



UN Cares in Action

The Case of The Dominican Republic 2011

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Acronyms

ADB:	African Development Bank
AIDS:	Acquired Immunodeficiency Syndrome
DPKO:	Department of Peace-keeping Operations
ECLAC:	Economic Commission for Latin America and the Caribbean
FAO:	Food and Agriculture Organization
HIV:	Human Immunodeficiency Virus
ICAO:	International Civil Aviation Organization
IEC:	Information, Education and Communication
IFAD:	International Fund for Agricultural Development
ILO:	International Labour Organization
IMF:	International Monetary Fund
INSTRAW:	United Nations International Research & Training Institute for the Advancement of Women
IOM:	International Organization for Migration
OCHA:	Office for the Coordination of Humanitarian Affairs
NGO:	Non-governmental Organization
PAHO:	Pan-American Health Organization
PEP:	Post-Exposure Prophylaxis
UNAIDS:	United Nations Joint Programme on HIV/AIDS
UNCC:	United Nations Compensation Committee
UNDP:	United Nations Development Programme
UNDSS:	United Nations Department of Safety and Security
UNFPA:	United Nations Population Fund
UNGASS:	United Nations General Assembly Special Session on AIDS
UNHCR:	United Nations High Commission for Refugees
UNIDO:	United Nations Industrial Development Organization
UNESCAP:	United Nations Social and Economic Commission for Asia and the Pacific
UNESCO:	United Nations Educational, Scientific and Cultural Organization
UNIFEM:	United Nations Development Fund for Women
UNICEF:	United Nations Children's Fund
UNIC:	United Nations Information Centre
UNIDO:	United Nations Industrial Development Organization
UNJMS:	United Nations Joint Medical Services
UNODC:	United Nations Office on Drugs and Crime
UNON:	United Nations Office at Nairobi
UNOPS:	United Nations Office for Project Services
UN Plus:	United Nations System HIV Positive Staff Group
VCT:	Voluntary Counseling and Testing
WB:	World Bank
WFP:	World Food Programme
WHO:	World Health Organization

Introduction

This document is part of a compendium of case studies documenting the experience of 16 countries in implementing UN Cares, the UN system-wide HIV workplace programme. The case studies highlight the successes and challenges of the UN Cares teams and their partners, and covers countries that have succeeded with varying degrees in implementing the UN Cares' Ten Minimum Standards.

The compendium of case studies is a third in a series about implementation of HIV learning in the UN workplace. The first was published in 2006 and documented the experience of 10 countries in different regions, and the second was published in 2007 and documented the experience of an additional 16 countries.

When HIV prevalence is 1 per cent or more in a country's general adult population, it is considered to be experiencing a generalized HIV epidemic by international health standards. Based on the 2007 Chief Executive Board Personnel statistics, the average prevalence of HIV among the global UN workforce in 2007 was estimated to be 1.4 per cent¹. Applying this prevalence to the estimated number of fixed and short-term UN employees (n≈97,500), it is estimated that in total, about 1,400 UN employees could be infected with HIV. HIV prevalence among dependents is estimated to be about 1 per cent (2,450 of 243,570), assuming that UN staff have on average about 2.5 dependents and that 70 per cent of dependents will be at the same risk of infection as the staff member.

UN Cares was officially launched in 2008 as the UN system-wide workplace programme on HIV. Agency-specific programmes merged into the UN Cares harmonized workplace programme. Only two years into its implementation, UN Cares received the UN 21 Award in 2010, delivered by the UN Secretary General himself in a ceremony held in the UN Headquarters. The UN 21 Award was established in 1996 to recognize innovation, efficiency and excellence in delivering the UN's programmes and services.

The UN Cares is based on Ten Minimum Standards, which UN Teams in all countries are required to meet.

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MINIMUM STANDARD

NOTES

1 Information about UN Policies and Benefits	All personnel and their dependents in all locations have access to information about UN system policy, programmes, personnel rights, entitlements and benefits, and their own responsibilities regarding HIV and AIDS in the UN workplace and their associations are consulted about these measures.
2 Information about Preventing Transmission of HIV and about Accessing Treatment and Care Service	All personnel and their dependents in all locations have sufficient and appropriate knowledge to make informed decisions to protect themselves from HIV and, those infected or affected by HIV, know where in their duty stations ³ to access good quality care, medical treatment, ⁴ and support services.
3 Learning and training activities on stigma and discrimination	Measures are in place to combat stigma and discrimination, and to increase gender awareness, including learning activities for personnel and their families in all locations.
4 Access to male and female condoms	All personnel and their families have access to male and female condoms. When high-quality condoms are not reliably and consistently available from the private sector, access should be simple and discreet at the UN workplace, either free or at low cost.
5 Voluntary counseling and testing	All personnel and their families should have access to Voluntary Counseling and Testing (VCT).
6 Insurance covering HIV-related expenses	All staff and recognized dependents, regardless of contract status or agency, have access to insurance coverage, allowing them to access the necessary services required for HIV prevention, treatment and care.
7 Confidential handling of personal information	All UN system personnel with access to personal information about personnel maintain confidentiality in the management of personal information (such as HIV status or any other medical condition), including processing of a) all health insurance claims, b) agreements on accommodation in working arrangements, and any other circumstances in which personnel choose to disclose their status.
8 First aid using standard precautions	All personnel have access to first aid assistance using standard precautions in UN system workplaces.
9 Rapid access to PEP starter kits	All personnel and their family members have access within 72 hours to HIV emergency Post-Exposure Prophylaxis (PEP) starter kits and related medical care, counseling, and follow-up treatment in case of potential exposure to HIV because of sexual assault, or occupational accident.
10 Managerial commitment	All managers assume leadership on the implementation of UN Cares, in consultation with staff representatives or Associations.

The compendium of case studies, of which this document forms part, outlines how each UN Cares team attempted to meet the above Ten Minimum Standards. The case studies begin by explaining the national HIV context, and providing information on UN presence in the country. All case studies outline the challenges and successes they experienced in implementing UN Cares by addressing issues of funding, senior leadership, key implementers of UN Cares at country-level, efforts to include employee families and dependents, and how the issue of stigma and discrimination is addressed. Many case studies include information on reaching staff based outside the capital city, and references to UN Plus, the UN System HIV-Positive Employees Group.

The 16 case studies cover countries from all regions of the world with diverse HIV epidemics and different levels of UN presence. Despite the great variety in country settings, a key list of lessons learned can be discerned from the experience of the 16 countries. These are presented at the end of the document.

The regions and countries featured in this document are:

- From Latin America & the Caribbean: Argentina, Brazil, Dominican Republic, & Trinidad & Tobago
- From West Africa: Burkina Faso, Ghana and Sierra Leone
- From Asia and the Pacific: Fiji, Myanmar and Papua New Guinea
- From the Middle East and North Africa: Iran and the Occupied Palestinian Territories
- From East and Southern Africa: Kenya, Mozambique and Zambia
- From Headquarters: New York City

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Background and context

The prevalence rate of HIV in the Dominican Republic was estimated at 1.1 per cent in 2008 with higher rates among most-at-risk populations such as sex workers (4.8 per cent) and men who have sex with men (11 per cent).

The UN Cares program in the Dominican Republic serves 264 staff members of UNICEF, WFP, UNFPA, FAO, UNDP, WHO, PAHO, and UNAIDS, all of which are located in the capital, Santo Domingo. INSTRAW, the World Bank and the IOM are also incorporated into the UN Cares program. As a result of the January 2010 disaster in Haiti, OCHA and UNABR are also present in the Dominican Republic.

Leadership of and advocacy for UN Cares

At the end of 2008, the UN Cares focal point was selected and trained at conferences in Trinidad and Jamaica to lead the program. The original UN Cares team consisted of 15 representatives and met bimonthly. After the departure of the UN Cares focal point in 2009 and the January 2010 earthquake in Haiti, the UN Cares program was not able to implement any new projects, however, the program hopes to implement new projects in the second half of 2010.

On World AIDS Day 2008, the UN Cares program in the Dominican Republic was launched with a program attended by all staff members. The launch consisted of the introduction of the UN Cares team and the screening of a video called “UN Cares,” which provides information on the program from UN Secretary General Ban Ki-Moon. Each participant also was given a packet of female and male condoms and program brochures adapted from the National Office for Infection Control of Sexual and AIDS Transmission. These brochures contained information about HIV/AIDS transmission and epidemiology, the use of condoms, sexually transmitted infections, how to talk to children about sexual health, and HIV/AIDS in the workplace.

UN Cares structure in the Dominican Republic

The UN Cares program is currently led by a Human Resources staff member from UNDP. Facilitation of UN Cares activities are conducted by UN staff as well as external facilitators.

Funding

The UN Country Team and Resident Coordinator have been supportive in allocating funds for the UN Cares program at the beginning of each year. From the program’s launch in December 2008 until March 2009, US \$2,200 was allocated. For the 2010 workplan, US \$12,000 was allocated towards continuing to hold dynamic workshops and towards expanding the program to include spouses and children of staff members.

Current state of implementation of the Minimum Standards

The 2008 and 2009 World AIDS Day events in the Dominican Republic addressed Minimum Standards 1, 2 and 3, providing information about UN policies as well as information about HIV prevention and treatment and

The 2010 workplan includes reflection sessions and discussions on sensitive issues such as sexual diversity and homophobia.

addressing the issue of stigma and discrimination. The 2009 event reached 80 staff members through two three-hour workshops designed to be informative in a fun way. The facilitator led a game to demonstrate how easily HIV can be transmitted in a community. The 2010 workplan includes reflection sessions and discussions on sensitive issues such as sexual diversity and homophobia. These sessions will result in a list of practical recommendations for the UN Cares team to address stigma and discrimination in the workplace according to the needs and preferences of UN employees.

At the UN agency offices in Santo Domingo, free male condoms are available in restrooms (Minimum Standard 4). Female condoms are less widely available. The 2010 workplan will incorporate both male and female condom demonstrations into a staff workshop.

In 2010, the UN Cares team hopes to distribute educational material on basic care for persons living with HIV, as well as contact details for support groups and information on the UN confidentiality policy (Minimum Standard 7). PEP starter kits are available at three UN offices in the Dominican Republic (Minimum Standard 9). At a November 2009 workshop, one session discussed PEP kits and familiarized staff members with their contents. New staff orientation also includes information on PEP kits. According to the online Progress Monitoring Tool, however, more than one-fourth of UN staff members are unaware of how to access the PEP kits.

It is important to involve not just UN staff members in the UN Cares program, but also their family members, in particular adolescents whose decisions will shape the epidemic in the future. UN Cares in the Dominican Republic plans to hold a workshop for staff members' children older than 6 years of age. Participants will be divided into groups according to age and gender to allow sensitive topics to be addressed appropriately.

Monitoring, evaluation and documentation

The 2010 workplan submitted to the UN Country Team for approval proposes indicators to be measured for each planned activity, including the number of participants for each project and whether or not knowledge increased. This information will then be used to design future workplans and justify increased funding support.

Lessons learned

Though the UN Cares program in the Dominican Republic is in the initial stage of implementation, a series of risk and needs assessments conducted by the UN Cares team showed that misconceptions about HIV are common even among UN staff members. The 2010 workplan hopes to begin to address stigma and discrimination within the UN workplace.

In order for UN Cares to achieve its goal of implementing all 10 of the Minimum Standards, a long-term employee who does not have other responsibilities should be hired. Because of high turnover rates, more than one UN Cares team member should attend any relevant training to prevent the loss of valuable skills.

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Currently, only male condoms are available in UN agency restrooms. Efforts should be made also to include female condoms, as they are less available in the community. Brochures produced for UN Cares workshops should be made available to the community.

The 2010 workplan puts forth activities to expand the program to include staff members' children, organize sessions about the concerns of staff members related to stigma and discrimination in the workplace, and distribute educational materials on basic information to assist people living with HIV to access care and support services.

Footnotes

¹ To estimate HIV prevalence among the global UN workforce, UNAIDS estimates of HIV prevalence by country for 2007 were applied to the number of staff of that nationality, regardless of duty station.