

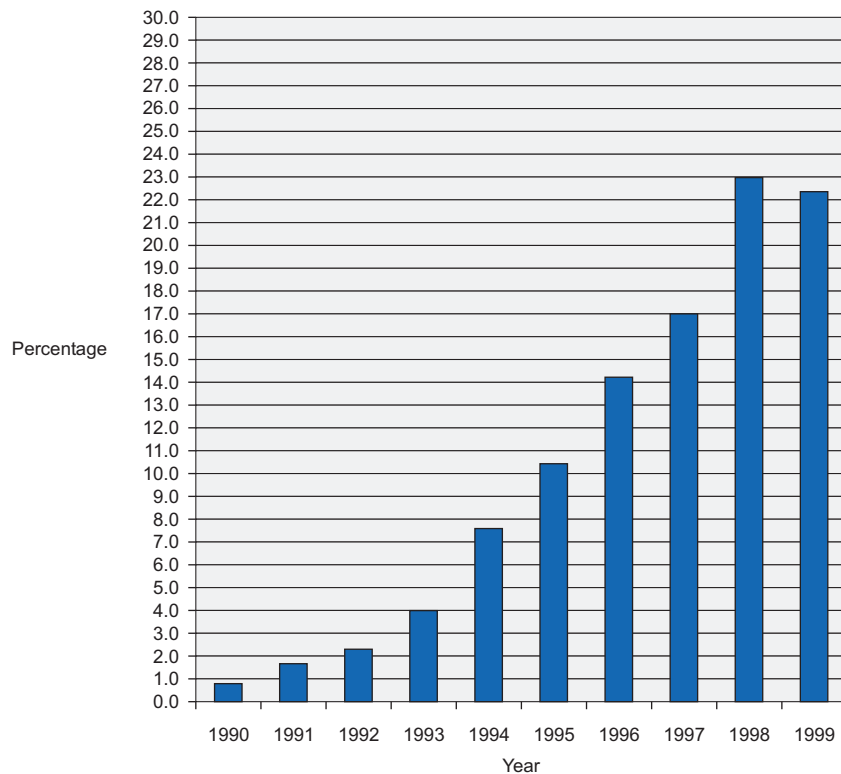


## TRANSPORT SECTOR HIV/AIDS STRATEGIC AIDS PLAN

### 2. SITUATION ANALYSIS

As in most parts of the SADC, South Africa recognises HIV/AIDS as one of the most serious challenges since independence and new political dispensation. In South Africa, prevalence rates suggest that close to 25% of the people may be living with HIV/AIDS. This information comes from The National HIV survey of women attending antenatal clinics at the public health services. These figures confirm the continued need for making HIV/AIDS a regional and national priority. The figure below provides tabulated estimates of HIV prevalence in the country.

**Figure 1.** The National HIV Survey Of Women Attending Antenatal Clinics Of The Public Health Services In South Africa, 1990 - 1999.



Adapted from HIV/AIDS & STD Strategic Plan for South Africa 2000 - 2005

Available information suggests that women between the ages of 20 and 30 have the highest prevalence rates. The majority of the people hard hit by the epidemic are the young black and economically disadvantaged populations. As many as 4.2 million South Africans are estimated to be living with AIDS and 550,000 are believed to be infected every year. It is estimated that HIV will infect about 6 million South Africans and about 1 million children will be orphaned by 2005.

The epidemic is being amplified by high prevalence of STDs, multiple sexual partners and limited usage of condoms. The predisposing factors remain largely being, socio economic factors, migrant labourers, mobile sector (Transport Industry) illiteracy, stigma and discrimination.

The government of South Africa has responded to the challenges brought about by the epidemic, beginning with the establishment of the National AIDS Co-ordinating Committee of South Africa (NACOSA). The committee was tasked with developing a national strategy on HIV/AIDS. Other initiatives that followed the establishment of this committee include South African National STD & AIDS and other Provincial STD and AIDS Directorate.

However, the response to the epidemic has been affected by a number of constraints namely limited human and financial resources, delay in the creation of district structures, limited referral systems and networking to ensure sustained care, home based care and terminal care facilities, limited integration of STDs & HIV/AIDS with interventions for TB, lack of provincial policies, guidelines and management protocols, medical care, support and counselling and discrimination of people living with AIDS. However, the government has high levels of structure that address issues relevant to HIV/AIDS. These structures include: Parliamentary Portfolio Committees on Health, Departments of Health, Welfare, Education, Transport and Justice, Director Generals Forum, Inter-department Committee on Aids, Inter-Ministerial Committee on Aids, Inter-Provincial structures and MEC for Health and Provincial Departments. There is close liaison among these



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structures. These institutions have been able to draw the support of non-governmental organisations and funding agencies (HIV/AIDS & STD Strategic Plan for South Africa 2000).

The participants to the Stakeholders Workshop on Prevention of HIV/AIDS in the Road Transport Sector in Southern Africa held on 31 August 2001 in Midrand indicated the following: acknowledgement of HIV/AIDS pandemic as a major threat to the social and economic development of South Africa, and committed themselves to strengthening HIV/AIDS prevention through condom promotion and distribution, peer education and contribute to national HIV/AIDS issues in the Transport Sector.

### **2.1     *The Transport Industry In The SADC Region***

A long existing history of population migration in the Sub-Saharan Africa has a characterised pattern of social relationships and economic activities. Such movement of people across borders at any given time has meant that there has been a huge demand for transport facilities. Also the countries in Sub-Saharan Africa have maintained significant trade in the region thus further promoting inter-country migration. Most of the countries are landlocked and this situation has ensured that road and rail transportation is an invaluable means of transporting both people and goods for trading. In addition, air-travel in the region has become of significant convenience for business and holiday making. The World Bank (2000) notes that about 9.7 million people used air-travel and 830771 (ton-km million) goods were transported by rail in 1997. Everyday new relationships in social and business circles are created across borders of the region. As the world becomes increasingly globalised there are indications that populations will be more integrated than ever.

South Africa is part of this big picture. People in the SADC region have been coming to South Africa to work in the mines, the transport industry and various sectors of the economy for over a century. Some of these migrant workers settled in South Africa as they established families. Others returned to their countries of origin but not without establishing some form of social

relationship with the local people. This pattern of social relationship continues to exist, and it has become less complex due to availability of transport and the well-developed road, rail and air travel systems. Within South Africa there have been huge population movements in the past fifty years or so. Most of the movements have been male dominated, as the transport and mining industries have favoured employment for men. These men have been moving between their families and places of employment with much ease and efficiency. Also South Africa has an added dimension to the transport industry with a coastline. Sailors from all over the world have used South African ports for many years. Travel has always been accommodative of new experiences, including diseases. This transport networking in the SADC region is a fertile ground for the spread of HIV/AIDS.

### **2.2 HIV/AIDS In The Transport Sector In South Africa**

Studies have indicated that basic understanding of the biomedical facts is of limited value to truck drivers (Matthew 2000). The study by the Medical Research Council of South Africa reports that at one stop, 95% of the drivers involved in the survey were infected with HIV. Of the 34% who indicated that they had stopped for sex while on their routes, there was a high percentage of non-condom users (29%) (MRCSA 2000). Accounts of truck drivers not wanting to know the result of the voluntary testing were well documented (November 2000). Other studies have sited poor working conditions and long absence from their families as contributory factors in having sexual encounters outside their relationships. These findings led to recommendations on policy reform, peer education and normative changes in the trucking community (Wilson, Sibanda, Nyathi, Lamson, and Sibanda 1991). Other behavioural surveillance research indicates the need to promote peer and other educational strategies, including condom use and health seeking behaviours for STDs. This needs to be supported by improved access to, and quality of, selected health facilities at the truck stops (USAID Impact Project 2000).



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The South African Civil Aviation Authority has identified the need for HIV/AIDS interventions. The Authority's medical services department hosted a workshop on HIV/AIDS in November 2000, which was attended by the aviation industry, medical services, the legal profession and the national and provincial departments of transport. A task group was formed to deal with legislation on testing for aviation personnel and to formulate an acceptable policy for the Aviation industry. The Authority promulgated a policy position that protects people living with HIV/AIDS from discrimination, promote access to information and commits the industry to create a caring and supportive environment for employees living with HIV/AIDS. The policy promotes confidentiality and recognises the rights and obligations of the industry's employees (South African Civil Aviation 2001).

While rail travel, public and private transport operate effectively within South Africa and the SADC region, very little documented information is available. This situation applies to the maritime industry as well. However evidence suggests that these forms of transportation contribute significantly to social relationship networks and the pattern of the epidemic in the SADC region.

### **2.3 Roadside Health And Information Units**

The Roadside Health and Information Unit project is a product of the National Bargaining Council for the Road Freight Industry. It is managed by the Learning Clinic (Pty) Ltd. Its main objective is to reduce transmission of HIV/AIDS by long distance truck drivers and commercial sex workers. The project has three levels of intervention namely the treatment of STDs for truck drivers, treatment of STDs for commercial sex workers and condom distribution for both truck drivers and commercial sex workers. STD treatments are supported by continued health education. A qualitative research evaluation into the projects in Harrismith and Beaufort West suggests that these are potentially good interventions even though interviewees highlight areas for improvement (McKay, Sarakinsky, Morr, Sekgobela, Mokotong, Mokotong and Sham 2001). These Roadside Health Information Units provide useful lessons for application in the broad intervention projects within the Transport Sector in South Africa.