



# UN Cares in Action

## The Case of Papua New Guinea 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*

### **Background and context**

The HIV prevalence rate in Papua New Guinea (PNG) stands at 2 per cent. PNG currently has the highest incidence of HIV in the Pacific region, with approximately 64,000 people living with HIV. HIV prevalence rates are highest in large urban areas, such as Port Moresby, and in rural pockets in high-risk settings such as, transportation routes, and mining and logging sites.<sup>2</sup>

The UN Cares programme in PNG was launched in 2008, to implement learning activities and provide services for UN staff related to HIV in the workplace, with a focus on supporting staff to protect themselves and their families from HIV infection.

There are 10 UN agencies represented in PNG: UNDSS, UNIFEM, UNV, UNOCHA, UNHCR, UNAIDS, UNFPA, UN Human Rights Organization, UNICEF and UNDP. Four other collaborating agencies are also present, WHO, IOM, World Bank and ADB. As per the UN internal UN directory dated March 2010, the total number of UN staff working in the National Capital District (NCD) is 152, (44 international and 108 national). There are 28 staff members working in rural centers (5 international and 23 national). The rural centers are located in Buka, Arawa, and Siwai, in the Region of Bougainville, and Goroka EHP.

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

There has been moderate support from UN leadership for the UN Cares programme in PNG. Assistance from the Resident Coordinator, UN Country Team, UN Theme Group Chair, and Joint UN Team on AIDS members facilitated the establishment of the UN Cares programme.

In 2008 and 2009, the Resident Coordinator attended sessions with the staff and provided motivational messages linking the sessions to the UN Cares programme. However, since its establishment there has been limited attendance by senior level staff at UN Cares events. This lack of support limits motivation of future programming.

### **Structure of UN Cares in PNG**

The UN Cares Committee was established by the UN Country Team and members are appointed by Heads of Agencies. As of 2008, almost all UN agencies are represented in the UN Cares Committee. The current Committee structure consists of Chairperson, Deputy Chair, Secretary, and four general members. The current chairperson to the UN Learning Committee attended the UN Cares training in Bangkok, and completed three months of on-the-job training in Soweto.

Joint UN Team on AIDS members have always been the resource persons for UN Cares and are responsible for ensuring correct and consistent technical information is provided to all UN staff.

The annual work plan is discussed by committee members at monthly meetings. However, committee members are not always available and therefore meetings are not held regularly. Annual planning is monitored by the UN Theme Group on HIV/AIDS, with agenda items included in UN Country

Team meetings. UN Cares is given the least priority in the annual work plan. Therefore, despite the eagerness of the committee to plan and carry out UN Cares activities, responsibilities within each primary agency override the work and implementation of UN Cares programs.

On a day-to-day basis, the successful implementation of UN Cares activities in PNG is due to the hard work of one to two staff members. This unequal distribution of work remains a challenge in planning and executing the UN Cares programme in PNG.

The UN Cares Committee collaborates with various national partners to implement activities. For example, in 2008 the University of Papua New Guinea Arts faculty facilitated an HIV awareness program through drama and arts for UN staff and families.

### Funding

Funding for the UN Cares programme in PNG remains a challenge. Despite the support of UN agencies in other capacities, there has been little or no commitment to support UN Cares activities financially.

The only funding for the UN Cares programme in 2008-2009 was provided by UNAIDS, and UNFPA provides funding for male and female condoms.

There has been a recent discussion of restructuring the funding of UN Cares in PNG, with each UN agency co-funding activities as per the workplan.

### Implementation of the Minimum Standards

There are several challenges to implementing the 10 Minimum Standards in PNG. Despite the completion of a draft policy and orientation package capturing the Minimum Standards in 2009, the policy and package have yet to be finalized and presented to UNCT and UN Theme group for endorsement. Also, the orientation of the updated UN Cares information booklet has yet to be implemented, and no full-time officer has been hired to coordinate implementation and monitoring of UN Cares workplans.

**Minimum Standards 1 and 2 (Information about UN Policies & Benefits, and about Preventing Transmission of HIV & Accessing Treatment and Care Service):** Based on the UN Cares Progress Monitoring Tool, 63 per cent of respondents are aware of the UN Personnel Policy and the majority is aware of the UN Cares program.

**Minimum Standard 3 (Learning and training activities on stigma and discrimination):** Stigma and discrimination were briefly covered by the UN Cares Regional Program Coordinator during a presentation of the UN Cares Minimum Standards in 2009. Only half of UN personnel in PNG had ever attended a learning activity that addressed the elimination of HIV related stigma and discrimination in the workplace. Little effort has been made to inform UN staff about policies regarding HIV related stigma and discrimination, such as the PNG HIV/AIDS Management and Prevention Act (2003).

The majority of UN staff (84 per cent) was aware of the zero tolerance for

*Condoms in UN offices remain a sensitive topic and the UN Cares Team will need to develop appropriate dispensing methods ensuring easy, yet confidential, access and communication messages for condom promotion*

*Overall PNG, has made great strides in addressing HIV in the workplace through the UN Cares initiative. However, several recommendations have been made based on the successes and challenges of implementing the UN Cares programme*

discrimination based on the basis of perceived or actual HIV status. Half of UN staff in PNG reported knowing where to go to get support on reporting cases of discrimination.

Other cross cutting issues such as gender equality and gender-based violence have not been discussed in any training sessions.

**Standard 4 (Access to condoms):** UN employees in PNG reported male condoms available in their workplace 87 per cent of the time, and female condoms available in their workplace 80 per cent of the time.

The UNCT has established a working committee comprising representatives of each UN agency, which is now working towards implementing free supplies of condoms for staff members. The committee agreed that due to the increasing spread of HIV in the country, condoms should be provided free to all staff members.

Initially US \$5,000 has been estimated to cover the cost of introducing the free condom program for all UN staff members in PNG. Each agency will contribute funding for the purchase of condoms, depending on the amount required by the agencies' staff members. Purchasing will be done yearly in bulk and maintained by UNFPA.

The working committee in collaboration with UNFPA will undertake condom awareness campaigns to promote safer sexual practices and increase condom usage by UN staff members. Currently the "Caring-For-US" activities will be reinforced to ensure that staff members and their spouses take an active part in HIV/AIDS behavior change, testing, treatment, care and support activities.

**Standard 5 (Access to Voluntary Counseling & Testing (VCT)):** The majority of UN employees in PNG are aware of where and how to access voluntary counseling and testing (80 per cent). Despite this knowledge, only 66 per cent have ever taken an HIV test and 70 per cent know their current HIV status.

**Standard 7 (Confidentiality):** Confidentiality of personal medical records remains a challenge in PNG. Despite knowledge about UN Cares policies, few staff members believe that Human Resources employees will keep their HIV status confidential. Most UN staff in PNG believe that UN Medical Services would keep their HIV status confidential, however only 22 per cent report they fully trust UN staff members. The UN Cares programme in PNG has begun discussing issues surrounding confidentiality during in-house awareness-raising sessions.

**Standard 8 (Access to first aid):** All UN agency offices have access to first aid kits as part of the Minimum Office Security Standards Compliance Strategy. Almost all UN staff have taken basic and advanced first aid training courses in 2008-2009 that integrated universal precautions against HIV infection.

**Standard 9 (Access to PEP):** In 2008, 45 UN staff living and working in the capital city were trained on PEP. In 2009, 13 UN PEP custodians also living and working in Port Moresby were trained on PEP starter kits and provided

with the package. Currently, there are 26 PEP starter kits under the custody of the custodians with their alternative focal points. These PEP kits are in six main duty stations (Port Moresby, Goroka, Henganofi, Buka, Siwai, Arawa) but under the custody of PEP kits focal points for 19 UN agencies.

The majority of field-based respondents are aware of the PEP starter kit custodians in their duty station (65 per cent). Despite this knowledge, fewer employees were aware of how to access PEP within 72 hours (56 per cent). Very few dependents of field-based respondents reported to be aware of their duty station's PEP starter kit custodian or aware of how to access PEP within 72 hours.

In 2008, UN Cares PNG, invited UN staff spouses, partners, and children to participate in several HIV awareness initiatives. The initiatives utilized drama, arts, video screenings and discussions to increase HIV knowledge among UN personnel and their dependents.

In 2007, a UN family-and-friends day was hosted. At the event, UN staff spouses, partners and children were divided into groups (adults, adolescents and children) to discuss issues relating to HIV, followed by presentations from each group.

There have only been a few UN Cares activities in PNG that include family members because there are several challenges in their implementation. Including families in UN Cares activities requires programming activities on Saturday and Sunday, and there is reluctance for hosting work events during the weekend. The last event in 2009, at the University of Papua New Guinea was very poorly attended (60 attendance with very few international staff and family members). A possible strategy going forward is planning events on Friday afternoons or during school holidays. Leading up to World AIDS Day 2009, UN Cares booklets with condoms and ribbons were distributed to all UN agency staff, including those outside the capital. On Valentine's Day gift packages including male and female condoms, and sweets were distributed to UN staff in the capital.

Events are usually coordinated at the last minute by a few UN Cares Committee members, and funding is usually limited to covering the expenses at a central location where mobilization of UN staff with spouses, partners, and children is easier and convenient, especially with security issues in mind.

The UN Cares Minimum Standards have not been formally rolled out in all UN agency offices nationwide. UN Cares activities are currently focused mainly in the capital with minimal or no direct contact to staff and family members at the sub-national level. Currently, information is distributed to staff based outside the capital through their agencies via e-mail.

The number of staff who have completed the e-course is not known.

In recent years, the UN Cares Committee has struggled to implement UN Cares programme activities, due to the little time afforded by UN staff. High turnover of committee members and facilitators with changing roles has made the implementation of UN Cares challenging.

Another challenge in the implementation of UN Cares in PNG is trainings of

UN Cares facilitators have always been conducted outside of PNG. Training of UN staff locally as peer educators, HIV counselors, and home-based caretakers could help expand the reach of UN Cares. This has not been discussed or incorporated into work plans, despite many other NGOs providing similar training locally.

### **Monitoring, evaluation, and documentation**

Monitoring, evaluation and documentation remain a challenge in PNG. There is great support through UNAIDS and Global UN Cares (sharing of information, website e-learning, etc.), and brief reports have been done covering UN Cares PNG activities in 2008 and 2009.

### **Lessons learned**

Overall PNG, has made great strides in addressing HIV in the workplace through the UN Cares initiative. However, several recommendations have been made based on the successes and challenges of implementing the UN Cares programme in PNG as follows:

- UN Cares facilitators should be trained from both urban and rural settings to provide Minimum Standards to the remote UN workforce;
- UN Cares Committee members need to be more vigorous in implementing workplans as designed;
- A national UN Cares coordinator position needs to be created and filled by 2011;
- UN agencies need to identify staff to attend local trainings for peer educators, HIV counselors and home-based caretakers.

### **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> UNGASS 2010 Country Progress Report, Papua New Guinea. [http://data.unaids.org/pub/Report/2010/papuanewguinea\\_2010\\_country\\_progress\\_report\\_en.pdf](http://data.unaids.org/pub/Report/2010/papuanewguinea_2010_country_progress_report_en.pdf)