

# Africa Transport

## Technical Note



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## Taming HIV/AIDS on Africa's Roads

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This note summarizes challenges, responses and lessons learned by two World Bank supported projects addressing HIV/AIDS in the road sector. These are: The Joint Regional HIV/AIDS Project in the Abidjan – Lagos Transport Corridor henceforward (“Corridor Project”) and the Ethiopia Road Sector Development Program (RSDP). While the “Corridor Project” is regional and addresses HIV/AIDS on the road between Abidjan and Lagos, the RSDP is a country specific road construction program with an HIV/AIDS component. Yet, the two projects share similarities and variations that display valuable lessons.

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Five issues are the focus of this note: (1) HIV/AIDS in Africa; (2) HIV/AIDS and the transport sector; (3) Challenges encountered in Transport – HIV/AIDS projects and Responses provided by World Bank project teams; (4) Lessons learned.

### 1. HIV/AIDS in Africa

The HIV/AIDS challenges faced by the African continent are relentless.

- About 16,000 people in the world become infected with HIV each day.
- Out of the 40 million HIV/AIDS sufferers in the world, 70% live in Africa.
- More than 20 million Africans have now died.
- Orphans of HIV/AIDS in Africa are estimated to be more than 12 million.
- HIV/AIDS has become the leading cause of adult deaths in Africa. The impacts are severe on the demographic, the economic and the social spheres.

*Demographic impacts:* Increased child and adult mortality, especially in the productive 20 – 40 year age group and reduced life expectancy. *Economic Impacts:* Reduction of labor force, erosion of productivity, increased sector costs induced by high labor turnover, increased recruitment and training costs and per capita growth reduced. *Social Impacts:* breaking down of social cohesion, value systems, the social fabric and traditional coping mechanisms, changes in household structure, increased dependency ratio and increased number of orphans.

### 2. HIV/AIDS and the Transport Sector

Findings of international studies of the HIV/AIDS pandemic at work places suggest that, the transport sector is a major vector for the disease. The reason is simple. People working in the transport sector are mobile, they spend weeks and months away from their families and their homes and many satisfy their sexual needs “on the road.” Migration, short-term or long-term, increases opportunities for sexual relationships with multiple partners, transforming transport routes to critical links in the propagation of HIV/AIDS. International studies also suggest that long haul truck drivers are the highest risk group in the road sector.<sup>1</sup> Clearly, social capital is at risk.

In Africa, studies assessing the relationship between transport and HIV/AIDS are still partial and embryonic. Yet, situational analyses undertaken to date suggest that

HIV/AIDS has become a major threat to the social capital of the transport sector and to transport operations. Few, however, are the actions taken to address the insurgence of the pandemic. Nonetheless, investing adequately in combating HIV/AIDS in Africa is now a precondition for all other development investments to succeed.



### ***The transport sector faces four major challenges***

- Reduction of social capital.
- Poor safeguard policies addressing HIV/AIDS at work places.
- Absence of standard HIV/AIDS clauses in works contracts.
- Limited sector analytical work on HIV/AIDS.

These challenges can be addressed. Committed leadership — continuous dialogue with clients and strategic partnerships could make a difference. The HIV/AIDS pandemic is global, but there is a growing consensus that solutions should be thought out at the local level, therefore, there is a role for both local and national leaderships to fill.

Against this background, the Africa Region Transport Group (AFTTR) acted to promote measures against HIV/AIDS, viz. (a) prepared an HIV/AIDS framework for the sector – *AIDS and Transport in Africa-A Framework for Meeting the Challenge*; (b) drafted standard clauses for works contracts; (c) retrofitted transport projects, e.g., Ethiopia; and (d) supported preparation of the “Corridor Project.”

#### **2.1 The “Corridor Project”**

The objective of the project is to increase access, along the transport corridor, to HIV/AIDS prevention, basic treatment, support and care services, by underserved vulnerable groups. The project includes five countries (Nigeria, Benin, Togo, Ghana and Cote d’Ivoire) organized under one institutional framework. The total cost is US\$17.9 million of which US\$ 16.6 million is to be covered by a proposed IDA grant, the first of its kind.

The target groups are the migrant population along the corridor and in communities at the borders, particularly: transport sector workers, commercial sex workers, travelers, civil servants at borders and the local populations at border towns. For the transport sector, this amounts to a significant effort to protect social capital in the sector. Project components are three: (i) HIV/AIDS prevention; (ii) HIV/AIDS treatment, care and support; (iii) Project coordination, capacity building and policy development.

Component ii. (HIV/AIDS treatment), which is critical for the quality of life of sufferers, consists of: (a) strengthening, where possible, public and private health care facilities along the corridor to provide services in the areas of Voluntary Counseling and Testing (VCT), treatment of STIs, and treatment of HIV/AIDS opportunistic infections; (b) providing grants to Civil Society Organizations (CSOs) including NGOs and to the private sector, to undertake community based initiatives in HIV/AIDS care and support and; (c) supporting the disposal of medical waste related to project activities.

Linkages with the Bank’s Multi-Country HIV/AIDS Program (MAP) were established by including in the project Governing Body, the heads of the national HIV/AIDS programs and/or agencies (as well as representation from national transport ministries).

#### **2.2. The Ethiopia Project (RSDP)**

The objective of the RSDP is to address road sector constraints related to restricted road network coverage and low standards. With a road density at 30 km per 1000 sq. km

(2002), Ethiopia has one of the lowest density road networks in Africa. To address the situation, the Bank assisted the Government of Ethiopia to formulate a 10 – year road development program, (1997 – 2007). The program is divided into two phases. In the first phase (1997 – 2002) the Bank financed the rehabilitation and upgrading of 10 national trunk roads and provided support for strengthening the capacity of the Ethiopian Roads Authority (ERA). In the second phase (2003 – 2008), the Bank’s multi-phase support will contribute to rehabilitating and upgrading federal roads and regional rural roads. Also under this phase, the program aims at strengthening its poverty alleviating operations and thereby contribute to the realization of the Millennium Development Goals. Over the two phase program, about 50,000 people are expected to be employed in the program, including many to be engaged by international contractors.

Most of them will be short-term migrants, commuting from project site to project site, and presumed to satisfy part of their sexual needs “on the road.” This would most likely expose them and others to HIV/AIDS. Ethiopia has one of the highest number of people infected with HIV AIDS in Africa, about 10–11 % of the 66 million population.

Confronted with this challenge, the Bank Project Team initiated, together with the Ethiopian Roads Authority (ERA) through its Environmental Monitoring Branch (EMB), an HIV/AIDS strategy for the roads sector (including retrofitting of ongoing projects). The target groups are ERA staff (about 16,000), project related personnel including international contractors and consultants, and local communities at project camp sites.

The strategy has three components: (i) information, education, communication (IEC); (ii) care and support; (iii) capacity building and policy development. The source of finance is the MAP. The estimated total cost of the sector program is about : US \$ 1, 3 million. Linkages with the MAP are maintained through advisory and financial support from the national HIV/AIDS program.

### **3. Challenges and Responses**

#### **3.1 Institutional Challenges**

“*The Corridor Project*” — A key challenge for the regional project was to create capacity where none previously had existed and address two key questions. To what extent could existing national capacities be harnessed to this end? Or would a preferred option be through the involvement of a regional economic organization, and if so which one?

Added to this was the challenge of finding the right financial mechanisms for the Bank to support the preparation of the project. It was not clear whether the Project Preparation Facility (PPF) used in standard credits, was applicable since the project was regional and it was a grant. Who would be the recipient of the funds? Who would pay back the PPF should the project not be approved by Bank’s Board?

At client level, project countries were accustomed to dealing with sector projects within their line ministries. Thus, an across border project involving a number of sectors presented a challenge to their way of working, which was already new and not well entrenched in their practices nor in their country experiences.

***The Ethiopia Project***— Bank policy towards funding of HIV/AIDS in transport operations is focused on the mitigation of adverse social impacts. HIV/AIDS is an adverse social impact.

Yet, a transport HIV/AIDS sector strategy did not include specific provisions for addressing that policy and all project funds had been committed. Funding was therefore a question mark in the process of establishing an elaborated operational strategy including a baseline study addressing risk behavior and policy, there was a need for extra budgetary resources. The establishment of the Ethiopia MAP was considered an important opportunity for leveraging resources.

*At client level*, the issue was how to find within the ERA, relevant staff who could be assigned on a full time basis to work on the HIV/AIDS strategy. There was a Medical Branch within the organization but the branch was disconnected from any health work related to project operations. Supervision of the implementation of health clauses in project contracts was carried out by the Environmental Monitoring Branch and the Contract Division — composed of engineers, lawyers, financial analysts and other technicians.

**The Response of the “Corridor Project” Team** — To secure project preparation funding, the Team applied for the Japanese PHRD fund to cover costs for the various studies to be conducted. In addition, the Project Team also applied for resources from the Norwegian trust fund to cover costs such as, hiring of vehicle, purchase of laptops, fuel, secretariat services. This was to enable preparation to start in parallel to the definition and agreement of country roles.

*At client level*, The Bank helped to facilitate the creation of a “transitional working group” representing the five countries to spearhead preparation. A number of options for an organizational structure were reviewed before it was decided to create a small dedicated organization under a “conference of ministers”. At the same conference, roles of the different countries were defined which resulted, *inter alia*, in the identification of a grant recipient, i.e., the financial partner for the Bank, that was Benin.

**The Response of the Ethiopia Project Team** — First, the Team advised the ERA to include HIV/AIDS clauses into the works contracts. Second, the Team assisted the ERA to apply for funds from the Ethiopian MAP. — *At client level*, the Team advised and agreed with ERA to hire consultants to prepare the strategy and an NGO to implement the work under the supervision of the Environmental Monitoring Branch in collaboration with the Medical Branch.

### 3.2 Policy Challenges

**“The Corridor Project”** — None of the project countries of the “corridor project” had a transport HIV/AIDS sector policy, let alone policies for work places. Likewise, there were no regulations governing the rights of HIV/AIDS infected persons in the sector. In addition, although useful, analytical works conducted by UNAIDS to provide a regional situational analysis, were in need of updates. This did not provide a strong basis for the development of common policies which was an essential objective of the project.

Associated with the absence of policies was the initial weak and diffuse ownership of the project. This is not uncommon, however, for regional projects in Africa, unless the issues at stake are perceived as of vital and immediate importance to the project countries. Paradoxically, perhaps this was

not the case of HIV/AIDS in West Africa in spite of recent research carried out under UNAIDS auspices

**The Ethiopia Project** — As in the “Corridor Project,” the client had no sector policy on transport – HIV/AIDS. Consequently, no ownership. Also, there was no previous analytical work addressing the sectoral relationship between transport and HIV/AIDS.

**The Response of the “Corridor Project” Team** — The Team worked closely with the “transitional working group” to initiate and support a Common Declaration signed by the Presidents of the project countries in April 2002, endorsing the basic principles of the project: transport HIV/AIDS; regional, multi-sectoral under one institutional framework. This resulted in the conversion of the group into a Governing Body for the project which has now a strong political mandate to act. It also confirmed that Benin would receive the IDA grant assistance on behalf of the other countries and could request a PPF in their name. At the same time, constituency building workshops were organized to strengthen project ownership and the multi-sectoral understanding of HIV/AIDS.

The Team helped to draft terms of reference for seven basic studies conducted in the process of establishing the project work program, funded through a Japanese PHRD Grant. *At client level*, the project countries contributed through the recruitment of regional and national consultants to execute the studies and provided a forum in November 2002 where the study conclusions could be reviewed and recommendations adopted.

**The Response of the Ethiopia Project Team** — The Team advised the ERA to carry out a baseline study focusing on risk behavior and needs assessment within the sector. Assisted the client to draft the TORs and continued the HIV/AIDS dialogue. Also, the Team assisted the ERA to develop a road HIV/AIDS strategy framework.

*At client level*, ERA management included HIV/AIDS as a permanent subject in its yearly meetings with staff. HIV/AIDS committees were created to guide the Environmental Monitoring Branch and the HIV/AIDS consultants recruited.

**Table 1: Studies Conducted**

Project	Studies
<b>“Corridor Project”</b>	Baseline Survey and Beneficiary Assessment
	Common Policy Framework
	Analysis of Elements Impeding the Smooth Circulation of Traffic
	Medical Waste Management Plan
	Gender Study
	Project Implementation Manual
<b>Ethiopia RSDP</b>	Baseline Survey, Risk Behavior and Needs Assessment

### 3.3 Some Operational Challenges

For both projects, a key operational challenge was how best to address social capital deficiencies. Generally speaking in the ministries of transport and in road sector agencies, HIV/AIDS was considered a *soft issue*. Although some engineers and technical staff are conversant with the social issues, they cannot be expected to execute social scientific tasks, e.g., conduct base line studies or prepare a concept paper on HIV/AIDS, because they don’t have the appropriate training or experience.

At the ministries of health, HIV/AIDS was seen primarily a health issue, yet thousands of new infections arise daily and thou-

sands of people are dying despite the health care provided. To convince transport sector stakeholders that HIV/AIDS is a multi-sectoral issue was and still is a daily challenge, even where in most countries multi-sectoral HIV/AIDS commissions are either established or in the process of being established.

Relevant personnel trained to address the pandemic from a multi-sectoral perspective are still limited. In addition, the subject still makes people uncomfortable as, HIV/AIDS is considered a private issue or a stigma. Model interventions in the transport sector need to be developed, taking account of parallel experiences in other sectors, first to get people comfortable in discussing the subject, and then to work out programs to combat HIV and its causal factors

At the level of the contracting industry, the problem was similar, even with international contractors. The Bank's leverage in the struggle against HIV/AIDS in transport project operations is presumed to be strongest at design level. That is, to include HIV/AIDS clauses in bid documents. However, the Ethiopian experience has shown that, international road consultants and contractors do not necessarily have the social capital to implement the clauses or the know how to hire appropriate subcontractors to conduct the work.

**The Response of the Corridor Project Team** — The “Corridor Project” is not yet fully operational. However, together with the project countries, UNAIDS and other donors, the Team has assisted in establishing an executive secretariat supported by a Bank financed consultant. The secretariat is in the process of putting together an initial operational plan to start in 2003.

To strengthen social capital, recurrent training of project stakeholders in issues related to transport and HIV/AIDS, is included as part of the project work program. For the transport sector this is likely to have two principal elements: developing HIV/AIDS prevention strategies in the transport sector which will be national but also coordinated across borders; and facilitating the smooth flow of traffic in cross border areas to contribute to the reduction of risk.

**The Response of the Ethiopian Project Team** — The Team advised and assisted the ERA in including HIV/AIDS reports into road project consultants' monthly project progress reports. Also at *client level*, the Team assisted the ERA to recruit two national long-term consultants (a sociologist and a nurse) to start IEC work within the ERA while other consultants were executing the baseline study.

## 4. Lessons Learned

A number of lessons were learned from the experience of the World Bank's project teams. They are here presented under two main categories: study/analytical findings and operational findings.

### 4.1 Study/Analytical Findings

(i) Migration, short-term or long-term, increases opportunities for sexual relationships with multiple partners – and while transport, and in particular roads, are an important vector for HIV/AIDS transmission the sector may also be seen as an asset in the dissemination of HIV/AIDS information.

(ii) The social capital of the transport sector is mobile. People spend weeks and months away from their families and homes, and tend to satisfy their sexual needs “on the road.” Through this, they become both victims and propagators of both STIs and HIV/AIDS – transport sector workers are a key group to influence and involve in controlling the pandemic.

(iii) Analytical work linking transport and HIV/AIDS is still partial and embryonic. Future projects would benefit from conducting more comprehensive analyses, including baseline and impact surveys.

(iv) Policies and regulations governing the HIV/AIDS pandemic in the transport sector are still sketchy. The Bank could make a difference in assisting African ministries of transport in developing harmonized policies, in the context of regional collaborative programs like the “Corridor Project”.

(v.) HIV/AIDS belong to the category of problems that are experienced but not expressed (because the disease embodies high risk for social stigma), or, that are neither experienced nor expressed —because symptoms may take time to manifest. This raises a fundamental question for all HIV/AIDS projects in the transport sector or otherwise: *How do we address problems that are experienced but not expressed and problems that are neither experienced nor expressed?*

## 4.2 Operational Findings

(vi) The HIV/AIDS pandemic has global impacts, but experience suggests that, solutions should be thought out and applied at the local level. The guidance of both local and national leaderships to champion interventions is vital for success – for the transport sector, this means that not only national ministries, but sector agencies, transport unions and other groups have a role to play.

(vii) Contractors and consultants are not necessarily cognizant of the HIV/AIDS pandemic in the country of their work. Experience from Ethiopia shows that they may benefit from technical assistance in order to deliver and consistently implement HIV/AIDS programs.

(viii) The Bank's leverage in the struggle against HIV/AIDS in transport project operations, is presumed to be largely at design phase. But the inclusion of HIV/AIDS clauses in the bidding documents only does not ensure their implementation. Bank's leverage would benefit from project designs that take into account HIV/AIDS issues during both the design and the implementation phases.

Also, strengthening the social capital of the client to ensure adequate monitoring/supervision of HIV/AIDS clauses in contracts, has emerged to be the key to successful implementation.

(ix) The lead role of the Bank Teams in initiating transport — HIV/AIDS dialogues with the clients has made a difference in raising awareness and creating the possibilities for a higher priority to be given to HIV/AIDS and for establishing the basis of an operational response. First, it helped create a social space that encourages the client to break the silence and the associated stigma, and take ownership in addressing the issue. Second, clients' ownership of transport HIV/AIDS initiative encouraged other donors and stakeholders to commit their support to the work.

<sup>i</sup> See Giraud, P. (1993), The Impact of AIDS at the Sectoral Level, in Blom, DE and Lyons JV (eds), The Economics of the Implications of AIDS in Asia, UNDP, New Delhi, and Marcus T. (1997), Interpreting the risk of AIDS: A Case Study of Long Distance Truck Driver's, in *Development Southern Africa*, Vol. 14, No.3. See also the series AIDS BRIEF for Sectoral Planners and Managers.