



# UN Cares in Action

## The Case of Iran 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 cent<sup>1</sup>. 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

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<b>1</b> 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.
<b>2</b> 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 <sup>3</sup> to access good quality care, medical treatment, <sup>4</sup> and support services.
<b>3</b> 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.
<b>4</b> 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.
<b>5</b> Voluntary counseling and testing	All personnel and their families should have access to Voluntary Counseling and Testing (VCT).
<b>6</b> 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.
<b>7</b> 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.
<b>8</b> First aid using standard precautions	All personnel have access to first aid assistance using standard precautions in UN system workplaces.
<b>9</b> 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.
<b>10</b> Managerial commitment	All managers assume leadership on the implementation of UN Cares, in consultation with staff representatives or Associations.

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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

*The sixteen case studies cover countries from all regions of the world with diverse HIV epidemics*

*Regular distribution of condoms among staff was achieved through locally manufactured dispensers installed in the lavatories of UN offices*

### **Background and context**

Iran has a concentrated HIV epidemic. While national HIV prevalence rate among adults remains low at 0.2 per cent, this rate increases to 22.9 per cent among injecting drug users and 20.4 per cent among female sex workers, according to a 2007 study conducted in Tehran.<sup>2</sup>

### **Leadership of and Advocacy for UN Cares**

The UN Cares team in Iran is made up of focal points from all resident UN agencies as well as the Resident Coordinator's Office, plus two UN Learning Facilitators. Through presentation of its activities to the Resident Coordinator and Heads of UN Agencies at the UN Country Team, the Iran UN Cares team has advocated to launch a successful HIV workplace programme.

Print materials include the "Why UN Cares Matters" pamphlet in Farsi, the PEP Kit brochure in Farsi and English, and the Female Condom leaflet in Farsi and English. Additionally, World AIDS Day was commemorated for UN staff and their families and provided a tool to promote the UN Cares programme in Iran. The UN Cares Iran website has been launched and is regularly updated as part of the UN website in Iran.

UN Cares' success in Iran can be attributed in part to a well-organized workplan and a committed UN Cares Team. The UN Cares team meets bimonthly, and meetings are structured by the UN Learning Facilitator in collaboration with the focal points. UN Cares Team uses every possible opportunity to debrief the UN Country Team and Resident Coordinator on the progress made towards achievement of workplan targets. This constant dialogue has proven helpful in addressing challenges as they arise and renewing support of the Heads of Agencies to the programme throughout the implementation of the workplan.

### **UN Cares structure in Iran**

The annual workplan ensures that the UN Cares team in Iran implements the Minimum Standards as planned. Outside of the UN system, partnerships have been formed with persons living with HIV in Iran who typically conduct UN staff/family training sessions on stigma and discrimination. The role of trainer is filled by UN Learning Facilitators, with external trainers used in cases where children are involved. UNHCR sub-offices have been covered in all activities to expand UN Cares activities outside of major urban areas.

### **Funding**

Funding for the Iran UN Cares programme comes from the Resident Coordinator fund with some additional cost-sharing between UN agencies. The total budget for the launch year was US \$6,500, with funds going towards the condom procurement, bilingual training events for the entire personnel and their families, and production of behavioral change and communication materials, for Minimum Standard 1 & 2 (information on UN policies & benefits, and information on HIV basics and services). The funding process culminated in approval by the UN Country Team. UN Cares in Iran has so far succeeded in

securing some funding for some of their activities from global-level earmarked funds as well (examples are condom dispenser seed money year one and “Living in a World With HIV” booklet translation into Farsi on year 2).

### **Current state of implementation of Minimum Standards**

#### ***Minimum Standard 1: Information about UN Policies and Benefits Accumulate UN Policies on HIV (including general policies on medical insurance, personnel rights, breach of confidentiality and stigma and discrimination).***

- Share information through UN Iran website.
- Translate, design and print Information/Education/Communication (IEC material using the UN Cares toolkit for advocacy and training purposes (including all 10 minimum standards).
- Ensure that one part of all learning sessions is allocated to UN Policy with regard to HIV.
- Ensure maintenance of Iran UN Cares Website throughout 2010.
- Sharing with the administrators of e-newsletter outputs and results and materials produced by UN Cares in Iran.
- Commemorate World Aids Day 2010 for UN staff and families (500 promotional packs).

#### ***Minimum Standard 2: Information about Preventing Transmission of HIV and about Accessing Treatment and Care Service***

- Conduct HIV training/orientation sessions for national and international staff and their family members, including five sessions for staff and their spouses (to be facilitated by UN Learning Facilitators) and three sessions for children for three different age groups (to be facilitated by young external facilitators).
- Unify curriculum for HIV in workplace for orientation sessions based on the results of the learning needs assessment conducted in 2008 and recent global survey (to be done by the Learning Facilitators).
- Train additional facilitators (to be done by the Learning Facilitator).
- Translate booklet on “Living in a World With HIV” (funding is secured by UN Cares/UNAIDS HQs).
- Design and print the booklet on “Living in a World With HIV” (funding is secured by UN Cares/UNAIDS HQs).
- Regularly update global medical directory on HIV for internationals coming to missions/applying for posts in Iran.
- Design and print bilingual posters on the Minimum Standards.
- Document activities of UN Cares in Iran.

***Minimum Standard 3: Learning and Training Activities on Stigma and Discrimination***

- Conduct training events that contain one learning session on HIV-related stigma and discrimination (S&D), ensuring that every S&D learning session contains the element clearly describing UN's zero tolerance towards discrimination on the basis of actual or perceived HIV status; information clearly describing procedure for reporting cases of discrimination.
- Share UN Policies on stigma and discrimination through item #1.
- Organize a collective learning day for UN Cares team when the entire team went through the e-course on Building Capacities on HIV in the Workplace.
- Advocacy with Resident Coordinator to make the e-course mandatory for senior agency management teams in all agencies.

***Minimum Standard 4: Access to Male and Female Condoms***

- Regular distribution of condoms among staff (to be coordinated by UN focal points); 1,000 gross male condoms and 3,000 female condoms were procured in 2009. They are made available through locally manufactured dispensers installed in the lavatories of UN offices; some agencies also part of which was distributed among UN staff and ancillary. The purchased condoms will be enough for two years' consumption by UN staff in Iran, plus filling dispensers that are installed in UN premises.

***Minimum Standard 5: Voluntary Counseling and Testing***

- Update the list of VCT facilities and centres and share the information with the staff and their family through e-mails, website, learning sessions, etc. (based on findings of Learning Needs Assessment - LNA).

***Minimum Standard 6: Insurance covering HIV-related expenses***

- Share accumulated data in #1 (including policies on insurance) with all staff and their family members through website, learning sessions, etc.

***Minimum Standard 7: Confidential Handling of Personal Information***

- Include a session in training workshops clearly describing UN's zero tolerance towards breach of confidentiality vis-à-vis HIV status (based on findings of Learning Needs Assessment – LNA).
- Organize for UN Cares/HR focal points the e-course on Support to Country Responses and UN Cares.

***Minimum Standard 8: First Aid Using Universal Precautions***

- Ensure availability of first aid kits in all UN Offices and UN Vehicles.
- Make sure that whenever there is a training on first aid” or “first aid kits,” the universal precautions regarding HIV & AIDS are considered as a part of the training.

*Including all focal points, and Resident Coordinator representatives, and the Learning Facilitator in the UN Cares teams provided structure and representation across member agencies*

***Minimum Standard 9: Rapid Access to PEP***

- Regularly update list of custodians and share data with all UN Personnel and their dependents.
- Facilitate training of PEP custodians in collaboration with UNDS.

***Minimum Standard 10: Managerial Commitment***

- Attend UN Country Team mid-year meeting-2010 to report, renew commitment and re-mobilize Resident Coordinator/UN Country Team support to UN Cares Progress.
- Mobilize resources for un-funded activities in Annual Work Plan from available opportunities as well as from agencies themselves through cost-sharing.
- Arrange a field trip for the regional coordinator of UN Cares to Iran (costs to be covered from the regional funds).
- Advocacy among UN managers on the significance of UN cares and HIV measures within the UN system.
- Finally, UN staff in Iran are currently completing the e-course on “Building our Professional Knowledge to Address HIV” this year (2010).

**Monitoring, evaluation and documentation**

An assessment survey to evaluate the results of UN Cares work in Iran is scheduled for 2011; it will be based on the 2010 plan workplan detailed above with regard to the Minimum Standards. In 2008, a “Learning Needs Assessment” was conducted, the results on which all UN Cares activities in Iran are based. The 2011 survey is a follow-up to the one conducted in 2008.

**Lessons learned**

Success of a structured team and use of a detailed workplan. Including all focal points, and Resident Coordinator representatives, and the Learning Facilitator in the UN Cares teams provided structure and representation across member agencies. Creating, and following, a 2010 workplan developed from the Learning Needs Assessment ensured that all Minimum Standards will be addressed during 2010.

Using evidence derived from learning needs assessment, HIV vulnerability assessments, and other globally conducted surveys, Iran is successfully building a case with the UN CT regarding the importance of awareness raising and empowerment of staff and their families.

Success: conducting training/orientation sessions for UN staff spouses and children.

Challenge: it is difficult to fund-raise through UN Agencies, posing a barrier to the programme’s sustainability in coming years. Specific challenges included funding amount, funding sources, and process for agreeing how funding would be obtained.

### Footnotes

<sup>1</sup> 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.

<sup>2</sup> Iran 2010 UNGASS report