



“Silk Road: HIV/STI prevention and safe behavior among truck drivers as clients of sex workers”

Situational analysis - HIV/AIDS and International Land Transportation in Georgia

Knowledge, attitudes, behavior and needs regarding HIV/AIDS among long distance truck drivers

(Qualitative and Quantitative research analysis)

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Acronyms

AIDS - Acquired immune deficiency syndrome

BSEC – The Black Sea Economic Cooperation

CIS - Commonwealth of Independent States

EECA – Eastern Europe and Central Asia

ECMT - European Conference of Ministers of Transport

FSW – Female sex worker

GIRCA - Georgian International Road Carriers Association

HIV - Human immunodeficiency virus

IDU - Intravenous drug user

ILO – International Labour Organization

IRU – The International Road Transport Union

ITF – International Transport Forum

MSM – Men who have sex with men

NGO-Nongovernmental organization

PWID – People who inject drug

PWUD –People who use drugs

STI - Sexually transmitted infection

TRACECA – Transport Corridor Europe Caucasus Asia

UNECE - The United Nations Economic Commission for Europe

UNFPA - The United Nations Population Fund

WTO – World Trade Organization

Introduction

Key populations at risk for HIV/AIDS present those groups of population who have high risk of being infected by HIV because of their life-style or specific patterns of sexual behavior. Usually under key populations are considered the following groups: people who use drugs (PWUD), men who have sex with men (MSM), female sex workers (FSWs), prisoners, youth, etc.

Active HIV/AIDS prevention work is being held among key populations worldwide and Georgia is not an exception. Various studies have been conducted among those groups such as: population size estimation, needs assessment, bio-behavioral surveillance surveys etc. HIV/AIDS prevention activities among key populations have been carried throughout the country and coverage of target groups through specific programs has been increased from year to year. However, the risks associated with HIV transmission is not the sole problem of these groups as specific patterns of behaviors (including sexual behavior) are not associated with only representatives of key populations.

These groups interact with the environment, with other representatives of general population at the level of their risk behaviors. Therefore, along with key populations' groups there are so-called "proxy" groups, who have more access to risky behaviors (including risky sexual behaviors) due to certain conditions. Long distance truck drivers employed in international land transportation can be considered as one of those groups. HIV/AIDS prevention work has been held with this group in different countries and various studies reveal higher burden of HIV infection in comparison with the general population. However, to plan and implement relevant prevention programs among truck drivers in Georgia would be possible only after obtaining country specific data and evidences.

HIV/AIDS prevention measures have not been carried out among truck drivers in Georgia; such measures are not included in the national programs and strategies. There is no reliable data in the country that can serve as a basis for planning specific intervention programs for aforementioned group. No studies exist on behavioral characteristics of the group and environmental conditions that will support implementation of the relevant programs.

In 2012, UNFPA Ukraine in cooperation with ILO started a project that aimed HIV/AIDS prevention and promotion of safe behaviors among long-distance truck drivers. Within the project informational materials were created, printed and distributed among truck drivers, special training course on HIV/AIDS was created and integrated into truck drivers' mandatory professional training course, awareness of drivers on HIV/AIDS issues has been increased. Besides, the partnership among non-governmental, private sector and professional associations was established.

In 2014, UNFPA Eastern Europe and Central Asia Regional Office (EECARO) decided to further develop the successful experience of Ukraine among three countries of the region – Georgia, Moldova, Turkey.

In the scope of above-mentioned initiative, financially supported by UNFPA in May-August 2015 the quantitative and qualitative research was carried out in Georgia which aimed to reveal the knowledge, attitudes, behavior and needs regarding HIV/AIDS among long distance truck drivers employed in

international land transport sector. Along with that, environmental scanning of the international land transportation sector in HIV/AIDS context was conducted at the country level.

The research and environmental scanning was conducted by the Center for Information and Counseling on Reproductive Health “Tanadgoma”. Authors of the survey: Sergo Chikhladze and Kakhaber Kepuladze (Center for Information and Counseling on Reproductive Health “Tanadgoma”).

Research Goals

- ➔ To carry out the situational analysis (environmental scanning) of the international land transport sector in HIV/AIDS context at the country level;
- ➔ To study the knowledge, attitudes, behavior and needs regarding HIV/AIDS among truck drivers employed in international land transport sector.

Methodology

At the initial stage, the situational analysis (environmental scanning) of international land transportation in Georgia was carried out. The following topics were analyzed:

- ➔ Regulation of land transportation sector in Georgia (State and international regulations);
- ➔ Relationship between public and private sector engaged in international land transportation;
- ➔ Involvement of non-governmental organizations in protection of interests of private/state carrier companies and drivers;
- ➔ Relations between carrier companies and drivers (contracts, work packages, work conditions including health issues);
- ➔ Main schemes and routs of land transportation;
- ➔ Attitudes of companies and drivers regarding protection of their rights including health rights;
- ➔ Actuality and necessity of HIV/AIDS prevention programs;
- ➔ Existence of HIV/AIDS programs in land transportation sector and funding opportunities;
- ➔ The main needs and demands of public and private companies regarding HIV/AIDS prevention.

At later stage, quantitative research was conducted. 100 long distance truck drivers employed in international land transportation sector were surveyed. Quantitative data were supplemented with qualitative data, collected from In-depth interviews conducted among truck drivers. In total, 16 In-depth interviews were conducted. Combination of quantitative and qualitative research allowed the researchers to conduct more detailed analysis in terms of knowledge, attitudes and risky practices regarding HIV and STIs among truck drivers. The main topics of quantitative and qualitative research were:

- ➔ Socio-demographic features;
- ➔ Time spent in trips/work experience/work conditions;
- ➔ Awareness on HIV/AIDS;
- ➔ Awareness on sexually transmitted infections (STIs);
- ➔ Sources of information regarding HIV/AIDS and STIs;
- ➔ Risky behaviors among drivers regarding HIV and STIs (use of FSWs services, unprotected sex, alcohol and drug use);
- ➔ Attitude towards HIV positive people;

- ➔ Access and needs for health services (including HIV/STI services) among truck drivers.

Geographical coverage

Quantitative and qualitative research (In-depth interviews) among long distance truck drivers were conducted in four cities of Georgia: Tbilisi, Kutaisi, Batumi and Poti. The selection of the cities was based on the fact that most carrier companies are gathered in aforementioned cities. Tbilisi and Kutaisi represent the two largest cities in eastern and western parts of Georgia and also, serve as regional centers as well. The two main sea ports of Georgia are located in Batumi and Poti. Correspondingly, most of the goods/cargos in the country arrives, are disembarked and then transported to different directions beyond the country from those ports. Carrier companies try to establish their head offices, regional offices and/or transport parks near to big cities or main port areas. Therefore, access to employed drivers is easy in abovementioned geographical areas. Besides, customs clearance zones are located in Tbilisi, Batumi and Poti. Land Transport Agency also has its regional branches in those cities.

Target groups

Interviews were conducted among long distance truck drivers who are employed in international land transportation field. Drivers employed in large companies as well as so-called private entrepreneurs (“owners of small businesses”) having their own trucks and performing the employer's private orders were surveyed. 100 drivers participated in the quantitative research. In-depth interviews with 16 drivers were conducted. In order to carry out situational analysis meetings and interviews were conducted with representatives of the Ministry of Economy and Sustainable Development of Georgia, Land Transport Agency, administrators of large and small transport companies and Georgian International Road Carriers Association “GIRCA”.

Situational Analysis - HIV/AIDS and international land transportation in Georgia

Overview of HIV epidemic in the world and Eastern European region

HIV/AIDS remains a major public health challenge in the world. Since the onset of HIV epidemic in-total more than 39 million people died from AIDS related diseases. According to 2014 global statistics, 36.9 million [34.3 million–41.4 million] people globally were living with HIV. Since 2000, around 38.1 million people have become infected with HIV and 25.3 million people have died of AIDS-related illnesses. Two million [1.9 million–2.2 million] people became newly infected with HIV. AIDS-related deaths have fallen by 42% since the peak in 2004. 1.2 million [980 000–1.6 million] people died from AIDS-related illnesses in 2014. 15 million people were accessing antiretroviral therapy (March 2015). Among them more than 12 million people live in low and middle-income countries. Sub-Saharan Africa is the region most heavily affected by HIV, where 25.8 [24.0 - 28.7] million people were infected with HIV in 2014.

There is a considerable increase of HIV infection cases in the past 2-3 years in Eastern Europe and Central Asia region (EECA). In 2014, there were 1.5 million [1.3 million–1.8 million] people living with HIV in EECA. In 2014, there were an estimated 140 000 [110 000–160 000] new HIV infections in the region. New HIV infections rose by 30% between 2000 and 2014. In EECA, 62 000 [34 000 – 140 000] people died of AIDS related causes in 2014. Between 2000 and 2014, the number of AIDS-related deaths in the region more than trebled. Treatment coverage is 18% [16%-21%] of all adults aged 15 and over living with HIV in EECA. There were 1200 [<1000–1600] new HIV infections among children in EECA in 2014.¹

Overview of HIV epidemic in Georgia

Since the detection of the first case of HIV in 1989, the rate of new HIV diagnoses in the country has been increasing steadily and reached 10.9 per 100,000 in 2013. The latest estimate of the number of people living with HIV (PLHIV) in Georgia is 6,800 and 45% of these people are not aware of their status. 4,695 PLHIV were officially registered by the end of 2014. Although the infection is mainly located among the male population (69% of total reported cases), the proportion of women affected increased from 25% to 31% in 2014².

The latest available evidence indicate that the HIV epidemic in Georgia is largely concentrated among key affected populations: men having sex with men (MSM), people who inject drugs (PWID), and sex workers (SW). A growing concern is the increasing HIV prevalence among MSM, from 7% in 2010 to 13% in 2012 (and more than 21% in 2015 – data is unpublished yet). MSM have been shown to have the highest rates of recent HIV infection. Coupled with the recent increase in HIV prevalence among MSM as well as continuing high-risk practices such as frequent change of partners of both sexes, insufficient use of condoms and involvement in group sexual practices, this calls for significant strengthening of interventions targeting this key population. High prevalence of sex with female partners among the MSM raises concerns about their bridging role in HIV transmission to the general

¹ <http://www.unaids.org/en/resources/campaigns/HowAIDSchangedeverything/factsheet>

² The Georgian national HIV/AIDS strategic plan for 2016–2018. Endorsed by the CCM Georgia on April 15th 2015.

population. 51.4% of MSM reported having female partner in the last 12 months. In 2010, it was even higher: 62.2%.

The estimated number of PWID in Georgia is 45,000. The estimated HIV prevalence ranges from 0.4% to 9.1% among PWID. The percentage of drug use, as a transmission mode among newly registered HIV cases, decreased from 43.2 % in 2012 to 35% in 2013 while heterosexual transmission increased from 44.8% in 2012 to 49% in 2013. Both these trends indicate the growing spread of HIV among the sexual partners of PWID. Moreover, PWID are less likely to initiate HIV care, to remain in care and to achieve viral suppression. Together with survival data, these data indicates on the need of scaling-up efforts to improve outcomes among IDUs through providing comprehensive care including drug abuse related care and other rehabilitation/supportive services.

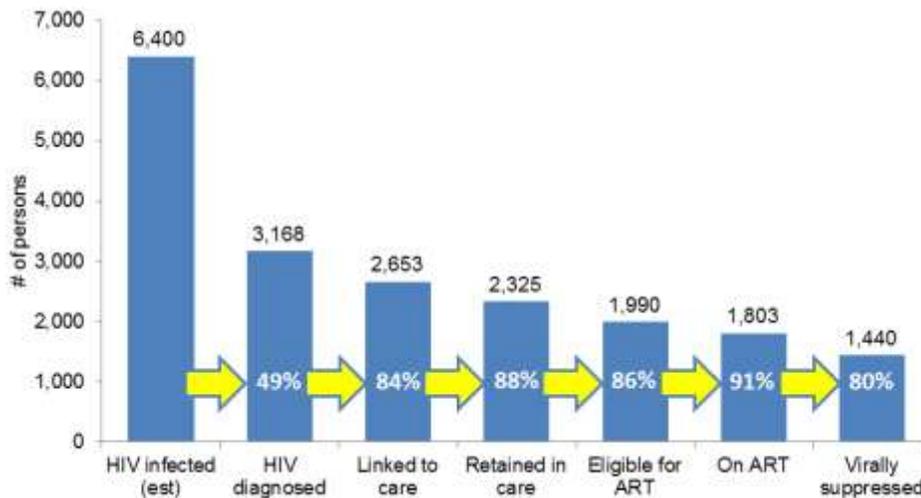
The data on the magnitude of the HIV problem among male sex workers is limited. This group is included in MSM. HIV prevalence among FSWs ranges from 0.8% to 1.3%. However IBBSS findings highlight fluctuations in condom use rates, which indicate the need for continuous outreach and delivery of prevention information and services.

A significant decrease in HIV prevalence was observed in prisons from 1.4% in 2008 to 0.35% in 2012. This is explained by the significant toughening of internal controls over high-risk behaviors in Georgian penitentiary system. HIV prevalence among pregnant women and blood donors is lower (0.04% in both sub-populations) than in general population (0.07% in 2013). On-going preventive interventions among these groups allow for avoiding spread of HIV infection and maintaining the low prevalence rate.

Thus, despite the low HIV prevalence (0.07%) in the general population, Georgia faces a significant risk of an expanding epidemic due to widespread high-risk practices and growing HIV prevalence among PWID and MSM, significant risk of sexual transmission of HIV through bridging populations, and patterns of high mobility specific to key populations.

A late case detection and consequently treatment initiation at late stages of disease still pose significant challenges to the National HIV response in Georgia. This has detrimental effect on survival, resulting in almost 90% increased risk of short-term mortality. Analysis of engagement in the HIV continuum of care in Georgia shows that the major gap occurs in the stage of HIV testing/diagnosis (Chart 1).

Chart 1. Engagement in the HIV Continuum of Care in Georgia



Out of estimated 6400 persons living with HIV, almost half are undiagnosed. This gap is primarily the result of low HIV testing coverage of key populations at risk and missed opportunities to test for HIV in health sector. This has serious implications both from individual and public health standpoints. On the one hand, a delay in HIV testing leads to late diagnosis and to increased risk of mortality. On the other hand, individuals with undiagnosed HIV who continue to engage in risk behaviors can contribute to the ongoing transmission of the virus.

Available data on truck drivers

The World Bank, Euro Health Group and Georgian Institute of Public affairs and Marketing initiated a study “Knowledge, Attitudes and Behavior Related to HIV/AIDS among Transport Sector Workers – A Case Study of Georgia”, in 2007³. The study aimed to assess the current attitudes and approaches towards HIV prevention, treatment and care among health sector workers, transport sector administration, nongovernmental organizations (NGOs), transport sector workers and FSWs. The goal of the survey was to provide country authorities with a better understanding of the unique needs of transport sector workers in terms of HIV/AIDS and to determine how to foster an enabling environment for the development of specific strategies and targeted intervention programs within both the health and transport sectors. The study used a mix of both quantitative and qualitative methods. Qualitative methods were used to explore current attitudes and approaches towards HIV prevention and care among health sector institutions, NGOs and the transport sector. In-depth interviews were conducted with sex workers who have transport workers as clients. Statistics on the transport sector, HIV and other STIs, drug use, international trade, and other issues were collected from official and other secondary sources to support the qualitative findings. The quantitative surveys were conducted with transport workers (truckers and sailors) and FSWs in three cities of Georgia - Poti, Batumi, and Gori.

The key findings from the study were as follows:

- ➡ Overall, awareness of HIV/AIDS among interviewed transport sector workers is relatively high (compared to other key populations groups). However, knowledge on transmission and

³ http://siteresources.worldbank.org/INTECALEA/Resources/KB_V14_HIV_AIDS_GA.pdf

prevention varies. Misconceptions and myths are widely spread among transport sector workers;

- ➔ Risk of HIV transmission through sexual route is relatively high, particularly through unprotected paid sex;
- ➔ Health officials did not perceive a link between the transport sector and the spread of HIV or dismissed it as a minor risk.

Based on the key findings of the study the recommendations fall into following major areas:

- ➔ Enhancing dialogue - Encouraging cross-sector collaboration among national transport companies, NGOs and the health sector to identify transport sector needs and develop a strategic plan for the transport sector within the framework of the national strategy for HIV/AIDS.
- ➔ Raising awareness -awareness-raising on HIV/AIDS is recommended among transport sector officials and transport sector workers as well;
- ➔ Working towards behavior change - changing behavior requires persistent and intensified effort and interventions. It is recommended to organize activities and events focusing on HIV/AIDS prevention among transport sector workers, according to European Union recommendations.

Above-mentioned study was the first one in Georgia that contributed to create the initial profile, analyze the situation and design future vision. However, it should be noted that the study could not describe the environmental conditions and factors. Therefore, it was not possible to design specific strategic visions and formulate strategic plan. As a result, there were not any policy changes or development of the specific framework document, which study aimed to achieve.

Rapid geo-political and social-economic changes happening in Georgia during the recent years require: 1) to establish a new vision regarding HIV and international land transportation that will be in compliance with a new reality; 2) to analyze the situation in the area; 3) to obtain new data on knowledge, attitudes and behaviors related to HIV/AIDS among transport sector workers and 4) to plan effective preventive measures based on evidences received.

Georgia – transit corridor

Georgia is a country in the Caucasus region located at the crossroads of Western Asia and Eastern Europe, it is bounded to the west by the Black Sea, to the north by Russian Federation, to the south by Turkey and Armenia, and to the south-east by Azerbaijan (Map 1).

Map 1. Location of Georgia



- ➔ Population - 3 729 500 (2015 estimate);
- ➔ Area - 69,700 km²; Total boundary length - 1 771km. including land boundary - 1461 km.
- ➔ Largest cities: Tbilisi, Kutaisi, Batumi, Rustavi, Zugdidi, Gori, Poti, Sokhumi and Tskhinvali (At present both cities are occupied and therefore, outside the jurisdiction of Georgia);
- ➔ Membership in trade unions: WTO

Economic growth and sustainable development of Georgia largely depends on efficient usage of its potential as a transit country. Since 1990-ies, the role of Georgia, as a part of Europe- Caucasus- Asia transport corridor, has significantly increased. Such international role strengthens the interest of western and eastern states towards Georgia's (as the country located on transport axes) stable development that primarily implies the facilitation of creation of high-quality transit infrastructure.

In the context of realization of transit function, large share of goods/cargo transportation falls on road transport. Thus, motor roads represent one of the most significant components of transport infrastructure. Taking into account the increased volumes of cargo transportation by road, its sustainability mostly depends on the quality of road infrastructure, reconstruction of roads and, in some cases - construction of new safe sections is one of the priority directions of development of the country.

- ➔ The total length of highways in Georgia – 22316km (Map 2).
- ➔ Highways of international importance - 1455 km.
- ➔ Highways of national importance - 5446 km.
- ➔ Highways of local importance – 15415 km.

Besides, in Georgia there are:

- ➔ Bridges - 4632 (total length 85 km)
- ➔ Tunnels - 16 (total length 9,9 km)
- ➔ Snow-protection galleries – total length - 3 km.

Map 2. Roads of Georgia

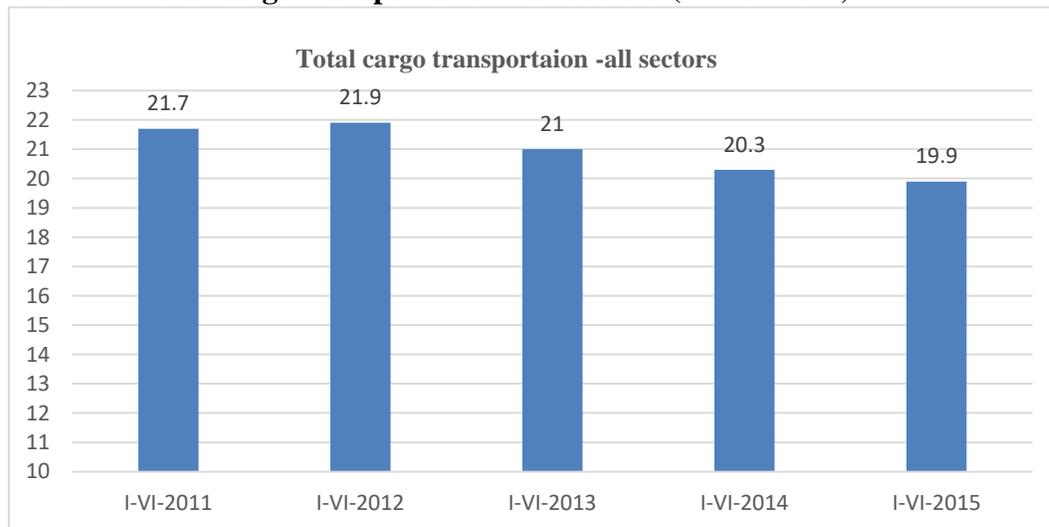


Trunk road E-60, going through Georgia (together with E-70) connects west-east parts (Batumi- Poti- Tbilisi – Tsiteli Khidi), and represents the corridor connecting Europe and Asia in the network of international motor roads. Road transportation of cargos through Georgian territory is realized based on international conventions and agreements, using the roads designed for international traffic.

In 2014, Georgian carriers conducted cargo transportation under ECMT⁴ licenses to 43 countries.

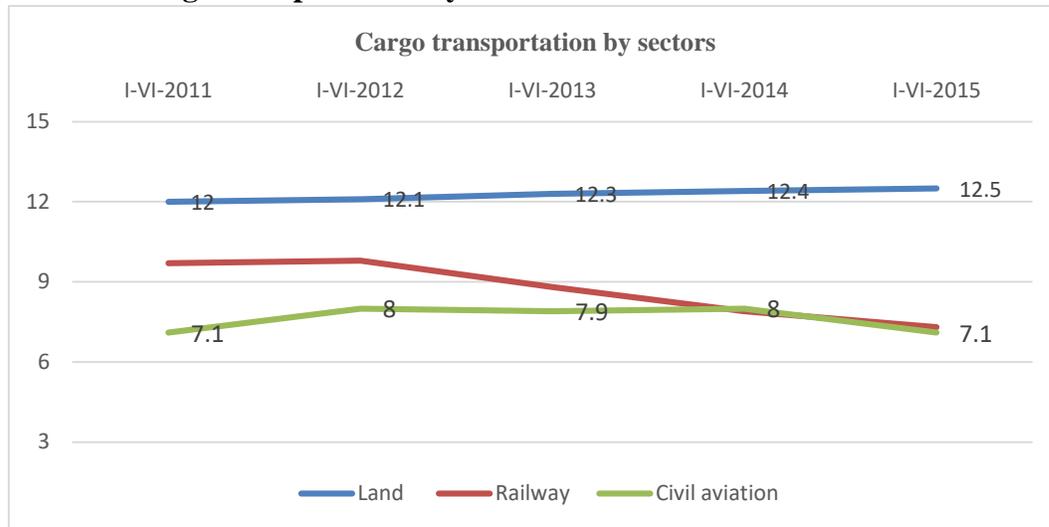
Chart 2 shows that total cargo transportation has decreased a bit during last 3 years, however, as it is shown on Chart 3, cargo transportation by land route has increased. Because of economic and administrative reforms implemented by the Government of Georgia (liberal tax policy, minimization of corruption, safety measures enforced by patrol police, development of road infrastructure), the shortest route connecting Europe and Asia through Georgia (E-60) has become more attractive for international carriers. In such environment, modernization of the main transport artery of the country into 4- lane high-speed line increases its competitiveness compared to other alternative transit routes. This factor, in perspective, will contribute to the increase of transit goods turnover on the trunk road.

Chart 2. Total cargo transportation - all sectors (million tons)



⁴ ECMT - European Conference of Ministers of Transport

Chart 3. Cargo transportation by route modes



Georgia signed bilateral intergovernmental agreements on international road transport with the following countries:

- ➔ Armenia
- ➔ Swiss
- ➔ Latvia
- ➔ Greece
- ➔ Azerbaijan
- ➔ Lithuania
- ➔ Romania
- ➔ Uzbekistan
- ➔ Russia
- ➔ Turkmenistan
- ➔ Germany
- ➔ Kazakhstan
- ➔ Ukraine
- ➔ Iran
- ➔ Bulgaria
- ➔ Kirgizstan
- ➔ Belgium
- ➔ Netherlands
- ➔ Belarus
- ➔ Italy
- ➔ UK
- ➔ Turkey
- ➔ Moldova
- ➔ Jordan
- ➔ Hungary

According to data received from Land transport Agency (May 2015) there are registered:⁵

- ➔ 3261 International road transportation companies/carriers (majority of them are individual or small entrepreneurs);
- ➔ 7766 Truck vehicles;
- ➔ About 8000 truck drivers employed in international road transportation sector.

Laws and normative acts regulate legal and technical issues in transport sector. Listed below are the main regulative documents:

- ➔ Law of Georgia on management and regulation of transport sector;
- ➔ Law on land transport sector;
- ➔ Law of Georgia on Licenses and Permits in transport sector;

⁵ Source of information: Ministry of Economy and Sustainable Development of Georgia, Land Transport Agency.

- ➔ ECMT certificate of compliance with technical provisions;
- ➔ Rule of issuance of the multiple permit;
- ➔ Requirements for technical conditions of vehicles;
- ➔ Cargo transportation rules;
- ➔ Rule of issuance of roadworthy certificates etc.

Regulations of international land transport sector in Georgia

State institutions

Control and regulation of international land cargo transportation on state level is executed by Land Transport Agency that operates under the Ministry of Economy and Sustainable Development of Georgia.

The main goals of the agency are:

- ➔ To develop the technical regulations related to safe road transportation of cargos and passengers;
- ➔ To supervise the implementation of international agreements, technical regulations and other legislative and normative acts;
- ➔ To issues the permits and certificates determined by the international agreements and the national legislation in land transport sector and to monitor the protection of conditions determined by these certificates and permits;
- ➔ Development and realization of intergovernmental agreements, state concepts and programs related to land transportation and safety within the competence of the agency;
- ➔ To ensure periodic mandatory testing for vehicles/trucks and support the testing centers with relevant materials;
- ➔ To facilitate stable functioning of transport market and to protect the rights and interests of the national carriers and private entrepreneurs within the competency of the agency;
- ➔ To obtain data, register and analyze information regarding land transportation sector and formation of a unified information bank;
- ➔ To implement other functions envisaged by the legislation.

The priority of the agency is to support the transport sector development in order to its further integration in the international transport associations and organizations and harmonization of the national legislation with EU also, legislation cooperation with international and governmental organizations.

Among other functions of the agency are: provision of technical and safety certificates and roadworthiness testing for roads according to ECMT requirements, issuance of permits for international transportation of dangerous goods, provision of necessary changes and/or cancellation in the documents, appropriate registration of certificates based on regulations, directives and resolutions of the United Nations Economic Commission for Europe (UNECE), the Council of Europe and the European Conference of Ministers of Transport (ECMT)/ International Transport Forum (ITF) in land cargo transportation sector.

Land Transport Agency has regional branches in three cities of Georgia: Tbilisi, Batumi, Poti (main transportation hubs), which are located in so called custom zones, e.g. customs clearance zones.

Customs clearance zones are situated in Tbilisi, Batumi and Poti. The zones are equipped with the modern infrastructure and electronic facilities, with specially planned stations for hundreds of vehicles. Here are available the following services: customs declaration, cargo declaration and technical examination of vehicles, etc.

Registered carrier companies directly interact with the regional branches of Land Transport Agency in terms of necessary licenses and technical-legal issues. The partners of Land Transport Agency are:

- ➔ ITF – International Transport Forum (<http://www.internationaltransportforum.org>) – is an intergovernmental organization with 53 member countries, including Georgia. It acts as a strategic think tank with the objective of helping shape the transport policy agenda on a global level and ensuring that it contributes to economic growth, environmental protection and social inclusion. The International Transport Forum organizes an annual summit of Ministers along with leading representatives from industry, civil society and academia. The main aims of the ITF in the transport field are to deal with the issues regarding the license and the multilateral quota system.
- ➔ IRU – International Road Transport Union (www.iru.org) - is the world road transport organization, which was founded in Geneva on 23 March 1948. The IRU upholds the interests of bus, coach, taxi and truck operators to ensure economic growth and prosperity via the sustainable mobility of people and goods by road worldwide. It includes variety of road transportation unions and associations from 170 countries, including national transportation associations, wheels manufacturing companies, automobile manufacturers, chambers of trade and commerce, insurance and logistic companies. The IRU's mission is to facilitate road transport worldwide and ensure its sustainable development. The IRU is presented in over 100 countries across all five continents. It brings together 73 associations and unions from different countries. 132 of them have active members' status and are involved in all activities of the union, among them is Georgian International Road Carriers Association "GIRCA". The IRU's major goal is to protect and develop the national and international transport in the country and to protect the rights of professionals employed in transport sector (article II). To achieve these purposes the IRU develops in details and implements activities related to unification and simplification of those issues which are directly or indirectly related to auto transport. The IRU upholds and coordinates the national activities, which aim at developing the national and international road transport, represents and defends the interests of its members in front of governmental and non-governmental organizations. On behalf of Economic Commission for Europe (ECE), the IRU in cooperation with International chamber of commerce (ICC) presented the Customs Convention on the Temporary Importation of Commercial Road Vehicles in 1956. 55 Countries are participants of the process (almost all European and CIS countries) including Georgia from August 4, 1999.
- ➔ UNECE - The United Nations Economic Commission for Europe (<http://www.unece.org>) - The United Nations Economic Commission for Europe (UNECE) was set up in 1947. UNECE's major aim is to promote pan-European economic integration. To do so, it brings together 56 countries located in the European Union, non-EU Western and Eastern Europe, South-East Europe and Commonwealth of Independent States (CIS) and North

America. UNECE as a multilateral platform facilitates greater economic integration and cooperation among its fifty-six member States and promotes sustainable development and economic prosperity. It defines the norms, standards and conventions which are supposed to promote international cooperation in the region and beyond it. The Inland Transport Committee (ITC) is the highest policy-making body of UNECE in the field of transport. During the last 60 years the ITC together with its subsidiary bodies has provided pan-European intergovernmental forum to set up economic cooperation mechanisms and international legal documents among the member countries of The United Nations Economic Commission for Europe. These legal documents are necessary for safe, sustainable, effective and harmonious development of pan-European transport system.

- ➔ BSEC – Organization of the Black Sea Economic Cooperation (www.bsec-organization.org) came into existence as a unique and promising model of multilateral political and economic initiative with the signing of the Istanbul Summit Declaration and the Bosphorus Statement by the Heads of State and Government of the countries in the region, on 25 June 1992. Among 11 states were: Albania, Armenia, Georgia, Greece, Azerbaijan, Bulgaria, Moldova, Romania, Turkey, Russia, and Ukraine. The BSEC’s major aims are economic development and stability, well-being of the nations of the member states and supporting democratic processes in the Black Sea region. Meetings of the ministers of the BSEC member states represent the decision-making, high-level, de-facto transport forum, which has its own performing mechanism - a working group, a steering committee and a group of experts. Besides, continuing work is carried out in regard with actual promotion of the road transportation in the BSEC region “Memorandum of Understanding on Facilitation of Road Transport of Goods in the BSEC Region” (Signed in 2002, entered in force on 20 July 2006. Kyiv, Ukraine). The Steering Committee, which was established by the signatory countries works on every important issues, according to the Memorandum of Understanding, such as visa liberalization for professional drivers, gradual liberalization of bilateral and transit road transportation, promotion and implementation of the most important conventions and international agreements, harmonization of the social rules regarding crews of trucks, monitoring of the waiting time on borders, introduction of international certificates for vehicles’ weight, tax policy harmonization, etc.
- ➔ TRACECA – Transport Corridor Europe Caucasus Asia (www.traceca-org.org) - The Intergovernmental Commission (IGC) TRACECA is open for all the initiatives promoting the development of regional transport dialogue and ensuring the efficient and reliable Euro-Asian transport links, promoting the regional economy whole. TRACECA corridor is involved in gradually developing trends of trade and economic development. Major traffic flows passing through a corridor formed on the one hand, in Western and Central Europe, and on the other - in Central and South-East Asia. For the first time, TRACECA Program was initiated at the Conference in Brussels, in May 1993, involving Ministries of Trade and Transport from 8 countries: Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan.

The land Transport Agency has an educational-training center, where drivers and representatives of carrier companies are trained on the issues of road safety and exploitation of digital tachograph in order to get relevant plastic cards. So far, the training center does not have any other functions.

The Land Transport Agency does not have a clear policy or priority how to protect the interests of drivers. In terms of drivers' access to health care services, Agency completely relies on State "Universal healthcare program" while not all services are covered by "Universal healthcare program" and the program is completely irrelevant outside of Georgia when long distance truck drivers transport the cargos abroad.

The Georgian International Road Carriers Association "GIRCA" defends the interests of the international carrier companies (mostly Georgian companies) and drivers as well.

Associations

Georgian International Road Carriers Association "GIRCA" is a non-profit, voluntary union of commercial organizations and private entrepreneurs performing goods and/or passenger transportation by motor vehicles, as well as other organizations wishing to facilitate the development of the mentioned transport operations.

"GIRCA" was established on March 31, 1992 by the initiative of 14 road transport enterprises. Presently "GIRCA" unifies over 300 road transport companies. In 1993, "GIRCA" has joined International Road Transport Union (IRU, Switzerland). Since 1995 performs the function of TIR guaranteeing association on the territory of Georgia and authorized to issue TIR Carnets.

Activities of GIRCA are focused on:

- Facilitation of development of road transportation of goods and passenger, including international transportation;
- Facilitation of complex protection of the interests of road carriers, their provision with information as well as consulting services;
- Facilitation of modernization of the fleet of goods and passenger vehicles of the carriers;
- Organization of professional training and re-training of specialists, drivers, performing road transportation of goods and passengers, including international transportation;
- Conducting of scientific research activities in the sphere of international road transportation;
- Development of recommendations on the rules, regulating road transportation, including international transportation of goods and passengers and implementation of the policy of observance of the terms of fair private competition on the market of transport services by international carriers.

The association "GIRCA" in close cooperation with the state authority bodies participates in formation of international legislation regulating of road transport, customs and tax issues. On the international and national levels the association cooperates with various organizations, whose activities are related to road transport.

In cooperation with IRU and various countries ascertains the legal and economic conditions and contract agreements of international transportation. Transportation companies closely cooperate with GIRCA, which ensures dynamically updated information, provides registration of necessary documents and acquaints them with the acting international and national regulations. Long distance

truck drivers' communication with GIRCA is limited by simplifying the visa services to certain countries and by the opportunity of getting TIR⁶ cards.

GIRCA plans to open the IRU Academy training center in Georgia in 2016. The IRU Academy creates a framework for capacity building to enhance the efficiency, professionalism, effectiveness and accountability of the road transport industry. The center will train drivers and officials of transport industry in various issues related to the international transportation field (health issues at present moment are not considered).

At present moment, a trade union protecting the interests of particularly truck drivers employed in the international land transport sector is not registered.

Private companies

All transport companies use the international agreements, national regulations and bylaws while performing their work. The following main norms are defined by the international agreements and the national regulatory documents:

- ➔ Vehicles technical specification compliance;
- ➔ Documentation compliance concerning transportation;
- ➔ Transportation rules and regulations.

The representatives of private companies are not familiar with the international norms or recommendations concerning health issues and this direction is not considered in their activities at all.

The following internal regulations define the relationship between the private transportation companies and their employee drivers:

- ➔ Terms of contracts with drivers;
- ➔ The driving and stop schemes of vehicles along the transportation routes.

Contracts signed between the companies and drivers shows that most of the agreements are onetime contracts and are linked to performance of particular services. Most of the transportation companies do not have permanent employees (drivers). They are selected and contracted in case of demand. The contracts usually do not consider health insurance or any other types of access to health care services. The main document required by private carriers related to health is an existence of "health card", necessary for valid driver's license.

The companies state that the drivers use the state "universal health insurance programs" within the country. As for private health insurance that allows truck drivers access to health services (both in the country and out of the country), private companies can't afford themselves to pay for these types of services and their managers demand employees to pay for international insurance from their own pocket (in case they want it). According to private carriers' managers, that fact demotivates them (truck drivers) to be involved in such insurance programs.

As for the driving and stop schemes of vehicles along the transportation routes, few companies consider internal regulations where to stop and rest. Only some big companies strictly define and

⁶ Transports Internationaux Routiers (International Road Transport) - an international harmonized system of Customs control that facilitates trade and transport whilst effectively protecting the revenue of each Country through which goods are carried. The TIR Convention is operational in Georgia.

control the places of stop/rest at particular spots – principally, at so-called TIR parks, with hotels and food, technical and other services. At these areas, there are relatively protected sanitary-hygienic conditions and other norms. Other companies, mostly small ones, do not have any regulations on this issue and the drivers decide themselves where to stop and rest. Privately owned areas (cafe, small hotels, and motel) are mentioned, where sanitary conditions and norms are not strongly protected.

HIV strategy in transport sector – international documents

The transport sector regulation at the international level is carried out based of the various documents. In order to simplify the work, regulatory part is unified through policies, standards, guidelines and recommendations. Various states based on the international convention or other type of agreement share the international approaches and accordingly ensures the internal policies.

International Labor Organization (ILO) is the United Nations agency, which has 174 member states. The ILO conventions and recommendations on labor issues and standards are the main guidelines for the developing countries. It sets international labor standards, promotes rights at work, and encourages decent employment opportunities, the enhancement of social protection and the strengthening of dialogue on work-related issues. One of the activities of the ILO's is enhancing the health rights of employers and employees as an integral part of labor conditions. HIV/AIDS is one of the priority directions of the organization. The ILO has published many documents, guidelines and recommendations on relevant topic⁷, including recommendations for the transport sector.

At the moment, both State and non-state institutions in the field of land transportation in Georgia are not aware of ILO's any thematic documents and recommendations regarding HIV/AIDS.

Main findings and conclusions (from the situational analysis)

Main findings

In terms of cargo transportation, Georgia as one of the shortest route between Asia and Europe, as well as due to the country's reforms and improved road infrastructure, is becoming increasingly attractive for international cargo carriers.

There is a land transportation regulatory state structure (The Land Transport Agency), which creates the policies for land transport sector and monitors its implementation.

There is non-governmental structure, which is designed to protect the interests of drivers and transport companies. For the truck drivers employed in international land transportation field there is no access to specific healthcare programs/services such as: international health insurance package, contract terms considering health issues, state healthcare programs focusing on specific needs of persons employed in transport sector.

⁷http://www.ilo.org/Search4/search.do?sitelang=en&locale=en_EN&consumercode=ILOHQ_STELLENT_PUBLIC&searchWhat=aids+publication&searchLanguage=en

On premises of Land Transport Agency there is a training center for truck drivers and transport companies' representatives. The primary goal of the training center is to introduce the safety rules to drivers and provide them with the information about permits and necessary documentation required while performing route. Health issues including HIV / AIDS issues are not considered.

Georgian International Road Carriers Association "GIRCA" in cooperation with IRU plans to establish the IRU Academy (training center) for the drivers. For the moment now, health issues in general and HIV/AIDS in particular are not considered as part of educational courses within IRU academy.

The Land Transport Agency, as well as Georgian International Road Carriers Association "GIRCA" are interested in integration of health issues into the training programs of the centers, however, to do so, they need the involvement of professionals and expert organizations.

There are specific recommendations on HIV / AIDS issues for transport sector developed by ILO. Though above-mentioned recommendations are not accepted and shared by the transport sector regulatory agencies and non-governmental organizations in Georgia

At present, in Georgia, none of the major donors provides funds for the programs focusing on health issues (including HIV prevention) among truck drivers employed in the field of international land transportation sector.

Truck drivers' current needs and demands regarding health services (including HIV prevention services) have not been studied yet. The last similar study was conducted 8 years ago. However, the study did not contribute to develop/establish any kind of strategy on state level or implement any further activities regarding HIV prevention.

Conclusions

Awareness on necessity of HIV / AIDS prevention among truck drivers is rather low among state, non-governmental and private sectors working in the field of land transportation.

Truck drivers' health issues, including HIV and reproductive health issues, are not the priority for any sectors (state, non-governmental, private commercial), but all the three sectors have expressed readiness for cooperation in this area in case of provision of expertise and technical assistance.

On the premises of existing or future training centers there is an infrastructural capacity to integrate health issues (including HIV / AIDS) into the training programs and curricula targeting truck drivers and representatives of transport companies.

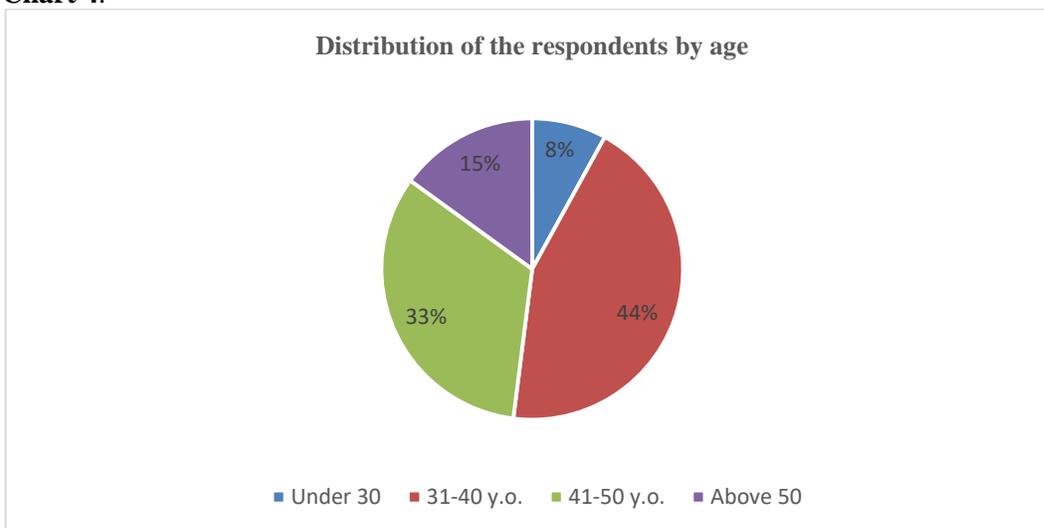
There is a potential and possibility to adapt and implement existing international approaches and regulatory norms on HIV / AIDS within the transport sector.

Knowledge, attitudes, behavior and needs regarding HIV/AIDS among long distance truck drivers (Qualitative and quantitative research analysis)

Socio-Demographic Characteristics

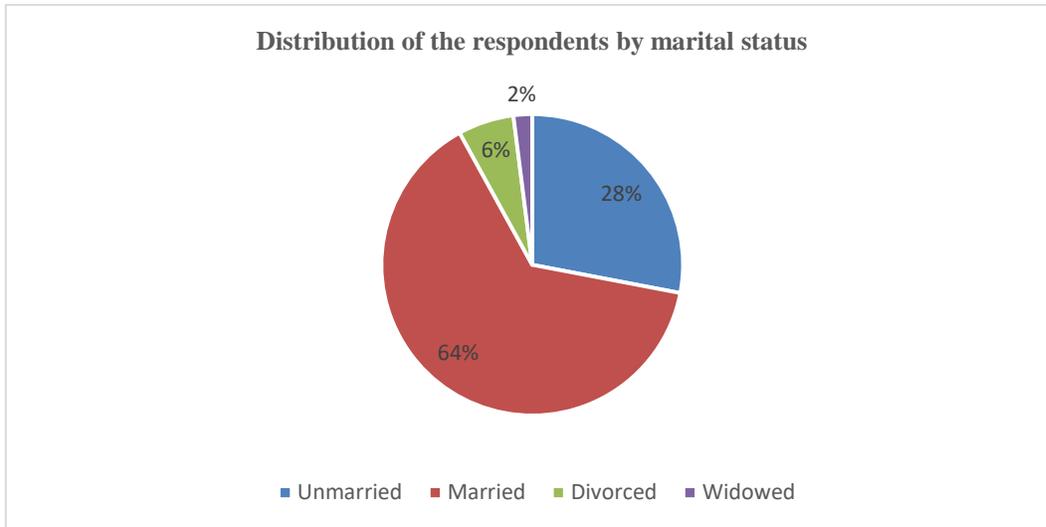
Among the respondents, the youngest driver is 27 y.o. and the oldest – 58 y.o. The respondents' average age is 40.6 years. Eight percent of respondents are 27-30 y.o., 44% are 31-40 y.o. and 33% - 41-50 y.o., 15% of the respondents are older than 50 years (Chart 4).

Chart 4.



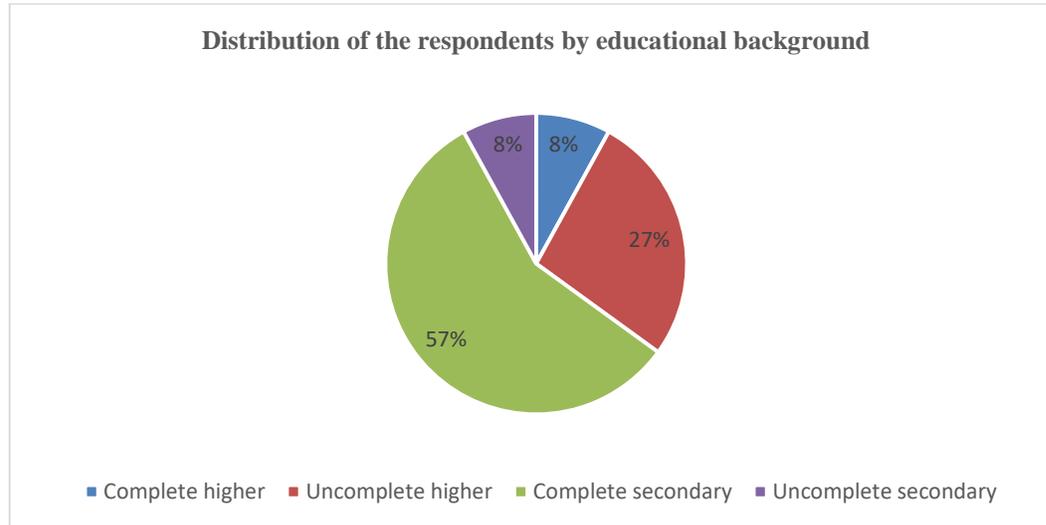
The majority of the respondents (64%) are married, while the percentage of divorced (6%) and widowed (2%) respondents is very low, 28% of respondents are unmarried (Chart 5).

Chart 5.



The analysis of the respondents' educational background shows that the majority of them (57%) have secondary education. 27 % of respondents have unfinished higher education. The percentage of respondents with higher education is 8 %. Eight percent of survey participants are with unfinished secondary education (Chart 6).

Chart 6.

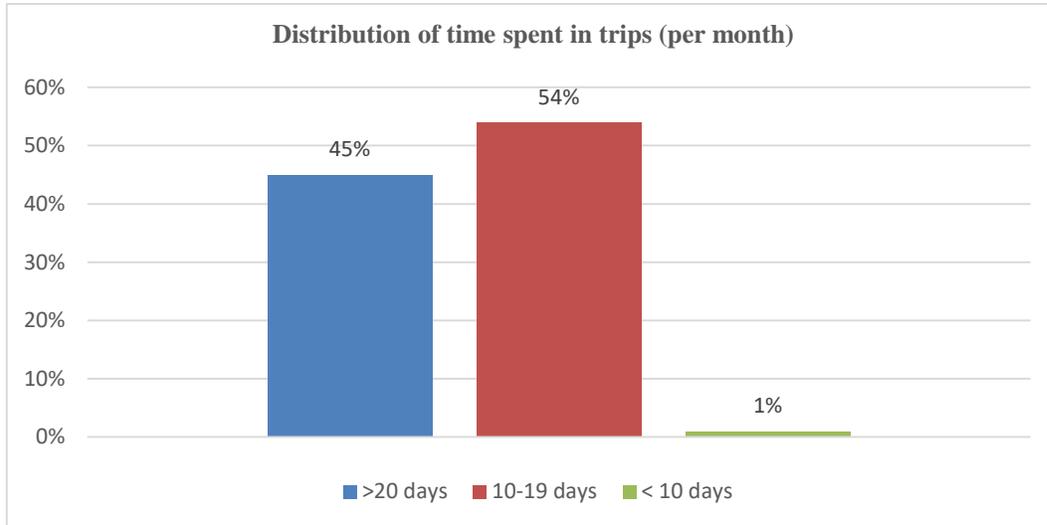


According to data obtained from the qualitative survey, the age of participants varies from 31 to 60 years. Vast majority of them are 35-47 y.o. About third of the respondents are above 50 y.o. Absolute majority of qualitative survey's participants are married. Only one participant is not married. In terms of education, only one driver has higher education. All others have secondary education.

Work intensity/work experience/work conditions

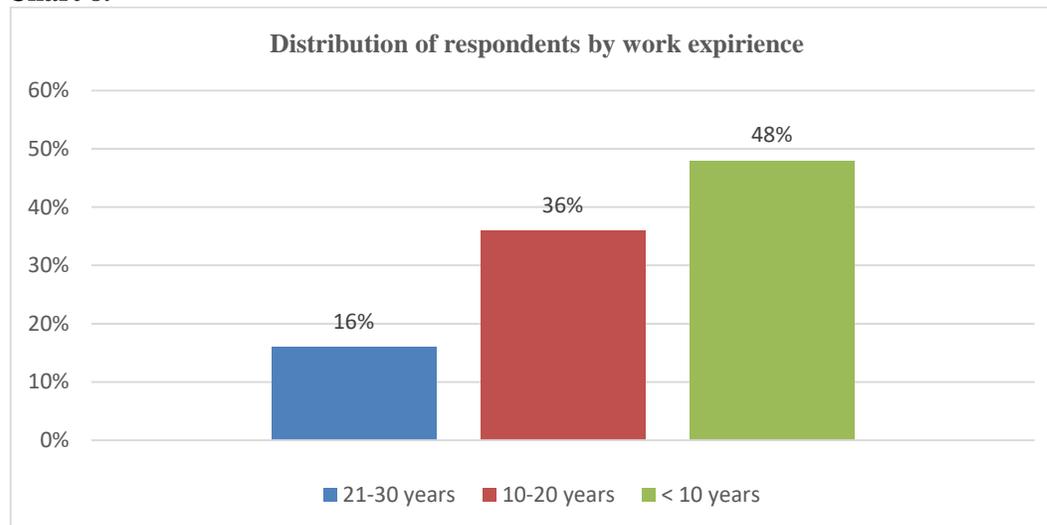
According to respondents, number of working days spent on cargo transportation per month vary from 9 to 25 days. The vast majority of the respondents (81%) spend more than 2 weeks in trips away from their families. 45% of the respondents spend in trips more than 20 days per month, 54 % of the respondents spend from 10 to 19 days and 1% spend less than 10 days in trips (Chart 7).

Chart 7.



According to the respondents, their work experiences on long distance transportation vary from 2 to 30 years. 16% of the respondents have from 21 to 30 years of work experience on long distance, 36% of them have from 10 to 20 years of work experience, 48% of respondents have about 10 years of work experience (Chart 8).

Chart 8.



According to data obtained from qualitative research, the majority of respondents have 10 and more years of experience working on long distances. The third of participants have 20 and even more years of work experience on long distances. In general, work experience ranges from 3 years to 30 years.

Most of the surveyed participants state that they sign short-term, one-year contracts with carrier companies, which are subject to renewal every year. Part of the respondents, who have their own trucks (so-called entrepreneurs) state that companies (employers) hire them to transport specific goods and therefore they sign onetime contracts for each transportation service:

"The one-year contract – of course we sign it. The contract acts one year and then it needs to be renewed and to signed every year." (In-depth interview # 7, 22-25)

About third of the participants marked that they have signed long-term contracts with their employers:

- "+ did you sign short or long term contract?*
- It acts for five years; the contracts are renewed in every five years.*
- + How long have you been working in this company?*
- It is already seventh year" (In-depth interview # 6, 17-20).*

According to drivers, their average monthly income ranges from 900 GEL to 1500 USD. Most of them have income around 1200-1500 GEL. Only a small part of drivers declares that their income exceeds 1000 US dollars:

- "- 3000-4000 Lari. Out of this amount more than half goes for car, part of it goes for the bank loan. I took the loan from the bank ... " (In-depth interview # 4, 37-38).*

The main transportation routes, according to survey participants are Turkey, Azerbaijan and Armenia. Several respondents state Ukraine, Belarus, Russia and Kazakhstan:

- "What direction do you have to travel?*
- Mostly, Istanbul, Azerbaijan ... Last time I travelled to Armenia as well " (In-depth interview # 6, 35-37).*

- "- We have to travel to Azerbaijan, Turkey, of course to Russia.*
- + Where do you travel the most frequently?*
- Russia ". (In-depth interview # 9, 35-37).*

The majority of drivers state that it depends on direction of the routes and number of performed trips how long they have to stay away from their families. Part of the respondents state that they spend only about 6-7 days at home per month:

- "- I stay about 7 days per month at home.*
- + How long does one route take?*
- 6-7 days " (In-depth interview # 1, 49-51).*

Most of the respondents think that the drivers' workload mostly depends on the requirements of companies and on the number of free days between trips:

- "- It depends on situation, sometimes 4 days, sometimes a week. It happens when the company does not call you for a week or so.... it depends on the company " (In-depth interview # 9, 43-44).*

Part of drivers say that there are cases when they have to go to a trip directly after the previous one, so they even do not have a possibility to visit family between the trips. Part of them say that sometimes they spend several weeks in trips. According to them, there were some cases when they spent several months in trips:

- "- Sometimes I do not have time even for a short rest, it happens that when I am on the trip and I am asked to perform the next trip, accordingly, I plan the other trip. Sometimes, I am able to stay at home about two or four days" (In-depth interview # 3, 52-54).*

- "- Travelling to Kazakhstan took 1 month Turkey is closer 5-6 days. About 2 weeks is needed for Russia" (In-depth interview # 8, 38-39).*

Most of the respondents state that the documentation required for cargo transportation and travel cards are provided by the employer:

"How do you get the travel card for the long distance transportation?

- The company prepares and a controller gives us all necessary documents. The company sends us all necessary documents and our cards " (In-depth interview # 6, 38-40).

Travel cards also are available to buy at special places along the route. Part of the drivers buy the cards on gas stations or at the border, just before crossing it:

"Interviewer: How do you get a travel card for the long-distance trip?

Respondent: we buy it for 200 GEL, The cards are available to buy at gas stations and we buy it for 200 GEL." (In-depth interview # 11, 25-26).

More than half of the surveyed respondents state that there are special standards for driving-stop, according to which the drivers are obliged periodically to stop the vehicle and have a rest:

"- There are the official standards and drivers must stop for half an hour in every four hours to have a rest and then continue travelling. We are being checked through the special transmitters and will be fined if we surpass the required time" (In-depth interview # 6, 44-47).

All the drivers, who drive and stop according to standards work for the big companies and their cars are equipped with the tachographs through which it is possible to control movement and stop mode of vehicles:

"- Every car has a black box, we call it a tachograph. When police stops the vehicle they can read when the car started moving, how many kilometers the car passed, how long the driver slept or for example, how long the engine was switched off, etc. So this is not a problem.

+ This means that even the driver cannot cheat?

- Definitely, there is no chance" (In-depth interview # 8, 51-56).

Part of respondents, mainly, individual entrepreneurs state that they are not limited by any regulations and they can have a rest when they get tired. Accordingly, their cars do not have tachographs. Therefore, for these drivers the main requirement is to deliver the goods on time and get satisfied customers with the performance of the task in a timely manner:

"- The main thing is to arrive at the destination place on time but where and when I can have a rest it depends only on me. The most important thing is to reach the destination place on time" (In-depth interview # 1, 68-71).

Only a small part of the respondents declares that the places for stop and rest are strictly determined by the employer and are controlled by them:

"- Yes, we have the specific places. Turkey we know better than the other countries. We have to stop at special places... Controllers check the time and write the voucher that this or that number of a truck arrived, for how long it stayed there and it started to move.

+Is it controlled by a company?

- This is controlled by the company as well as by the police. " (In-depth interview # 8, 78-82).

Most of the drivers state that they choose themselves the places for a rest. The main criteria the drivers choose such places are price, food, an opportunity of taking a bath and an opportunity to easily stop oversize vehicles:

"- I own a car, the company cannot point me where to stay or stop. If I worked in some company then they would be able to tell it "(In-depth interview # 4, 97-98).

" +Do you choose a place in advance?

- Yes, for example, when we went a month ago, we stayed at one place where we liked the situation. The prices are normal, the situation is good, and it was clean place. We liked the food, and in general, you can have a good rest there. Cars are too big and you can stop the car without any difficulties. There they care and create such conditions which are praiseworthy for us and where we can stay.

+ In other words, do you choose the places or employer recommends you?

- No, I choose them. My boss sits in his cabinet and how he can request me stop at this or that certain place?!" (In-depth interview # 1, 60-67).

Most of the surveyed drivers do not use so-called TIR parks, due to the high price and as they say these places are mostly oriented on Turkish drivers (food and language):

"Interviewer: What is the problem of not using of TIR parks?

Respondent: Firstly, it is the high prices and they are focused mostly on needs of Turkish drivers "(In-depth interview # 13, 31-32).

It must be mentioned that the majority of drivers use their cars for sleeping. They say that the driver's cab is rather large and there is an enough space inside to sleep. This allows them to save some money as well:

"- Definitely, I need to have a bath and hygiene. On the other hand, I can have a rest in my car. We are not getting so much money to be able to stay at the hotels. The Hotel is too expensive" (In-depth interview # 4, 115-117).

Knowledge on HIV/AIDS

All respondents have heard about HIV/AIDS. Respondents were given the statements on HIV/AIDS (Table 1). The results revealed that the highest number of correct answers (87%) was reported on HIV/AIDS transmission by used needles/syringes or other medical and cosmetic devices. Also, participants reported a higher number of correct answers (71%) when the statement refers to one regular sexual partner. 66% of the respondents believe that condom use during every sexual intercourse reduces the risk of HIV transmission. About half of the respondents (51%) know about mother to child - vertical transmission. Also, about half of the respondents (52%) consider correctly that it is impossible to transmit HIV infection through sharing food with HIV infected person. The majority of surveyed drivers have misconceptions (64%) about the possibility of HIV transmission through insect bites. The vast majority of respondents incorrectly (74%) believe that a person having the first group of blood cannot be infected with HIV. The majority of drivers (73%) believe that a person with healthy appearance cannot be HIV-positive (Table 1).

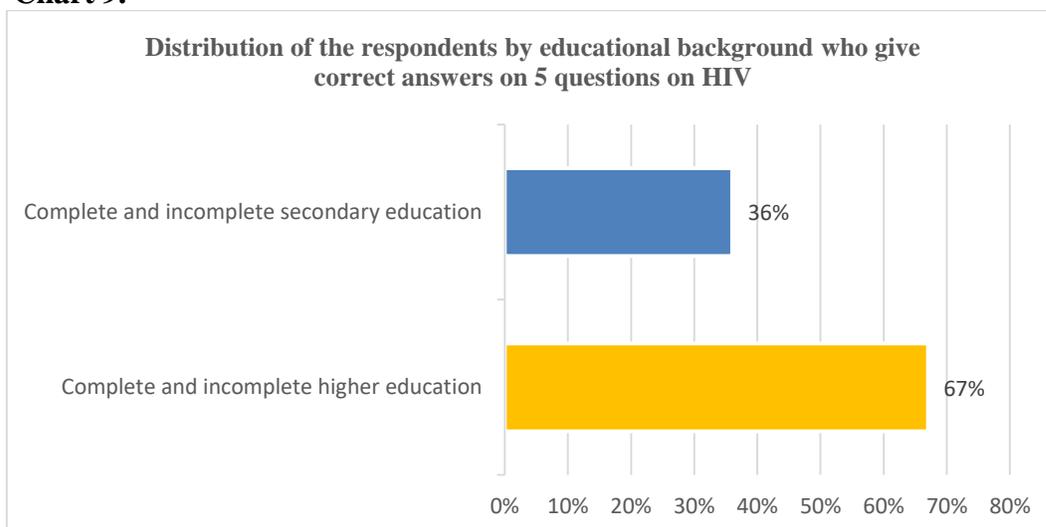
Table 1.

Statements	Correct answers	Incorrect answers
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1. It is possible to reduce the risk of HIV infection (which causes AIDS) by having one regular sexual partner.	71%	29%
2. It is possible to reduce the risk of HIV infection by using condoms during every sexual intercourse.	66%	34%
3. It is possible that outwardly healthy person can be HIV infected which causes AIDS.	27%	73%
4. It is possible to transmit HIV infection through insect bites.	36%	64%
5. It is impossible to transmit HIV infection through sharing food with HIV infected person.	52%	48%
6. It is possible to be infected through sharing used medical, cosmetic or injecting instruments (needles, syringes, scissors and razor).	87%	13%
7. A person with first group of blood cannot be infected with HIV infection.	26%	74%
8. HIV-positive mother can transmit HIV to her baby during pregnancy, during childbirth and through breastfeeding.	51%	49%

41% of surveyed respondents give correct answers to the 5 main questions of HIV transmission. Data analysis showed that there are differences in the answers depending on educational background of the respondents. The drivers with complete and incomplete higher education give more frequently correct answers to these five main questions about HIV transmission (67%) compared with the drivers having secondary education (36%). No difference was revealed among drivers depending on cities (Chart 9).

Chart 9.



All the respondents of qualitative research have heard about HIV, but majority of them cannot explain what the abbreviation "HIV" means. Also, nearly all respondents have heard about AIDS, but none of them is able to define the abbreviation. Part of respondents considers AIDS as a dangerous and incurable disease:

"- I have heard about AIDS.

+ What is it?

- Venereal disease.

+ Can you define this abbreviation?

- No, I cannot " (In-depth interview # 5, 80-84).

"- This is a dangerous disease.

+ Why is it a dangerous disease?

- Because it is an incurable disease, at least in Georgia" (In-depth interview # 1, 84-86).

During the discussion on HIV transmission routes, around third of the respondents correctly define the route of transmission from one person to another. They have heard about the transmission by sexual and blood routes:

"- You should avoid blood transfusions, relations with women, if you do not know them, inject drugs" (In-depth interview # 1, 95-96).

More than half of the respondents name such wrong routes of HIV transmission as saliva, water, conversation, insect bites, etc. It should be noted that part of the respondents, those who know about correct routes of HIV transmission (sexual intercourse or blood); along with the right answers give the wrong ones. About third of the respondents do not know anything about HIV transmission ways:

"+ How is HIV passed from one person to another?

- I think by using needle, or saliva " (In-depth interviews # 3, 84-85).

"+ Do you know the routes of HIV transmission from one person to another?

- I do not know... from kissing, conversation...

+ By a conversation?

- Yes, from saliva. So I have heard. From having sex..." (In-depth interview # 5, 85-88).

"I think even from water, it can be transmitted....by taking a bath" (In-depth interview with # 6, 71-72).

Part of the respondents name only one of the correct routes of HIV transmission by sexual intercourse or blood transfusions (mostly, shared needles or syringes). None of the respondents speaks about vertical transmission (mother to child):

"- As far as I know people who share used needles, people who are addicted to drugs. Well, from saliva it is not risky to pass from one person to another " (In-depth interview the # 9, 79-80).

The vast majority of respondents say that they have never heard anything about HIV symptoms. Several respondents incorrectly describe the symptoms of HIV:

"- I do not know, I think it does not have skin rash, it is typical for syphilis, but the one thing what I know is that HIV causes yellowing of the skin" (In-depth interview # 1, 102-103).

"- Of course, it has symptoms. Maybe it causes pain in the liver or something, and you will understand that you should go to the doctor" (In-depth interview # 7, 79-80).

The majority of the respondents are aware that it is not possible to completely cure HIV/AIDS. Several respondents mention that although it is the incurable disease, it can be stabilized ("to be frozen") so that person can live until the old age:

"+ Is the disease curable?"

- No, it is not, but it can be stabilized and you can have even such a friend, so I've heard..."(In-depth interview # 5, 92-94).

"I do not think that you can cure it, but people who are being treated can live till 70-80 years of age" (In-depth interview # 9, 86-87).

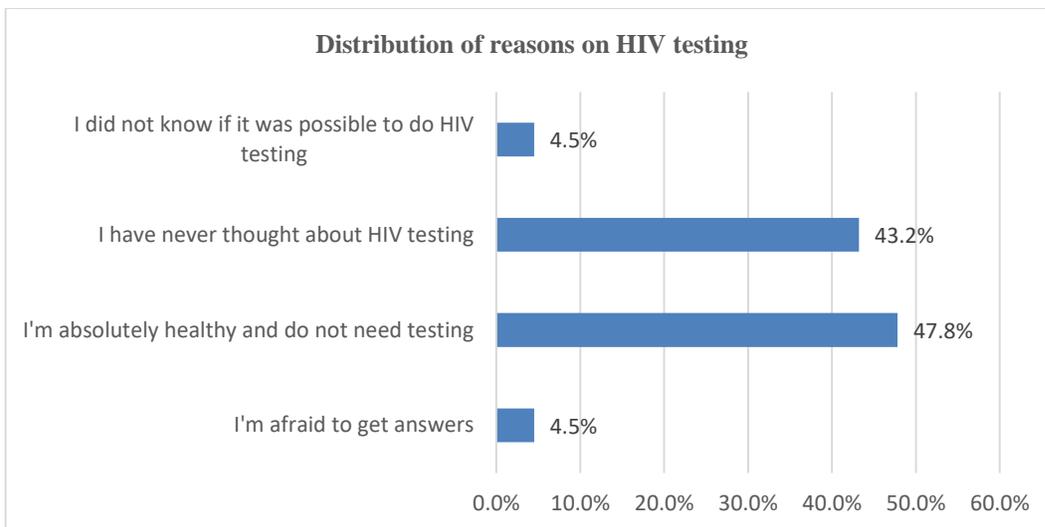
About a third of respondents state that HIV treatment is not possible in Georgia, when, in their opinion, it is successfully treated abroad. A few respondents think that HIV/AIDS is curable and as a means of healing they consider a diet and a healthy lifestyle:

"- I am not sure about Georgia, but they say in Germany and Israel it is possible" (In-depth interview # 6, 84-85).

"- Of course, it is curable by 100%! I know many who were treated and they are still alive as well. I know many who died. You must care about your health, you should not drink, and follow healthy life style" (In-depth interview # 7, 82 -85).

Only 29% of respondents know where to go for HIV/AIDS testing. Among the respondents only 12% have been tested on HIV/AIDS. Respondents who have never been tested on HIV/AIDS, mention the various reasons why they have not undergone the testing. Four of them (4.5%) did not know that it was possible to do the test; 42 (47.8%) state that they are healthy and do not need testing at all, 38 (43.2%) mention that they have never thought about testing, 4 (4.5%) say that they are afraid of getting positive answers and therefore they have not gone to HIV testing (Chart 10).

Chart 10.



None of the respondents participating in the qualitative research can name any specific clinics or medical institutions where people can receive HIV/AIDS treatment:

"- As I know, there are no specific centers or HIV clinics in Georgia?"

+ Yes, there are the AIDS Center in Tbilisi and its branch in Kutaisi.

- I have never heard about them. Maybe they have been recently opened and that's why I do not know it" (In-depth interview # 1, 113-116).

About half of the respondents think that the HIV testing is available in any hospital. No one mentioned the specialized clinic:

"+ In your opinion, where is it possible HIV testing?"

- In the hospital.

+ Do you think that, any interested person can go to any hospital and do testing on HIV?"

- Yes "(In-depth interview # 2, 105-110).

The majority of the respondents believe that in order to get diagnosed on HIV person needs the medical examination of all the body and organs:

"- Analysis of every organs are needed for HIV diagnose, starting from DNA test and finishing with saliva analysis " (In-depth interview # 6, 92-93).

The vast majority of respondents (qualitative research) have never been tested on HIV. Only two respondents state that they were tested on HIV in the past. One of them did the test 8 years ago at the request of the employer. The other was tested on HIV and hepatitis C a few years ago for the preventive purposes, as he is a blood donor:

"+ have you ever been tested on HIV infection?"

- Yes. About 8 years ago, in Leningrad.

+ Why?"

- I worked as a driver in the garage and manager demanded us to did it"(In-depth interview # 5, 105-108).

Most of the respondents who have never been tested on HIV/AIDS are convinced that there is no need for testing, since they do not have any complaints regarding their health and if they appear, they will go for HIV testing:

"+ *Why have you never been tested on HIV?*
- *I have never suffered from my health so why I need to do it...*
+ *What do you mean under suffering and in what case would you decide to do the test?*
- *I do not know, obviously, there are some symptoms when you have health problems ...*
"(In-depth interview # 2, 113-117).

"- *I do not know, in this case probably some symptoms would appear, for instance, skin rash, or something, and I will go to do the test. But at present nothing bothers me. If I had had any health problems I would have been tested.* "(In-depth interviews # 7, 105-106).

Condom use and safe sexual intercourse is one of the HIV preventive measures for the most of the respondents. However, the majority of them consider that avoiding of plates and dishes and linen used by others as effective preventive measures as well. Around third of the respondents believe that in order to prevent HIV, used and non-sterile needles or razors should not be shared:

"- *I do not know what to do, you should live according to your life style. You should avoid using used cups. I do not inject anything, I do not use needles and I will never use it in future. One problem is a sexual intercourse, it is also protected, but there is some situations when you think that you are protected but in reality you are not.*
+ *What do you mean?*
- *Sometimes condoms are broke* "(In-depth interview # 1, 132-137).

"- *You should not use plates, dishes, cups, etc. used by others*" (# 10 In-depth interviews, 77).

"- *... You should not use others' razor for shaving. But, I do not know how to protect myself while visiting for example, a dentist ...* "(In-depth interview # 9, 115-117).

Knowledge on STIs

Most of the respondents have heard about the various venereal diseases. The respondents mainly know such diseases as syphilis, gonorrhea and fungus. A few respondents have heard about trichomoniasis:

"-*I have heard about tripper [gonorrhea], syphilis, fungi, trichomoniasis and such things*" (In-depth interview # 1, 151-152).

Most of the respondents stated that they are not aware of signs and symptoms of STIs. About one third of respondents have heard that venereal diseases may cause burning and discharge from genitals. Several respondents also mention skin rushes as one of the symptoms of STI:

"+ *Do you know the symptoms of these diseases?*
- *Burning and discharge from the genitals...*"(In-depth interview # 5, 130-131).

Most of the respondents consider that STIs are primarily transmitted via sexual intercourse. However, many of them name also such routes as used linen, clothes, dishes and water. It should be noted that when the respondents mention the above mentioned factors they do not consider syphilis. They consider all the venereal diseases in general:

"+ *Do you know how these diseases pass from one person to another?*

- I think it passes via used dishes, water and of course via sexual route"(In-depth interview # 3, 142-144).

Only a small part of the respondents mentions STI clinics as places where people can be tested on STIs. The majority of respondents believe that a similar analysis can be done in any type of general medical facility (hospital, clinic, etc.):

*"+" Where do you think is possible to get analysis on STIs?
In every clinic, a person can go to any clinic and do the test "(In-depth interview # 4, 195-196).*

Several respondents believe that analysis on STIs is not necessary. According to them, in case of STIs it is enough just to drink beer or other alcoholic beverage the previous evening and the next day the person will understand whether he/she has or not these diseases:

*"Respondent: Yes. . . Drink one beer and you can find out yourself the next day.
Interviewer: Do you think it help?
Respondent: Yes, if you feel some discharge next day, it means that something is wrong with you "(In-depth interview #14, 136-137).*

Among the surveyed drivers, only two of them are tested on STIs in the past. One of them says that he did it voluntarily because he had some certain symptoms. Another respondent did the testing on the official request before he was called for military services. None of the respondents could specify the diseases on they have been tested for:

*" + Have you ever been tested on these diseases?
- Yes, once in the army.
+ Did you do the test at your wish?
- No, no, I went to army service and I had to do the test before" (In-depth interview # 2, 160-163).*

Most of the respondents say that they have received information on STIs from friends and people around. According to them, they have friends or acquaintances (including their colleagues -drivers who had STIs. Around third of the respondents state that they have received information on STIs from TV. Only a few respondents mention magazines and newspapers as a source of information:

"- I know people around me, my friends and colleagues who had these diseases " (In-depth interview with # 7, 145-147).

Most of the respondents express readiness to receive additional information on STIs. According to them, they would receive information from reliable sources. The most reliable source of information for them is a medical specialist. About half of the respondents expressed the desire to get the information from booklets along with health professionals:

"- It would be nice to read booklets or flyers with brief description of these diseases" (# 16 In-depth interviews, 160-161).

"Would you like to receive more detailed information on these diseases? And if so, who would you wish to talk to?

- I think it would be good to get more information from professionals, but from really good ones, who are aware of these issues in details "(In-depth interview # 1, 174-175).

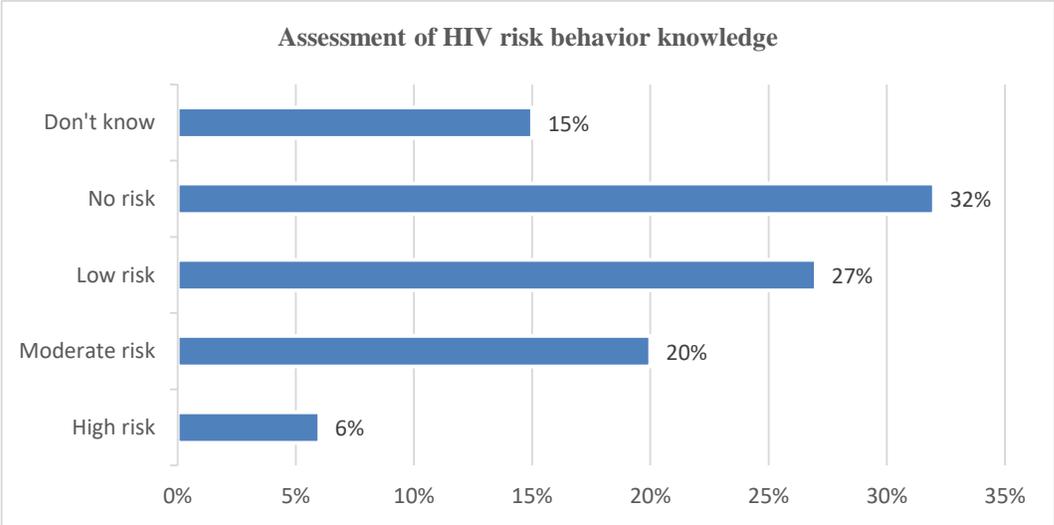
Few respondents refuse to receive information on these topics. According to them, it is a shame to discuss those issues for “family men”. In their opinion, the person who appreciate his family and himself cannot not be infected with STI:

“+ *Would you like to receive detailed information on this topics and who would you prefer to talk to?*
- *No. I would not. This is such a topic...*
+ *Could you specify what do you mean?*
- *This is a very disgraceful topic and if you are a “family” man it will not happen to you”(In-depth interviews # 3, 157-160).*

HIV and STI related risky behaviors among long distance truck drivers

When respondents were asked to assess their own risks regarding HIV infection, only 6% of them stated that they are at high risk. 20% believe that they have an average risk of being infected, 27% considers themselves at a low risk group and 32% think that they do not have any risks in terms of HIV infection. 15% of the respondents did not know whether they have any risk or not (Chart 11).

Chart 11.



The survey revealed that 75% of the respondents have had occasional sexual intercourses during last 12 months, (Chart 12). Out of them 46.6% reported of not using condoms at last sexual intercourse (Chart 13).

Table 12.

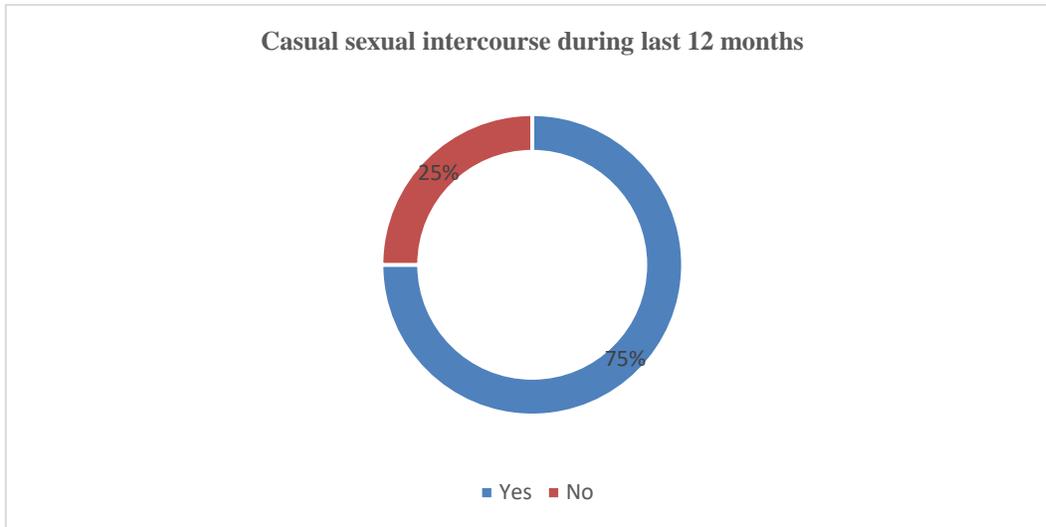
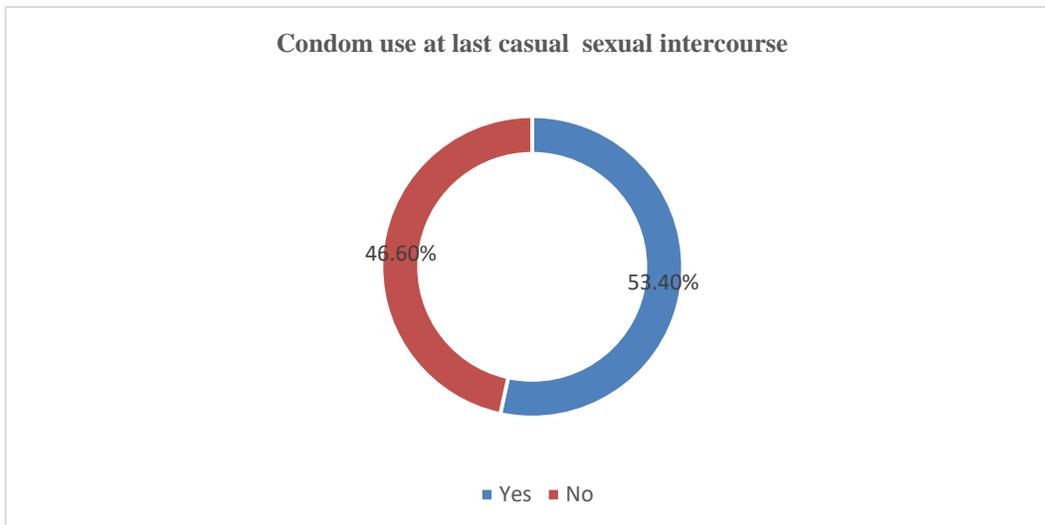


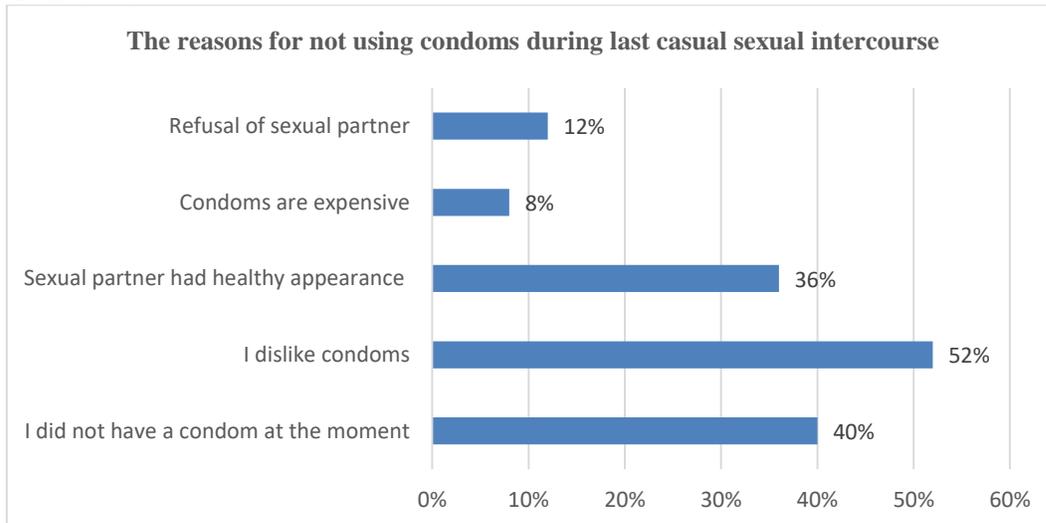
Chart 13.



Those respondents who mention condom use with last casual sex partner say that condom use in 45.3% of cases was their (drivers) initiative and only in 8% of cases condom use was offered by a casual sex partner. For most of cases, the respondents do not remember whose initiative it was to use the condom.

The respondents who have not used a condom with last casual sex partner name various reasons for it: 40% of them say that they did not have a condom at the moment; 52% of respondents dislike condoms in general; 36% state that the partner had a healthy appearance; for the 8% of participants condoms are too expensive to purchase; 12% of the respondents as a reason mention refusal of partner (Chart 14).

Chart 14.



Only 2% of respondents declare that they use condoms with their regular sexual partners / spouses.

Most of the participants in qualitative research also stated that long-distance truck drivers have the opportunity of having sexual relations with prostitutes. Such relations may occur during the trip at different locations. The respondents say that for such relations they often use hotel, motel and gas station. Most of the respondents mention that they also use the truck as it is quite large, there is a place to sleep for the driver and it is cheaper, because the driver does not have to pay for the hotel accommodation:

" + How do you think whether it is possible for drivers to have sex with prostitutes during travelling?

- (Laughs). How do I think? It is one of the dirty jobs.

+ So...

- It is very easy.

+ Have you ever heard such facts?

- Yes, of course.

+ Where might such facts happen?

- For example in the car...

+ Hotel?

- No one pays hard-earned money for the hotel. The car is quite big ... "(In-depth interview # 1, 195-204)

" + Where can it happen? At the Hotel, Motel, the gas station...

- Where I have to stop at any place "(In-depth interview # 2, 194-196).

" + Where can such meetings happen?

- *There are Cafe-bars and hotels, and they offer such services themselves*"(In-depth interview with the # 9, 192-193).

More than half of surveyed drivers admit that they personally have used the services of prostitutes during the trip. The drivers state that in most cases they use condoms with their casual sex partners, but there are cases when they do not have condoms and therefore, have unsafe sex with prostitutes:

+ *Where it can happen?*

- *At the hotels, gas stations...*

+ *Have you ever had similar experiences and if so, have you used a condom?*

- *Yes, and I used a condom, I always try to have a safe sex*"(In-depth interview # 6, 171-175).

- *Yes, I have had, there are no people [truck drivers] who have not had.* (In-depth interview #4, 220-222).

+ *Have you protected yourself during such relationship?*

- *Yes, I did. I did my best to be safe.*

+ *Always?*

- *Not always. There were some cases when I had a sexual intercourse without a condom.*

+ *And in the end when was such a case? How long ago?*

- *A few months ago, perhaps 3-4 months ago.* (In-depth interview # 7, 181-187).

- *If do not have a condom then I do not protect myself*" (In-depth interview # 4, 236).

Some drivers declare that when they travel for a long time on the same routes, they have their permanent sex partners with whom they have sex and therefore, they believe that they are more protected from various diseases compared to newly acquainted prostitutes, even in case of not using condoms:

Respondent: Yes, Hotels. Everyone has his own woman, whom he knows and can call. Everyone can call to such an acquaintance and knows that they can see each other"(In-depth interview # 10, 176).

Interviewer: Do you use condoms with your women whom you already know?

Respondent: Sometimes, we use condoms. If we know them for a long time we do not use condoms, if no we do"(In-depth interview #11, 185-186).

Several drivers say that along the routes there are "special places"-brothels where it is possible to pay some money and get the services of a prostitute. The drivers say that sometimes they also use such services:

+ *Where can such facts happen?*

- *Along the road there are special "institutions", if we can call them "institution"*"(In-depth interview with # 7, 170-172).

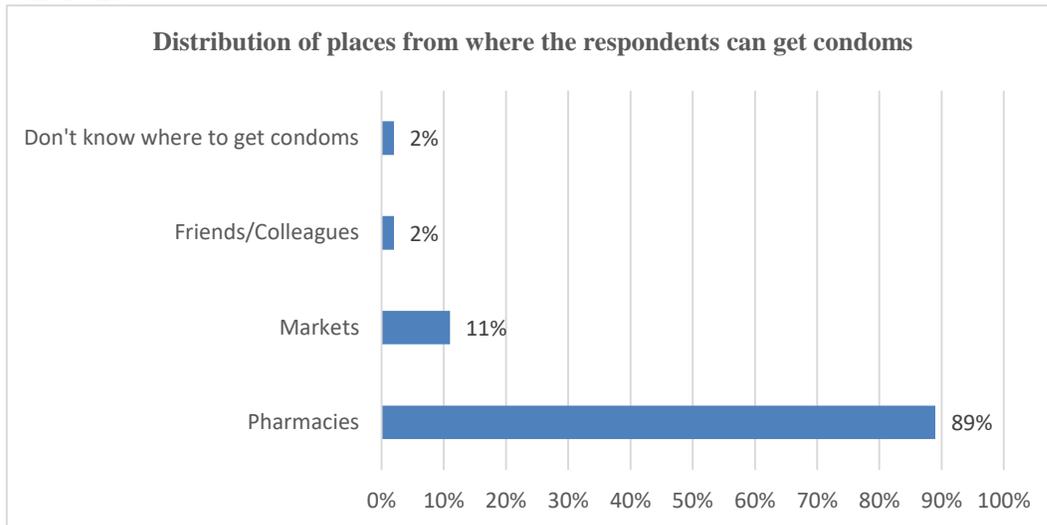
Several respondents believe that they know some methods how to protect themselves from sexually transmitted diseases, such as to drink beer during sexual intercourse and after sexual intercourse to wash genitals with own urine:

+ *And how can you protect yourself in a different way?*

- You should immediately wash yourself by own urine then take a bath "(In-depth interview with # 4, 240).

Answering the question where they can buy condoms, an overwhelming majority (89%) state pharmacy as a place where they can buy condoms. 11% of the surveyed respondents indicate supermarkets. 2% indicate friends and colleagues. Another 2% of the respondents do not know at all where to purchase condoms (Table 15).

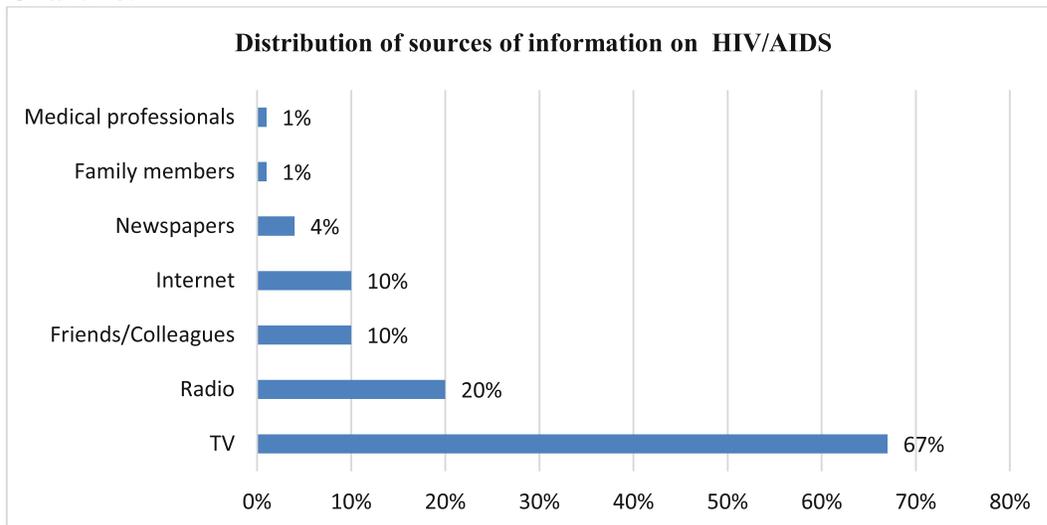
Chart 15.



Source of information on HIV/AIDS

The majority of the respondents (67%) declare that they have received information on HIV/AIDS from TV. For 20% of respondents radio is a source of information. 10% of respondents indicate friends / colleagues as channel for information. 10% of the respondents mention the Internet. Newspapers, as a source of information on HIV/AIDS is stated in 4% of cases. 1% indicate family members as source of information and 1% - medical professionals (Chart 16).

Chart 16.



The overwhelming majority of the respondents (92%) state, that nobody has offered them any kind of

trainings or informational-educative meetings on HIV/AIDS, as well as, informational materials. Only 8 respondents (8%) say that they have received such offers. Out of these, only 2 persons have attended the trainings. The majority of the respondents (84%) declare that if they are offered such trainings or educative meetings they will use the chance and will attend the meetings/trainings. 16% of participants say that they will not attend such meetings or they find it difficult to answer this question. Almost half of the respondents from qualitative research say that they have received the information on HIV/AIDS from television. A few respondents mention newspapers and magazines, where in most cases they are interested in famous people, who were infected with HIV/AIDS.

“-Mainly from the press, I got interested when the singer Freddie Mercury was infected and I still remember that information from the newspapers. I have also heard about HIV from TV, it was in advertisements“(In-depth interview #6,124-126).

The majority of the truck drivers say that they actively listen to many different radios while traveling, but mainly music channels and accordingly, they have not received any information about HIV/AIDS or any other diseases. For the respondents it was difficult to name the concrete radio stations:

+“Haven’t you received any information from the radio, do the drivers often listen to the radio?”

- I mainly listen to music on the radio“(In-depth interview #2, 131-132).

All the respondents together say that nobody, neither organizations, nor individuals have ever offered them condoms, booklets or any other type of informational material. All respondent state that nobody has carried out medical, psychological or any other kind of counseling service with them. Only two respondents say that they have received information on HIV/AIDS on trainings. They say that these trainings were held by their employer company a few years ago and along with the road safety issues topics on HIV/AIDS, drugs, relations with sex workers were discussed:

+“Who conducted this training?”

-He was invited by the company.

+Is he a doctor?”

- I don’t know whether he is a doctor or a nurse.

+And what was he talking about?”

-That we shouldn’t stay with prostitutes, that we might be offered some kind of drugs and we have to be careful.

+How often are these trainings held?”

-Very seldom (In-depth interview #9,130-138).

-I have worked in BP project on the Baku–Tbilisi–Ceyhan (BTC) pipeline for years and we were trained there.

+What were the trainings about?”

-They mainly spoke about the safety rules while working and also about HIV/AIDS (In-depth interview #8, 144-148).

Despite the fact that the overwhelming majority hasn't attended trainings on HIV/AIDS and STIs topics the greater number of respondents express their interest and readiness to attend such meetings/trainings:

“No, it has never been held, and I wish it was. Personally, I would go to the meeting, because I am interested in many things. I know it is transmitted via sex and needles, but it might be transmitted through some kind of microbe or route that I don't know about. So, I wish to know about it and protect myself “(In-depth interview #1, 145-148).

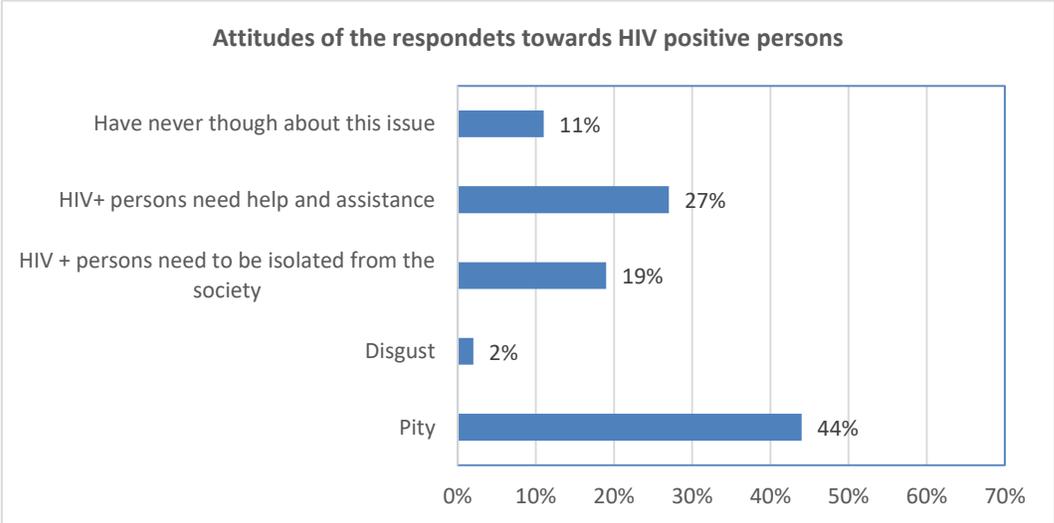
Only a few respondents express skepticism towards such trainings and say that similar meetings or trainings are not necessary. Their explanation is that it takes a lot of time and also they themselves are careful enough and therefore, they do not have any risks of being infected:

“Respondent: for what we need such trainings? We are careful and we are not in danger. I also protect myself when I am on the road. That is not necessary” (In-depth interview #11,112-113).

Long-distance truck drivers' attitude towards people living with HIV

Small part of the respondents (11%) say that they personally know persons infected with HIV. The Respondents have different attitudes towards HIV positive people: pity- 44%, disgust – 2%, they must be isolated from the society – 19%, HIV positive people need an assistance - 27%. 11% of respondents have never thought about this issue (Chart 17).

Chart 17.



Majority of the respondents from qualitative research mention that they personally don't know HIV positive people. Majority of these respondents also declare that they even don't wish to know HIV infected person:

“– I have not met and I don’t know, I don’t even want to meet such person “(In-depth interview #3, 92-93).

Only a few respondents say that they personally know HIV infected person. According to their statements, they do not avoid them and continue the same relationship as they have before. However, they still try to avoid sharing dishes, drink or food. All of them say that they try to cheer up those HIV+ persons. Some respondents know that via everyday relationship with HIV infected person the virus cannot be transmitted:

“Well, I wouldn’t kill myself and drink water from his glass, but I would never get rid of such person. Everybody can get infected, this might happen to anyone, can’t it?” (In-depth interview #1.185-187).

+Have your attitude towards him changed after learned about his HIV status?

-No, no. He is my childhood friend and it hasn’t changed.

+So nothing has changed, do you continue usual relationship?

-Yes, I’m so sorry for him, but what can I do ... “(In-depth interview #9, 174-178).

Drivers, who know well the routes of HIV transmission, say that contacting with HIV positive people and their families is not a problem for them:

“- No, nothing has changed, I even drink water from his glass. There is no problem, the main thing is that it is transmitted by blood or sex “(In-depth interview #7,157-158).

“-Yes, it has changed, at first, I was even afraid of shaking hands with him, then he was treated in Europe. As far as I know the virus was frozen or stopped, I don’t remember exactly but they said that now it is not contagious and his wife and other family members have not been affected as well. So, nowadays when I meet him, there is no problem at all“(In-depth interview #6,157-162).

Majority of the drivers, who say that they don’t know HIV positive people, say that they would avoid those people and wouldn’t continue relationship with them. Only a few drivers who don’t know HIV infected persons say that they would continue relationship with them and do everything they can to help them:

“Respondent: of course, it will change. I will not even get close to him. It can be transmitted even while talking or greeting“(In-depth interview #11, 160-161).

+if you heard that one of your relatives have this disease, would your attitude towards him change?

-No.

+Neither negative nor positive?

-No, I would suggest him to go to the doctor and to look after himself ... “(In-depth interview #5,151-156).

The majority of interviewed drivers agree that the attitude of general population towards HIV positive people is quite negative. People are afraid of HIV positive people, avoid them and even in some cases they make them understand that in rude way that they don’t want to keep relationship with them:

“+In your opinion, what is the attitude of society towards HIV positive people?

-Wild.

+What do you mean?

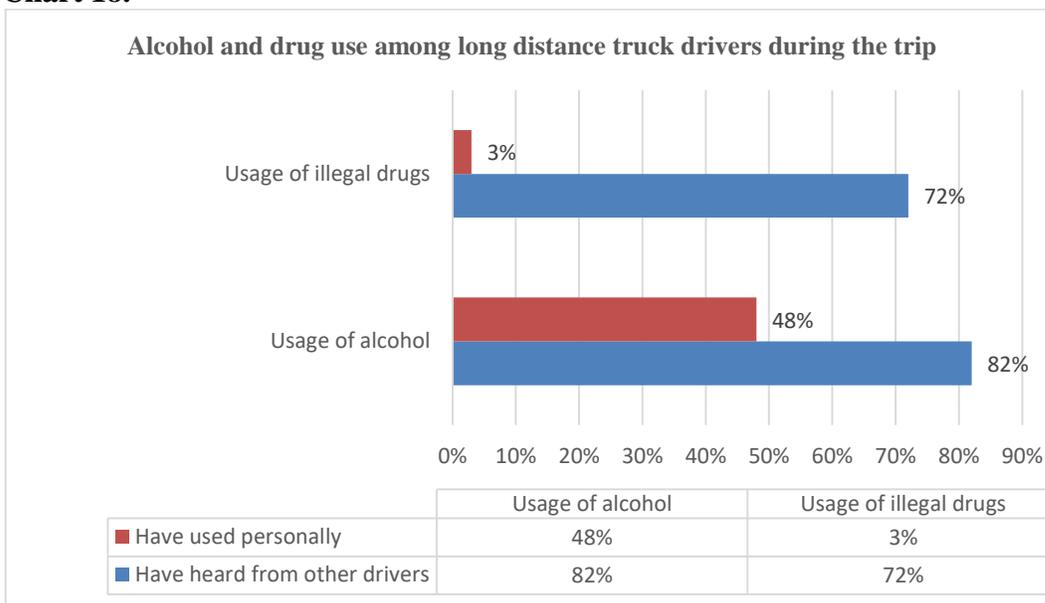
-I mean that they look at them and say that they are infected, even make them feel it. They might not say it, but they make them feel. For example, they even avoid shaking hands with them and don't go to their homes so often“(In-depth interview #1, 188-194).

Alcohol and drug use among long distance truck drivers during the trip

82% of long distance truck drivers believe that their colleagues have the opportunity to drink alcohol during the trip. 48% of respondents admit that they have used alcoholic beverages during the trip (Chart 18). Out of them 65% (31% of all surveyed drivers) admit having casual sexual intercourse under the influence of alcohol. The difference in terms of alcohol usage by age groups was not revealed.

72% of surveyed drivers think that long distance drivers have the opportunity to use illegal drugs during the trip. However, only 3% of respondents personally admit usage of non-injecting drugs. In each three cases, the respondents are under 40 years of age (Chart 18).

Chart 18.



Majority of long distance truck drivers in In-depth interviews state that truck drivers have an opportunity to use alcohol and drugs during the trip in general. They say that the alcohol consumption occurs mainly when drivers know that they will have to stay at certain place for 1-2 days. Usually it happens during the periods of discharging or loading the cargo, when drivers have to stay at one place for a few days:

"Have you heard of these facts from other drivers?"

- Yes, I do. I myself...when I know that I have to stay somewhere for a few days I meet other Georgians and drink "(In-depth interview # 4, 251-253).

Part of the long distance truck drivers say that they have heard about cases when drivers use alcohol even during the short stay. Alcohol may be consumed at the hotel, motel and cafe-bar or in a truck itself. However, majority of the respondents also added that most of them refrain from alcohol consumption, because they are afraid of losing their jobs or being fined. According to their statements, if the driver is suspected to be drunk, this might lead to severe sanctions from the company, and there were cases when several drivers lost their jobs:

"+ Do you think the drivers have a chance of alcohol consumption during the trip?"

- Secretly yes, openly not (laughs)

+ And where do they drink?"

- In the café-bars" (In-depth interview # 9, 200-204).

"- Yes, there were such incidents, for instance, one driver was tested being drunk, the employer boarded him off the car and sent back to Georgia. Then the employer canceled the contract with him and he stayed unemployed" (In-depth interview # 7, 215-216).

In addition, according to the respondents, there are some forms of penal sanctions, for instance, monetary fine or confiscation of a driving license, which take place when the police identify that a driver is drunk. The drivers pay themselves monetary fines from their pockets. Several respondents admit that they also have experienced such "little" problems with alcohol use and have had to pay monetary fines:

"- ...there is a discussion, you are invited to attend and if my fault is confirmed, then I have to pay myself or if it is something serious, I have to leave the job" (In-depth interview # 6, 188-190).

"+ Have you had such a problem with the police?"

- Yes, I did.

+ Then how did you solve this problem?"

- I had to pay a fine "(In-depth interview # 4, 258-261).

The absolute majority of the long distance truck drivers from qualitative survey refuse the fact of drug use. They state that they do not use drugs but in general, the different types of drugs are easily accessible for the long-distance truck drivers, especially, while abroad:

"+ Well, I understand that you do not use, but how is it available to get drugs on the highway, or whether it is possible to buy it anywhere?"

- Very easily.

+ What kind of drugs - smoking, inhaled, injecting, etc.?"

- Any of them are available "(In-depth interview # 2, 214-220).

"+Do the drivers have access to drugs?

- Yes, all of them have access to drugs, especially, when you travel in Europe you can freely buy smoking as well as inhaled drugs "(In-depth interview with # 6, 191-193).

Almost every driver has heard the stories, when the long-distance truck drivers have used illegal drugs. Several respondents describe the incident when one Georgian driver because of drug use had a problem with his employer, as well as with police:

"+ Have not you heard about such problems?

- Yes, I did. I know that someone had used narcotic drugs and accordingly, had problem, with police as well as with the company ... "(In-depth interview # 1, 229-232).

"+Have you ever heard that Georgian drivers have problems with the police because of drug or alcohol use?

- Yes, I have heard. He did an injection in Turkey and here was tested. He was fired from his job" (In-depth interview # 6, 201-205).

One respondent tells a story when drug overdose caused the death of truck driver:

"Are you aware of drug use from other drivers?

- Yes, yes, even it caused a death in case of one driver "(In-depth interview # 9, 235-236).

The majority of drivers state that they personally have not made a tattoo, although, according to their statements the practice to make tattoo is quite common among truck drivers:

"Do they make tattoos during the trip?

- Well, when I have one hour for rest I cannot make tattoo, but sometimes when we reach to destination place we have about 5-6 hours before the goods are being discharged. If you want you can go to the city. There are beauty salons everywhere with signs "tattoos" where you can make it. But I am not interested in tattoos"(In-depth interview # 1, 240-244).

"+ Is it possible to make tattoos during the trip? Are there any places to make it on the road?

- Yes, or course. I have never made it, but as I know from other drivers it is available to make tattoos on the road "(# 16 In-depth interviews, 232-233).

Several respondents state that they made tattoos and there were all necessary sanitary conditions at these places. Under sanitary conditions they mean use of gloves, masks and visual cleanness:

"+ What kind of conditions are there? Are there protected elementary sanitary conditions?

- Yes, the sanitary conditions are protected. They use glove and masks. At some extent, there is cleanness..."(In-depth interview # 9, 241-243).

Accessibility and availability of medical services

Issues of accessibility and availability of medical services were studied by qualitative survey among the long distance truck drivers. The majority of the respondents state that they do not have any kind of health insurance:

"+ Do you have any kind of health insurance?

- No, no, I do not" (In-depth interview # 1, 249-250).

About a quarter of the respondents say that they have any kind of health insurance. Only one of them say that his insurance fee is covered by his employer company and he does not pay anything from his pocket. All other long distance truck drivers declare that they pay for their insurance themselves from their pockets. The long distance truck drivers who have the health insurance policies indicate that their insurance mostly covers emergency cases, such as trauma and emergency surgery procedures:

*" Has your company requested you to buy health insurance or you did it on your own?
- I did it on my own (In-depth interview # 9, Kutaisi, 265-266).*

*“+ Who pays for insurance?
- The Company.
+ Do the drivers pay from the own salary?
- No, they do not "(In-depth interview # 8, 238-241).*

*"- I can do emergency surgery and trauma procedures and some ambulatory services"
(In-depth interview # 9, 261-262).*

The majority of the long distance truck drivers declare that neither state agencies nor private employers care about drivers' health. Several respondents say that in some cases it depends on the goodwill of the company whether they will pay for medical expenses of the drivers in case the driver faces some kind of health problems during the trip:

*"In general, who cares about the drivers' health the employer, the state, or the driver?
- The driver has to take care of himself "(In-depth interview #5, 235-237).*

*"- In some cases there are a verbal agreement and I know the fact when after an
accident the company paid the treatment costs..." (In-depth interview # 2, 257-258).*

The majority of the long distance truck drivers state that their employers do not ask for any kind of medical certificate for new employees. Only a few respondents say that their employers have requested them to present the health certificate and, once a year, the company provides medical check-ups for the drivers. However, those examinations include eyesight tests, hearing tests, checking of blood pressure and periodically alco tests. None of the drivers mentions HIV /AIDS and other STI testing:

*:"+Have not you been requested to present any medical certificate at the time of starting
your work?
- No, no, I did not "(In-depth interviews # 3, 218-219).*

*"+ If you remember in details what kind of medical examinations have you done and
who has given you a medical certificate?
- First of all, I checked eyesight, hearing and heart condition, because this is the first for
drivers "(In-depth interview # 1, 260-263).*

*"Do you periodically check your health condition?
- Yes, twice a year.
+ Is it their demand or your wish?
- It is their demand "(In-depth interview # 6, 235-238).*

The majority of the long distance truck drivers state that they have not experienced any kind of serious health problems during the trip. Only one driver mention having a health problem during the trip. The

driver broke his hand and the first aid was offered by his colleagues. The incident was easily resolved as it happened on the territory of Georgia, so he was taken to the nearest hospital:

"-Other drivers helped me, we did not even call the emergency, there was no need to do it. I fixed myself the broken hand and then went to Kutaisi" (In-depth interview #10s, 241-242).

Part of the respondents who are employed in big transport companies state that if the driver faces medical problems abroad, they have the contact details of the person to whom they should address the emergencies. According to their statements, these companies have branches in some particular countries where the trucks are travelling. If the companies do not have their own branches or representatives in particular country, drivers should call directly the company office and they decide how to solve particular issues. Most of the drivers employed in private companies as well as individual entrepreneurs say that despite the above mentioned the drivers have to rely on themselves and solve the problems individually. Also, in most cases they have to pay the costs health services if any:

"+ In case you need medical assistance during the trip, do you know to whom you should contact?"

- Well, there are the hospitals in every city, we know telephone numbers, or you can ask to locals, you would not die in a car...

+ And who pays the medical assistance cost?"

- You have to pay, who else would pay it ... (laughs)" (In-depth interview # 4, 321-326).

While talking about reproductive and HIV/AIDS services, the majority of the respondents cannot answer the question of what kind of additional services they would like to have, which is required for the drivers and currently are not available. If they talk about health care services in general, they are limited by their own particular needs (counseling with urologist, neurologist, etc.). The long distance truck drivers can define none of the reproductive health services related to HIV/AIDS and STIs. Only two respondents state that access to testing on HIV/AIDS and venereal diseases for long-distance truck drivers would be useful and necessary:

"- ... Yes, we are talking about HIV/AIDS and venereal diseases. We really need to have free access to testing on them; it would be really useful for us" (In-depth interview # 6, 268-271).

Speaking in general about the needs of medical services, around half of the respondents express the wish to have available medical posts along the main roads. According to the truck drivers, it would be practical and comfortable if such medical posts were located near to cafes, gas stations and TIR parks where drivers usually stop for a rest and checking the cars:

"- It would be good if such small medical points will be available near to cafes, for instance, after each 3rd, 4th café...By the way such medical points are not available in any of countries. If the driver has a headache or high blood pressure, he can visit the doctor and receive some advice "(In-depth interview # 8, 276-279).

"Respondent: It would be great if such small medical points will be located nearby of big gas stations. Would it bad?"(In-depth interview #12, 213).

Main findings and conclusions

Socio-Demographic Characteristics

Main findings

Among the respondents of the quantitative survey the age of long distance truck drivers varies from 27 to 58. Average age of the interviewed long-distance truck drivers is 40.6 years. 77% of the respondents are men of 31-50 years age. According to data obtained in qualitative survey, age of the participants varies from 31 to 60 y.o. The majority of them are 35-47 years of age.

8% of the interviewed long-distance truck drivers have a higher education, 27% - incomplete higher education, 57% of them have complete secondary education level and 8% - incomplete secondary education. The majority of the respondents of the qualitative survey have complete secondary education.

As for marital status, the majority of the respondents 64% are married, 28% of the respondents are unmarried, 6% of long-distance truck drivers are divorced and 2% are widows.

Conclusions

The majority of long-distance truck drivers represent married men of reproductive age, mostly with secondary education.

Work intensity/work experience/work conditions

Main findings

According to the respondents, the time spent in trips varies from 9 days to 25 days per month. The vast majority of the respondents (81%) spend more than 2 weeks in the trip. Less than 10 days in the trip per month spend only 1% of the respondents. Time spent in the trip depends on the itinerary and employer's demand.

There are some cases when long-distance truck drivers take next trip immediately after previous one without seeing their families and without visiting their homes.

The work experience of long distance truck drivers varies from 2 to 30 years. More than half of them (52%) have from 10 to 30 years of work experience. Majority of the respondents from the qualitative survey have more than 10 years of work experience. One-third of the respondents have more than 20 years of work experience.

Most of the surveyed participants have short-term, one-year contracts with their employers that are subject to renewal each year. Only one-third of the respondents have long-term contracts (5 years and more). Employers sign the onetime (service) contracts for every transportation service with so-called individual entrepreneurs, who have their own trucks.

Average monthly income of long-distance truck drivers varies from 900 GEL to 1500 USD. In most cases drivers' monthly income is in the range of 1200-1500 GEL.

The main routes of long-distance truck drivers are Turkey, Azerbaijan and Armenia. Relatively less demanded are the following directions: Ukraine, Belarus, Russia and Kazakhstan.

Employers provide the long distance truck drivers with necessary documentation for transportation of goods and travel cards. Travel cards are also available to buy at special places located along the highways or at the border checkpoints.

More than half of the respondents of the qualitative research indicate that there are special standards for movement-stop regime, according to which the drivers are obliged periodically stop the vehicle and have a rest. Almost all drivers, who adhere to the standards work in big companies. Their cars are equipped with special tachographs through which it is possible to control movement and stop mode of vehicles. Small part of the respondents, mostly individual entrepreneurs state that their cars are not equipped with tachographs.

Only small part of the respondents declare that the places for stop and rest are strictly determined and controlled by their employers. The majority of the individual entrepreneurs and part of the long-distance truck drivers employed by various companies' declare that they are not limited by any regulations where to stop and rest. Therefore, they can have a rest anywhere when they get tired. The main requirement, according to them, is to deliver cargos on time and get satisfied customers.

The main criteria, according to which the drivers choose such places, are price, food, an opportunity to take a shower and a possibility to easily park the oversize vehicles. Most of the surveyed long-distance truck drivers do not use so-called TIR parks, due to their high prices and also these places are mostly focused on Turkish drivers (food and language). The majority of the long-distance truck drivers use their cars for sleeping.

Conclusions

The high frequency of long-distance trips leads to absence of long-distance truck drivers from their families for a long period.

The labor contracts between the employer and long-distance truck drivers are mainly one-time (service) contracts. This fact reduce the opportunity and desire from employer's side to design the systematic and sustainable programs for the drivers (including health issues) oriented on long-term results.

There is no systemic documentation/policy for regulation of long distance truck drivers' work/rest regime. Only vehicle's movement-stop mode can be controlled through special tachographs installed in most of the trucks.

Knowledge on HIV/AIDS

Main findings

The majority of the respondents have heard about HIV/AIDS but they cannot define the abbreviation of "HIV/AIDS". 41% of the surveyed respondents report correct answers to the 5 main questions

regarding HIV transmission. Compared to other risk groups, long-distance truck drivers have rather high awareness of HIV transmission routes (21.7% - FSWs, 36.7% - MSM, 42.6% - PWUD). Data analysis shows that there are differences in the answers depending on educational background of the respondents. The drivers with higher education give correct answers more frequently to 5 main questions about HIV transmission (67%) compared with the drivers having secondary education (36%).

High number of correct answers (87%) were reported on HIV/AIDS transmission by used needles/syringes or other medical and cosmetic devices. Also, participants reported a higher number of correct answers (71%) when the statement refers to one regular sexual partner. 66% of the respondents believe that condom use during every sexual intercourse reduces the risk of HIV transmission. About half of the respondents (51%) know about mother to child - vertical transmission. Also, about half of the respondents (52%) correctly consider that it is impossible to transmit HIV infection through sharing food with HIV infected person. The majority of surveyed drivers have misconceptions (64%) about the possibility of HIV transmission through insect bites. The vast majority of respondents incorrectly (74%) believe that a person having the first group of blood cannot be infected with HIV. The majority of drivers (73%) believe that a person with healthy appearance cannot be HIV-positive

More than half of the respondents think that HIV can be transmitted through saliva, water, conversation, insect bites, etc. Around 1/3 of the respondents of the qualitative survey correctly state the 2 main routes of HIV transmission - sexual and blood transfusion routes. However, part of them along with right answers give wrong ways of HIV transmission as well. Part of the respondents do not know anything about HIV transmission. None of the respondents of the qualitative survey name the vertical way of transmission (mother to child).

The vast majority of the respondents have never heard anything about signs and symptoms of HIV/AIDS.

Condom use and safe sexual intercourse is one of the HIV preventive measures for the most of the respondents. However, large part of drivers also consider that avoiding of plates and dishes and linen used by others as effective preventive measures as well. Around third of the respondents believe that in order to prevent HIV, used and non-sterile needles or razors should not be shared

The majority of respondents are aware that it is not possible to cure HIV completely. Though, the part of the respondents thinks that HIV/AIDS is successfully completely curable abroad. A few respondents believe that HIV/AIDS is completely treatable and as a means of healing they consider diet and healthy lifestyle.

The respondents cannot name any specific clinics or medical centers where people can receive HIV/AIDS treatment. About half of the respondents consider that HIV testing is available in any medical facility.

Only 29% of respondents know where to go for HIV/AIDS testing. Among the respondents only 12% have been tested on HIV/AIDS. Respondents who have never been tested on HIV/AIDS, mention the various reasons why they have not undergone the testing. Four of them (4.5%) did not know that it was possible to do the test; 42 (47.8%) state that they are healthy and do not need testing at all, 38 (43.2%) mention that they have never thought about testing, 4 (4.5%) say that they are afraid of getting

positive answers. Only two respondents of the qualitative study state that they were tested on HIV in the past. Most of the respondents, who have never been tested on HIV are sure that there is no need for them to do testing as they feel themselves healthy.

Conclusions

Knowledge of long-distance truck drivers on HIV/AIDS in general is quite low. They express some common stereotypes and myths regarding the topic. Awareness level of truck drivers on HIV/AIDS transmission routes is relatively high, when it comes to sexual relations and sharing needles/syringes.

The drivers with higher education express higher level of awareness on HIV transmission compared to the drivers with secondary education.

The majority of the long-distance truck drivers have never been tested on HIV. Most of them have neither information about the places where it is possible to do testing nor motivation for it.

Knowledge on STIs

Main findings

Most of the respondents have heard about the various venereal diseases. The respondents name mainly diseases such as syphilis, gonorrhoea, and fungi. One-third of the respondents have heard that STIs may cause burning, discharge and rash.

Most of the respondents believe that STIs are primarily transmitted via sexual activities. However, many of them name also such routes as used linen, dishes and water. The majority of the respondents consider that analysis on STIs can be done in any type of general medical facility.

Several respondents believe that in case of STI diagnostics it is enough to drink beer or other alcoholic beverage the previous evening and the next day the person can understand whether he/she is infected or not. Among the surveyed drivers only two of them are tested on STIs in the past.

Most of the respondents have received the information on STIs from friends and in some cases they mention their colleagues (drivers) who had STIs in the past.

Most of the respondents express readiness to receive additional information on STIs from reliable sources. The most reliable source of information for them is a medical specialist. About half of the respondents expressed the desire to get the information from booklets and printed materials. Few respondents refuse to receive information on these topics. According to them, even talking on STIs is a big shame and normal "family" man cannot be infected with STIs.

Conclusions

Awareness level of long-distance truck drivers of STIs is rather low. Stereotypes and myths are widely spread out among them.

Most of the long-distance truck drivers have never been tested on STIs. The majority of them do not have information where to go for STI testing.

Most of the respondents are ready to receive additional information on STIs from professional and special printed materials.

HIV and STI related risky behaviors among long-distance truck drivers

Main findings

Only 6% of the long-distance truck drivers realize that they are at high risk group regarding HIV and STIs. 20% believe that they have an average risk of being infected, 27% consider themselves as a low risk group and 32% think that they do not have any risk of getting HIV or STI. 15% of the respondents do not know at all whether they have any risk.

The majority (75%) of the respondents had sexual intercourse in the last 12 months. Out of them 46.6% reported of not using condom during last casual sexual intercourse. In 45.3% of cases it was driver's initiative to use condom and only in 8% of cases condom usage was offered by female sex partner.

The respondents who have not used a condom with casual sex partner during last sexual intercourse indicate various reasons: 40% of them did not have condoms at the moment, 52% of the respondents dislike a condom use, for 8% of the participants condoms are too expensive to purchase and 12% of the respondents mention a refusal sex partner. Only 2% of the surveyed respondents use condoms with their regular sexual partner/spouse.

Most of the participants of the qualitative research also state that long-distance truck drivers have an opportunity to have sexual relations with female sex workers. According to them, for such relations they often use hotels, motels and gas stations. There are also "special places" (brothels) where it is possible to get sexual services from FSWs for some cost.

The majority of the interviewed long-distance truck drivers admit that they get such services from FSWs during the trip. The majority of them declare using condoms in most cases during such sexual intercourses. However, there are situations when they do not protect themselves during casual sexual contacts. Part of long-distance truck drivers have their permanent FSWs with whom drivers do not use condoms as they (truck drivers) believe that these women look healthy, they know them for a long and therefore, according to those respondents, there is no risk to get infected with HIV/STIs.

Several respondents have misconceptions regarding STI prevention, like drinking beer during sexual intercourse and washing genitals with own urine after the sexual contact.

The overwhelming majority of long-distance truck drivers (89%) state pharmacy as a place where they can buy condoms. 2% of the respondents do not know at all where to purchase condoms. None of the respondents has ever been offered free condoms (neither by organization nor by individuals).

Conclusions

HIV/STI related sexual risky behaviors is widely spread among truck drivers. Rate of condom use with casual sex partners is quite low among the drivers. The majority of long-distance truck drivers cannot objectively evaluate personal risks of getting STI/HIV. Stereotypes and myths regarding STI prevention are spread among truck drivers.

Source of information on HIV/AIDS

Main findings

The majority of the respondents (67%) say that they receive information on HIV/AIDS from TV. Radio is a source of information for 20% of the participants. In 10% of cases, friends / colleagues are such channels of information. Internet is mentioned by 10% of the survey participants. 4% mention newspapers as a source of information. 1% and 1% go to family members and medical staff accordingly.

The overwhelming majority of the respondents (92%) state that nobody has offered them any kind of trainings or informational-educative meetings on HIV/AIDS, as well as, informational materials.

The majority of the respondents of qualitative study also name TV as the main source of information. Many drivers actively listen to radio during the trip but mainly music and accordingly, they do not receive any information on HIV/AIDS.

Neither organizations, nor individuals have ever offered condoms, booklets or any other type of informational material to the drivers. Besides, the respondents state that medical, psychological or any other kind of counseling service on HIV/AIDS issues have never been conducted for truck driver. Only two respondents attended training on HIV/AIDS in the past. The majority of the respondents express their readiness and interest to attend trainings/educational meetings on HIV if they are offered to truck drivers.

Conclusions

TV is the most important source of information on HIV/AIDS among long-distance truck drivers. Radio is less important as, during the trips, drivers mainly listen to music and not informational or educational programs.

The majority of the interviewed long-distance truck drivers have never been offered reliable, competent information or educational meetings/trainings on HIV/AIDS issues. Despite the fact, the majority of the truck drivers have desire and interest to attend such trainings/meetings.

Long-distance truck drivers' attitude to people living with HIV

Main findings

11% of the respondents say that they personally know HIV positive persons. The Respondents have different attitudes towards HIV positive people: pity- 44% , disgust – 2% , they must be isolated from the society – 19%, HIV positive people need help- 27%. 11% of the respondents have never thought about this issue.

Majority of the respondents from qualitative research mention that they personally don't know HIV positive people. Majority of these people also say that they do not even wish to know them. According

to them, they prefer avoid HIV positive people and will not continue relationship with the persons who would become HIV infected. Only a few respondents would continue relationship with them and try to support HIV positives.

Small part of the respondents from the qualitative research know HIV positive people and continue relationship with them. However, they still try to avoid sharing dishes, drink or food with them but they try to cheer up and help these people. Drivers, who know the routes HIV transmission believe that contact with HIV positive people and their families is not a problem for them.

Generally, the majority of the respondents agree that the attitude of society towards HIV positive people is quite negative. The majority of interviewed drivers state that people are afraid of HIV positive people avoid them and even in some cases they make them understand that they don't want to keep relationship with them.

Conclusions

A few respondents know personally HIV positive people. Those drivers who personally know HIV positive persons and/or have better understanding of HIV transmission tend to be more tolerant towards PLHA.

The stigma and stereotypes (such as: isolation of HIV positive people, fear of sharing food or dishes with them) towards PLHA are quite common among long-distance truck drivers

Alcohol and drug use among long distance truck drivers during the trip

Main finding

The majority (82%) of the interviewed long distance truck drivers believe that their colleagues have an opportunity to use alcohol during the trip. 48% of the respondents admit of using alcohol beverages during the trip. 32% of surveyed truck drivers have had casual sexual intercourse under alcohol influence. There was no difference in terms of alcohol use by age groups or cities.

Truck drivers use alcohol when they stay at hotels, motels, café-bars or in a truck itself. Alcohol consumption occurs mainly during discharging or loading the cargo when drivers have to stay at one place for a few days.

The majority of the respondents avoid alcohol use, because they are afraid of losing their jobs or being fined. If the driver is suspected to be drunk this might lead to severe sanctions from the employer company, and there were cases when several drivers lost their jobs. Besides, the drivers try to avoid being fined by police. Several respondents admit that they were fined by police due to alcohol usage while driving. The fines are paid by drivers from their pockets.

The majority (72 %) of the interviewed drivers consider that illegal drugs are quite easily accessible for long-distance truck drivers. However, only 3 % of the respondents admit the fact of using non-injecting narcotic drugs. In all three cases, the respondents are under 40 years of age.

The overwhelming majority of the respondents from the qualitative study deny the usage of narcotic drugs personally, but according to them, illegal drugs are accessible for the drivers, especially, abroad. Almost all drivers have heard such stories.

A few respondents describe the cases, when Georgian driver had a serious problem with an employer, as well as with police due to illegal drugs. One of the respondents tells the story when the overdose of narcotic drugs caused the death of a driver.

The majority of truck drivers say that the practice to make a tattoo is quite common among the long-distance truck drivers. According to their statements, all necessary sanitary-hygiene conditions are kept at tattoo places. Under sanitary conditions they mean use of gloves, masks and visual cleanness

Conclusions

Alcohol and illegal drugs are easily accessible for long-distance truck drivers during the trip. Long distance truck drivers establish sexual contacts with casual partners under alcohol influence. There are cases of usage of alcohol and non-injecting narcotic drugs among the drivers. Tattoos are quite common among the drivers but they are not aware of safety process of tattooing.

Accessibility and availability of medical services

Main findings

About 1/4 of the respondents from the qualitative study state that they have some kind of health insurance. Only one of them say that his insurance is covered by his employer and not by him. All other truck drivers with health insurance state that they pay insurance fee from their pockets. According to the drivers, their insurance covers mostly emergency cases, such as trauma, surgery and some emergencies only on territory of Georgia.

Several respondents declare that it depends only on the goodwill of concrete employer to pay for driver's medical expenses in case he faces the health problems during the trip.

The majority of the long distance truck drivers state that their employers do not ask for any kind of medical certificate for new employees. Only a few respondents say that their employers have requested them to present the health certificate and, once a year, the company provides medical check-ups for the drivers. However, those examinations include eyesight tests, hearing tests, checking of blood pressure and periodically alco tests. None of the drivers mentions HIV /AIDS and other STI testing.

Part of the respondents who are employed in big transport companies state that if the driver faces medical problems abroad, they have the contact details of the person to whom they should address the emergencies. According to their statements, these companies have branches in some particular countries where the trucks are travelling. If the companies do not have their own branches or representatives in particular country, drivers should call directly the company office and they decide how to solve particular issues. Most of the drivers employed in private companies as well as individual entrepreneurs say that despite the above mentioned the drivers have to rely on themselves and solve the problems individually. Also, in most cases they have to pay the costs for health services if any.

While talking about reproductive and HIV/AIDS services, the majority of the respondents cannot answer the question of what kind of additional services (which is required for the drivers and currently are not available) they would like to have. When they talk about health care services in general, they are limited by their own particular needs (counseling with urologist, neurologist, etc.). The long

distance truck drivers can define none of the reproductive health services related to HIV/AIDS and STIs. Only two respondents state that access to testing on HIV/AIDS and STIs for long-distance truck drivers would be useful and necessary.

Speaking in general about the needs of medical services, around half of the respondents express the wish to have available medical posts along the main roads. According to the truck drivers, it would be practical and comfortable if such medical posts were located near to cafes, gas stations and TIR parks where drivers usually stop for a rest and checking the cars.

Conclusions

Only small part of long distance truck drivers have health insurance that covers emergency cases on the territory of Georgia. Only few transportation companies have health insurance corporate packages, in all other cases the drivers pay themselves for their health insurance.

Neither the government nor the most transport companies have any written regulations to resolve the drivers health problems (if it occurs during the trip). In most cases the drivers have to rely on their own. Reproductive health in general and particularly, testing and treatment on HIV/AIDS and STIs for long-distance truck drivers are not priorities of any of existing transport companies.

The long distance truck drivers lack the information and they find it difficult to talk about the needs of the reproductive health services (including HIV/STI services). Existence of medical points along the routes near to cafes, gas stations and TIR parks will facilitate the access to necessary medical services including testing on HIV and medical information (including information on HIV/STI issues) as well. .

Recommendations

Based on situation analysis and main findings and conclusions obtained from the quantitative and qualitative surveys the following recommendations have been elaborated:

- ➔ To raise awareness on importance of HIV prevention among long distance truck drivers through trainings and educational meetings targeting the representatives of governmental, non-governmental and commercial structures.
- ➔ To raise awareness level of long-distance truck drivers employed in the big transport companies as well as individual entrepreneurs through trainings and informational-educational sessions on HIV/STI issues, such as, ways of transmission, risks of being infected, means of prevention etc.
- ➔ To develop educational/training modules addressing needs of reproductive health services and HIV/STI prevention issues for various segments of land transportation sector (truck drivers, state and private transport companies, non-governmental sector). HIV related risky behaviors (using services of FSWs, alcohol and injecting drug consumption, tattooing) and tactics to minimize risky practices, also, issues related to HIV stigma/discrimination must be considered while developing the modules of training/educational meetings.

- ➔ To use existing infrastructural facilities (educational and training centers on premises of Land Transport Agency, IRU academy etc.) for conducting the trainings and educational meetings for truck drivers and other interested stakeholders.
- ➔ To advocate on state level that HIV related international approaches and standards provided for transport sector should be adopted by Georgia.
- ➔ International and non-governmental organizations working on HIV/AIDS and drivers' safety should advocate on company level to consider drivers' health issues (including HIV/STIs) in their agenda and to include health needs of drivers in labor contract.
- ➔ To print informational-educational materials on HIV/STIs and make them available at areas where truck drivers usually stop for rest or for checking the truck (cafes, gas stations, motels, TIR parks etc.).
- ➔ To distribute free of charge condoms among long distance truck drivers and /or arrange condomats at the places where truck drivers usually stop for rest or for checking the truck (cafes, gas stations, motels, TIR parks etc.).
- ➔ To develop and deliver brief informational messages on HIV/STIs through musical radio stations broadcasting in Georgia.
- ➔ In order to improve an access to health services among long distance truck drivers, it is recommended to arrange medical check-points along the main international routes where truck drivers can receive necessary medical services including testing on HIV and health related information (including information on HIV/STI issues) as well.