



**LESSONS LEARNED TO DATE FROM  
HIV/AIDS TRANSPORT CORRIDOR PROJECTS**

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**Transport, Africa Region**

**Transport and Rural Infrastructure Services Partnership**

**World Bank and Department for International Development (UK)**

**World Bank Global HIV/AIDS Program Discussion Paper**

**August 2005**

## World Bank Global HIV/AIDS Program Discussion Paper

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**Cover photo:** A peer educator works with truck drivers, transporters, and taxi drivers at a taxi/truck stop in Aboisso, a border town with Ghana. In this photo, the peer educator demonstrates how to use a condom.

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## Lessons Learned to Date from HIV/AIDS Transport Corridor Projects

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This paper was funded by the Transport and Rural Infrastructure Services Partnership (TRISP) of the World Bank and United Kingdom's Department for International Development (DfID), and responds to requests for information on the experiences of the project so far.

**Abstract:** This paper describes the experiences gained and challenges faced in the preparation of the regional HIV/AIDS project for the Abidjan-Lagos transport corridor, which was formally launched in December 2003. The project objective is to increase access along the corridor to HIV/AIDS prevention, basic treatment, support and care services for underserved, vulnerable groups – including transport sector workers and their clients. Information was taken from reviews of documents and stakeholder answers to a structured questionnaire. The report also lists other transport corridors around the world where HIV/AIDS interventions are underway, planned, or might be considered.

**Keywords:** HIV/AIDS, transport, transport sector, corridor, lessons learned, Abidjan-Lagos, truck drivers, truck stops, border crossings, cross-border areas, partnership, Cote d'Ivoire, Ghana, Togo, Benin and Nigeria, World Bank, DfID

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## Acronyms and Abbreviations

AFTTR	Africa Transport Unit – World Bank
AIDS	Acquired Immune Deficiency Syndrome
ALCO	Abidjan-Lagos Corridor Organization
AWARE	Action for West Africa Region
CEMAC	Central African Economic and Monetary Community
CIDA	Canadian International Development Agency
CSO	Civil Society Organizations
DFID	Department for International Development
ECA	Europe and Central Asia
ECCAS	Economic Community of Central Africa States
ECOWAS	Economic Community for West African States
FESARTA	Federation of Eastern and Southern African Road Transport Associations
FHI	Family Health International
GLIA	Great Lakes Initiative on HIV/AIDS
HIV	Human Immunodeficiency Virus
IDA	International Development Association
IOM	International Organization for Migration
LCSFT	Latin America and Caribbean Region, Transport Cluster
MAP	Multi-Country Assistance Program
MNA	Middle East and North Africa
NGO	Non-Governmental Organization
NTCCA	Corridor Transit Transport Coordination Authority
PLWHA	People Living with HIV/AIDS
REDSO	US Agency for International Development Regional Economic Development Services Office
RHAP/SA	Regional HIV/AIDS Program Southern Africa
SADC	Southern African Development Community
STI	Sexually Transmitted Infections
TRISP	Transport and Rural Infrastructure Services Partnership
UEMOA	Union Economique et Monétaire Ouest Africaine
UNAIDS	The Joint United Nations Program on HIV/AIDS
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WAI	West African Initiative
WAHO	West African Health Organization
WHO	World Health Organization

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## **PREAMBLE AND ACKNOWLEDGEMENTS**

Under the Transport and Rural Infrastructure Services Partnership (TRISP), agreement was reached on May 19, 2004 to make available GBP22,000 (equivalent to US\$35,500 at the then prevailing exchange rate of GBP1 = US\$1.58) to support an activity to capture and disseminate in a suitable form the lessons learned from experience to date from HIV/AIDS transport corridor projects. The objectives for the activity are outlined in Annex 1. The terms of reference for the international consultant who carried out the data collection and analysis for this activity are in Annex 2.

This report, written by Stephen Brushett (Lead Transport Specialist) and John Stephen Osika (Senior Public Health Consultant), is a first output from this activity. The report was edited and formatted by Linda Patnelli and Nadege Thadey (Language Program Assistants). Comments on earlier drafts of the report were provided by Joy de Beyer, Jocelyne do Sacramento, Keith Hansen, Mika Kunieda and Peter Roberts.

The authors thank the UK Department for International Development (DfID) as the funding agency for TRISP for affording the opportunity for this activity to be carried out, and thank the World Bank as the TRISP manager and for publishing this report in the Global HIV/AIDS Program Discussion Paper series.



## EXECUTIVE SUMMARY

Further to the preparation – and now the implementation – of the HIV/AIDS Project for the Abidjan-Lagos Transport Corridor, interest has been expressed in a number of quarters as to how the experience gained could be used in other transport corridors where similar conditions apply. While global experience is still quite limited, stakeholders were also keen for information to be gathered and analyzed as far as possible on other corridor-based initiatives. The objectives of this activity – for which funding has been provided through TRISP - are thus to capture the experiences gained in the preparation of regional transport sector HIV/AIDS projects and to disseminate this knowledge in a user-friendly format to a wider audience of Bank staff, Bank clients and other stakeholders.

The Abidjan-Lagos project objective is to increase access along the corridor to HIV/AIDS prevention, basic treatment, support and care services for underserved, vulnerable groups – including transport sector workers and their clients. The project was formally launched in December 2003, funded through an IDA grant of US\$16.6 million approved in November 2003. The project is based on a declaration of agreement at the level of the Heads of State of the five corridor countries (Cote d'Ivoire, Ghana, Togo, Benin and Nigeria) – further to which a specific, representative institutional structure has been created to manage the project. Member countries contribute to the upkeep of this management structure through annual payments. The project had to face a variety of challenges which have been analyzed in the report under the broad headings of: institutional issues; stakeholder involvement; transport sector and health sector involvement; and financial commitments and sustainability. These challenges are by and large being addressed successfully, but this required more time and resources in up front preparation and resulted in a slower start up of implementation than anticipated – only US\$3.1 million had been disbursed out of the IDA grant by the end of June 2005.

There are no projects or institutional structures that exactly replicate the Abidjan-Lagos corridor. There are however a number of cases, mostly in Sub-Saharan Africa but also in Latin America, East and Central Asia, where corridor-type interventions are seen as necessary to address the related contributions of international migration and the interaction between transport sector workers and other high risk groups to increased HIV vulnerability in specific corridors. Most corridors are road only, although some also have rail transport in parallel (mostly for freight movement) and there are some rail-only corridors where programs are being started.

The following main lessons emerge from experience to date:

- Working within the framework of existing institutions is best, but it may be necessary to create new institutions to cater for the regional dimension. If this is the case, early and careful attention has to be given to the allocation of roles and responsibilities among member countries. Also, attention must be paid to the justification, costs and legal framework under which any new institution is going to have to work. Where corridor management organizations exist, there is clear value to their early involvement in the oversight of planning and management of HIV/AIDS

interventions. Bringing the regional economic communities into the picture can contribute towards advancing trade and transport facilitation.

- Effective involvement of the transport sector cannot be taken be granted. Selecting the appropriate public and private sector transport organizations and identifying champions for the design and implementation of programs at an early stage are always likely to be critical success factors. Transport's contribution can be fostered through: high level ministerial involvement at all stages; identifying and empowering the appropriate regional and national transport associations; and careful selection of consultants to help define the key transport components of the project.
- Experience has confirmed that national programs are not generally geared up to address the problems in the cross-border areas which the corridor project was designed to address. Even in the early stages of project implementation, border committees formed very quickly, generally with wide stakeholder participation, notably including local government officials and transport sector workers. In addition, information systems and baseline data at national level are inadequate to identify the scale of the problem and the proposed solutions. Therefore, the corridor project has to focus on developing data and information systems at the regional level.
- Substantial benefit can be derived from the expertise and experience of the private sector in mounting successful programs. Commercially oriented approaches, such as branding services and products within a specific corridor, may be effective in overcoming obstacles to cross-border HIV/AIDS programs. Sustainability is however likely to require the development of common policies across borders and coordinated support and information networks.
- Language and cultural differences between member countries are significant factors to be addressed. However they do not have to be an obstacle in the establishment and implementation of a project of this nature provided: sufficient resources are provided to ensure timely translation of documents and interpretation at meetings; and sufficient time is allocated in preparation to respond to the concerns that might be raised, such as the differing degree of comfort in openly discussing HIV/AIDS in public.
- Getting the balance right in the priority given to prevention, treatment and care is a dynamic exercise. Effective HIV/AIDS prevention messages must go hand in hand with treatment and care provision, such as access to information and drugs for STIs as well as antiretrovirals. Projects must be geared up to take advantage of emerging opportunities, such as the fall in price and increase in availability of antiretrovirals.
- Consensus building has to be given priority in dealing with the wide range of potential external partners. There are always going to be a large number and a wide range of potential international and regional partners for projects of this nature. Appropriate fora have to be provided in the institutional design to give a continuing voice to these partners.

Dissemination of knowledge on HIV/AIDS and transport corridors will necessarily be a dynamic process. An updatable web site with regular email bulletins to subscribers seems to be the best way forward. The best place for the web page would seem to be within the World Bank Transport web site where an area has already been created on “Transport and Social Responsibility”, where materials are already available under the heading of “Mitigating the Spread of HIV/AIDS”. A small advisory group should be formed to work with the webmaster of this site to design the web page and to consider updates and improvements on a quarterly basis.



## **Lessons Learned to Date from HIV/AIDS Transport Corridor Projects**

### **SECTION A: BACKGROUND**

#### **Objectives**

The motivation for this work came largely from the interest generated among both World Bank and non-World Bank stakeholders at the end of the preparation of the multi-country HIV/AIDS project for the Abidjan-Lagos transport corridor. This project, now under implementation, is the first to benefit from IDA grant support to regional HIV/AIDS projects under the broad umbrella of the second phase of the Multi-Country Assistance Program (MAP II). Stakeholders showed interest in learning about the experience gained in the preparation of the project and how that experience could be used in other transport corridors where comparable conditions might apply. Also, while global experience with such projects appears to be very limited, stakeholders were keen that as much information as possible be gathered and analyzed with regard to other transport sector and HIV/AIDS corridor-based initiatives.

The objectives of the work are specifically stated thus:

1. Capture the experience gained during the preparation of regional transport sector HIV/AIDS projects, such as the HIV/AIDS project for the Abidjan-Lagos transport corridor; and
2. Disseminate this knowledge in a user-friendly format to a wider audience of Task Team Leaders, Bank clients and other stakeholders.

#### **Primary audience**

The primary audience is Bank staff and Bank clients who would learn from the experience gained during the preparation of such projects. The experience of the task team and of the key client organizations and stakeholders that prepared or participated in the HIV/AIDS project for the Abidjan-Lagos transport corridor forms the core element of the work presented.

#### **Justification: Knowledge/Learning Needs Addressed**

Focusing on the HIV/AIDS project for the Abidjan-Lagos transport corridor, the demand for more and better organized information is fairly evident. The project is innovative in nature and future transport corridor HIV/AIDS projects will be looking at the experience of this project. So far, interest in the experience gained during the preparation of this project is being expressed by Task Team Leaders both inside and outside the Africa region, in addition to other transport sector stakeholders outside of the Bank. Requests for user-friendly information on the lessons learned have been received from the Latin American region, the South Asian region, and the East Asia region of the Bank, in addition to requests within the Africa region. There has also been a lot of contact with

international transport unions who are seeking to play a more prominent role in supporting HIV/AIDS efforts through transport sector unions and other organizations in client countries. This demand for user-friendly information on the lessons learned during the preparation of the project motivated and justifies this work.

### **Methodology/Approach (including source of primary material)**

The lessons learned as far as Abidjan-Lagos is concerned are based on:

1. a review of the project preparation documents and other relevant literature;
2. feedback (through a questionnaire and selected follow up interviews) from Bank staff who were involved in the preparation of the project; and
3. feedback (through a questionnaire and selected follow up interviews) from other stakeholders who were involved in the preparation of the project.

The form of the questionnaire is given in Annex 3.

In addition, a literature search and selected interviews with Bank staff and with officials and representatives of concerned organizations have been carried out in order to obtain information on: all global transport corridors within which HIV/AIDS initiatives might be pursued in the near term; of these, those corridors where there is specific ongoing or planned activity that could also contribute to the understanding of how best to design and implement this type of project. Most, but not all of these corridors are in the sub-Saharan Africa region.

## **SECTION B: THE EXPERIENCE OF THE HIV/AIDS PROJECT FOR THE ABIDJAN-LAGOS TRANSPORT CORRIDOR**

### **Background to the project**

The World Bank's regional integration strategy for West Africa, from which the HIV/AIDS project for the Abidjan-Lagos transport corridor derived strategic guidance, recognizes the existence of a variety of cross-border externalities of regional integration. The positive ones (trade, production, etc.) have to be reinforced, while the negative ones (like communicable diseases, including HIV/AIDS) have to be mitigated. Migratory movements are generally considered as positive factors in addressing sub-regional poverty by enabling people to move to exploit new (extra-national) opportunities. The regional strategy, therefore, identifies World Bank support to the region to contribute to creating a unified economic space on one hand and to improving health, including HIV/AIDS related health services on the other. The World Bank is working with UEMOA and ECOWAS to support trade and transport facilitation in Western Africa. This support includes an observatory of abnormal practices and improved dissemination and use of information about regional trade and transport agreements.

The regional strategy recognized that other partners, particularly the French Cooperation, Canadian International Development Agency (CIDA) and the United States Agency for International Development (USAID), have supported cross-country disease control efforts in the region, which have included HIV/AIDS. In particular, USAID has supported efforts to prevent the spread of HIV/AIDS along migration corridors in the region. The HIV/AIDS project for the Abidjan-Lagos transport corridor builds on these efforts, and in particular the efforts of the West African Initiative (WAI) and the UNAIDS Inter-Country Team for West Africa.

### **The Abidjan-Lagos transport corridor and HIV/AIDS in West Africa**

Major regional travel routes in Western Africa are either along the north-south directions between land-locked countries to the north and coastal countries to the south, or along the east-west direction between the coastal countries in the south. The Abidjan-Lagos transport corridor is the major east-west transport corridor in West Africa, connecting the capital cities of five countries: Cote d'Ivoire, Ghana, Togo, Benin and Nigeria. The ECOWAS policy of free movement of nationals of member countries, which include all five countries along the corridor, contributes to increased travel along the Abidjan-Lagos transport corridor (although the reality is that traffic flows of goods and people are still subjected to significant border crossing delays). Travel takes place over short and long distances and for social and commercial reasons - there is frequent travel across the borders to visit relatives, especially on special occasions like weddings and other family reunions. With increased trade taking place between the countries along the corridor, commercial traffic has attracted many commercial drivers along the corridor.

Travel along the corridor is recognized as an essential requirement for the socio-economic development of the region. However, it also offers opportunities for faster transmission of HIV/AIDS (and other infections) among people in the region. Commercial sex workers, commercial vehicle drivers, migrants and local populations who live along the corridor, are vulnerable groups that may be adversely affected by absence of HIV/AIDS prevention, care and support services along the corridor. The adult HIV prevalence rates of the five countries along the corridor vary and in 2003 (latest available information) UNAIDS estimated it to be at 4.1% for Togo, 7.0% for Cote d'Ivoire, 3.1% for Ghana, 1.9% for Benin and 5.4% for Nigeria.<sup>1</sup> Using the UNAIDS Inter-Country Team for West Africa estimates of three million people crossing the borders along the corridor each year, and assessing the HIV prevalence rate at 10% among these people (this assumes that the population that travels along the corridor is vulnerable and is likely to have higher HIV prevalence than the general population), an estimated 300,000 people infected with HIV/AIDS travel along the Abidjan-Lagos corridor annually.

On the other hand, the same groups of HIV/AIDS vulnerable people, along the corridor, offer opportunities for dissemination of HIV/AIDS prevention messages that can empower people to fight HIV/AIDS along the corridor.

### **Objectives of the project**

The project objective is to increase access along the Abidjan-Lagos transport corridor, to HIV/AIDS prevention, basic treatment, and support and care services by underserved vulnerable groups. Particular attention is given to transport sector workers, the migrant population, commercial sex workers and local populations living along the corridor, especially at the border towns. The project is expected to contribute to reducing the spread of HIV/AIDS and to mitigating the adverse social and economic impact of HIV/AIDS along the transport corridor.

### **Project components**

The project has three components: (i) HIV/AIDS prevention services for the targeted population; (ii) HIV/AIDS treatment, care and support services for the targeted population; (iii) Project coordination, capacity building and policy development.

#### *Component 1: HIV/AIDS prevention services for the targeted population*

This component supports (a) implementation of an integrated HIV/AIDS IEC/BCC policy along the transport corridor; and (b) social marketing of condoms in the 8 geographic border communities and along the entire corridor. Both the public sector and civil society organizations including NGOs and the private sector participate in the

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<sup>1</sup> UNAIDS (Joint United Nations Program on HIV/AIDS) 2004. 2004 *Report on the Global AIDS Epidemic: 4<sup>th</sup> Global Report*. Geneva: UNAIDS.

implementation of both parts of this component. (Coca-Cola has been a high profile partner in this effort)

*Component 2: HIV/AIDS treatment, care and support services for the targeted population*

This component supports: (a) strengthening of public and private (where applicable) health care facilities identified along the corridor to provide services for voluntary counseling and testing (VCT) and treatment of sexually transmitted infections (STIs)—with promotion of the syndromic approach—and HIV/AIDS opportunistic infections; and (b) provision of grants to Civil Society Organizations (CSOs), including NGOs and the private sector, to undertake community-based initiatives in HIV/AIDS care and support and; (c) disposal of medical waste related to the project. With the relatively recent reduction in prices of antiretroviral drugs, the project is supporting, in coordination with respective national HIV/AIDS programs, increased access to antiretrovirals along the corridor.

*Component 3: Project coordination, capacity building and policy development*

This component supports (a) development of HIV/AIDS inter-country coordination mechanisms and partnerships among the governments and other project stakeholders of the five participating countries; (b) capacity building among the implementing partners and (c) implementation of transport sector policies favorable to arresting the erosion of social capital, including for the smooth movement of commercial traffic along the corridor.

**Key challenges for the project and how these were addressed**

The project was formally launched in December 2003 and 2005 is its second year of implementation. Out of an estimated total project cost of US\$17.9 million, US\$16.6 million comes from an IDA grant. The grant was approved by the Bank's board in November 2003 and the financing became effective in February 2004. US\$3.1 million had been disbursed by end June 2005.

**(a) The institutional and legal challenges**

An inter-country agreement to proceed with the preparation of the project was struck in July 2002. To review and make a final selection from a number of institutional options was an early challenge. Initial preference was given to housing the project under ECOWAS, or under its health sector arm, WAHO. Other options were to associate the project with the WAI or to create a conference of ministers for the five countries. Options were reviewed with an eye to: the pioneering nature of the project; rapidity and flexibility in implementation; efficiency; legal feasibility. This review concluded that it would be necessary to proceed on the basis of a new, single purpose organization for the project, which would also provide a permanent institutional home.

The decision to create such an organization was confirmed by a declaration of the heads of state of the five countries dated April 2003 with the detailed legal framework of the Abidjan-Lagos Corridor Organization (ALCO) agreed subsequently in November 2003. It would not have been possible to reach such an agreement without significant upfront work which was carried out by a high level expert with experience in international law. On ratification of at least three of the five countries, ALCO was to come into legal effect and could assume responsibilities as a treaty organization on behalf of the members. This was achieved in August 2004.

In view of the need to advance project preparation whilst the ratification process was ongoing, the member countries agreed that the Government of Benin would act in the stead of ALCO – and would also be the legally designated recipient of the IDA grant (and by extension any other external support for the project). The heads of state declaration sets out an agreed share-out of responsibilities for the project which were subsequently confirmed in the ALCO treaty as follows. The location of the Executive Secretariat of the project was agreed upon as Benin's capital, Cotonou (subsequently an "accord de siege" was signed between the Benin government and ALCO in October 2004). The leadership of the project was vested in the Governing Body over which Nigeria presides, with Ghana as the Vice President of the Body. The Executive Secretary of the project is from Cote d'Ivoire, while Togo chairs the Inter-Country Advisory Committee. This arrangement was to ensure that each of the participating countries has a clear role in the leadership of ALCO and management of the project.

#### **(b) Involving stakeholders in project preparation and implementation**

A very wide range of stakeholders participated in the preparation of the project. The project concept – and the general "buy in" to the approach – was built up through a series of workshops starting in 2000, using as much as possible the practical experience and expertise of the UNAIDS Inter Country Team and of the USAID-supported regional program. In this process, particular attention was paid to involving the national HIV/AIDS commissions to minimize the potential for developing a regional program that was parallel, rather than complementary, to national efforts (the same logic applies to the involvement of national HIV/AIDS program team leaders from the Bank).

In addition to the most significant civil society organizations, a particular effort was made to include the uniformed services, including a targeted seminar held in conjunction with project appraisal in November 2003. This is in recognition of the critical role that these services (police, customs, immigration etc.) play in both in facilitating (or not) corridor and in particular cross-border traffic movement and in spreading the right messages on HIV/AIDS prevention. The command structure of the services clearly indicated that for this to be successful the high national authorities in each service would need to be engaged.

The ALCO institutional structure has been designed to provide some level of continuity of involvement of key stakeholders during implementation – representation of the national HIV/AIDS commissions on the Governing Body and of key national public and

private stakeholders on the Inter Country Advisory Committee, and the establishment (at least in principle) of a Partners' Committee to facilitate periodic interaction between the external partners and the Governing Body.

**(c) Involving the transport sector in project preparation and implementation.**

Within the World Bank, the preparation of the project was led by a team that is mapped to the transport sector of the Africa region of the Bank. At country level, a representative of the transport sector of each of the five participating countries was involved in the preparation of the project, as part of the Governing Body of the project. The Ministers responsible for Transport in each of the five countries were always informed of the preparation process and in some cases personally participated in the preparation process. This gave the project an unusually strong anchor in the administrations responsible for national transport policy and programming. Participation of the sector in the deliberations of the Governing Body has been good, although generally at a lower level than permanent secretary. The idea was also to ensure a linkage through national ministries to the national facilitation committees working with ECOWAS. This appeared to be the most sensible approach given the currently very limited capacity in the ECOWAS secretariat to coordinate such matters.

The transport operators and their associations were also involved in the preparation process, particularly in providing information on the potential transport sector interventions for the project. This involvement has however been somewhat uneven and it is now in the interests of ALCO to involve these associations more in the development of sub-projects which could be supported by the IDA grant. Two factors which should assist in this regard are – the decision to appoint a full time transport specialist to work in the project secretariat in Cotonou (in post since July 2004); and the continued interest of the International Transport Workers' Federation in supporting the project. It is also worth recalling that sub-project interventions have initially been focused on multi-sectoral activities at the border crossings (in which transport is participating) rather than on transport sector installations (such as garages and bus stops) along the corridor.

**(d) Involving the health sector in project preparation and implementation**

The first two components of the project include significant health sector interventions that required health sector involvement during preparation. Ministers of Health of the five countries, in addition to Ministers responsible for the respective HIV/AIDS programs, together with their Transport Sector counterparts, were at the forefront of the preparation of the project. At the border crossings, the health sector representatives of the local administration, and in particular, the health sector managers of the respective border health care facilities participated in the identification of health sector interventions for the project. Many of the border health sector representatives later became key members of the border HIV/AIDS committees which were formed during project implementation.

A first key consideration in project implementation has been how to scale up the availability of health services in the border areas given that with few exceptions, such as

the Togo side of the Togo/Benin border and the Ghana side of the Togo/Ghana border, the facilities are limited in the extreme. The initial focus has been on a more comprehensive – and coordinated – provision of counseling and testing services throughout the corridor, which might involve the creation of selected new facilities which would be readily accessible to the target populations at the border crossings. This challenge is now increased given the feasibility of more widespread and affordable provision of antiretroviral drugs which was not considered as a major factor during project preparation.

A second key consideration concerns the provision of post-counseling health care to the migrant population. This will involve forging closer links between the health information systems of the five ALCO member countries as well as with the national systems of a number of other countries in the region, e.g. Mali, Burkina Faso and Niger, from which a significant proportion of the migrant population in the corridor originate. The project decided to employ a full time health specialist to assist in addressing these challenges.

#### **(e) Financial commitments and sustainability**

The preparation of the HIV/AIDS project for the Abidjan-Lagos transport corridor was a resource intensive exercise. Project preparation costs were significantly higher than the cost of preparation of single country HIV/AIDS projects. The costs of preparation of the project were shared at various stages among the Bank, the recipient countries, USAID and the UNAIDS inter-country team for West Africa. Within the Bank, the task team that prepared the project had to use various budget sources to help in the preparation process including significant use of Trust Funds to supplement the usual World Bank administrative budget for project preparation. The major Trust Fund was the PHRD-Benin grant for a total amount of US\$ 283,164.38.

During both preparation and implementation, the contributions of the member countries have been significant. This is considered to be a vital element underpinning commitment, as well as to assure the minimum resource levels to support the continuation of ALCO beyond the life of the IDA supported project. At an early stage in the process – and prior to the finalization of the legal framework in November 2003 – agreement was reached on an annual contribution set at US\$50,000 equivalent from each country to help defray program and administrative costs. Agreement on such obligations was a requirement for IDA support to the project. For example, for the first three years the IDA grant finances a certain number of meetings to ensure that the various organs of ALCO are able to meet their obligations. However any additional meetings – or participation of additional persons in these meetings – as well as a portion of all administrative and operating costs of the project have had to be met from local contributions from the outset.

#### **(f) Implementation of project activities in the border areas**

Successful implementation of the project will depend on a variety of factors. Perhaps the most critical factor will be the effectiveness of the response in the cross border areas identified as the areas of highest vulnerability and within which initial project interventions should be focused. Experience after about one year and a half of implementation has been positive in a number of respects.

With the assistance of the Executive Secretariat, an early focus was on getting stakeholder committees established in each of the eight border areas. This was successful and, by mid 2004, 8 committees were in place and 37 committee members from various backgrounds had received training. Wide stakeholder participation has been assured, notably from local government and uniformed services and also the transport sector. Most of these committees were in a position before the end of 2004 to receive (and account for) monies from the project that have been ploughed immediately into information, education and communication activities. Impetus to the activities of the committees, and to the visibility of the project to communities in the corridor, has been helped by such activities as the project “caravan” – a traveling educational and promotional vehicle which traversed the corridor between November 10 and December 7, 2004 with sponsorship from the private sector - as well as coordinated “journées de sensibilization” in each of the border areas, the first of which was held in April 2005.

This success tends not to be reflected well in grant disbursements, however, as the amounts involved are relatively minor. The direct benefits that border interventions can generate, immediately on the community in the border area and subsequently through a multiplier effect on the associated migrant populations is likely to be many times greater than the cost. The limited implementation experience to date does tend to confirm the existence of demand for HIV/AIDS prevention and care services in transport corridors that are not being catered for adequately by national programs.

## **SECTION C: ACTUAL AND POTENTIAL HIV/AIDS INTERVENTIONS IN OTHER TRANSPORT CORRIDORS**

### **1. Sub-Saharan Africa region**

The Sub-Saharan Africa region has the highest regional adult HIV/AIDS prevalence rate in the world, estimated by UNAIDS to be 7.4% (regional range from 6.9% to 8.3%) at the end of 2004. Although the Sub-Saharan Africa population is only 10% of the global population, the region accounts for 60% of all people living with HIV/AIDS.

There are a number of transport corridors in the Sub-Saharan Africa region that present opportunities for cross-country HIV/AIDS interventions. In some instances, as noted below, there are either nascent or planned activities on which a fully articulated corridor approach could eventually be based. For convenience, the corridors are grouped into the following geographical sub-regions: Western Africa, Horn/Eastern Africa, Central Africa and Southern Africa.

#### **a. Western Africa**

HIV prevalence in Western Africa varies, and is lower in the countries of the Sahel than in the southern coastal countries. The HIV epidemic in the region seems to have stabilized in most Western African countries. Between 1997 and 2002, median HIV prevalence measured among women in 112 ante-natal clinics in the sub-region remained at an average of 3 - 4% (UNAIDS 2004). Cote d'Ivoire has consistently recorded the highest level of HIV prevalence in West Africa, but in 2002, the prevalence of 6.4% recorded in the capital city Abidjan was the lowest recorded – compared with 13% in 1999. Nigeria, with 5% prevalence recorded from sentinel surveillance in 2003, is second only to South Africa in the African continent, in terms of the total number of people living with HIV/AIDS.

Region-wide attention to HIV/AIDS can be dated back to the creation of the West Africa Initiative (WAI) under the aegis of UNAIDS. In view of the importance of migratory movements in the region, some of long standing tradition and others of more recent origin driven by economic imperatives, it was seen as essential to develop programs to address the high degree of vulnerability to HIV infection of the regional population created by this situation. This has given rise since 1996 to a number of migration research action projects which were focused on “cross roads” locations (in Burkina Faso, Cote d'Ivoire, Mali, Niger and Senegal) within some of the key transport corridors of West Africa. Complementing the WAI work have been a number of projects, notably the AWARE (Action for West Africa Region) project and its predecessors funded in part by USAID, which have supported work with, and development of materials for vulnerable groups such as commercial sex workers and truck and bus drivers who form a critical element of the migrating population. These efforts have in general greatly increased our understanding of the dynamics of migration as it affects HIV/AIDS propagation – and also have helped us to develop some approaches to address HIV prevention in target

vulnerable groups, including transport sector workers and clients, within identified corridors. There has also been the development of branded materials, notably for the “Roulez Protégé” (Drive Protected) campaign, specifically targeted at mobile populations.

A further important contextual factor is the existence of the Economic Community for West African States (ECOWAS) and the recent drive towards achievement of its long standing objectives for free movement of goods and people and for the creation of a common economic zone. Through high level meetings and regular working sessions of the national commissions responsible for transport and with the help of the donor community, ECOWAS is now seeking to ensure compliance with the various treaties in place and to take specific action (including transport observatories) where indicated to improve the performance of the various transport corridors. The intention is to systematically dismantle barriers to the movement of goods and people and in particular to significantly increase efficiencies at border crossings. The notion, supported in the design of the Abidjan-Lagos project, though not yet universally accepted, is that a smoother flow of traffic and reduced transit times reduce the likelihood of HIV and opportunistic infections in migrant populations. This is the first time in any region that a systematic attempt has been made to link transit facilitation to HIV/AIDS prevention activities.

The transport corridors in the Western Africa region are mostly either vertical corridors connecting the ports of the higher HIV prevalence countries in the South with land-locked lower prevalence countries in the Sahel region, or horizontal corridors, connecting the capitals of the coastal countries. The following summarizes the principal corridors in which interventions are either underway or planned or which provide potential for future involvement in line with the ECOWAS Plans of Action.

*Corridors with interventions planned or underway*

**1. Abidjan-Lagos transport corridor (see Section B for further details)**

This is a major road transport corridor which traverses five West African countries, extending from Abidjan in Cote d’Ivoire to Lagos in Nigeria, passing through Accra (Ghana), Lome (Togo) and Cotonou (Benin). UNAIDS has estimated that about 3 million people cross the borders along this corridor every year, making it the third busiest corridor in the region. Thus it is the highest priority for corridor improvement in the ECOWAS plan.

**2. Bamako-Ouagadougou-Tema corridor**

This road corridor links Mali and Burkina Faso to the Ghanain port of Tema, through the capital Accra. Movement of goods and people has increased in recent years in view of the political situation in Cote d’Ivoire which has led to significant traffic diversion. African Development Bank support has been appraised and HIV/AIDS sensitization activities are covered under the financing plan. The border crossings at Dakola (Burkina Faso/Ghana) and Koloko (BurkinaFaso/Mali) will be given particular attention. The intention is to put in place a coordination mechanism involving the transport ministries

and the AIDS Commissions from each country, without however taking the step of creating a permanent institutional structure as with Abidjan-Lagos.

**3. Bamako-Ouagadougou-Niamey corridor**

This road links the capitals of the three land-locked Sahelian states of Mali, Niger and Burkina Faso. There is a substantial amount of transit traffic through the corridor with the ultimate destination on the coast. This has been identified as one of the ECOWAS priorities which may be supported by the Bank under the proposed Regional Transport and Transit Facilitation Program.

**4. Cotonou-Niamey corridor**

This is both a road and rail corridor that connects the Benin port of Cotonou with landlocked Niger. It is significant as one of the corridors in which ECOWAS seeks to introduce a single border post to speed up inter country transit. It is again a corridor identified for Bank support under the proposed Regional Transport and Transit Facilitation Program.

*Corridors for potential future intervention*

**5. Dakar-Bamako corridor**

This is a long standing rail corridor which connects landlocked Mali to the Senegalese port of Dakar. Recent improvements in the transport network now mean that there is also reasonable road access between the two capitals.

**6. Lome-Ouagadougou-Bamako-Niamey**

The corridor from the Togolese port of Lome into the interior is among the priority interventions in the ECOWAS plan. The political situation in Togo together with its non-accrual status with the Bank is likely to delay the start up of any concerted interventions in this corridor. This is however a corridor in which the AWARE project is expected to carry out some HIV/AIDS prevention activities.

**7. Abidjan-Ougadougou corridor**

This road/rail corridor connects the Ivorian port of Abidjan with landlocked Burkina Faso. Action here is likely to be adversely affected by the political situation in Cote d'Ivoire.

**8. Abidjan-Bamako corridor**

The Abidjan-Bamako road corridor connects the Ivorian port of Abidjan with Bamako, the capital of landlocked Mali. Action here is likely to be adversely affected by the political situation in Cote d'Ivoire.

**b. Horn/Eastern Africa**

Countries in the horn of Africa and Eastern African sub-region are showing signs of decline in the HIV/AIDS epidemic. The case of Uganda with a decline of HIV prevalence

from 13% in the early 1990s to 4.1% at the end of 2003 is well known. However, an overall decline in prevalence is reported by UNAIDS in the whole sub-region from 12.9% in 1997-98 to 8.5% in 2002. However, this is still a high level of risk and prevalence is higher in high risk groups like commercial sex workers.

In the regional context, political instability and the consequent impact that this has had on refugee movements has added a dimension to the HIV vulnerability of the population. A specific World Bank supported regional program – the Great Lakes Initiative on HIV/AIDS (GLIA) - has been developed with this in mind, the beneficiary countries being Burundi, DRC, Kenya, Rwanda, Tanzania and Uganda. The transport sector has been identified as a key area of vulnerability – based inter alia on the results of pilot programs carried out in 2001-2002 – and the project will support activities along two principal transmission corridors as indicated below. These interventions will be informed by the result of an evaluation exercise on the achievements to date which is to be carried out by UNAIDS.

USAID has developed a concept paper for a concerted regional approach to HIV/AIDS and transport in this region. Mindful that there have been a number of initiatives – some noted below – that have been started but not sustained, the proposal is to develop a branded approach known as “Safe-T-Stop” which has now received backing from key stakeholders. The “Safe-T-Stop” would be a comprehensive truck stop – set up at selected high risk points, including border crossings – consisting of essential transport, health, social and education services. Local (host) communities would be involved in management.

In the case of the Northern Corridor linking the port of Mombasa to the interior as far as Goma in the Democratic Republic of Congo (DRC), there already exists a corridor authority, the Northern Corridor Transit Transport Coordination Authority (NTCCA), which was established to implement the Northern Corridor Transit Agreement. This arrangement – which may in future be extended to other corridors in the sub-region – provides a solid institutional basis for the addition of coordinated HIV/AIDS prevention activities to the transit improvement agenda of the authority.

Major transport corridors in the sub-region mostly connect land-locked countries to the coastal ports in the Indian Ocean and the Red Sea and are outlined below.

### *Corridors with interventions planned or underway*

#### **9. Djibouti - Addis Ababa corridor**

Two road corridors and one railway corridor connect the port of Djibouti to Addis Ababa in Ethiopia. The two road corridors are the Djibouti-Galafi-Addis Ababa corridor and the Djibouti-Dewenle-Addis Ababa corridor. The railway corridor is the Djibouti-Addis Ababa corridor, currently not in operation. There have been a number of efforts by NGOs supported through funding provided by the United States Government – through the Nairobi based REDSO – to increase awareness about HIV/AIDS among truck drivers

along the Djibouti-Addis Ababa corridor. Some of the awareness efforts have used performance groups made up of HIV/AIDS orphans.

**10. Northern Corridor: Mombasa-Kampala-Kigali-Bujumbura-Goma corridor**

The Northern Corridor comprises Kenya, Uganda, Rwanda, Burundi and the Democratic Republic of Congo which are the signatory countries to the transit agreement. This is primarily a road corridor, although there is also a rail corridor from the Kenyan port of Mombasa to the Ugandan capital Kampala. There is an action plan to improve the efficiency of the corridor which includes a review of the legal texts and launching observatories to identify and address constraints. There is a plan to introduce a single border post at the Kenya-Uganda border.

In addition, the World Bank is currently supporting the Government of Kenya in the rehabilitation of the part of the Northern Road corridor that connects the Kenyan port of Mombasa to the Uganda border. Road traffic along the Kenya part of the corridor averages 2500 vehicles a day. The project has a specific component for mitigating the adverse effects of HIV/AIDS. This component is being implemented in collaboration with the Kenya National HIV/AIDS program, the International Transport Workers Federation and the local truckers association. Specific interventions supported by this component, along the corridor, include awareness and information dissemination, kiosks for provision of public health and social awareness services for HIV/AIDS, distribution of condoms, strengthening of local health centers, voluntary counseling and testing and support and care of people affected by HIV/AIDS. With the help of the GLIA project, approved by the World Bank in March 2005, this type of intervention could eventually be generalized throughout the corridor.

*Corridors for potential future intervention*

**11. Central Corridor: Dar es Salaam – Kigali – Bujumbura – Goma corridor**

The central corridor, which is a road corridor, connects the port of Dar es Salaam in Tanzania with the landlocked countries of Rwanda and Burundi continuing on to Goma in DRC. There is an important spur on this corridor which runs across Lake Victoria to Kampala in Uganda. While the traffic volumes are significantly less than on the northern corridor, this route remains a very important corridor for movement of people and goods.

**12. Dar es Salaam – Lusaka – Lilongwe/Blantyre corridors**

This comprises two corridors which link the port of Dar es Salaam with landlocked Zambia and Malawi. One branch consists of the road/rail corridor to Lusaka in Zambia, which includes the TAZARA rail link as far as Kapiri Mposhi. The other branch consists of a road corridor to Lilongwe and Blantyre through Mbeya. Traffic levels on this latter are much reduced from earlier times given the deterioration of the roads and the opening up of new outlets for Malawian trade to the east and the south. REDSO has identified this corridor – along with the Northern corridor and the Addis-Djibouti corridors – as the most important in terms of vulnerability to HIV/AIDS risks generated by migration and transport and sex worker activity.

### **c. Central Africa**

Relatively little has been initiated at the regional level in Central Africa. The regional economic bodies – that is the Economic Community of Central Africa States (ECCAS) and the Central African Economic and Monetary Community (CEMAC) – are however interested in pursuing similar programs to those in other sub-regions to improve corridor performance. There are substantial challenges to be overcome, notably the complexity of the inter-modal links between rail, road and river transport. The initial focus of efforts is likely to be on three corridors: Douala-Ndjamena-Bangui; Pointe Noire-Brazzaville-Bangui; and Matadi-Kinshasa-Bangui.

In terms of regional initiatives on HIV/AIDS, some progress has been made towards defining a concerted intervention to address vulnerabilities due to regional conflict and mobility in the countries of the Congo-Oubangui-Chari river basin, comprising Congo, Democratic Republic of the Congo (DRC), Central African Republic (RCA) and Chad. The fundamental inter-country agreement was signed in June 2001 and an institutional framework has been created.

### **d. Southern Africa**

Southern Africa remains the most HIV/AIDS affected region in the world. It is not uncommon to find HIV prevalence rates above 20% among pregnant women who form the backbone of the HIV/AIDS sentinel surveillance system in Sub-Saharan Africa. UNAIDS reports that, in South Africa in 2003, prevalence of HIV among pregnant women was 28%. Botswana, Lesotho, Namibia and Swaziland (39% in 2002) also record very high HIV prevalence rates among pregnant women, some exceeding 30% and there is no sign of stabilization of the epidemic in these countries. The epidemic is stabilizing but at very high levels in some of the other Southern African countries. HIV prevalence among pregnant women is stabilizing in 2003, in Malawi at 18%, in Zambia at 16%, Zimbabwe at 25%, and Zambia at 16%. According to UNAIDS, Angola is an exception in the Southern African region with median HIV prevalence among pregnant women who attend ante-natal clinics in the capital city, Luanda, being 3%. This low prevalence of HIV in the general population of Angola is attributed to nearly two generations of war, which restricted movement of civilians, limited transport links within the country and severed international transport links with the country. However, even in Angola, HIV prevalence among high risk groups is high, as shown by the 33% prevalence recorded among sex workers in Luanda.

In the face of this situation, the Southern African Development Community (SADC) has been quite active in trying to establish a regional framework to mitigate the negative economic and social effects of HIV/AIDS. The Strategic Framework and Program of Action for 2003-2007 puts HIV/AIDS prevention in the transport sector as a top priority, with a focus on truck drivers in the various corridors, with specific reference to the Beira corridor. The intention is to develop a protocol on IEC, behavior change and care to be applied uniformly across the transport sector. These actions are being supported by a number of actors notably the Federation of Eastern and Southern African Road Transport

Associations (FESARTA) and are set to expand significantly in the coming years. At the 2004 meeting of the Sub-Saharan Africa Transport Policy Program (SSATP), agreement was reached on the need to include a properly designed HIV/AIDS program for the North-South corridor on which a number of measures have been targeted to improve transit. In addition, focused attention has been given to the transport sector at the national level which has been supported inter alia by ILO in 8 countries (Malawi, Mozambique, Zimbabwe, Namibia, Botswana, South Africa, Lesotho and Swaziland).

As shown below, there are many transport corridors in the Southern African region which not only encourage trade among the countries of the region, but also offer opportunities for the transmission of HIV/AIDS as people move across national boundaries. From a more positive perspective, these corridors offer opportunities for dissemination of HIV/AIDS prevention messages across the countries of the region.

### *Corridors with interventions planned or underway*

#### **13. Durban-Lusaka-Lubumbashi Corridor (North-South corridor)**

The Durban-Lusaka road corridor – extending to Lubumbashi in DRC through the Zambian Copperbelt – is the most trafficked transport corridor in Sub-Saharan Africa. There are two major border points at the Messina-Beitbridge border between South Africa and Zimbabwe and the Chirundu border between Zimbabwe and Zambia. These are major crossing points which have been identified as extremely high risk areas for HIV transmission in view of the large migratory populations and long border delays. This is in spite of the fact that the bridge infrastructure has actually been improved in both locations. Every month approximately 7,000 trucks cross the border at Messina. This corridor is already part of the initiative named "Corridors of Hope" supported by USAID/FHI under the Regional HIV/AIDS Program Southern Africa (RHAP/SA) which has identified this as a target corridor for HIV/AIDS prevention, treatment and care interventions. Provision of STI services has proven to be a critical explanatory factor for success where this has been achieved. As mentioned above, this corridor is now going to be prioritized by SADC for comprehensive action on HIV/AIDS.

#### **14. Beira – Harare – Lusaka – Lilongwe/Blantyre corridor**

This road/rail corridor links the Mozambique port of Beira with landlocked Zimbabwe, Zambia and Malawi. This corridor has long been targeted by SADC. With the involvement of the Beira Corridor Authority, targeted activities for vulnerable groups such as truck drivers, railway workers and commercial sex workers have been underway for some time. The focal point of these efforts has been at the border posts connecting the different countries.

### *Corridors for potential future intervention*

#### **15. Maputo – Johannesburg corridor**

This road/rail corridor links the highly industrialized areas of Johannesburg in South Africa to the deep-water port of Maputo in Mozambique. Traffic is expanding in view of

the significant recent economic developments in Mozambique and because of the existence of a vastly improved, tolled multi-lane highway connecting the two cities.

#### **16. Nacala – Lilongwe/Blantyre corridor**

This is an East-West railway corridor connecting the Northern Mozambique port of Nacala with land-locked Malawi. Within Malawi, the railway corridor divides into two, with the northern arm leading to Lilongwe, and the southern arm to Blantyre. It is the least cost alternative for most Malawi import and export traffic and thus its importance is set to grow.

While as yet relatively insignificant in terms of traffic, there are also two road corridors linking the Namibian port of Walvis Bay to the landlocked countries, i.e. Walvis Bay-Gabarone-Johannesburg corridor (Trans-Kalahari corridor) and Walvis Bay-Ndola-Lubumbashi corridor (Trans Caprivi corridor).

## **2. Transport corridors outside the Africa Region**

### **e. East Asia**

UNAIDS estimates that the HIV/AIDS adult prevalence rate in 2004 in East Asia was 0.1% (range 0.1% to 0.2%). However, due to the large populations in the region, these figures mask the high prevalence among some high risk groups like sex workers and injecting drug users. In China, for example, HIV has spread to all of China's 31 provinces, autonomous regions and municipalities. According to the China National Center for AIDS/STD control and prevention, prevalence of HIV among drug injectors in six cities in the Southern Provinces of Guangdong and Guangxi in 2002 was between 18% and 56%. In the Chinese Province of Yunnan, 21% prevalence was reported in 2003 among drug injectors.

There are no specific inter-country corridor interventions that have been initiated in the region. At the national level, there has been a substantial amount of recent work carried out on HIV vulnerability in Cambodia through the UNDP South East Asia HIV and Development Program. This involved mapping vulnerability along selected sections of secondary and tertiary feeder roads along National Highway Number Six. A number of strategies are under development to improve HIV/AIDS services delivery to roadside communities and to migrant workers. These include enhancements in mobile condom social marketing, in information dissemination (including a toolkit that was developed in 2002) and in small enterprise development involving collaboration between communities and transport sector workers.

In addition, there are two other single country corridors in East Asia which could be candidates for HIV/AIDS interventions.

#### **1. Highlands Highway corridor**

This is a major single country transport corridor in Papua New Guinea between Lae and Mendi, a distance of 600km. A proposed World Bank supported transport infrastructure

project, the Highlands Highway Rehabilitation Project, would have a component that aims to reduce the transmission of HIV/AIDS along the corridor, to address the fact that the Highlands Region contributed about 26% of all people living with HIV/AIDS (PLWHA) in the country, as of September 2001, and the Highlands Highway was considered a major contributing factor to the transmission of HIV/AIDS in the region.

## **2. North Java Highway corridor**

There were plans to include this 1400 km long single country corridor in Indonesia as part of a World Bank supported operation dealing with high grade highways in North Java, starting fiscal year 2008, but it is now uncertain whether this operation will go ahead.

### **f. Middle East and North Africa (MNA)**

Due to the low prevalence of HIV/AIDS in the MNA region (UNAIDS estimates show the region's adult prevalence rate at the end of 2004 at 0.3%), the existing transport corridors, while important for transport, have minimal HIV/AIDS relevance at this stage.

### **g. South Asia**

UNAIDS estimates the HIV/AIDS adult prevalence rate for South/South East Asia at the end of 2004 as 0.6% (regional range from 0.4 to 0.9%). However this regional overall figure masks high prevalence of HIV/AIDS among high risk groups like commercial sex workers in high population countries like India. For example, HIV prevalence of 50% was reported by UNAIDS/WHO among sex workers in 2003 in Tamil Nadu, India. India is second only to South Africa in the overall number of people living with HIV/AIDS (about 5.1 million at the end of 2003). In recent years, substantially greater attention has been paid to truck drivers as an at-risk group in India. Several prevention projects are now ongoing, some involving other groups with which truck drivers frequently interact, for example the mandatory Mumbai AIDS Workplace Awareness campaign which utilizes license renewal as an opportunity for provision of information, education and services.

The primary inter-country transport corridors in South Asia, which would be of interest for HIV/AIDS interventions are the following:

#### **1. Kolkota (India) – Patrapole – Benapole (Bangladesh) corridor**

This is considered a very high risk road corridor for HIV/AIDS because of the extended time that trucks take to cross the border and the extensive practice of transshipment of the cargo from one truck to another.

#### **2. Kolkota (India) – Birganj (Nepal) corridor**

This is the principal road transport corridor connecting Nepal to India.

#### **3. Peshawar (Pakistan) – Torkhum – Kabul (Afghanistan) corridor**

This is a road transport corridor which connects Pakistan to Afghanistan.

#### **4. Quetta (Pakistan) – Spin Boldak – Kandahar (Afghanistan) corridor**

This is another road transport corridor which connects Pakistan to Afghanistan.

#### **h. Europe and Central Asia (ECA)**

The adult HIV/AIDS prevalence rate in the ECA region, at the end of 2004 was estimated by UNAIDS to be 0.8% (range 0.5-1.2). Diverse HIV/AIDS epidemics are occurring in the region, with firmly established epidemics in Ukraine and in Russia, where HIV/AIDS is unevenly distributed with about 60% of all HIV infections reported in just 10 of the country's 68 regions.

Both the Central Asia and South Caucasus regions are in the early stage of the HIV/AIDS epidemic with HIV/AIDS adult prevalence rates estimated by UNAIDS to be less than 0.3%. In Central Asia, (Kazakhstan, Kyrgyz Republic, Tajikistan and Uzbekistan), drug and human trafficking, particularly along the so-called Northern corridor that links Afghanistan to Russia, through Central Asia, are major contributing factors to the rapid growth of the HIV/AIDS epidemic in the region. Central Asia is also part of the historical 'silk road' linking China to Europe. An on-going study is mapping drug and human trafficking in Central Asia. A regional HIV/AIDS project, the Central Asia AIDS Control Project, which is supported by the World Bank, was launched in May 2005, and will finance demand-driven regional HIV/AIDS interventions that will involve Kazakhstan, Kyrgyz Republic, Tajikistan and Uzbekistan. The project gives priority to demand-driven interventions that will address cross-border HIV/AIDS related issues, including HIV/AIDS issues related to trafficked people, migrants and other vulnerable groups.

In the South Caucasus countries (Armenia, Azerbaijan and Georgia), none of the major transport corridors have specific targeted HIV/AIDS interventions so far:

##### **1. Batumi/Poti – Baku corridors**

These are two road/rail corridors that connect the two key Georgian Black Sea ports of Batumi and Poti (the Georgian Black Sea port of Sukhumi is isolated due to political unrest) to the Azerbaijan capital of Baku.

##### **2. Batumi/Poti – Yerevan corridors**

The connection between the two major Georgian Black Sea ports of Batumi and Poti to the Armenian capital of Yerevan is made through these two major rail/road corridors.

#### **i. Latin America and Caribbean**

The Caribbean sub-region, with UNAIDS estimated adult HIV/AIDS prevalence rates at the end of 2004 of 2.3% (range from 1.5% to 4.1%), is the second most affected region in the world. Only Sub-Saharan Africa where the regional adult prevalence rate is 7.4% (regional range from 6.9% to 8.3%) is more affected. Because the Caribbean sub-region is composed of mostly island nations, there are no cross-country transport corridors similar to the Abidjan-Lagos transport corridor. To address the issue of HIV/AIDS,

however, country specific HIV/AIDS projects, supported under the World Bank's Multi-country HIV/AIDS Program (MAP) are being implemented or prepared in most Caribbean countries. There is also a complementary World Bank supported regional HIV/AIDS project for the Caribbean, 'the Pan Caribbean partnership against HIV/AIDS' which supports the strengthening of regional HIV/AIDS policy development, preventive interventions, HIV/AIDS laboratory services, and regional civil society response to HIV/AIDS. The project does not have a specific transport corridor-like approach to HIV/AIDS.

In the whole of the Latin American sub-region, UNAIDS estimates that the adult HIV/AIDS prevalence rate in 2004 for the sub-region was 0.6% (range 0.5% to 0.8%). Guatemala and Honduras are the only countries with prevalence that is over 1%. However, some high risk populations have significantly higher prevalence rates. For example, in Brazil, HIV prevalence among urban slum sex workers was 18% and reached 23% among illiterate slum sex workers, according to UNAIDS data.<sup>2</sup> In Honduras, where the general adult population HIV/AIDS prevalence is almost 2%, the HIV prevalence among men who have sex with men in one study in 2001 was 13% according to the same UNAIDS publication.

In Central America, a regional HIV/AIDS project has recently been approved, with the funding support of an US\$8 million IDA grant. This project, the Regional HIV/AIDS project, is expected to support regional HIV/AIDS laboratory capacity building, surveillance, institutional capacity building and has a specific component that targets vulnerable mobile populations (truck drivers, seasonal mobile workers, and commercial sex workers) for HIV/AIDS prevention, but excludes treatment interventions. The component which targets vulnerable mobile populations does not follow any particular transport corridor but is open to support demand-driven sub-projects submitted by civil society organizations. Bottlenecks in the flow of road traffic in Central America have been reduced greatly in recent years, due to the integration of the Central American countries, which has removed barriers between most Central American countries. The only significant transport delays that are still of relevance are those that occur at Mexico's Southern border with Central America. Relatively little attention has been paid to date to HIV/AIDS strategies in the other trans-national corridors in the region.

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<sup>2</sup> UNAIDS 2004, AIDS Epidemic Update, December 2004.

## **SECTION D: EMERGING LESSONS**

### **A. Lessons learned during the preparation of the Abidjan-Lagos project**

In order to document the lessons learnt in the preparation of the HIV/AIDS project for the Abidjan-Lagos transport corridor, both formal and informal contacts were made to key stakeholders (within the World Bank and outside of it) who participated in the preparation of the project. The formal request for response was in the form of a questionnaire which is attached as Annex 3 of this document. The questionnaire (six responses from the World Bank stakeholders and six responses from the other stakeholders), were not for quantitative analysis, but to provide respondents with a format in which they could record their experiences in a semi-structured manner.

#### **1. Institutional aspects of project preparation**

The stakeholders who participated in the preparation of the project identified a number of institutional challenges for preparation of the project. The key ones were:

- Formation of the Governing Body of the project
- Legal arrangements for the operation of the project
- Weak national institutional structures for HIV/AIDS which make cross-sectoral coordination difficult
- Creation of institutions for delivery of finance
- Getting the political support of the heads of state
- Sensitization of key stakeholders on the institutional arrangements of the project, and
- Building a common institutional framework.

The most commonly identified challenges were those related to the formation of the Governing Body and the legal arrangements for the operation of the project.

Working within the framework of existing institutions is best, but it may be necessary to create new institutions to cater for the regional dimension. The challenges of creating a new institution to lead project implementation should not be underestimated. The relevant legal expertise required to put together the necessary legal documents and justifications for the new institution is needed as early as possible during project preparation. Different countries have different levels of complexities in their legal systems and all these have to be taken care of during project preparation and adequate time allowed for the different systems to run their course.

Experience suggests that the involvement of the ministries responsible for finance is particularly important because of the need to secure their support for the provision of operational funding for the new institutional structure. In addition, in this particular case, Benin would not have been able to play the leadership role that it did prior to the establishment of ALCO were it not for the broad support of all the relevant parts of government. The Ministry of Finance was prepared to provide the required local funding even when there were delays in obtaining the same from other members.

## **2. Multi-country challenges**

While preparing a multisectoral HIV/AIDS project in one country is challenging, preparing a similar project across many countries is even more challenging. The stakeholders who participated in the preparation of the project identified the following key multicountry challenges:

- Allocating leadership roles and responsibilities among the member countries
- Obtaining ownership from all the countries
- Making project information available in all the countries
- Strengthening national HIV/AIDS structures to support the multicountry initiatives.

The challenge of allocating leadership roles and responsibilities among the five member countries received the highest attention among the stakeholders. In the case of the HIV/AIDS project for the Abidjan-Lagos transport corridor, the distribution of responsibilities among each of the member countries made it easier for each country to find their leadership role and reinforced ownership of the project. So, ensuring that each participating country has a key role to play in the leadership of the project is an important element in meeting the multi-country challenge. It also helps to bring into play, people who have experience in cross-border projects as they can be catalysts for the rest of the preparation team. The lesson is to address this challenge at a very early stage in the process.

## **3. Transport sector challenges**

The transport sector challenges of preparation of the project as reported by the stakeholders were:

- Showing the relevance and role of the transport sector in both the transmission of, and fight against, HIV/AIDS
- Assessing the extent of the problem of HIV/AIDS among transport sector workers
- Developing partnerships with organizations and associations that can understand trucker issues
- Obtaining common approaches between the transport sector and the ministries responsible for HIV/AIDS
- Balancing the project focus on road transport against other forms of transport, e.g. air and sea
- Strengthening transport sector capacity to fight HIV/AIDS at the borders.

The transport sector is not normally associated with HIV/AIDS interventions, and enabling stakeholders to understand this role both within the World Bank and among stakeholders in the recipient countries was a challenge that was most commonly identified by stakeholders. The transport sector is a significant sector and includes road, air, sea, and rail modes of transport. During preparation of the project, the HIV/AIDS challenges of all the different modes of transport were in play. The choice of consultants who can help to focus on the mode of transportation that carries the greatest risk and the best potential for effective interventions is very important. The challenge of working





































