

# ITF Global Transport Workers and HIV/AIDS Programme

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# This issue...

At a time when HIV is still spreading steadily across the globe, we are also witnessing progress in controlling this deadly disease. Responses to the AIDS epidemic have grown and improved considerably over the last few years. The objective of this E-bulletin is to circulate AIDS-related news from affiliates, publications, literature and research to affiliated unions and others working in this field. It is a part of our ITF's Global HIV/AIDS programme, which is targeting ITF affiliates all over the globe. Get involved! For further information and queries please contact Dr. Syed Asif Altaf, ITF's Global HIV/AIDS Programme Coordinator, [Altaf.Asif@itf.org.uk](mailto:Altaf.Asif@itf.org.uk) or the Regional Education Coordinator in your ITF region.

This issue of the E-bulletin will look at a report from Ukraine where Marine Transport Workers' Trade Union of Ukraine organises discussion sessions on HIV/AIDS for Maritime university students; from Benin about the ITF affiliate creating union structure to tackle HIV at work places; a report from India about blood donation camp and HIV awareness sessions organised by Railways unions and dock workers' union. The Bulletin also have report from Guatemala where dock workers union in Porto Santo Thomas signed CBA with HIV/AIDS related clauses; a report on the launch of ITF's new HIV/AIDS manual called "Action on HIV/AIDS"; a report from Guyana where Clerical and Commercial Workers Union, (CCWU) signed an agreement as sub-recipient of the Global Fund to carry out HIV/AIDS and TB programme. The bulletin also highlights recent publications from the ILO titled, "Access to and effects of social protection on workers living with HIV and their households" and from the GNP plus titled, "Moving beyond lip service: Meaningful engagement of women living with HIV and civil society in efforts to prevent vertical transmission of HIV."

## Marine Transport Workers' Trade Union of Ukraine organises discussion sessions on HIV/AIDS for Maritime university students



Recently the Marine Transport Workers' Trade Union of Ukraine organized number of discussion sessions on HIV/AIDS for students of the Seafaring College of Technical Fleet, Odessa, National Maritime University, and the Odessa National Maritime Academy. Students and cadets of all these educational institutions got the opportunity to talk with representatives of the Marine Transport Workers' Trade Union of Ukraine and experts on HIV/AIDS. According to Elina

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Karavan, chairman of the MTWTU Youth Council and coordinator of union's HIV/AIDS program, "such activities are very important for the union as these sessions give us the opportunity to interact with young cadets. It gives us the opportunity to talk about the risk, vulnerability to have HIV/AIDS and how to remain safe from HIV/AIDS. In addition to that, these sessions also give us the opportunity to talk about the importance of joining the trade union and motivate the cadets to join unions when they will go on board as able seamen."

HIV rate in Ukraine is one of the highest in Europe. According to the UNAIDS latest report, Number of people living with HIV is 230,000 (190,000 - 270,000) with adult prevalence rate of 0,9% (0.7% - 1.0%). According to the report, the total number of Women aged 15 and up living with HIV is 95,000 and deaths due to AIDS are 18,000.

### **SYNATRAMAC in Benin creates union structure to tackle HIV/AIDS at work places**

The executive board of the Syndicat National des Travailleurs de la Météorologie et de l'Aviation Civile (SYNATRAMAC) recently endorsed the formation of union structure to tackle HIV/AIDS at workplace. Union HIV/AIDS coordinator will lead the process to develop and implement work place HIV programme in coordination with the General Secretary. Creation of Union structure to tackle HIV was one of the recommendations adopted during the West Africa HIV seminar in Dakar, Senegal for ITF's civil aviation unions in January 2014

HIV prevalence is relatively low compared with rates in most other countries in Sub-Saharan Africa but the [virus](#) is spreading steadily among young adults and vulnerable populations. [Heterosexual intercourse](#) and mother-to-child transmission (MTCT) are the primary modes of HIV transmission in Benin. According to government estimates, about 60 000 adults and children are living with HIV in Benin. Over the past decade, Benin has succeeded in reducing national HIV prevalence—from 4.1% in 2001 to 1.2% in 2012. The Global Fund to Fight AIDS, Tuberculosis and Malaria has signed US\$68.8 million in new HIV grants for Benin to help stop the disease's spread, notably by targeting those most vulnerable to infection, such as sex workers, men who have sex with men and truck drivers. The new funding will also help support continued expansion of HIV treatment and of programs to prevent HIV positive mothers from infecting their babies with the virus, with the aim of providing treatment for 90 percent of those who need it by 2015.

## **N.F.Railway Mazdoor Union organised blood donation camp**



Like previous years, N.F.Railway Mazdoor Union, affiliated to the AIRF organised a blood donation camp in late May as part of their HIV/AIDS prevention programme and create awareness on safe blood transfusion. A total of 43 Railway employees donate their blood. A discussion session was also organised during the day.

One of the primary routes of HIV transmission is through direct contact between your blood and HIV-infected blood. Although the majority of HIV infections via blood occur among people who inject drugs (PWID), medical settings still account for a significant number of new HIV infections. Across the world

numerous cases of HIV transmission through blood transfusions, medical injections, medical waste and occupational exposure, are both reported and unreported.

If a person receives a blood transfusion with HIV-infected blood, there is a 95 percent risk they will become infected with the virus. However the chance of acquiring HIV from a blood transfusion varies between countries depending on the level of blood screening and other safety precautions in place. The first tests for HIV in donor blood were not implemented in countries until 1985, four years after the first case of AIDS was reported.

## **SITRUEMPORCNAC Guatemala signs CBA with HIV clauses**

SITRUEMPORCNAC in Guatemala has been implementing work place HIV/AIDS programme for last 4 years in collaboration with the management and other stake holders and recently they have signed a CBA with HIV/AIDS related clauses. The new CBA will ensure continuous education and sensitization programme for workers and their family members. It will also ensure availability of condoms and universal precaution measures for HIV prevention. The CBA will also facilitate the process to create work place environment with out stigma and discrimination around HIV/AIDS.

HIV prevalence rate in Guatemala is one of the highest in Latin America. An estimated 65 000 people are living with HIV in the Guatemala. There are more than 20 people becoming newly infected every day amounting around 7 500 new HIV infections each year. The HIV epidemic in the country remains concentrated

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among key populations at higher risk such as sex workers and their clients and men who have sex with men. Discrimination against these affected populations is also very high in the country making it more difficult for them to access HIV services.

According to the first national human rights report, between 2009–2010 there were 313 complaints to the national attorney and civil society organizations of which 46% related to violations of the right to health and 13% to the right to life and integrity. Such violations ranged from shortages of antiretroviral medicines to lack of adequate and friendly health facilities and personnel.

## ITF launches new manual on HIV/AIDS



The ITF has launched a new handbook for transport unions to help them deal with HIV/AIDS in their policy, campaigning and organising work.

Writing in the introduction to the new manual, ITF acting general secretary Steve Cotton said that much had changed since 2004, when the ITF published its first version of the guide. He commented: “It’s not just a matter of updating statistics but of taking on board the evolving dynamics of the epidemic, the progress that has been made in both prevention and treatment, and the development of new tools and approaches. ITF affiliates have undertaken major programmes and there are many achievements to report.”

He warned against complacency and vowed the ITF would continue to work with its affiliates “to combat the still very real threat that AIDS presents to the rights, health and livelihoods of working people and their families”.

The manual provides hands on guidance; best practice examples from affiliates with a long track record of action on the issue; and practical support to unions in dealing with HIV/AIDS in the workplace and their fight against stigma and discrimination. It includes learning activities, a round-up of training methods and techniques, and a summary of basic information about HIV/AIDS.

You will be able to down load the manual from the ITF website: [http://www.itfglobal.org/files/publications/42807/HIV\\_manual\\_2014.pdf](http://www.itfglobal.org/files/publications/42807/HIV_manual_2014.pdf). You can also request hard copies of the manual through the following web link: <http://www.itfglobal.org/infocentre/pubs.cfm/detail/42807>.

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## **Guyana Clerical and Commercial Workers Union, (CCWU) signed an agreement as sub-recipient of the Global Fund to carry out HIV/AIDS and TB programme**

Guyana Clerical and Commercial Workers Union, (CCWU) signed an agreement as sub-recipient of the Global Fund to carry out learning and living the lesson of “Good and Safe Practice to Stop TB”. The main objective of this project is to accelerate the trade union’s response to the impact TB in the world of work, special emphasis on increasing awareness and the expansion of TB education and prevention. The Caribbean has the second highest average HIV prevalence after sub-Saharan Africa. Governments in the region have not been slow in taking action and civil society is also mobilized. Even so, access to necessary prevention and treatment services is not universal and the trade unions note that many workers do not have access to HIV/AIDS programmes at the workplace. They also report significant Programme and the advancement of human rights policies and non-discrimination practices from the labour perspective. The risk of developing Tuberculosis (TB) is estimated to be between 20-37 times greater in people living with HIV than among those without HIV infection. In 2009, there were 9.4 million new cases of TB, of which 1.2 million (13%) were among people living with HIV. Of the 1.7 million people who died of TB, 400, 000 (24%) were living with HIV. TB is a leading cause of morbidity and mortality among people living with HIV. Impacts of the epidemic in the transport sector, the first reported HIV case for Guyana was reported in 1987. According to recent UNAIDS estimates Guyana has an adult prevalence of 1.2% (0.5%–1.9%) and the total number of people living with HIV is 5,900.

The project contributed to increased capacity of the Union to HIV/TB workplace prevention programmes. Provided under Global Fund to Fight AIDS, Tuberculosis and Malaria with support from the National HIV/AIDS and TB Programmes in Guyana, the union is providing training of peer educators in topics of HIV/AIDS, TB, STI, and diabetes and increased union members’ capacity to deal with social health issues. Eight hundred working members at workplaces were educated about HIV/AIDS and TB through workplace prevention programmes and 100 peer educators were trained within the project. About 10,000 condoms were distributed to union members during education sessions and information campaign.

## Cochin port staff association organises HIV/AIDS education program at transport h



The Cochin Port Staff Association regularly organizes HIV/AIDS awareness programmes for its members. Recently the Union has organized HIV/AIDS education programmes at Vytilla Mobility Hub. This hub has some special features: it is situated near to NH – 17, an interstate connectivity (Mangalore – Madurai). It is also a destination point of local, private transport buses. A large number of workers and passengers participated in the day-long programme. The union is increasingly reaching to different places around the port area to attract new members and create awareness on HIV/AIDS.

The Government of India estimates that about 2.40 million Indians are living with HIV (1.93 -3.04 million) with an adult prevalence of 0.31% (2009). Children (<15 yrs) account for 3.5% of all infections, while 83% are in the age group 15-49 years. Of all HIV infections, 39% (930,000) are among women. India's highly heterogeneous epidemic is largely concentrated in only a few states — in the industrialized south and west, and in the north-east. The four high prevalence states of South India (Andhra Pradesh – 500,000, Maharashtra – 420,000, Karnataka – 250,000, Tamil Nadu – 150,000) account for 55% of all HIV infections in the country.

## New ILO publication calls for urgent need for sensitive social protection schemes for people living with HIV

People living with HIV who have access to social protection programmes enjoy a range of benefits, such as being more likely to retain their jobs and keep their children in school, but too many of the most vulnerable are out of reach of these programmes, says a new report by the International Labour Organization (ILO).

[Access to and effects of social protection on workers living with HIV and their households](#) draws its conclusions from research conducted in four countries, Guatemala, Indonesia, Rwanda and Ukraine, that are currently developing or scaling up their social security systems.

Across the countries a variety of social protection schemes are used to support the most vulnerable and to avoid increased vulnerability. These include establishing poverty alleviation and reduction programmes, prioritizing the poor in economic development strategies, providing access to social security systems, greater labour

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opportunities for women, and providing health insurance and pensions and social assistance for low-income individuals and families



The report notes that social protection programmes can reduce the disadvantages, inequalities and structural barriers that make people more vulnerable to HIV. It reveals that, in the studied countries, between 63% and 95% of people living with HIV who had access to social protection were able to keep their jobs or some form of productive activity, 49–99% said that their children remained in school and 72–86% were able to access life-saving antiretroviral treatment.

It notes that the social protection systems of the four governments are much more readily accessed by those

under the umbrella of the public and formal sectors. People living with HIV are often in the informal economy and therefore much more likely to miss out. This may be a particular issue for women and key populations at higher risk.

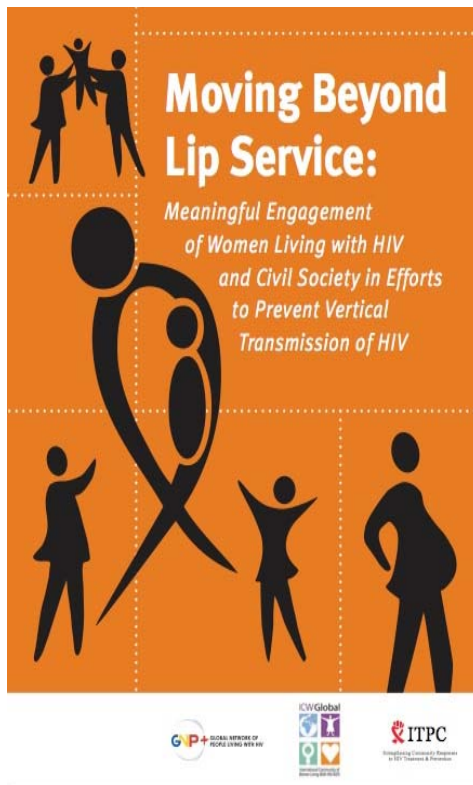
There is a tendency to address HIV by concentrating on enabling access to HIV treatment. The study stresses that in order to be effective, a social protection safety net that works for HIV-positive people must be multi-layered, addressing wider social and economic vulnerabilities, and not just about making free antiretroviral medicines available.

“Access to antiretroviral treatment keeps people living with HIV alive. But too often, the lack of broader social protection benefits keeps women and men, and their households, vulnerable and poor,” said Alice Ouedraogo, Chief of ILO’s HIV/AIDS and the World of Work Branch, which produced the report. The study examines a number of challenges to accessing services, such as a lack of awareness that the programmes actually exist or that the process involved in getting services is too complicated or cumbersome. There is also the issue of out-of-pocket expenses, including transport costs to get to health centres and money to pay for treatment of opportunistic infections. ILO argues that a combination of income, livelihood and employment support is needed, in addition to health services, to further increase the impact of social protection. “As we prepare for the post-2015 development agenda, it is important to invest in policies and programmes that leave no one behind, including people living with HIV and key populations,” Ms Ouedraogo concluded.

Aditya Wardhana, Executive Director of the Indonesia AIDS Coalition, welcomed the new research and the light it shines on a key area that has so far received relatively little attention. He said, “ILO’s research has opened a discourse on the urgent need for a sensitive social protection scheme towards people living with HIV and AIDS-affected communities, who have been long neglected by the existing social protection system.” (Source:UNAIDS)



## Moving beyond lip service: Meaningful engagement of women living with HIV and civil society in efforts to prevent vertical transmission of HIV



This report brings together the voices and messages heard from an online survey and two face-to-face consultations about the “**Global Plan towards the Elimination of New HIV Infections among Children by 2015 and Keeping Their Mothers Alive** (the Global Plan)”. This included: (1) an online survey in French and English which garnered approximately 140 responses from more than 40 countries; (2) a community consultation in the Global Village at the International Conference on AIDS and STIs in Africa (ICASA) with more than 100 ICASA attendees representing more than 20 countries; and (3) a closed, by invitation only, consultation with people living with HIV in the Global Village during ICASA attended by approximately 40 women and men living with HIV.

Two main themes about the current state of prevention of vertical transmission programmes arose from the consultations including: Many programs focus on prong 3 and saving the infant

instead of taking a comprehensive approach that puts women’s health at the centre of prevention of vertical transmission programs and secondly lack of civil society involvement in the development of national plans

The report came out with 3 major key recommendations: firstly **involve women living with HIV** and invest in their networks then **Prioritize women’s health** by ensuring national plans embrace a comprehensive approach that includes preventing HIV among young women, promotes their sexual and reproductive health and rights, involves male partners, provides the most effective prophylaxis and correct infant feeding guidance, and ensures the best quality treatment, nutrition and other support is available to women and their families. The third recommendation is **Move from commitments to budgets and actions**. The disconnect between an ambitious global plan and women’s reality on the ground must be closed. The entire report can be downloaded from the following web link: <http://www.gnpplus.net/assets/Global-Plan.web1-copy.pdf>