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Addressing HIV/AIDS in South Caucasus Transport Projects

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Transport has been identified as a sector that is particularly vulnerable to the HIV/AIDS epidemic. For this reason, explicit provisions for HIV prevention and awareness training are now embedded in the World Bank standard bidding documents for procurement of works in excess of US\$10 million.

These provisions were developed for countries with high national prevalence rates for HIV/AIDS. However, countries of Europe and Central Asia (ECA) have low prevalence rates of 1 percent or below, even in the worst affected countries of the region such as Ukraine, Russian Federation, Belarus, and Moldova. Using funds from the Transport and HIV/AIDS Incentive Trust Fund supported by the Global AIDS Program (GHAP), a study was undertaken on the viability of developing a risk-based approach for HIV/AIDS interventions to be applied in low prevalence countries.

This note summarizes the findings of the work and presents an approach for addressing HIV/AIDS issues in transport projects in the South Caucasus.

The findings, interpretations, and conclusions expressed here are those of the authors and do not necessarily reflect the views of the Board of Executive Directors of the World Bank or the governments they represent.

HIV/AIDS in the Europe and Central Asia Region

The Europe and Central Asia Region (ECA) is experiencing one of the world's fastest-growing HIV/AIDS epidemics.¹ According to UNAIDS, the estimated number of people living with HIV in the region in 2007 rose to 1.5 million. Almost 90 percent of those infected live in either the Russian Federation (69 percent) or Ukraine (29 percent).²

An estimated 110,000 people in the region became infected with HIV in 2007 and some 58,000 died of AIDS related illnesses. The annual numbers of newly reported HIV diagnoses are also rising in Azerbaijan, Georgia, Kazakhstan, the Kyrgyz Republic, Moldova, Tajikistan, and Uzbekistan which now has the largest epidemic in Central Asia.

The HIV epidemics in Eastern Europe and Central Asia are concentrated mainly among intravenous drug users (IDU's), sex workers and their various sex partners. Of the new HIV cases reported in 2006 for which there was information on the mode of transmission, some 62 percent were attributed to intravenous drug use and 37 percent

were linked to unprotected heterosexual intercourse. The number of IDU's increased significantly between 2001 and 2006 in several countries, including Azerbaijan, Georgia, Tajikistan, Ukraine, and Uzbekistan.

There is a high increase in the number of newly HIV-infected women who have been infected as a result of unprotected sex with an IDU partner. About 40 percent of newly registered HIV cases in the region in 2006 were women. Additionally, it is estimated that some 35 percent of HIV-positive women were infected through intravenous drug use and a further 50 percent were estimated to have been infected by IDU partners.

HIV/AIDS in the South Caucasus

There are increasing numbers of new HIV cases being reported in each of the South Caucasus countries (Armenia, Azerbaijan and Georgia). While the information about HIV prevalence is incomplete, it does show a region with high concentrations of HIV within specific sub-populations rather than a more generalized infection profile. In all three countries, transmission patterns follow similar patterns. IDU's are reported as the leading group of HIV infection. The second most often reported mode of transmission is unprotected heterosexual activity, typically with an IDU partner, a labor migrant, a

¹ 'HIV/AIDS and Transport in the European and Central Asian Region'. J. Babinard. The World Bank, 2009.

² '2008 Report on the Global AIDS Epidemic: Country Progress Indicators'. The Joint United Nations Programme on HIV/AIDS.

commercial sex worker, or sexual contact with other partners at risk.

In Armenia, HIV infections have been predominantly among intravenous drug users, almost all of them men. Males constitute the majority of the total number of HIV cases, with some 72 percent reported to be aged 20-39. There are an estimated 2,800 people living with HIV in the country. During the past two years, the registered cases of HIV transmission through sexual contacts have been higher than the cases of HIV transmission through intravenous drug use. All people infected through intravenous drug use were men, while almost all women were infected through sexual contact. An HIV surveillance study in 2007 reported that HIV prevalence among IDUs is about 7 percent and less than 2 percent among female sex workers. More than half the infections to date have been in the capital, Yerevan.

In Azerbaijan, intravenous drug use is widespread and the majority of HIV infections reported to date have been attributed to exposure to non-sterile drug injecting equipment. Almost half of the HIV infections reported were in the capital, Baku, where 13 percent of IDU's tested HIV-positive in a 2003 survey.

In Georgia, nearly 60 percent of the 1,156 registered cases to date were reported in the past three years and the majority of people living with HIV reside in the capital, Tbilisi, and in the west of the country (especially in Batumi and Zugdidi). The rising numbers of newly reported infections are associated with widespread intravenous drug use and frequent cross-border movement of persons to and from higher-prevalence countries such as the Russian Federation and Ukraine.

HIV/AIDS in the transport sector

In the ECA region there is much anecdotal evidence, but few studies exist, that link the transport sector with HIV transmission. A study in the Baltic countries, perhaps the first of its kind in the region, explored the practice of casual sex among truck drivers and commercial sex workers in the border areas of the Baltic region and extrapolated the potential impact on the spread of HIV/AIDS in these countries.³ The review found that truckers often engage with multiple sex partners on the road with little awareness of the risks involved.

³ 'HIV/AIDS in the Western Baltics: Priorities for Early Prevention in a High-Risk Environment'. World Bank Working Paper No. 68. Washington, DC: The World Bank Group.

Condom availability across the region varies significantly, as does the quality and affordability of quality condoms. Sexually transmitted infection (STI) testing center coverage is poor, and severe stigma regarding both usage of testing centers (which are not always equipped to counsel users) and condoms is prominent.

The region is experiencing a dramatic increase in the volume of cross border traffic due to transport network development and regional economic integration. This can, in turn, lead to increased risk for HIV infection as an increasing number of people may be exposed to substance use and risky sexual behavior. Four countries – Poland, Latvia, Lithuania and Estonia – are particularly at risk due to the high prevalence rate in the neighboring countries and their geographical location at the cross roads of the main east-west and north-south transport corridors.³

Other sub-groups of transport workers, such as sailors, may also be at risk. Evidence from Montenegro and Georgia suggests that sailors may be at a higher risk of HIV infection. In Georgia, it was reported that 71 percent of Georgian sailors and 97 percent of foreign sailors had a paid partner in the past year.⁴

Mobility and migration, which are occurring on a large scale throughout the region but are not well documented, could play a key role in the spread of HIV/AIDS through the transport sector. Data from Armenia shows that migrant workers have lower levels of knowledge about HIV than other key population groups and there is evidence of behavior that increases the risk of contracting HIV. Also, regional evidence suggests that heterosexual transmission across the region is driven by high flows of migrant workers.

However, monitoring HIV transmission within migrant populations is very difficult as the majority of labor migration remains undocumented. Evidence from other areas of the world suggests that migrants are likely to engage in risky sexual behaviors at their destination due to decreased social monitoring and attempts to cope with the strains and stress of resettlement.⁵ Furthermore, access to medical services, condoms and HIV testing is limited for these groups,

⁴ 'Knowledge, Attitudes and Behavior Related to HIV/AIDS among Transport Sector Workers: A Case Study of Georgia. HIV/AIDS and Transport in Europe and Central Asia'. Europe and Central Asia Region. Washington, DC: The World Bank Group, 2008.

⁵ 'Transport against HIV/AIDS: Synthesis of Experience and Best Practice Guidelines.' Transport Papers TP-24. Washington, DC: The World Bank Group, 2009.

particularly if they are found to be HIV-positive and deported to their country of origin.⁶

A recent survey of knowledge, attitudes, and behavior related to HIV/AIDS among transport sector workers in Georgia has identified their unique needs with respect to HIV in the region.⁷ The study revealed that HIV/AIDS awareness is high but that knowledge about transmission and prevention varies. As in other regions of the world, a key finding is that transport workers of the region are more likely to contract HIV through sexual transmission than through intravenous drug use.

Compared with Africa, the ECA Region has low prevalence rates of the disease, with the majority of infections still concentrated in high-risk populations. However, these figures also mask differences in epidemic levels and patterns of transmission within the region. In countries where prevalence is much higher in certain areas and among certain populations like in the ECA Region, HIV can move beyond its initial concentration in the higher risk groups leading to an important "tipping point" for each country.

A risk-based approach to HIV/AIDS education

The World Bank has provisions for HIV/AIDS mitigation in its standard bidding documents (SBD) for procurement of works in excess of US\$10 million. The "Health and Safety" clauses (Section 6.7) in the General Conditions of Contract include a model clause to implement an HIV/AIDS awareness program via an approved service provider such as an NGO, a health provider or a government body. The wording of these clauses is presented in Box 1.

The SBD clauses require that all contractors working on large World Bank transport projects implement HIV/AIDS programs encompassing prevention and awareness raising for their employees, sub-contractors, consultants, truck drivers and delivery crew as well as local communities in the proximity of the project site. A non-discriminatory policy should be implemented towards people found to be HIV/AIDS positive.

⁶ 'HIV and AIDS in the Caucasus Region: A Socio-Cultural Approach'. UNESCO, Paris, France, 2005.

⁷ 'Knowledge, Attitudes and Behavior Related to HIV/AIDS among Transport Sector Workers: A Case Study of Georgia. HIV/AIDS and Transport in Europe and Central Asia'. World Bank report.

Box 1: World Bank Standard Bidding Documents: HIV/AIDS Clauses

Section VII. General Conditions

6.7 Health and Safety

(...) HIV/AIDS Prevention. The contractor shall conduct an HIV/AIDS awareness program via an approved service provider, and shall undertake such other measures as are specified in this Contract to reduce the risk of the transfer of the HIV virus between and among the Contractor's Personnel and the local community, to promote early diagnosis and to assist affected individuals.

The Contractor shall throughout the contract (including the Defects Notification Period): (i) conduct Information, Education and Consultation Communication (IEC) campaigns, at least every other month, addressed to all the Site staff and labor (including all the Contractor's employees, all Sub-Contractors and Consultants' employees, and all truck drivers and crew making deliveries to Site for construction activities) and to the immediate local communities, concerning the risks, dangers and impact, and appropriate avoidance behavior with respect to of Sexually Transmitted Diseases (STD)—or Sexually Transmitted Infections (STI) in general and HIV/AIDS in particular; (ii) provide male or female condoms for all Site staff and labor as appropriate; and (iii) provide for STI and HIV/AIDS screening, diagnosis, counseling and referral to a dedicated national STI and HIV/AIDS program, (unless otherwise agreed) of all Site staff and labor. (...)

Source: Standard Bidding Documents, Procurement of Works, May 2006. Revised March and April 2007.

Four practical challenges have been faced in seeking to implement the SBD HIV/AIDS clauses:

- i. obtaining support of the client for undertaking an HIV/AIDS Information, Education and Consultation Communication (IEC) or Behavior Change campaign;
- ii. ensuring that an appropriate campaign is conducted;
- iii. monitoring the results and the impact of the education provided; and,
- iv. guidance on how to implement the clauses, particularly how implementation

should vary depending on a country's epidemic level, the type of transport project, the socio-economic context of the project area and groups to be targeted by the HIV education campaign.

These challenges have been compounded by the 'one size fits all' approach suggested by the SBD clauses which were developed based on experiences in countries with a high generalized prevalence of HIV/AIDS: a fundamentally different situation from much of the ECA Region. The view is emerging⁸ that it needs to be determined whether the SBD clauses should apply in all cases, particularly in countries with low HIV prevalence like in the ECA region.

The viability of adopting a risk-based approach to develop an IEC campaign for the ECA Region was investigated in detail. The objective was to tailor an IEC campaign based on; (i) the HIV prevalence level of a country; and, (ii) the risk level of a specific transport construction project. Such tailoring would help distinguish interventions according to HIV epidemic levels.

A conceptual framework was developed.⁹ In this, the HIV epidemic level was classified as low (<1 percent in any sub-population), concentrated (<1 percent of general population and >5 percent high-risk groups) or generalized (>1 percent of general population). Additionally, three levels of worker mobility were defined (low/medium/high). For each combination, target groups, intervention and implementation levels, and specific outcomes from an IEC campaign were proposed.

Field work was undertaken to investigate the viability of the proposed approach.¹⁰ It was found that the proposed framework had some advantages, but that its widespread application is questionable. The framework could assist in identifying the extent and budget required for an IEC campaign, but the failure to carefully consider the specific local conditions could lead to detrimental results.

Challenges with a risk-based approach

A key finding was that a risk-based approach based on a matrix of suggested inputs, materials

and activities cannot compensate for a comprehensive situational assessment. Such assessment-informed interventions are more appropriate because they consider the complexities of staff composition as well as the geographic coverage and vulnerability factors that exist along a road section. These factors must be taken into account when designing the IEC campaign.¹¹

Every transport project involves the participation of workers who fall into three groups: low, medium or high mobility, and road projects invariably contain a mixture of all three mobility groups. There are also managers and supervisors, skilled technical staff (for example equipment operators and surveyors), and laborers to consider.

In the majority of projects with international contractors, managers, supervisors and other skilled staff are migrant workers, often from other countries. Laborers may be migrant or locally employed, but are usually seasonal workers from the country where the works are being undertaken.

Recent reviews of transport projects have highlighted the increased HIV risk of the managers, supervisors and the skilled staff groups, due to the fact that they are migrants, that they have expendable income as skilled staff, and that they have access to vehicles and drivers that enable them to visit local towns and cities regularly.

Staff who are classified as 'local' workers may in fact engage in seasonal migration work themselves: in the Armenian Lifeline Road Project it was found that many of those employed normally worked in the Russian Federation but stayed in Armenia for the construction season due to the opportunities provided locally.

The HIV and AIDS epidemics vary across and within countries. Furthermore, many road sections link areas where patterns of HIV transmission are different, risk factors vary, and where prevalence levels are different (higher or lower). Any risk-based approach for IEC Campaigns would therefore need not only to consider the prevalence risk where the project was being conducted, but a multi-dimensional risk profile, based on the origins of the different workers and their roles on the project.

⁸ 'Review of the application of the HIV/AIDS contract clauses to date in the transport sector'. S. Brushett, et al. Forthcoming World Bank report, to be published autumn 2010.

⁹ 'A Risk-Based Framework for ECA HIV/AIDS Interventions'. J. Babinard. The World Bank, 2009.

¹⁰ 'South Caucasus: Pilot testing of Guidelines for HIV Interventions in Transport Construction Projects'. R. Butler. Report to the World Bank, 2009.

¹¹ These aspects have also been discussed in 'Transport against HIV/AIDS: Synthesis of Experience and Best Practice Guidelines' Transport Paper TP-25. World Bank. July 2009.

A situational analysis at the time of project preparation (*i.e.* before contracts are awarded) is therefore essential to identify the type and extent of any IEC intervention to be undertaken. After awarding the contract, the campaign's objectives and target groups would need to be refined to meet the specific requirements of the contractor's teams.

Improving the delivery of HIV/AIDS IEC

The project assessed how the delivery of HIV/AIDS IEC campaigns could be made more effective. The delivery of the HIV/AIDS IEC campaigns should be done by an approved service provider—usually an NGO or government health agency—with experience in delivering IEC campaigns. The program should have support from a national HIV/AIDS commission/Ministry of Health. The effectiveness of the efforts would be improved by having (i) clearer payment mechanisms; and, (ii) guaranteed access to workers in order to ensure that they will benefit from and attend HIV/AIDS training. The following sections propose how this should be achieved.

Payment through the Bill of Quantity

A challenge faced in implementing HIV/AIDS IEC campaigns is to gain access to workers. Contractors and construction sub-contractors at any site are usually resistant to their workers taking time away from the workplace to take part in educational activities on HIV/AIDS or in any type of health or social development training. One way of addressing this is by including HIV/AIDS education in the Bill of Quantities (BoQ). The BoQ is prepared early in the project, before contractors are hired and is the basis for payments to the contractor.

Ensuring attendance to IEC training would constitute a first step to having an impact on behavior change and for beginning to measure the effectiveness of interventions through indicators focused both on outputs and outcomes.

Bill No.1, the 'Preliminary' and 'Additional Items' Bill, should include a pro-rata rate per employee training attendance. In other words, a rate should be set for each employee that undergoes HIV education through the lifetime of the project. This does not have to be a substantial rate per attendant, only sufficient to subsidize and offset some of the costs of the worker taking part in the session(s). Attendance could be easily verified by the list of attendees at the approved service provider training sessions. Further verification should be undertaken during the post-intervention

HIV/AIDS surveys which should include a variable concerning training session attendance.

The BoQ could also contain a lump sum for the operation of an IEC Campaign for the local residents. The cost of this campaign, as well as that for the workers, should be estimated from the situational analysis done during project preparation and proposed as unit rates rather than leaving the contractor to estimate them.

Using the BoQ in this capacity requires an understanding and willingness to include HIV education by the client.

Standard Bidding Document Clauses

To further improve the delivery and effectiveness of HIV/AIDS IEC Campaigns, Box 2 presents proposed new clauses to replace the standard clauses in Box 1. These could be included as particular conditions of contract.

- Para 1 (Unchanged). States an expectation that the contractor will sub-contract an approved service provider to conduct an HIV awareness program;
- Para 2 (Changed). The proposed changes seek to: (i) ensure that actions are consistent with the HIV/AIDS response of the country project, consistent with national activities, and established in relation to a situational assessment (i) ensure all staff have basic HIV/AIDS awareness training; (ii) integrate HIV/AIDS awareness activities to be part of the regular health and safety training that all contractors should undertake; (iii) require contractors to ensure that workers know of the available VCT services and are actively encouraged to use them—as well; and, (iv) recognize the importance of access to quality affordable condoms for the workers and local community;¹²
- Para 3 (Changed). States that the components should be priced and resources that are required should be outlined;
- Para 4 (Changed). Requires clear inclusion of HIV/AIDS education in the BoQ.

¹² For high-risk groups and in areas where the known factors of transmission are through IDUs, other interventions, such as clean needle and syringe exchange programs, may be necessary. These would be identified by the situational analysis.

Box 2: Proposed new HIV/AIDS IEC clauses to replace the standard clauses (Box 1)

6.7 Health and Safety

(...) HIV-AIDS Prevention. The contractor shall conduct an HIV-AIDS awareness program via an approved service provider, and shall undertake such other measures as are specified in this Contract to reduce the risk of the transfer of the HIV virus between and among the Contractor's Personnel and the local community, to promote early diagnosis and to assist affected individuals. [No change]

The contractor shall throughout the contract and with the assistance of an approved service provider: (i) ensure that all staff attend Induction Training programs which include an HIV/AIDS education component, (ii) ensure that HIV/AIDS topics are included in regular health and safety sessions at civil work sites, (iii) conduct Information, Education and Consultation Communication (IEC) campaigns, addressed to all the site staff and labor (including all the contractor's employees, all sub-contractors and consultants employees, and all truck drivers and crew making deliveries to the site for construction activities) and to the immediate local communities concerning the risks, dangers and impact of STIs and HIV/AIDS in particular, and provide accurate referral information existing STI and HIV/AIDS screening, diagnosis, and services as well as the National HIV/AIDS program; (iv) ensure access to quality, affordable condoms for all the aforementioned site staff and labor groups. [Changed]

For each component, the program shall detail the resources to be provided or utilized and also include provision of detailed cost estimate. [Changed]

There shall Items in the Bill of Quantities related to the engagement of all site staff and labor on HIV education training sessions. [Changed]

Next Steps

The next steps will be to pilot test the proposed approach. Approved local service providers with a track-record in HIV education would manage the HIV education activities on selected Bank-financed road sector projects in the South Caucasus countries.

Through the design, management and dissemination of findings and experiences in HIV

pilot projects, a methodology for country-specific and regional application would be developed. The pilot studies would provide guidance on HIV responses, based on the mobility of workers as well as countrywide and regional HIV prevalence. In addition to IEC materials, the pilot projects would adapt other existing tools and materials to maximize benefits to workers, and build support and engagement of the ministries of transport and transport authorities in HIV responses on the Bank's civil works activities.¹³

The outcomes of the pilots would be:

- To demonstrate the value of an HIV component on transport project in the South Caucasus through shifts in worker's basic HIV/AIDS awareness and knowledge, reduced stigmatization, provision of access to quality affordable condoms, and knowledge and ability to access VCT. Impact will be measured by comparing pre- and post-intervention rapid assessments on staff/labor/workers at work sites;
- To review the relevant sections of the '*Road to Good Health Toolkit*' and make recommendations for future applicability in the South Caucasus transport sector;
- To build support in the transport sector for the management of HIV/AIDS epidemic prevention; and,
- To actively disseminate and share experiences within the South Caucasus public sector HIV response partnership to foster understanding and support future scaling up and mainstreaming of HIV/AIDS interventions in the transport sector across the region of the South Caucasus - under the umbrella of a regional (South Caucasus) program.

It is anticipated that funding will be secured in 2010 to proceed with at least one country pilot project in one of the South Caucasus countries.

¹³ The project will adapt the existing IEC resources in the '*The Road to Good Health Toolkit*' which can be downloaded from: <http://www.TheRoadToGoodHealth.org>.

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