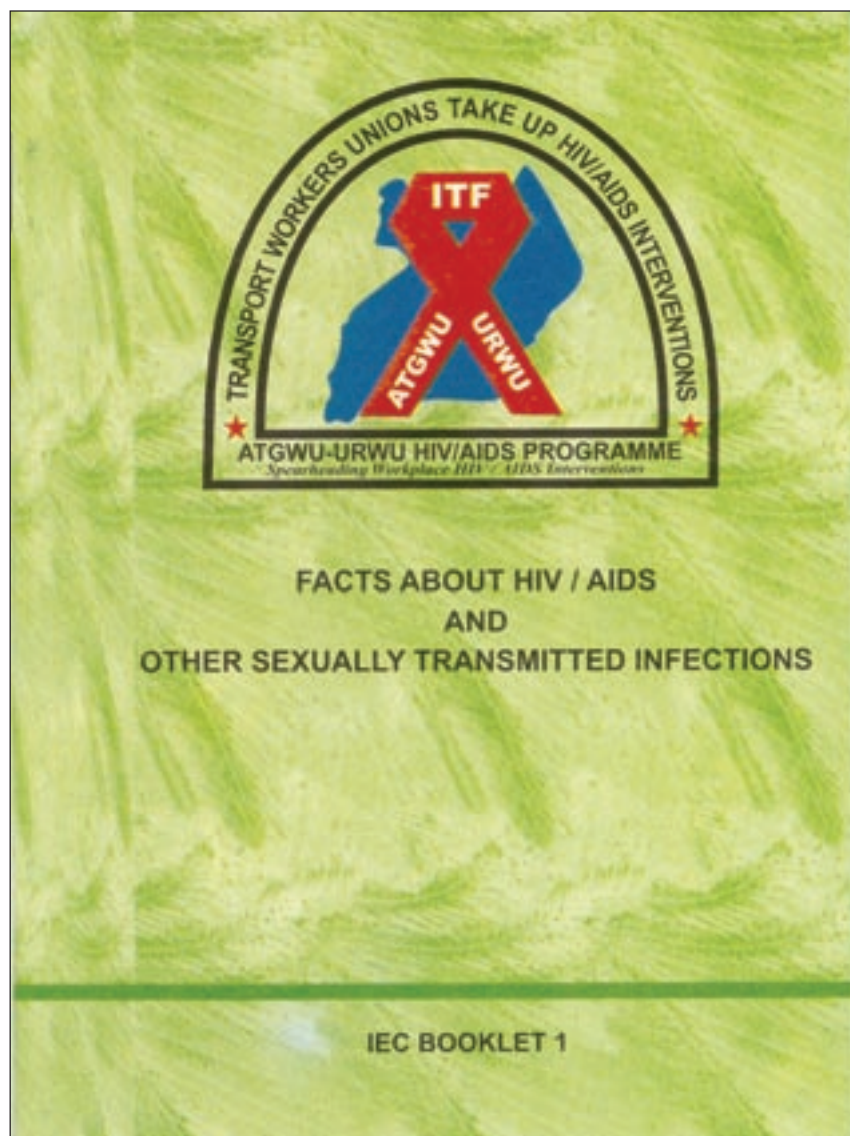


Rwanda Truck Drivers Union - uniting and campaigning against HIV/AIDS.

The role of culture and myths

Very often, a man will say, "it is my culture to treat women this way, it is my right as a man". Often, they will quote a religious text to justify themselves. It is important to distinguish what cultural ideas are relevant and valuable to us now, and what needs to change.

In certain African countries, some men believe the myth that you can get rid of HIV by passing it on to someone else, or by having sex with a virgin. Some young girls have already become victims of this horrific myth and have consequently died due to AIDS related illnesses. This belief is **NOT** true, and behaving in this way only spreads the virus faster.



Knowledge is power. Learn and read more about HIV/AIDS in order to defeat the disease.

Action ideas for campaigns and education

Here are some ideas for workshops, educational activities and campaigns around HIV/AIDS. Please feel free to adapt them according to your needs.

- It is very important that workers understand the facts about HIV/AIDS. In a workshop, test basic knowledge about HIV/AIDS.
- Ask basic questions such as the following to assess the knowledge that workers have:

Can you get HIV/AIDS from the following? If so explain how:

1. Sharing a meal or utensils
2. Having unprotected sex
3. Kissing
4. Mosquito bites
5. Blood transfusions
6. Being pricked by, or sharing, a needle
7. Working with someone
8. Using the same toilet and washing facilities
9. Working close to someone
10. Helping someone in an accident.

- Discuss the results with workers, and give them the correct facts. If they raise anything you are unsure of, promise to find out the facts. In some instances, the facts can be quite obscure: for example, it is possible in theory to contract HIV by kissing, especially if both parties have bleeding gums or sores, but it has not been conclusively proven that this has happened. Be honest about this.

- Once you have clarity on how HIV/AIDS is spread, discuss how it can be prevented in each case. For example, condoms can be used during sex, and universal precautions followed in an accident situation.

- When you have been able to clarify some of the facts about HIV/AIDS, ask members to tell you some of the myths they have heard about the virus. There are many of these, and they vary from place to place, but they all have the common theme of denying that everyone is equally at risk.

1. What is the truth of the situation? (i.e. debunk the myth)
2. Why do you think people believe these things?
3. What can we do to ensure people have the correct information?

- Discuss the various treatments available for HIV/AIDS. In particular, look at anti-retrovirals, which can literally save people's lives. Ask the following questions:

- **Why do you think so few workers have access to these drugs? Expand on your answer, so that you are not just saying that they are too expensive, but exploring why they are so expensive.**
- **What can we, as transport unionists, do to make these drugs available to our members who need them, as well as to others in society?**
- **What other groups can we work with?**
- **The answers to these questions are changing very rapidly, as many groups are campaigning for access to medication. Useful information and updates can be found on the Médecins Sans Frontières (MSF) website at <http://www.accessmed-msf.org/index.asp>.**
- **Make gender awareness workshops an integral part of the HIV/AIDS programme. It is important that men attend these, and are challenged on their attitudes to sex. Men's behaviour is still the main cause of the spread of HIV/AIDS.**
- **Directly challenge male members on their attitudes to women, by explaining how these attitudes lead to the spread of HIV/AIDS.**
- **Discuss the role of men and women in the cultures you come into contact with. How appropriate are they for today's circumstances?**
- **Look at the role of culture, and find positive cultural role models that promote the strength and position of women**

The universal precautions

The universal precautions were originally prepared for health workers by the Centers for Disease Control and Prevention (CDC) in the United States. Health workers face the greatest occupational hazard from HIV/AIDS. However, the principles can easily be adapted to transport workers as follows:

The most likely place a transport worker will need these precautions is at the scene of an accident. While administering first aid and assisting the injured person, the following precautions should be taken:

- Treat all body fluids as if they contain HIV or other diseases
- Do not allow the body fluids to come into contact with you – use rubber gloves and any other protection you can find
- Wash your hands with soap and water after any contact
- If available, use a mouthpiece when giving mouth-to-mouth resuscitation. If not, improvise one.
- Dispose of any soiled material in a leak-proof bag. Either burn or use bleach and water solution to kill the virus
- Clean the area with a bleach and water solution

The original guidelines for universal precautions are given below:

- Treat all body fluids as if they contain HIV and other blood-borne pathogens.
- Wear the correct gloves (vinyl, latex or dishwashing) when you may have contact with body fluids.
- Wash your hands with soap and water
 - after each patient or incident
 - after going to the toilet
 - after taking off your gloves
- Wear a gown, mask or eye protection when you may be splashed with blood or other body fluids.
- Dispose of needles and other sharp instruments by placing them in a puncture resistant container. Do not recap needles — this is one of the prime causes of needlestick injuries.
- Where possible use needles with special safety features to prevent injury
- Use a mouthpiece when giving mouth-to-mouth resuscitation.
- If you are a health worker, use leak-proof containers to store patient specimens
- Use leak proof bags to store and transport any soiled material.
- When cleaning up blood or other body fluids:
 - wear disposable gloves which are not damaged in any way
 - mop up the fluid with something absorbent and dispose of it in a plastic bag. The bag should have a red label or biohazard symbol if it contains potentially hazardous fluids.
 - **clean the area with a disinfectant, for instance a bleach and water solution. This will destroy HIV within 30 seconds.**

Key information found in Chapter 2

1. HIV stands for *Human Immunodeficiency Virus*. It is the virus that causes AIDS.
2. AIDS stands for *Acquired Immune Deficiency Syndrome*. This is what happens when HIV weakens your immune system so much that it can't defend itself.
3. HIV is spread by contact between blood, semen, vaginal fluids and breast milk. The most common way to get the virus is through unprotected sex. It is also possible to get it from sharing needles, needlestick injuries, and from a mother to a child through the womb or breast milk.
4. The most practical way to prevent the spread of HIV is to wear a condom every time you have sex.
5. When you have HIV, opportunistic infections take advantage of the body's weakened immune system. It is these infections, and not the virus itself, that kill people with HIV/AIDS.
6. The most common opportunistic infections are types of pneumonia, tuberculosis, and thrush.
7. Opportunistic infections should be treated as early as possible, with conventional or traditional medicine where appropriate.
8. The most common symptoms indicting that a person is developing AIDS are losing body weight, persistent diarrhoea, and night sweats. But there is no point worrying as the symptoms could prove to be nothing – get tested.
9. In most countries, government clinics provide free counselling and testing. Counselling is essential to help people deal with all the negativity and stigma that surrounds HIV/AIDS.
10. HIV/AIDS is no longer a death sentence. It is possible to live for many years with the virus, and with the new drugs now available, it is possible to live for a very long time.
11. The most comprehensive therapy for HIV/AIDS is called highly active anti-retroviral therapy (Haart). It is still quite expensive in most developing countries, but it is rapidly getting cheaper.
12. An HIV positive person should not go onto Haart until they are in the late stages of infection. If you take them too early the HIV has a better chance to build up resistance to them.

13. There are many ways to support the immune system of an infected person without using Haart or other drugs. These include cutting out tobacco and alcohol, eating healthy food, getting exercise, and feeling emotionally and socially supported by those around us.
14. Women are especially vulnerable to HIV infection because of unequal power relations between men and women.



Chapter 3

Trade unions take action - *at the workplace and beyond*

Why it is important for unions to act

Chapter 1 described the impact HIV/AIDS has on workplaces in general and on transport workplaces in particular. Trade unions around the world have therefore recognised their responsibility to address the scourge.

We in the trade unions are ideally placed to take action around the problems caused by HIV/AIDS. Because our members' dignity and lives are at stake, it is part of our mandate to develop policies that will protect them.

There are two great influences that the labour movement can have on workers to take action against HIV/AIDS:

Firstly, unions can run education campaigns, and train peer educators and shop stewards on the facts of HIV/AIDS prevention and care. Unions are usually a much more credible source of information for workers than the state or employers. For example, in South Africa, when HIV/AIDS was first discovered, many workers thought it was a government lie to prevent them from having children. But when unions started awareness campaigns, workers began to take notice. The other advantage of union education is that peer educators are used, and the information is pitched at the appropriate level. Unionists start from a rights-based approach, and tackle the risk factors for workers and the consequences of behaviour: The disease is the target, not the individual.

The second major influence unions can have is by changing the conditions at the workplace through industry wide negotiations or workplace agreements. Some countries have bargaining councils, where powerful victories can be won. If progressive policies are agreed to at this level, it will positively influence the lives of tens of thousands of workers, including those who are not union members. However, even without industry-wide bargaining councils, union negotiators should build a united front to win the war against HIV/AIDS. **For this reason, it is essential that trade union negotiators have the knowledge and support they need to be able to win good agreements.** Many unions have also successfully linked up with other organisations such as other unions, national trade union centres and NGOs to influence labour legislation or the public health system for example.

Transport unions are ideally placed to make powerful interventions that affect the lives and health of not just their members, but commercial sex workers (CSW) and people in the communities they pass through. **Transport workers are ideally situated to spread solutions.** Many unions already train peer educators who pass on the message of safe sex to CSW and other drivers, and distribute condoms. In some high transit areas, clinics set up for drivers are also accessible to the local population. There are numerous inspiring examples of unions taking action against HIV/AIDS,

and having a significant influence through their activities. We list a few examples here, and encourage you to think carefully about how these experiences can be best applied to your own situation.

One good example of union action is the case of **Trucking Against AIDS in South Africa, which is dealt with in the box below**. A collective bargaining agreement to set up roadside clinics and information centres was won by the union SATAWU after a one-day strike to force the employers' association to fund HIV/AIDS interventions.

Although it is too early to tell how effective this mechanism has been in lowering the transmission of HIV, it is likely to be a very useful approach.

In order to be of real use to drivers, the roadside clinics will need to offer complete medical treatment for HIV/AIDS, including anti-retrovirals. It will be important to negotiate for this as part of collective bargaining with companies, employer bodies and governments.

Case Study: Trucking Against AIDS, South Africa.

This arose out of a collective bargaining agreement between ITF affiliate SATAWU and the Road Freight Employers' Association. It is based on the creation of roadside units consisting of two containers. One forms a clinic, with a registered nurse, while the other is a classroom, where education is given and peer educators are trained.

The roadside units are situated at transit areas and border posts. The clinics open in the evenings, from 5 pm until midnight, which makes them more accessible to drivers and women at risk. The clinic contains a registered nurse, and offers treatment for STIs and primary health care. Condoms are distributed, and drivers and commercial sex workers (CSW) are encouraged to go for voluntary counselling and testing. The clinic operates on a smart card system that records the drivers' medical history, so a driver can visit any clinic on the system and receive the treatment he needs.

Truck drivers attend education sessions, which include:

1. Basic information on HIV/AIDS/STIs
2. Prevention, care and support
3. The link between HIV/AIDS and TB and other opportunistic infections
4. Preventing women abuse

There is also a five-day peer education programme where drivers and CSW are trained in

1. Presentation skills
2. Medical information on HIV/AIDS and STIs
3. Facilitation skills
4. HIV testing and counselling

So far, 266 peer educators have been trained and 80 000 truckers reached. 1.3 million condoms have been distributed.



Trucking against AIDS campaign in South Africa.

Using a rights-based approach as a framework

Interventions around HIV/AIDS should take a rights-based approach. This means that the rights of our members should be put in the forefront. These rights include ones laid down in the ILO conventions, such as the elimination of discrimination (conventions 100 and 111) or the various conventions dealing with safety and health. Other international treaties cover social and economic rights too (*for more information on workers' rights see 'Workers' rights are human rights' – an ITF resource book for trade unions in the transport sector*). The fight for workers' rights is the core function of unions – the fight against HIV/AIDS is just an extension of this. A rights based approach also means that unions reject a moralistic approach! **People have a right to information, they have the right not to be discriminated against and they have the right to care and treatment.**

What can unions do?

The issues surrounding HIV/AIDS are very complex and it may be a daunting task for unions to launch an HIV/AIDS campaign. It is therefore important for unions to develop a realistic approach. In the box below a number of possible elements of a union approach are outlined. Many of them are further described throughout this chapter. After an analysis of the industry and workplaces in general, unions should develop their own strategy or policy initially focusing on the most important elements while setting realistic goals.



An ITF seminar - taking the the campaign against HIV/AIDS forward.

WHAT CAN TRADE UNIONS DO TO COMBAT HIV/AIDS?

- Develop trade union policies and strategies.
- Develop workplace policies in cooperation with employers.
- Negotiate collective agreements incorporating HIV/AIDS-specific provisions.
- Negotiate improved working conditions (reduce time away from home, speed up border checks and so on).
- Join other unions and national trade union centres to address HIV/AIDS in national social dialogue forums.
- Work with governments, NGOs and other organisations 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 recognised or dealt with.
- Lobby for affordable and accessible AIDS drugs.
- Fight for access to drugs which can limit the spread of HIV in the body.
- Fight for medical treatment which can help people with AIDS. This means fighting for delivery in the health care sector.
- Organise training for trade union leaders and managers.
- Organise education for workers and their families.
- Involve spouses/partners of union members in HIV/AIDS activities.
- Launch information campaigns on STIs and their link to HIV/AIDS.
- Educate workers and their communities in ways to strengthen their immune systems and so resist the diseases linked to HIV/AIDS. This means developing disease management programmes.
- Educate workers and others on ways to stop spreading HIV, particularly focusing on changing their sexual behaviour.
- Educate workers on dealing with HIV/AIDS in the workplace, by **using universal precautions** and protective clothing where necessary. Universal precautions isolate and destroy viruses before they can be of any danger.
- Initiate health / wellness centres at popular truck stops, in ports, railway stations etc.
- Encourage members to go to 'voluntary counselling and testing' centres.
- Challenge discrimination, prejudice and marginalisation of people living with HIV/AIDS.
- Show solidarity with organisations of people living with HIV/AIDS and assisting with their care.
- Support community-based prevention initiatives
- Fight for living and working conditions that can help people living with HIV/AIDS to keep their immune systems strong.
- Build networks – there are many organisations addressing HIV/AIDS constructively. Trade unions do not need to reinvent the wheel. They can link up with existing programmes and ensure that the specific issues of their members are addressed.

We will now look at some of these interventions in more detail.

Social dialogue – setting the scene in the fight against HIV/AIDS at the workplace

In most countries a conducive environment with laws prohibiting discrimination, with a public health system that guarantees the care and treatment of PLWHA, with specific provisions for workplace or sectoral interventions etc is unfortunately far from being a reality.

Tripartite agreements – between governments, employers and unions – are one of the most effective ways of preparing the framework for policies and collective agreements covering specific workplaces. Often unions on their own do not have the resources to mount effective campaigns, while employers are not always able to make far reaching interventions.

Unions should of course start by addressing issues at the workplace. This can be very effective. However, workplace interventions cannot replace necessary changes on the national level. Small employers may see the benefits of providing care and treatment to workers living with HIV/AIDS but they may not even be willing to enter into discussions on this. However, the employer (through the employers federation) may be willing to enter into social dialogue on the national level where the responsibilities of all parties are clearly laid out.



Case Study: Joint Seafarers' Initiative, South East Asia

The HIV prevalence rate of seafarers in the Mekong sub-region reaches levels of up to 22% in some places. A partnership initiative between UN agencies such as UNAIDS and UNICEF, NGOs, employer bodies and the governments of several countries in the region tries to address the issues. The initiative has researched the situation, and coordinated a number of responses, including making an educational film, developing educational materials and setting up cross border initiatives. Many of the seafarers involved are highly vulnerable as they work illegally or casually, and are not represented by unions. For unions it is important to be aware of such initiatives and try to join or influence them.

A good tripartite agreement would include details about the relevant government departments, such as health, transport and labour, employer bodies and the unions organising in the sector, and the roles they are required to play.

Transport unions should join with labour federations and other organisations to lobby for state-funded national strategies that benefit workers. For example, better access to medical care, and the provision of ARVs at state hospitals and clinics. Governments will also find that their messages are much more effective if they are supported by the labour movement.

In addition to this, it is also important to develop sectoral strategies with all stakeholders in the transport industry. A very efficient and effective strategy is to provide union commitment and expertise, supported by corporate and state funding, as well as the resources of the government health department.

It is also extremely useful to have a national centre to co-ordinate HIV/AIDS interventions. These national centres should be comprised of representatives of the different stakeholders, and should have the funds and autonomy to be able to take action where necessary.

In some areas, for example the Southern African Development Community (SADC), these arrangements are quite entrenched and there is an HIV/AIDS country co-ordinating body for each nation in the region. Each HIV/AIDS country co-ordinating body is made up of representatives of the three parties, which meets as a region to develop cross-border strategies and discuss other interventions.

Tripartite task teams can also work closely with domestic and international NGOs and aid agencies, international union bodies like the ITF, ICFTU, and relevant United Nations agencies such as the ILO.





Union based HIV/AIDS education sessions are vital for spreading positive messages against HIV/AIDS

Useful interventions in our campaign

Fight stigma and discrimination against people living with HIV/AIDS

HIV/AIDS is often still thought of as something to be ashamed of, something that must be kept secret. Often PLWHA cannot be open about their status because they are afraid of being discriminated against, or rejected. In many cases, PLWHA feel a greater threat of rejection from their fellow workers, rather than discrimination from their employers. This is a real issue for unions to deal with.

So living openly with the virus is not possible for many people. Many are afraid even to tell their partners, which makes the situation worse as they can then pass on the virus. But openness is what we need. The reason the virus has spread so rapidly is because we are unwilling to face it and admit that we have a problem.

The stigma attached to HIV/AIDS comes from fear, which is in return generated by ignorance and a sense of powerlessness. People do not understand the disease, they are prejudiced against it and frightened of catching it. Or they feel that the burden of looking after a sick person is too great for them to carry.



Case study: CARE, Bangladesh

The international development organisation CARE has been running an HIV/AIDS programme in Bangladesh since 1995, focusing on high-risk groups such as sex workers and intravenous drug users. Sex workers were trained in the need to use condoms, but complained that their major client base, transport workers, were not familiar with safe sex.

Because of this, CARE decided to extend the HIV/AIDS programme to transport workers – including truck drivers and rickshaw pullers - by interventions in target areas.

Initially, CARE used its own field workers, but found that truckers were unwilling to use their services. It was only when CARE started working with unions, opening drop-in centres in union offices and training truckers as peer educators that workers responded.

The programme is now run in partnership with unions, the state, employers and other NGOs. The target communities are involved in all aspects of the project, and peer education is used to promote safe sex and management of STIs.

Drop in centres for drivers have been created with facilities for washing, resting and recreation as well as medical and counselling services. Cross border interventions have also been made, for example, referral services for clinics on both side of the Bangladeshi-Indian border.

The drop in centres are not seen as HIV/AIDS clinics, they are places where workers can rest, talk, play games or watch TV. But medical treatment and advice is available and the HIV messages are stuck up on the walls.

Each drop in centre is governed by a committee of about nine, typically made up of five union members, two vehicle owners, one outreach worker and one CARE worker. The committee takes responsibility for running the centre and providing training.

Examples of stigma and rejection include:

- Refusing to work with someone who has HIV/AIDS
- Refusing to share plates, soap or even space with an HIV positive person;
- Refusing to take food or drink from an HIV positive person;
- Blaming an HIV positive person for having the virus. Because the virus is most often passed on through sexual activity, there is often the implication that the person with the virus has done something shameful to catch it. This is not true; anyone can get the virus.

Examples of discrimination include:

- Not to employ, promote or further train a worker living with HIV/AIDS or suspected of living with HIV/AIDS
- Prevent access to company health schemes, health insurance, life insurance and pension funds
- Breach of confidentiality
- Screening / testing for HIV infection for employment purposes

One way to fight stigma and discrimination is to make sure that everyone knows the facts about HIV/AIDS. Another very important way is to lead by example. As a trade union leader or official you need to behave in such a way that you show others how they can help PLWHA, and that they have nothing to fear. You need to make sure that the spirit of solidarity and worker support for officials and workers is alive and strong whenever the issue of HIV/AIDS is raised.

People are sometimes frightened to work with someone who is HIV positive. They fear that they may get the virus if the other person is injured and bleeds near them. But it is very unusual for a person's blood to mix with another person's blood. **Universal precautions** can prevent this from happening. It is the trade union's responsibility to educate all workers so that they are not afraid of working or socialising with HIV positive workers among them.

Reducing delays at borders

Transport unions have identified one of the main factors resulting in the spread of HIV/AIDS as being the amount of time it sometimes takes to cross a border post. All of the bureaucratic hold ups which are required by various authorities – and, in many countries, all the bribes that have to be paid – result in drivers wasting days at border posts. Quite apart from the fact that it is inefficient



Delays at borders promote casual sex and the spread of HIV/AIDS.

and uneconomic, it also means that drivers have far too much time on their hands. They become bored, and are more likely to visit commercial sex workers (CSW) or engage in other unhealthy behaviour.

Whole communities spring up around major border posts to cater for the needs of transport workers, with brothels, taverns and other facilities appearing. These lead to an increase in the spread of the virus, both among transport workers and members of the community. Often the transport network is the only economic activity in the area.

Tripartite committees confronting the problem of HIV/AIDS in the transport sector need to seriously look at ways to speed up the time it takes to cross border posts. This can include increasing capacity, having combined customs duties (rather than a separate exit and entry procedure), and streamlining the paperwork necessary to bring people and goods across borders, especially within economic development zones. This will mean drivers spending less time away from home, and will improve their working conditions by removing some of the frustrations.

Transport trade unions and behaviour change

As HIV/AIDS is mainly spread by unprotected sexual contacts between men and women, the fight against the scourge can only be won if behaviour change can be brought about. The factors determining behaviour are complex (see chapter 2) and trade union responses need to take this into account. However, a well-designed and delivered information message remains the starting point of every HIV/AIDS campaign. Due to their mobility transport workers are hard to reach and some innovative responses have been developed (for example the roadside wellness centres). Peer education networks need to be extended so that all transport workers can be trained in the basic facts of HIV/AIDS, and how to prevent it from spreading. Drivers could also be encouraged to carry HIV educational materials with them, to distribute at truck stops and to community-based organisations (CBOs) in the places they pass through.

Transport workers can take the union's HIV/AIDS education campaign to all the small towns on their routes, if they are mobilised and trained to do this. Collective bargaining should cover the need to give transport workers time to meet with CBOs and small groups of local workers in these towns to carry out short HIV/AIDS education workshops.

Wellness centres

The examples of CARE in Bangladesh and the roadside units in South Africa show that wellness centres are one of the most effective ways of dealing with HIV/AIDS in the transport sector. Many transport unionists feel they hold the potential to be the cornerstone of efforts to fight HIV/AIDS amongst transport workers.

Some wellness centres are currently part of tripartite agreements, others are donor initiatives but implementation is done in cooperation with the unions. Because of limited funding they usually consist of little more than a shipping container or a room set aside in a union office with a nurse. Condoms and literature are distributed, and confidential testing and counselling for HIV is offered, as well as treatment for STIs, opportunistic infections and minor injuries.

However, it seems like a worthwhile approach to combine the efforts of the transport sector unions with business, government and other organisations to create centres that have a far more substantial impact on transport workers' lives and their well-being.

Ideally, these would be situated at areas where transport workers congregate, such as border posts, ports, railway compounds, ferry terminals, seafarers' centres and other transit hubs. The health facilities should also be available to drivers' companions, sex workers and others in the community. If there are health facilities available for CSW, their sexual health will improve, which will in turn improve the sexual health of transport workers.

An ideal wellness centre could include good, clean washing and sleeping facilities, either free or heavily subsidised, a cafeteria serving good food, recreation centres such as a TV lounge and pool tables, a full clinic offering counselling, testing and treatment, and a union advice office with a full time shop steward or official in attendance. Adequate parking, security and telephone and fax facilities were also identified by drivers as being desirable.

Alternative entertainment options would provide transport workers with healthier and risk free alternatives. For this reason, it would be a good idea for drop in centres to have pool tables, a TV room, magazines and newspapers, and even some exercise equipment so that drivers who have spent long hours behind the wheel can get some exercise.

Wellness centres should be developed as welcome oases for drivers on long journeys, so that there will be a great incentive to go there. Transport companies could also use them to co-ordinate shipments, by having offices in larger centres. Driver's journeys could be planned in shifts, worked out according to the amount of time it takes to travel from wellness centre to wellness centre. If drivers check in every time they reach a wellness centre, owners will have greater security.

Once we can begin to imagine a place that drivers can truly make their own, we can mitigate some of the dangerous and unhealthy effects of a life on the road and help to contain the spread of the virus by providing a healthy and welcoming alternative to the lifestyles that many drivers currently lead.

Drivers can register with the wellness centre network using the smart card system currently used by Trucking Against AIDS, and will be able to stop at any wellness centre and get the medical treatment they need. Ideally, this should include ARVs.

Mobile units

Wellness centres could also be supplemented by mobile units that could travel along transit routes offering voluntary testing and counselling, and union advice.

Cross border initiatives

It is important that efforts to fight HIV/AIDS do not stop at national borders, as the virus does not need a passport and visa to travel. Where possible, country co-ordinating bodies should be able to meet with their sister organisations in neighbouring countries to develop cross-border strategies.

In addition, it would be helpful to interact directly with your counterparts in unions in neighbouring countries. Perhaps you could offer an exchange agreement whereby you agree to assist their members when they are in your country in exchange for a reciprocal arrangement.

Involving family members in information activities

Some unions have successfully started to reach out to family members (see for example case study on page 23 Chapter 2). This is important as, to date, in many countries couples do not speak about the risks of HIV/AIDS. Another advantage is that children may be reached too and informed about HIV/AIDS.

“One group is forgotten, and that is drivers’ wives. They are obliged to catch HIV and store it in their body to eventually die of AIDS. But no-one talks of them.” (Wife of Rwandan trucker)

Travelling with family members

The Zimbabwean Council of Trade Unions (ZCTU) recognised the problems facing drivers, and campaigned for truck drivers to be allowed to take their wives, other family members or companions along with them when they travelled. This was legislated in Zimbabwe, and is highly beneficial, apart from stopping the separation drivers have from their families, having a companion helps a driver concentrate on long trips. This can prevent accidents.

Other transport unions should campaign for this right too, as apart from helping to slow the spread of HIV, it also greatly improves the quality of life of the drivers.



Transport trade unions and voluntary counselling and testing

One of the keys to effectively managing and fighting HIV is voluntary counselling and testing (VCT). Ideally, this facility should be housed within wellness centres as this seems to be the most effective way of accessing drivers. Union offices are another good place to offer this.

However, it is very important that the initiative either comes from the unions or is at least supported by the labour movement, as many workers are afraid of being discriminated against by their employers. Before unions support VCT they have to be sure that confidentiality will always be maintained and that follow up procedures are in place (either supported by the union or elsewhere), in particular for people diagnosed with HIV. (see chapter 2)

The example of voluntary testing in Rwanda is a good one to follow.



Organised education is central to a successful HIV/AIDS campaign

Role models can offer support

If people active in the union movement are open about their HIV status, it will help to break the conspiracy of silence around the disease.

Of course, no one must be pressurised to reveal if they are HIV positive, but all should be encouraged to live openly. By doing so, it is

Case study: Voluntary testing initiative, Rwanda

Road transport trade unionists have been putting themselves forward for voluntary HIV testing, in a bid to lead by example. Their bid follows an ITF-sponsored seminar on HIV/AIDS in the transport sector. A first group of 108 went for testing: unionists, shop stewards, their wives and girlfriends. 23 tested positive for HIV, and these people formed a club called Help Them to Live. The club is funded to help people who declare their HIV positive status. So far, 584 members of the motorbike taxi union ASSETOMORWA have been tested, and 53 are HIV positive. They have gone on to become advisors and peer counsellors. If they get opportunistic infections, they get financial help from the club.

Truckers from the union ACPLRWA also came forward to be tested, and all brought their partners with them. All those living with HIV in these unions have tried to take a positive approach, by supporting each other, practicing safe sex, cutting down on tobacco and alcohol, and eating healthy food. They have learned to seek treatment for STIs and opportunistic infections as soon as possible, and hope to qualify for ARVs the government provides to a limited number of people.

much easier to build support networks.

People need practical help

Someone who has HIV/AIDS, or who has a family member with HIV/AIDS, also has to cope with many problems such as finding money to get to the hospital, paying for medicines, looking after the sick person, coping with rejection from family members or friends. If the union can organise support for workers with these problems, they will feel better able to live with HIV/AIDS in a constructive way.



ITF members campaigning against HIV/AIDS

Case Study: Travelling Counsellors, Uganda

In Uganda, the road transport union ATGWU and the railway workers' union URWU are taking accessible information about HIV to transport workers throughout the country. Trained counsellors run awareness-raising seminars at railway stations, union offices and truck stops, typically addressing about 50 workers at a time. They also visit women and children living nearby. The counsellors also arrange for voluntary counselling and testing (VCT), and the project runs an AIDS awareness drama group in conjunction with four CBOs.

Uganda is one of Africa's HIV/AIDS success stories, as it is the only country in Africa where prevalence levels have been dropping. This is due to action taken to spread knowledge and fight stigma. People in Uganda still need access to treatment, though.

If collective bargaining agreements or workplace policies can develop disease management programmes, this will greatly assist workers with their practical needs. The ideal situation would be for a worker to be able to go to a wellness centre staffed with health workers, unionists and peer educators, and get a 'one-stop' solution to all their problems, whether they are health, information or work related. Ideally, wellness centres should provide ARVs to those who need them.

Building support networks for PLWHA

Wellness centres and other interventions to improve the lives and health of transport workers should also concentrate on building support networks. We must ensure that the support that may be offered to transport workers on the road also extends to their families and to the communities they live in. HIV/AIDS affects workers at the workplace and in the community where they live. There are many different ways for people to help each other deal with it. Transport unions can play a central role in helping to organise support networks for PLWHA. For this reason, we should support campaigns that benefit all people, such as universal access to ARVs provided by the government.

Unions also need to develop ongoing education and outreach programmes. These programmes would train peer educators in the same way that shop stewards are trained, and use these people to educate and assist their fellow workers.



Following the successful VCT initiative, the motorbike-taxi union of Rwanda set up a self help club for its HIV positive members, wives and widows.

Annonciata Uwi-zeyimana is the club's chairperson. Her husband works as a motorbike driver. They have three children, 11, six and five years old. She is too afraid to have them undergo an HIV/AIDS test. "In Rwanda, people don't speak about AIDS, it is still a big taboo in our society," she says. "Our club has helped us to learn more about HIV/AIDS and how to live positively. Now we are not afraid anymore to openly admit that we have AIDS and to demand to be treated as human beings."

Out of the 1012 members in Kigali, 720 have been tested to date. Sixty-five people were identified as living with HIV/AIDS. In 2002, 30 people died.

Transport trade unions as lobbying and advocacy groups

Transport unions are in a unique position to lobby for comprehensive HIV/AIDS treatment plans. As part of the labour movement, they can use the power of organised labour and access bargaining councils and other forums to advocate for progressive policies.

But because transport workers have such close contact with otherwise marginalised groups such as commercial sex workers (CSW), they can link their advocacy to that of organisations representing CSW.

It is important not to waste resources by duplicating work that has already been done, and to link with civil society organisations fighting for HIV/AIDS treatment access, the legal rights of PLWHA, and the rights of sex workers.

The ITF campaign against HIV/AIDS

For many years the ITF has worked with the International Labour Organization (ILO), World Health Organization (WHO) and the International Maritime Organization (IMO) to develop information messages for transport workers. Three ITF sections representing civil aviation workers, seafarers and road transport workers have developed specific activities around HIV/AIDS. In recent years education activities on HIV/AIDS have been held in Africa, Latin America and Asia.

The 2002 Congress of the ITF resolved to increase its activities in support of affiliates working in this area (*see resolution on page 48*).

The ITF's campaign draws on the ILO code of practice on HIV/AIDS and the world of work. This code was agreed by trade unions, employers and governments, and is a powerful negotiating tool. It is a very good basis for your union's policy.

The ITF is working with many of its affiliates around the world to turn the tide. Solidarity funds from unions and external funding organisations support these efforts but much more needs to be done.



Participants of the ITF African Regional Workshop (Cape Town, South Africa 2003).

Extract from ITF Congress Resolution on HIV/AIDS
40th ITF Congress, Vancouver, 14 - 21 August 2002

Congress resolves that:

- a. All ITF affiliates, especially their leaderships, demonstrate their resolve to fight HIV/ AIDS through supporting education and research programmes and availing themselves of all information that may assist the ITF in its endeavours to fight the pandemic.
- b. All ITF affiliates work hand in hand with employers and governments to put in place appropriate policies on HIV/AIDS at the workplace so as to prevent the spread of the infection and protect infected workers or those who are perceived to be living with HIV/AIDS from discrimination.
- c. The ITF should urge and assist all its affiliates to intensify information, education and communication on HIV/AIDS preventive measures.
- d. The ITF should spearhead the formulation of, and encourage its affiliated unions to negotiate effective workplace policies based on the ILO Code of Practice on HIV/AIDS and the World of Work, aimed at prevention, care and support and a healthy work environment. Confidentiality, non-discrimination and the principle of no screening for employment purposes need to be included in these workplace policies.
- e. The ITF should encourage employers to strengthen and maintain health facilities in their organisations by putting more resources into them and putting up clinics/hospitals where none exist.
- f. The ITF should call upon all manufacturers and governments world wide to avail and make antiretroviral drugs more affordable.
- g. The ITF should call upon governments and employers to accept the underlying work related causes - such as sustained periods away from home - that render transport workers more vulnerable to HIV infection, and address these issues.
- h. The ITF should call upon governments to educate people so that they are aware of how to protect themselves and others from HIV infection, particularly being mindful of the fact that it is easier for a man to pass the infection to a woman than a woman to a man.
- i. The ITF should make the strongest representations to governments to:
 - i) Make sure that women are educated to a standard that enables them to secure well-paid jobs so that they do not have to rely on an infected male partner for their livelihood.
 - ii) Make sure that the access to these jobs is not barred by patriarchal male attitudes.

Action ideas for campaigns and education

Here are some ideas for workshops, educational activities and campaigns around HIV/AIDS. Please feel free to adapt them according to your needs.

- Discuss the following questions with workers: How can we, as transport workers
 1. Contribute to preventing the spread of HIV/AIDS?
 2. Support those affected and infected?
 3. Co-operate nationally or regionally to campaign against HIV/AIDS?
- Contact an organisation that works with sex workers for their support and protection and ask if they'll address meetings of truck drivers. Encourage transport and sex workers to co-operate to practise safe sex and educate people about safe sexual conduct.
- Make sure that there are always condoms available at truck stops, stations, depots and other places where transport workers gather. In many countries, governments provide free condoms, and with union assistance it should be possible to arrange a steady supply.
- Prepare packs of HIV/AIDS education materials that drivers can distribute to people who will use them well in the towns they pass through.
- Discuss HIV/AIDS interventions in the transport sector in your country that you know about.
 1. How effective are they?
 2. What could be done to improve them?
 3. What other interventions could be embarked upon?
- Look at the interventions and suggestions given in this chapter.
 1. Do you think they could be effective in your situation?
 2. Which do you think would be the best to use in your situation?
 3. Which would not be effective?
 4. How would you go about implementing such an intervention?
- Read the Rwandan case study. Organise for prominent unionists to take HIV tests in public, possibly at trade union congresses or even for TV. They should not be pressurised to disclose the results, but this should give other people the courage to get themselves tested.
- At a community or workplace level, organise for shop stewards and people prominent in the community to have public HIV tests.

Key information found in Chapter 3

1. **Trade unions can make a tremendous difference in the fight against HIV/AIDS.**
2. **There are a number of inspiring case studies in this section that need to be examined to see if they are applicable to your region.**
3. **Educating members about HIV/AIDS and how it can be managed and prevented will go a long way to improving the situation.**
4. **Training members as peer educators is a very effective way of spreading the message and building the union.**
5. **Unions should support voluntary counselling and testing initiatives.**
6. **It is necessary to develop trade union and workplace policies.**
7. **These need to use a rights-based framework.**
8. **Collective agreements incorporating HIV/AIDS-specific provisions make a big difference.**
9. **A very useful approach is to use tripartite agreements between unions, employers and the government to build a united front to fight the disease.**
10. **One of the biggest problems faced by PLWHA is the stigma of the disease. Transport unions need to do all they can to break this.**
11. **For transport workers, it will often be necessary to develop cross border initiatives.**
12. **A very good long term plan would be to establish a network of wellness centres at truck stops and ports, where workers can get both information and care.**
13. **Transport unions need to support campaigns for comprehensive medical treatment, including anti-retroviral drugs.**
14. **They also need to support community and other civil society groups working with PLWHA and other affected people, such as CSW.**

Chapter 4

Workplace policies and collective agreements

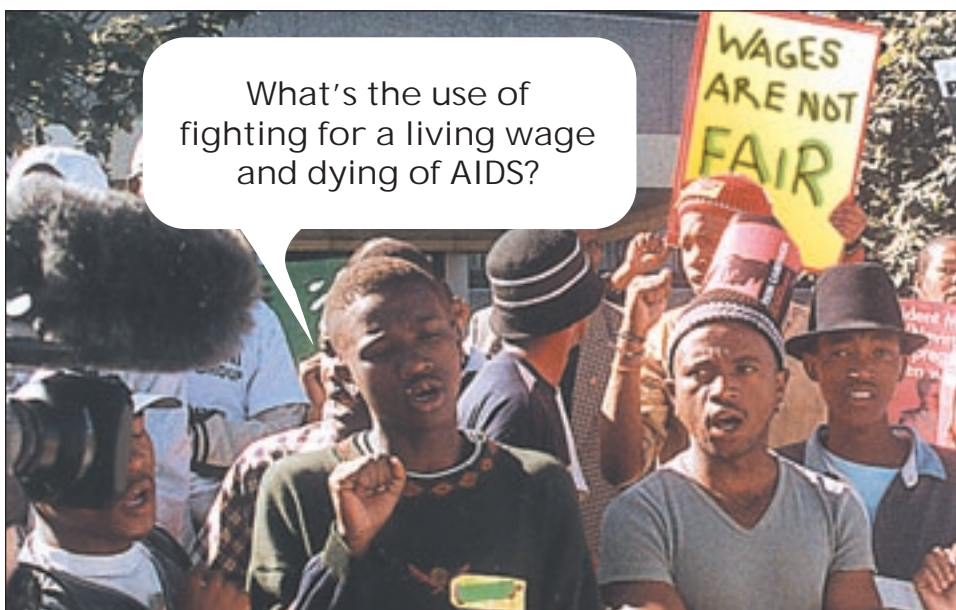
Why workplace policies and collective agreements

In the previous chapter the important role workplace policies and collective agreements can play in the fight against HIV/AIDS was highlighted. However, at this stage only a relatively few unions have negotiated such policies or agreements. This chapter is therefore designed to help you to develop policies and to negotiate HIV/AIDS related clauses in your agreements.

The fundamental lesson of trade unionism is that unity is strength; and by bargaining collectively, workers increase their power. Just as a policy agreed to by workers and management at a workplace is likely to be more progressive than an individual contract, so collective agreements covering all the workers of one employer – for example, a big shipping company - are more powerful than individual workplace policies.

A step beyond this is to work towards industry-wide collective agreements. This will probably mean co-operating with other unions in your sector and building a united response. An industry-wide agreement can cover all the workers in the transport sector in the country. This is particularly useful to vulnerable workers, such as those who are not unionised, or who are in small, more isolated workplaces.

“We must prepare the ground [for effective HIV/AIDS interventions] by negotiating. Employers often agree in principle, but not when it comes to implementation” (negotiator from transport union in the Democratic Republic of Congo)



A workplace policy could cover the following:

- Working conditions which increase vulnerability to HIV infection should be addressed
- Information, education and communication strategies should be developed and implemented
- Training of shop stewards, medical staff and management
- Training on universal precautions (and provisions of fully equipped first aid kits, including gloves)
- Condoms could be distributed
- HIV/AIDS should be treated like any other life-threatening illness
- Pre-employment testing is not necessary for any occupation, position or benefit scheme
- No worker is obliged to have an HIV test as part of a medical examination
- Provision for confidential voluntary counseling and testing
- Strict confidentiality must be maintained under all circumstances
- Workers with HIV should have the same employment contract as all other workers
- HIV status should not be a reason for refusing to train or promote a worker
- No worker should be dismissed on the basis of HIV status
- Workers with HIV/AIDS should be treated no less favourably than workers with other serious illnesses
- Company benefits should remain the same for a worker with HIV/AIDS, including:
 1. Medical aid and health-related benefits
 2. Group life insurance
 3. Pensions and provident funds
 4. Housing benefits
 5. Unemployment insurance
 6. Bursaries, training and study subsidies
 7. Disability and accident benefits
 8. Benefits relating to spouses, children and/or partners and dependants, including same-sex partners
- Diagnosis and treatment of STIs
- Treatment for opportunistic infections
- Alternative work should, where possible, be found for a worker with AIDS who becomes too sick to do his or her original job
- Provisions should be made for extended sick leave when necessary
- If the worker has to leave the job because he or she can no longer do the work, the original termination conditions should not change in any way
- HIV/AIDS committees of employers and workers should be created
- There should be risk management procedures
- Provision should be made for home-based care and family support
- Provision should be made for anti-retroviral treatment

Before employers agree to workplace initiatives (for example information campaigns), workplace policies or even collective agreements they need to see HIV/AIDS as a threat to the workplace. A recent publication, (*Business and HIV/AIDS: Who me*), published by the World Economic Forum in collaboration with the Harvard School of Public Health and UNAIDS in December 2003 reveals that although 89% of businesses are concerned about HIV in Africa and about 50% of businesses in Asia and Central America and the Caribbean, only a very small number of businesses see their operations as being affected. **In Africa only 19% of companies expressed serious concern about productivity. In Asia and in Central America only 6% of employers are concerned.**

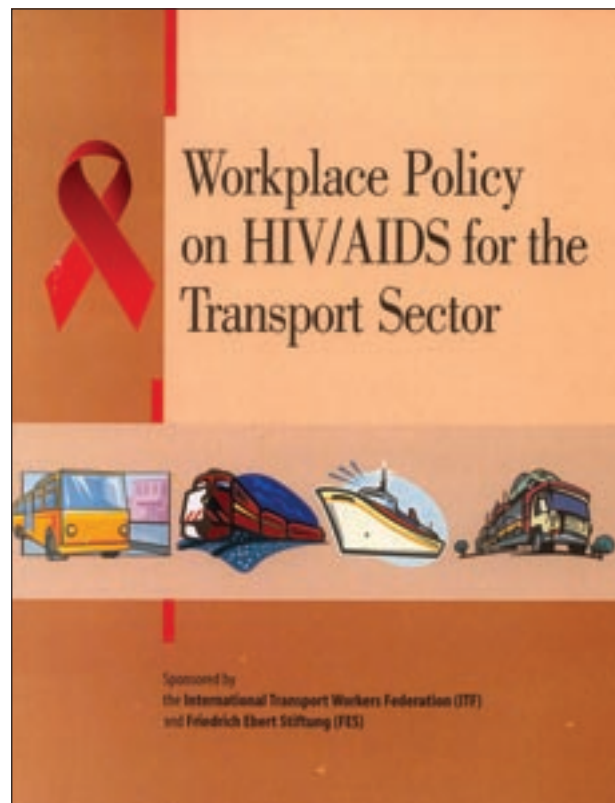
The better unions are informed the easier it is to break this culture of denial. One way of preparing for a meeting with management is to look at the case studies in the previous chapter. Some significant successes have been achieved saving companies a lot of money while costing very little.

In most cases it may be best to set up some preventative measures and training programmes linked to existing occupational health and safety procedures. By building on this further elements (see box below) can be addressed more easily. Once a policy is in place it is important that all workers in the workplace know what the policy is, and ensure that it is implemented.

The policy can and should be specific to the individual workplace, as different workplaces have different conditions and needs. **But certain basic principles should be adhered to, such as non-discrimination, the right to confidentiality, and HIV testing to be done with informed consent only.**

It is crucial that this is clear to everyone who is responsible for the implementation of these policies. Often this would be shop stewards and health and safety representatives. Workplace policies are a very useful way of getting consensus between the union and management of a particular business on how HIV/AIDS will be dealt with in the workplace. Collective bargaining is the best way to win comprehensive agreements for workers, and should supplement a workplace policy. The more powerful the bargaining unit – the more workers who have given it a mandate – the more can be won. Workers bargaining as individuals or even as a workplace can be comparatively weak; in addition, they may not have the knowledge or experience to argue for the best policies.

But if they can mandate experienced negotiators to win them the best possible demands, more will be achieved. In addition, by having industries bargain collectively, you get uniform policies across the industry, so that some workplaces don't undermine others. These can include tripartite interventions, and agreements to provide certain levels of care and support, or funding.



The Dockworkers' Union of Kenya reports that a few years ago it was losing four members per week to HIV/AIDS. Since the introduction of HIV/AIDS provisions in collective bargaining agreements, this figure has dropped to one per week.

Strategies for negotiations

You need to ensure that you have a clear vision when you go into negotiations. This means, firstly, that you should **understand the importance of taking a rights-based approach to collective agreements and workplace policies**, and make it clear that policies that violate the human rights of workers – such as discrimination, or involuntary testing – are absolutely not acceptable.

Secondly, it will help if you have been able **to consult with others about what sort of strategic initiatives are needed in your workplace or sector**. In many countries, national trade union centres have done some work on HIV/AIDS and it is good to consult with them. It may also be good to talk to the local ILO office.

Be mindful of national legislation, and if there are laws around HIV/AIDS – such as outlawing discrimination – make use of them. Also, address the specific working conditions of the workplace or industry that you are negotiating for, and tackle the issues that increase high risk behaviour.

A good starting point is to negotiate for a prevention project. These do not need to be massively expensive, and it should be relatively easy to show how an effective policy will save money in the long run. Because prevention programmes are a lot less controversial than treatment programmes, it is relatively easy to get support for them from outside agencies such as the state health department or NGOs. Also, greatly improving workers' rights and conditions – especially those that lead to a high prevalence - need not cost the company too much, and can make a tremendous difference.

Fighting for the rights of Argentinean Cabin Crew

The Argentinean Cabin Crew union AAA has been fighting for the rights of its members living with HIV/AIDS for more than 10 years. In 1995 the union negotiated that people with certain medical conditions, including AIDS, are entitled to fly on less strenuous routes. They can now avoid night flights and flights of 10 or more hours.

In Argentina the unions are in charge of the medical insurance schemes. However, these schemes do not cover anti-retroviral treatment. Nevertheless, the board of the AAA has decided to cover any anti-retroviral treatment combination. The Argentinean government reimburses the union but often one to two years after the expenses occurred. Depending on the treatment the government covers only 50 – 90% of the costs. Recently the union managed to get a grant from the Fundación Aerolíneas, the foundation of the national carrier. This grant covers the 10-50% the government does not cover.

Currently more than 20 out of the 1700 AAA members live with HIV/AIDS. They and their family members benefit from the union's action as the medical insurance also covers them. In 1999 the union decided to also include into the medical scheme same-sex partners at no extra costs.

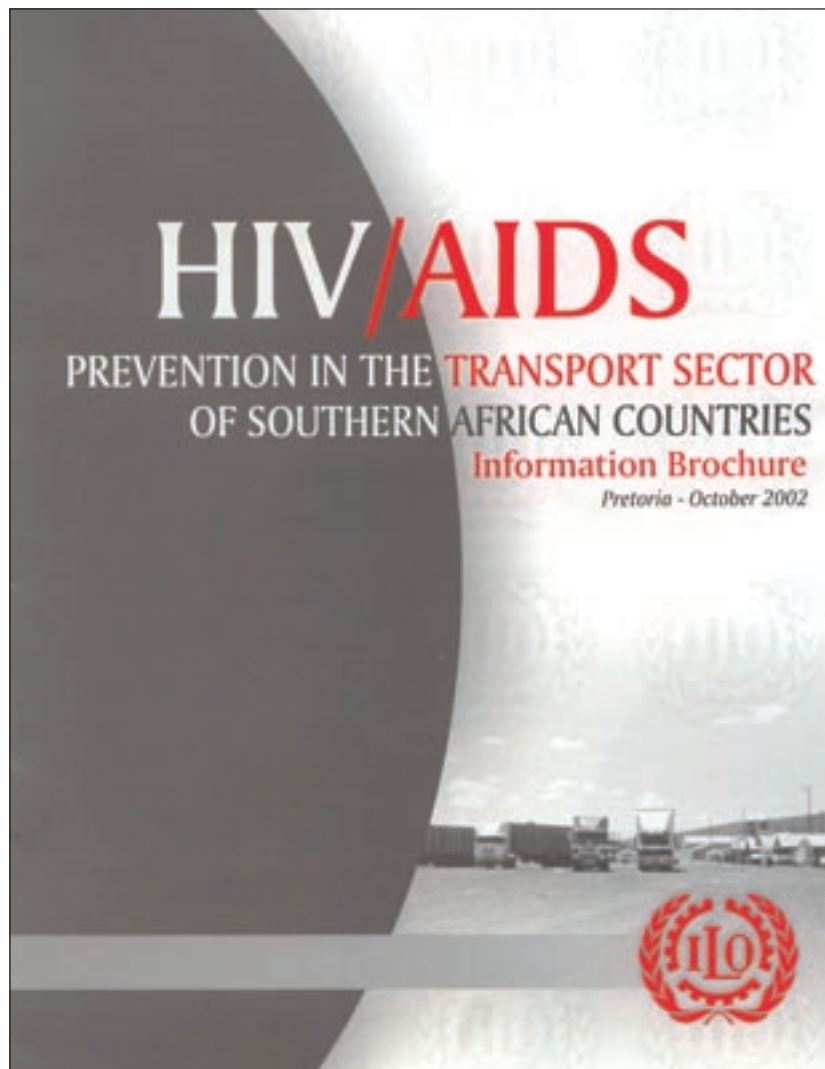
Once these fundamentals are in place, you can consider negotiations for more advanced strategies, such as care, support and treatment. You can ensure that these issues are kept on the agenda by giving any relevant committees – such as a health and safety, or specially created HIV/AIDS committee – a mandate to look at them.

Look through the examples in the previous chapter, and work out a suitable plan for a project that you can embark on. Start with something manageable, and once you have won the right to implement it, and you can show that it is a success, it will be easy to get support for bigger projects.

“We need good statistics to convince employers to take part. We must demonstrate how HIV/AIDS affects their productivity. Many employers have not yet understood that this is a problem for them too.” (union leader, Burkina Faso)

Where possible, get presentations from successful projects, so that you will be able to demonstrate that you have ideas, and that these ideas work in practice. Stress that HIV/AIDS is becoming increasingly costly for business and the state, and that timely interventions are a worthwhile investment that will pay off in the long run.

With the help of the ILO Code of Practice on HIV/AIDS and the World of Work, more and more unions have developed workplace policies on HIV/AIDS. But often employers do not sign or implement the policy, or are reluctant to include it in collective agreements.



An HIV/AIDS policy document has been published in Kenya as a result of collaboration between transport unions and employers. It is available on the ITF website at www.itf.org.uk - go to the education link.

The ILO Code of Practice on HIV/AIDS and the World of Work

A good starting point for developing both a workplace policy and a collective bargaining agreement is the **ILO Code of Practice on HIV/AIDS and the World of Work**.

The ILO realised that HIV/AIDS is a workplace issue. At current infection rates, the workforce in Africa is likely to be 12% smaller in 2020 than it would be without the virus. It especially affects workers in the following ways:

- Loss of income and employee benefits
- Stigma and discrimination
- Pressure on families and the problem of orphans

It also affects business: Businesses in Africa and Asia report falling productivity and rising costs due to HIV/AIDS. This is because of the loss of skill and experience as infected workers die, falling productivity as workers become ill, and a reduced supply of labour.

The workplace is the ideal place to deal with the problems raised by HIV/AIDS. It is important to:

- Protect job security and rights
- Help reduce HIV infection through information, education, peer support and practical prevention measures
- Offer care, support and treatment
- Ensure social protection

This ILO code was adopted in 2001. It is a set of guidelines for governments, employers and workers to help them develop concrete responses to HIV/AIDS at the appropriate level, for example in national or regional codes of practice, bargaining councils and workplace policies.

The code takes a rights-based approach and is a result of tripartite consensus, balancing the rights and responsibilities of workers and employers.

These are the key principles of the code:

1. Recognition of HIV/AIDS as a workplace issue

HIV/AIDS is a workplace issue, not only because it affects the workforce, but also because the workplace can play a vital role in limiting the spread and effects of the epidemic.

2. Non-discrimination

There should be no discrimination or stigmatization against workers on the basis of real or perceived HIV status.

3. Gender equality

More equal gender relations and the empowerment of women are vital to preventing the spread of HIV infection and enabling women to cope with HIV/AIDS.

4. Healthy work environment

The work environment should be healthy and safe, and adapted to the state of health and capabilities of workers.

5. Social dialogue

A successful HIV/AIDS policy and programme requires cooperation, trust and dialogue between employers, workers and governments.

6. Screening for purposes of employment

HIV/AIDS screening should not be required of job applicants or persons in employment, and testing for HIV should not be carried out at the workplace except as specified in this code.

7. Confidentiality

Access to personal data relating to a worker's HIV status should be bound by the rules of confidentiality consistent with existing ILO codes of practice.

8. Continuing the employment relationship

HIV infection is not a cause for termination of employment. Persons with HIV-related illnesses should be able to work for as long as medically fit in appropriate conditions.

9. Prevention

The social partners are in a unique position to promote prevention efforts through information and education, and support changes in attitudes and behaviour.

10. Care and support

Solidarity, care and support should guide the response to AIDS in the workplace. All workers are entitled to affordable health services and to benefits from statutory and occupational schemes.

Negotiations with multinationals

Multinationals often have their headquarters in developed countries, where there is a degree of consumer consciousness of human rights, and multinationals are sensitive to the image that consumers have of them. It doesn't help a company to build up the image of being a sensitive, caring brand, if activists expose less than caring attitudes to workers in developing countries.

This has happened in the US where companies like Gap and Nike purchased and branded clothing and footwear manufactured in appalling conditions in developing countries. They were publicly embarrassed when this was exposed by activist groups, and now enforce some basic labour standards.

In this way, public pressure can be used, positively or negatively, to influence corporate policy. Multinationals typically have huge budgets, and if it can be shown that supporting the fight against HIV/AIDS would boost their image considerably, they might agree to it.

The real advantage, however, **is that unions can contact the ITF if they have problems negotiating with a multinational** and that unions in the countries where the headquarters are may be able to assist in putting pressure on these companies.

Negotiations with small companies

Smaller companies often don't have the same resources to spend on multi-faceted HIV/AIDS policies as multinationals. But it is possible to show how a well-planned and implemented programme that looks after the rights and needs of workers is a sound investment that will make financial sense in the long run.

Throughout the developing world, transport workers employed by smaller companies often suffer terrible conditions. Because the smaller companies are competing with wealthy multinationals, they cut costs and in many instances undermine drivers' safety. For example, maintenance of trucks is often neglected. It is important to understand this context when negotiating with a smaller company, but make it clear that transport workers' rights, health and safety will not be compromised. Also show that not dealing with HIV/AIDS could destroy their business, if large numbers of their experienced workers become sick.

Collective agreements can be very useful here, because if a small company is part of an employer's association, they will be bound by industry decisions. That is why it is important to have a strategy at that level, and to involve as many stakeholders as possible, so that the company doesn't have to shoulder the full burden of responsibility for managing a programme. This can be shared with the employer's association, the government and unions.

Remember that the goal is to save workers' lives, not to shift responsibility.



Transport workers participating in the ITF campaign.

Action ideas for campaigns and education

Here are some ideas for workshops, educational activities and campaigns around HIV/AIDS. Please feel free to adapt them according to your needs.

- Discuss the workplaces that your participants are familiar with.
 1. Is there an HIV/AIDS workplace policy in place?
 2. Do they know what it is?
 3. How does it compare with the standards laid out in this chapter?
- Are there specific factors that need to be addressed in your workplace / industry (see also chapter 1)
- Is your union part of industry-wide bargaining?
 1. If so, how does this affect HIV/AIDS policies?
 2. How can the industry bargaining forum or council be used to implement better interventions?
- Read through the example of the textile union SACTWU's HIV/AIDS programme at the end of the manual. Do you think it would be helpful for your union to adopt a similar strategy?
- Divide into groups, and role-play negotiations at different levels. One group can negotiate at plant level, another at industry level, and a third as part of a tripartite structure. The members of the groups will play the roles of management, shop stewards, union negotiators, representatives of employer bodies and so on.
- Discuss the exercise. What negotiating strategies will be most effective?

Key information found in Chapter 4

1. Collective bargaining is central to trade unionism and advancing workers' interests.
2. The bigger and more representative the bargaining unit is, the more powerful it will be.
3. In the same way that a workplace agreement is usually better for workers than individual contracts, so collective agreements covering all workers employed by a company, or industry-wide agreements, are even better.
4. Policies and agreements should take a rights-based approach.
5. Use existing policies as a guideline, such as the ILO Code of Practice on HIV/AIDS and the World of Work.
6. When negotiating, stress the benefits – especially those relating to costs – that companies can expect from adopting an HIV/AIDS programme.
7. Prevention programmes are a good place to start, because they are relatively cheap to run, and it is possible to get a lot of support for them. They can make a big difference.
8. Once you have an agreement around a basic programme in place, you can mandate people to suggest advancements. In this way, you can progressively win the policies that will be the most use to your members.
9. When negotiating with multinationals, it is a good idea to coordinate with unions situated in the company's home country, and with the ITF. They can provide ideas, support and solidarity.
10. With smaller companies, show how the cost of not dealing with HIV/AIDS will be higher than the cost of the programmes you are suggesting.

Here is a list of some of the terms you will find, both in this manual and in other publications around HIV/AIDS.

AIDS –	Acquired Immune Deficiency Syndrome.
Anti-bodies –	These are produced by the body’s immune system to fight against a disease
Anti-retroviral –	HIV is a ‘retrovirus’ which means it fools the DNA of the cells of your body into making copies of itself. Anti-retrovirals stop this process
ASO –	AIDS Service Organisations; organisations that work with HIV/AIDS issues.
Blood-borne pathogens –	Diseases carried in the blood
CBA –	Collective Bargaining Agreement
CBO –	Community Based Organisation
CSW –	Commercial Sex Worker
Disease management programmes –	Programmes in which people are trained in how to live with the disease. Because social support is necessary for PLWHA, it is important that these programmes include group activities like exercise and group counselling.
Generic –	A ‘no name brand’ copy of a patented product .
HAART –	Highly active anti-retroviral therapy. This is a ‘cocktail’ of usually three different anti-retroviral drugs that is currently the most effective way of slowing the spread of HIV in your system.
HIV –	Human Immunodeficiency Virus.
HIV prevalence levels –	The number or percentage of people with HIV/AIDS
IDU –	Intravenous drug user
Intravenous –	Injected into the veins.
Immune system –	Your body’s defence against disease. It consists of cells that attack viruses.

MSM –	Men who have sex with men
NGO –	Non-Government Organisation
Opportunistic infections –	Diseases which take advantage of your body's weakened immune system. This is what people with HIV/AIDS usually die from.
Parallel importing –	Allowing generic products to be imported as well as patented
Brands patent –	The exclusive right to produce a certain product.
Peer educators –	Educators from the same background as those they are teaching, in this case, fellow workers.
Post-exposure prophylaxis –	Anti-retroviral drugs taken within a few days of being infected with HIV. These lower your chances of becoming infected.
Prophylactic treatments –	Treatments to prevent a disease, as opposed to treatments that manage a syndrome (like anti-retrovirals), or support the immune system (like vitamin supplements).
PLWHA –	People living with HIV/AIDS.
Sero-conversion –	When HIV begins to reproduce successfully in your blood, and your body produces anti-bodies to fight HIV. When this happens, you will test positive for HIV.
STI/ STD –	Sexually transmitted infection/ disease
TB –	Tuberculosis
Universal precautions –	A set of guidelines for preventing infection by blood-borne pathogens.
VCT –	Voluntary counselling and testing
Viral load –	The amount of HIV in your blood. This gives an idea of how far advanced the disease is, and whether the infected person should be taking medication
Window period –	A period of 3 to 6 months after HIV infection when a person will still test negative for the virus and it cannot be detected in the body yet.

Other resources

Other organisations

Information from organisations working with HIV/AIDS may be of assistance, for example, the WHO, Médecins Sans Frontières, ILO, UNAIDS, The AIDS Alliance, and union bodies with external programmes.

For example if you visit ICFTU-AFRO: <http://www.icftuafro.org/pdf/101en.pdf> you will find their manual.

Sample policies and collective bargaining agreements

One of the most thorough union HIV/AIDS programmes in the developing world comes from the Southern African Clothing and Textile Workers' Union, SACTWU. Although this is not a transport union, this is a very good example to be aware of. The programme is summarised below.

SACTWU's HIV/AIDS programme

Treatment

SACTWU recognises that treatment must form a critical component of any response to HIV/AIDS. Accordingly, we commit to a programme of advocacy and support in order to achieve affordable and universally accessible access to drugs.

Basic treatment pack

SACTWU will provide a basic pack of vitamin and related drugs to members who test positive in the union-testing programme. This basic pack will include the provision of multi-vitamins and cotrimoxazole prophylaxis.

Nevirapine for pregnant women

SACTWU will offer to provide Nevirapine to pregnant members directed at reducing mother to child transmission, in any province where the state fails to do so, provided the state provides formula feed and the necessary infrastructure to make the provision of Nevirapine effective.

TB treatment

SACTWU will run a campaign to raise awareness of TB in the workplace, and make information available on access to the DOT system (a system for healing TB). To give effect to this, SACTWU will recruit shop stewards and members to act as DOTS-mentors and observers.

STI Treatment

SACTWU will endeavour, through partnerships with government, to ensure that treatment for sexually transmitted infections (STI) are made available to members.

Anti-retrovirals

SACTWU is unable to provide the costs of anti-retrovirals, and must act as a catalyst to release public, employer and donor monies to make the required anti-retrovirals available. Sactwu fully supports and endorses the Treatment Action Campaign (a South African civil society group campaigning for access to anti-retrovirals and other AIDS drugs for all).

Home-based care

SACTWU will launch a programme of training and support for shop stewards to provide home-based care for people living with AIDS. This programme will be linked to the voluntary testing and counselling programme, and will be offered in the initial period to workers who have tested HIV positive in the SACTWU voluntary testing and counselling programme.

Dependants

The union will commence work to determine the approximate number of orphans of HIV positive members who have passed away.

Collective bargaining

All collective bargaining demands must carry a requirement on employers to provide practical support for the HIV/AIDS programme, including the provision of finance, facilities for shop stewards training and time off for workers.

Collective agreements must address commitments from employers to apply non-discriminatory policies for HIV positive workers, in accordance with the Nedlac code and the ILO code.

Campaigns

SACTWU supports the submission of a comprehensive HIV/AIDS Plan to NEDLAC (a South African national tripartite forum), for negotiation with business and government, and will campaign for such a Plan to be adopted. The Plan should address ways to help stop the spread of the virus, and to provide care and support for people who are infected.

Provincial and community partnerships

SACTWU commits to develop proposals and engage in discussion with provinces towards a partnership to provide momentum for the HIV-AIDS programme.

SACTWU commits to work with community organisations which share our vision, to take the campaign forward and ensure that we mobilise our people on HIV-AIDS.



About the ITF

The International Transport Workers' Federation is a worldwide federation of over 600 transport trade unions in 137 countries, representing around 5 million workers. Founded in 1896, it is organised in eight industrial sectors: seafaring, docks, railways, road transport, civil aviation, inland navigation, fisheries and tourism services.

The ITF represents transport workers at world level and promotes their interests through global campaigning and solidarity. It is dedicated to the advancement of independent and democratic trade unionism, and the defence of fundamental human and trade union rights.

The ITF is one of 10 sector-based Global Union Federations (GUFs) – formerly known as International Trade Secretariats – and is part of “Global Unions”, an alliance of international trade union organisations, which includes the International Confederation of Free Trade Unions (ICFTU). Internet: www.global-unions.org.

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