

Global partnership on HIV and mobile workers in the maritime sector

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During the past decade, health has achieved unprecedented prominence as a key driver of socio-economic progress, and more resources than ever are being invested in health. Yet particular socioeconomic conditions in some areas of the contemporary globalised world are continuing to contribute to the poor health of large clusters of populations, seafarers being a typical example of that problem. The socioeconomic conditions of the shipping trade are often depriving seafarers of basic social rights, including rights to adequate health care, making them a population in an inequitable position compared to working populations on shore, especially in relation to the AIDS epidemic and all of its grave consequences.

Shortly after the recognition of HIV as the cause of AIDS, it was pointed out that seafarers could be particularly vulnerable to HIV infection [1, 2]. Numerous reports have focused on the rates of SDIs among seafarers [3, 4]. A study of Spanish seafarers visiting sub-Saharan Africa revealed rates of HIV-1 that were nine times higher (2.4%) than in the general population [5], while a Danish study found the risk of heterosexually transmitted HIV infection was eight times higher among seafarers than in the general male population [6]. Data from some countries with low incidence rates, where the majority of infections due to heterosexual activities happened abroad, are also showing that the seafaring population constitutes a significant part of it, making them an important “bridge” for importing infection to local populations [7, 8]. Evidence from existing national and regional studies show that seafarers, as an occupational group, still have unusually *high rates of HIV infection* compared to the population in their community of origin [9, 10]. Research also suggests that seafarers, as a group, have *lower levels of knowledge about HIV*

transmission and risk factors than the general population [11–13]. At the same time, seafarers appear less likely than other occupational groups to voluntarily receive HIV counselling and testing, and are *more likely to engage in high-risk behaviours* [14, 15].

As there are currently around 1,227,000 seafarers worldwide, HIV infection among this group is a very real problem: for seafarers; their families and communities; their countries of origin; and their employers [16]. In addition to the human cost of illness for seafarers and their families, high HIV prevalence among seafarers has the potential to incur significant economic and developmental costs for their countries of origin. A high proportion of seafarers come from middle-income countries. High rates of HIV infection represent a current and future cost to the health systems of these countries, and a loss in remittance income. On a global level, HIV has the potential to disrupt the shipping industry by increasing the global shortage of seafarers [17].

Transport workers are known to be at risk for diseases associated with lifestyle factors such as cigarette smoking, unhealthy food, disrupted sleep, or casual sex [18]. While not all migrants are at increased HIV risk due to their mobility, the characteristics of the migration process can lead to heightened risk-taking behaviours or HIV vulnerability for some migrants, particularly when their migration connects countries of low and high HIV prevalence [19–22].

In general, travelling increases the risk of STIs, but to be even more precise, being a migrant worker in and of itself is not a risk factor, it is the activities undertaken during the migration process that are the risk factors. People simply tend to be less inhibited outside of the familiar social situation and may engage in sexual encounters that would be consi-

dered unacceptable at home, by both the individual and his/her social surroundings. Regardless of whether someone is a tourist or a seafarer, the usual restrictions on behaviour are more likely to be ignored in a foreign milieu. While for tourists such a risky period lasts only for a week or two, for seafarers it is usually counted in months.

As demonstrated in a number of HIV/AIDS studies, lifestyle and some other individual characteristics are significant predictors of sexual risk taking. Seafaring as an occupation attracts and actually demands individuals willing to take the risks of life on board. It is also plausible that some men are drawn to migratory occupations because of the expectation of certain psychological pay-offs. Studies performed on students of maritime schools, comparing them with students of other (non-maritime) schools, confirm the thesis that the population selected for the seafaring occupation have already come into occupation with the risky lifestyle that will make them vulnerable once they step on board [23, 24]. In such cases, the overall level of risk taking would be determined by both individual and occupational characteristics.

Seafarers are a group of highly mobile workers composed almost exclusively of men of sexually active age, who are away from their spouses or partners for extended periods of time. They frequent port areas where there are often large numbers of sex workers, and they often carry large sums of cash, which makes them attractive customers for sex workers [25]. Being exposed to a predominantly *mucho* culture on board for prolonged periods of time can also make them much more vulnerable to peer pressure. The fact that peer opinion is highly estimated among seafarers is clearly evident where prevention programs have been missing the point [26]. Those elements of their occupational characteristics undoubtedly encourage high-risk behaviour [27]. In one survey, 53% reported contact with sex workers, and 73% reported that they never used condoms [14]. This is of particular concern since maritime trade involves a number of countries in which STI and HIV/AIDS prevalence, especially in seaport cities, has been high – up to 80% among sex workers [28]. Although important structural changes have reshaped the maritime trade it is not clear whether these changes translate to a decrease in sexual risk-taking. The introduction of faster vessels, extensive computerization, and automation of ship operations and cargo handling in ports has drastically shortened the time spent in ports – rarely allowing the crew to leave the ship. The “tourism element” (including sex tourism)

is, thus, rapidly shrinking in contemporary seafaring, but the sex industry in many ports has adapted to recent developments by introducing “sex catering” or organized visits of sexual workers to anchored ships, often in collaboration with the port authorities [25]. Despite the fact that the efforts of many countries and international organizations have shown some results and, for instance, incidence among sex workers in Thailand and Cambodia in the past few years has declined, available data unfortunately do not suggest a reduction in HIV infection incidence among seafarers [9, 10, 29].

Working conditions can contribute to their vulnerability by making it harder for them to access information about HIV prevention and related services to decrease their risk of becoming infected. Seafarers are a highly mobile population who frequent shore-based medical and information services infrequently, and who are often prevented from receiving HIV messages through lack of time or ability to understand the local language [30]. Even when AIDS prevention materials are available in their working environment their quality is in serious doubt as studies have showed that they have no influence on their behaviour [25]. Also, when seafarers are from a cultural background in which HIV/AIDS is very low on the scale of publicly recognized risks, it additionally increases the level of their vulnerability. Finally, the increased risk that seafarers face also makes their families and home communities more vulnerable to HIV and other STIs as well.

That HIV infection can become pandemic as a consequence of migratory work is a general concern present all over the world, and populations, such as seafarers, which are known to be vulnerable to HIV and which were already marginalized, stigmatized, and discriminated against, became even more vulnerable when AIDS entered the picture [21, 31]. Confronted with the spread of the AIDS epidemic and pressure “that something has to be done”, many countries are imposing restrictions to migration based on HIV status of travellers, refusing entrance to HIV-positive travellers. Seafarers are often subjected to such unfair procedures, which are actually without any real benefit to public health. Travel (work) restrictions to protect public health are relevant only in the instance of an outbreak of a highly contagious disease, such as cholera, SARS, plague, or yellow fever with a short incubation period and short clinical course. Testing on immigration (for work) might be less of a problem if the people already residing in the country did not expose themselves to HIV; ex-

cluding infected foreigners does nothing to change the behaviour of those who are not foreigners. Confronted with these facts, countries that test for HIV on immigration usually defend themselves by claiming that AIDS can be a burden to their health system, but they fail to recognize that seafarers are bringing goods to their ports, enabling trade and prosperity for many.

Besides being stigmatized by the fear of HIV/AIDS spread and secluded on board ships in ports, seafarers are often submitted to unfair and discriminatory procedures during pre-employment examinations. Often for their own interest of reducing short-term risks, shipping companies request tests that have nothing in common with the decision of whether someone is *fit* or *not fit* for work on board the ship, HIV testing being only one of them. HIV/AIDS and its spread have led to a range of constitutional and ethical dilemmas for society and for health professionals. Screening for HIV-positive status prior to, or during employment, creates a range of practical and ethical problems, and in many countries selection for employment based on HIV status is unacceptable or illegal. Knowledge of HIV-positive status has implications for the individual, mostly psycho-social, and it may also lead to discrimination against the person either by denial of employment or through harassment by other workers. The purpose of maritime medical fitness assessments is to ensure that any medical condition does not put other people at risk and that the individual is not at excessive personal risk from the condition while working at sea [32]. HIV-positive status should not be considered a condition that poses a threat to public health in relation to shipping travel. HIV is transmitted through specific behaviour which is almost always private, and occupational exposure risks of HIV infection on sea are small and limited. The fact is that the risks of transmission of infection through body fluids while at sea, because of living and working conditions, are remote, and that transmission risks are determined by the adequacy of infection control practices in clinical care and the aspects of lifestyle, such as sexual relations and practices or/and the use of injected illicit drugs. The scope for exposure while undertaking normal maritime duties is limited to the treatment of accidents where blood has been spilt. Normal precautions designed to prevent wound infection also ensure that those providing emergency treatment are at very low risk of becoming infected, should the casualty have an infection that is transmissible in body fluids [33].

HIV infection is not a cause for termination of employment at sea, and persons with HIV related illnesses should be able to work for as long as medically fit in available appropriate workplaces. Risks of sudden incapacitation and of acute illness while at sea are very low in the early stages of HIV infection. However, some of the treatments used may cause problems in some individuals, reducing performance, while all treatments require regular monitoring to check that the infection remains under control and is not becoming resistant to the medications used. Provided that the progress of the infection is being monitored this will provide an indication of the need to restrict employment. But, any travel or work related restriction, including AIDS, should only be imposed on the basis of an individual interview/examination.

There will always be countries and shipping companies that request HIV testing. That is reality – they are exercising their right of sovereignty and independence of policy, but it is also important to know that the majority of them are under the obligations of international conventions like: ILO Code of Practice on HIV/AIDS and the world of Work, UNAIDS/ IOM Statement on HIV/AIDS Related Travel Restrictions, EU resolution 1536. It should be noted that restrictions that discriminate against people with HIV/ AIDS or people from countries with high rates of AIDS cases violate a number of provisions of international law (and in many cases also national law) prohibiting discrimination [34]. Those who test need to recognize their obligation to counsel the person tested and arrange referral for investigation and treatment. Recognizing that many countries require HIV testing for immigration purposes and many employers for pre-recruitment and periodic medical assessment of seafarer personnel for the purposes of establishing fitness, the IMHA and ITF recommend that such testing be conducted only when accompanied by counselling for both HIV-positive and HIV-negative individuals and referral to medical and psychosocial services for those who receive a positive test result [35].

HIV is transmitted by personal behaviour and only enforcing testing does not influence its spread. Only the health promotional programs aimed at changing behaviour can do that. There is a strong reason for such an approach: if counselling is avoided, someone who proves negative on the test but who engages in risky behaviour will continue with such behaviour after testing negative. This happened in Zimbabwe, where the spread of HIV was accelerated by such a pattern of behaviour [36]. There is also a phenomenon of “Serosorting” where people adopt

unprotected sex with people of the same HIV status [37]. In the environment of cruise ships this means: unprotected sex among crewmembers tested for HIV during their pre-employment medical. There is also a problem of the “window”, sometime of three months, during which time someone is infected and tested, but has a negative result of the test and enters a “safe” working environment.

Given the evidence that HIV appears to be a growing problem for seafarers, and that seafarers lack sufficient information on HIV and knowledge on how to protect themselves, together with the fact that many are unable to access HIV information and services during their voyages, a global HIV prevention programme along their route of migration is urgently needed. This means that if we want to fight the epidemic, we need to transform our current programs into a more effective and multi-faceted global program.

Social partners are in a unique position to promote prevention efforts, particularly in relation to changing attitudes and behaviours through the provision of information and education, and in addressing socio-economic factors. In this respect, the International Maritime Health Association (IMHA), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the International Labour Organization (ILO), the International Organization for Migration (IOM), the International Transport Workers’ Federation (ITF), the International Committee On Seafarers’ Welfare (ICSW), and the International Shipping Federation (ISF) occupy a privileged position and have the potential and organizational infrastructure to underpin the global struggle against HIV/AIDS in the maritime community world-wide. They have created the initiative *Global Partnership on HIV and Mobile Workers in the Maritime Sector*, designed to be a project that is realistic, achievable, and focused on prevention among seafarers, the sustainability of which will be created by linking organizations with long-term commitment and integration in the lives of seafarers with intergovernmental organizations. Seafarers represent a large and difficult-to-reach population. Their global mobility presents a challenge to any programme that aims to “target” them for information and services: seafarers are, by their nature, a “moving target”. This new global prevention programme aims to address this challenge by making a series of interventions along the route of their migration. Its three-year Pilot Programme, named *HIV and Mobile Workers in the Maritime Sector: Filipino Seafarers*, aims to contribute to a reduction in the number of new cases of HIV infection among the rough-

ly 230,000 seafarers originating in the Philippines. The Pilot Programme is composed of five projects, which together take a systemic approach to reducing the number of new cases of HIV infection among seafarers (now and in the future) by working at four interconnected levels:

- on the first level, the programme will intervene directly with seafarers and their families to provide information and to support learning about HIV and the services which are available to address HIV;
- on the second level, the programme will intervene to address the ability of seafarers to access high quality HIV prevention services and facilities in ports and onboard ships;
- on the third level, the programme will use advocacy approaches to address the policies, regulations, and legislative environment which condition the actions of seafarers, and particularly the willingness and ability of seafarers to access good quality information and services related to HIV and STIs;
- on the fourth level, the programme will work to expand learning and best practice around HIV and seafarers, to allow easy replication of the pilot’s successes, and to contribute to the global store of knowledge on HIV prevention.

The programme strategy was determined collaboratively by all members of the *Global Partnership* on the basis of a thorough assessment of HIV among the target population and existing interventions [26, 38]. The Pilot Programme strategy is based upon the twin principles of evidence-based programming and systemic change. In practice, this means that the Programme puts a premium on collecting, using, and disseminating data. On the basis of these data, the programme designs and implements interventions that work directly to address the behaviour of seafarers in relation to risk-taking and to access to HIV related services. At the same time, the programme also works to address the systemic elements that condition seafarers’ choices and behaviour: the availability and quality of HIV related services; the degree to which these services are accessible to seafarers who are in port for a short time; and the facilities which are available to seafarers onboard ships. The five main strands of this approach are:

- collecting information; designing interventions on the basis of this information; measuring the success of these interventions; and disseminating and replicating “what works”;

- directly influencing the knowledge and practices of seafarers;
- supporting improvements in the accessibility, quality, and number of HIV related services available to seafarers who voluntarily seek them out;
- aligning the testing and counselling activities which form part of existing recruitment, and other procedures with best practice in HIV Counselling and Testing (HCT); and
- creating an enabling environment for the sustained influence of key stakeholders to take ownership of interventions in the longer term.

Each of these strands of the programme has been established as a separate project, with an overall coordinating mechanism to ensure that the projects are closely integrated with one another. The strategy builds on the combined comparative advantages of the various partners in the programme: representatives of the seafarers themselves; representatives of ship owners and of maritime doctors; and UN agencies with global field presence and with significant experience in HIV prevention programmes and of high-level advocacy. The Partnership has developed a robust institutional framework to manage this multi-sector, multi-stakeholder approach.

In its next phase, the Partnership expects to extend the learning from the Pilot Programme to a global programme. In this respect, partners in this project have undivided dedication to make a change and to build for the first time a truly global effort against HIV/AIDS in the maritime community.

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