

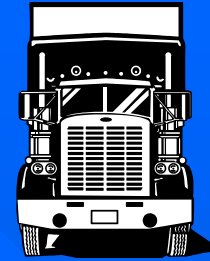
HIV/AIDS and Transport

The Cases of Ethiopia And The Abidjan-Lagos Transport Corridor



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Overview



- Impact on sector output, productivity and profits
- Transport as a key vector for HIV/AIDS transmission
- Specific and additional cross-border dimensions
- Development of a standard range of actions
- National and multinational approaches
- What should the transport sector be doing?
- What are the tools to help us?

Ethiopia : Background

- One in 13 infected are Ethiopians
- Third largest HIV/AIDS population in world
- Large road sector work program – 20,000 and rising are employed
- Study on 995 long distance truck drivers
- Confirms high risk group – sexual behavior and consequences
- Behavior change doesn't easily happen
- Costs to the sector (including absenteeism) go on rising

Ethiopia: Problems encountered

- Social stigma-problem is either experienced but not expressed—or neither experienced not expressed
- Legal framework-lack of protection for HIV/AIDS sufferers, insurance unavailable
- Institutional framework- Ethiopian Road Authority (ERA) medical branch disconnected from project work
- Organizational framework-prevention and research/surveys not part of annual work program

Ethiopia: Bank response



- Project team initiated discussions with ERA in 1999, added a social scientist
- Developed HIV/AIDS contract clauses and prevention /awareness strategy
- Environmental Monitoring Branch (EMB) to monitor social contract clauses including HIV/AIDS
- Sector strategy by June 2000, five main objective areas set out

Ethiopia: Lessons learned

- Knowledge is required, to help overcome perceptions
- Seek to openly address social stigma
- Bank leadership can make a difference, encouraged ERA management to step in
- Building capacity of medical and other specialist staff is critical

Abidjan-Lagos: Background

- West Africa Initiative (WAI), UNAIDS Inter-Country Team (ICT) and the research done on migration and HIV/AIDS in West Africa
- Important of migrant/foreign population in West Africa i.e. 28% of total in Côte d'Ivoire
- Border permanent population quite small at 75,000 but ...
- ...cross border movements are large, 3 million plus per year



Abidjan-Lagos: Problems Encountered

- HIV/AIDS programs exist in all five countries, but capacity is generally weak
- Cross-border zones are generally underserved by public and private sectors
- Countries starting to see value of coordinated policy and implementation in the corridor ...
- ... but no obvious institutional framework or “home” for a project
- Not an evident candidate for credit/loan support (public good argument)
- Corridor is operationally complex (language, size of countries etc.)

Abidjan – Lagos: Bank Strategy

- First candidate for subregional or cross border HIV/AIDS grant support under Africa MAP II
- Project to meet grant eligibility criteria under MAP II,
- Project is incremental
- Project to contribute to building a light, but appropriate legal and institutional framework
- Project to build on cross country work done to date with transport sector workers

Abidjan-Lagos: Lessons learned

- Time needed to foster ownership, build consensus on action
- Make a modest start in terms of implementation – scale up later if demand is there
- Subregional approach affords some opportunity for innovation that may not otherwise be there
- Build capacity carefully and don't undermine the national program effort
- Subregional IEC efforts are working – and can work even better i.e. example of USAID/PSI study of truckers in Burkina Faso

Next Steps

- Commitment to HIV/AIDS to be built in the sector – in the Bank and with the client
- Training and awareness raising activities to be enhanced
- Opportunities for collaboration with other units and other organizations (essential multi-sectoral nature of HIV/AIDS action)
- More work needed on measuring impact and the extent of beneficial change
- Disseminate toolkit and HIV/AIDS clauses – and promising practices, such as Ethiopia

Reference

- Particular thanks are due to Jocelyne do Sacramento and Antonio Borges, AFTTR for the preparation of this presentation
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