



UN Cares in Action

The Case of Fiji 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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Heads of Agencies display their signed declaration of commitment

Background and context

The prevalence of HIV is relatively low in Fiji, with a rate of 0.1 per cent. The most common means of transmission is heterosexual intercourse².

The UN Country Team in Fiji consists of 10 agencies and is led by the Resident Coordinator. In 2008, the UN expanded its presence through the establishment of Joint Presence Offices in seven of the 15 countries it serves: Palau, the Federated States of Micronesia, Kiribati, Vanuatu, the Marshall Islands, the Solomon Islands and Tuvalu. There are an estimated 350 staff members working in UN offices throughout the Pacific region.

Leadership and advocacy for UN Cares

The Resident Coordinator has recently increased funding support of the UN Cares programme. The UN Cares Team is currently one of the technical groups of the UN Joint AIDS Team. The team will partner with the Operations Management Team and the Security Management Team to improve PEP kit training and protocol for the UN system in the country.

The UNCT has also increased the number of agencies represented on the UN Cares team. The team originally consisted of three members: a representative from the UNDP Pacific Centre, UNIFEM and UNAIDS. At the request of the Resident Coordinator, the team expanded to the Resident Coordinator's office, UNESCAP, UNDP Multi-Country Office and UNICEF. Most recently, a representative from UNFPA was added. The team is currently considering expanding to include the Staff Association, Vanuatu Field Office and the Solomon Islands Field Office. The team seeks to involve senior staff members to strengthen implementation efforts. Currently the team meets as needed for

specific tasks, but beginning in 2010, meetings will be held on a regular basis. The RC representative coordinates activities, and tasks are distributed during team meetings.

On World AIDS Day 2009, the UN Cares programme was launched in Fiji. The team invited staff members and their families to attend, and organized a Fijian cultural show to launch the programme. One of the most successful activities was a testimony given by a 13-year-old girl about her positive experience at the March 2009 Family Day Retreat. At the end of the World AIDS Day celebration, the Heads of Agencies, from UNDP, UNESCAP, WHO, UNICEF, UNIFEM, UNFPA, ILO, UNAIDS, UNOCHA, UNOCHR, UNISDR and UNV, were presented with signed declarations of their commitment to the programme.

Funding

The Resident Coordinator's office has provided US \$5,000 per year for the UN Cares programme in the Pacific region. In 2010, UNAIDS hopes to increase support for UN Cares activities and dramatically increase funding to US \$30,000.

Who is involved with implementing UN Cares

In 2008, UN Cares collaborated with local HIV/AIDS NGOs, including the Fiji Network of Positive People (FJN+), Adventist Development Relief Agency (ADRA) and Marie Stopes International, to organize the Family Day Retreat. The retreat included sessions tailored to specific age groups, including adolescents. Both NGO partners and members of the AIDS Team facilitated sessions. In addition, an intern joined the UN Cares team in the summer of 2009, contributing to many of its activities, including the 2009 World AIDS Day.

In 2009, PEP kits were distributed throughout Fiji and to duty stations where UN staff members and volunteers are based



Children of UN staff participating at the Family Day Retreat



Current state of implementation of the Minimum Standards

In order to provide information about UN policies and benefits (*Minimum Standard 1*), the UN HIV/AIDS personnel policy was introduced at the Family Day Retreat, which was attended by 138 staff members and their families. To allow more open discussion, training participants were divided into men's, women's and children's groups. Because of the sensitive nature of HIV discussions, the children's groups were subdivided even further based on age. The personnel policy was also discussed at staff orientation sessions at the UNAIDS and UNIFEM Joint Office (16 staff members), the UNDP Pacific Center (37 staff members), and the UNDP Multi-Country Office (49 staff members). The booklet, "Living in a World With HIV and AIDS," has been widely distributed to all staff based in Fiji.

In order to provide information about preventing HIV transmission and where to access treatment and care services (*Minimum Standard 2*), the UN offices conducted trainings, reaching 200 staff members and their families in 2004 and 160 staff and their families in 2006. In 2008, the Learning Facilitators conducted staff orientation sessions at the UNDP Pacific Center, UNIFEM, UNAIDS, and UNOHCHR. For World AIDS Day 2008, a Red Friday event attended by 19 staff members celebrated the programme with HIV-themed board games contributed by The Business Council against HIV in Papua New Guinea and activities such as a condom demonstration.

The 2005, 2007 and 2009 staff orientation sessions briefly discussed stigma and discrimination (*Minimum Standard 3*). To continue to combat stigma and discrimination, this year the team hopes to partner with the Pacific Regional Right Resource Team to conduct a half-day training for staff and families to focus specifically on this topic.



Staff members participating in the condom game

UNFPA supplies both male and female condoms to all UN offices in Fiji and the Joint Presence Offices in Vanuatu, the Federated States of Micronesia and Kiribati (*Minimum Standard 4*). The AIDS Team helped to establish focal points who are in charge of placing condoms in rest rooms and reception areas in each office. There is more demand for male condoms, possibly because of a lack of familiarity with female condoms.

Voluntary counseling and testing (VCT) services were offered at the 2009 Family Retreat and staff orientation sessions (*Minimum Standard 5*). These events have been an efficient way to reach a large number of staff, but more work needs to be done to remind staff of the location of regular testing facilities available in the community.

The UN Cares team plans to finalize an insurance policy covering HIV-related expenses for UN staff this year (*Minimum Standard 6*). UN personnel who have access to personal information maintain strict confidentiality (*Minimum Standard 7*). Confidentiality is addressed at the staff orientation sessions. In 2010, UN Cares will conduct trainings for all Human Resources personnel on confidential handling of personal information. In order to provide first aid using universal precautions (*Minimum Standard 8*), all official vehicles have first aid kits, though continued effort must be made to ensure compliance with relevant WHO standards.

In 2009, PEP kits were distributed throughout Fiji and to duty stations where UN staff members and volunteers are based (*Minimum Standard 9*).

Lesson learned

With the expansion of the team from three members in November 2007 to nine members in 2009, UN Cares has been able to implement successful workplace programmes in the Pacific, notably a World AIDS Day launch, staff orientation sessions and a Family Retreat. The launch solidified managerial support for the programme, and as the programme gains momentum, it is hoped that more agencies, in addition to the RC and UNAIDS, will allocate funds for UN Cares in their budgets. All agencies need to be involved in funding and planning events in order to have sustained, overall success.

In Fiji, local staff members have been willing to participate with their families in the UN Cares programme. The UN Cares team is currently hoping to identify incentives to encourage international staff members and their families to participate as well. Another challenge for the team is to build on the success of the first Family Retreat and attract both those staff members who have participated and those who have not to the next retreat.

In addition to UN system-wide events, UN Cares hopes to be included in each agency's functions in order to integrate the Minimum Standards into the routine activities of each agency. Each agency should be required to hold two UN Cares activities per year tailored to their own needs, and the lesson learned from each activity should be shared with other agencies to improve future projects.

In 2010, with the support of UNAIDS, the UN Cares Team is implementing a family training on stigma and discrimination, a PEP Kit training for all custodians, a review of the protocol and an initiative to improve partnerships with the Operations Management Team, Security Management Team, Staff Association and the Communications Partnership Program. These partnerships are allowing UN Cares Fiji to strengthen its foundation within the Pacific region and establish concrete projects to achieve the Minimum Standards.

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.

² Country Progress Report 2010: Fiji. P. 22-24.