UN Cares in Action

The Case of Costa Rica 2012

Editors: Isabel Garcia
Contributors: Andrea Vasquez & Laura Sanchez

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 thematic case studies documenting the experience of nine 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' 10 Minimum Standards.

The compendium of case studies is the fourth in a series about implementation of HIV learning in the UN workplace. The first was published in 2006 and documented the experiences of 10 countries in different regions, and the second was published in 2007 and documented the experiences 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. The average prevalence of HIV among the global UN workforce in 2010 was estimated to be 1.4 per cent with an uncertainty range between 1.2 per cent and 1.7 per cent. Applying this prevalence to the total UN staff numbers, it is estimated that between 1,000 and 1,450 fixed term and permanent staff members could be infected with HIV. Assuming that the contingency workforce adds an additional 30 per cent to the total staff numbers (n≈113,000), it is estimated that in total between 1,400 and 1,900 UN personnel could be infected with HIV. HIV prevalence among dependents is estimated to be about 1 per cent (uncertainty range 0.8 per cent - 1.2 per cent), 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. Of an estimated 283,000 dependents (of fixed term, permanent and contingency workforce), a total of between 2,400 and 3,300 could be infected with HIV. Of all UN staff members (fixed and contingency staff) and their dependents, it is estimated that between 3,800 and 5,200 people could be infected with HIV.[1]

When HIV prevalence is 1% or more in a country's general adult population, it is considered to be experiencing a generalized HIV epidemic by international health standards.

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.

UN Cares is based on 10 Minimum Standards that UN offices in all countries are required to meet.

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 stations3 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 ecause 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 10 Minimum Standards with reference to a particular audience or approach. These are: reaching families, in particular young people; and, using a gender-responsive approach to carrying out learning activities. The case studies begin by explaining briefly 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 nine 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 nine countries. These are presented at the end of the document.

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

The regions and countries featured in this document are:

- From Latin America: Costa Rica and El Salvador
- From the Caribbean: Trinidad
- From West Africa: Gambia
- From Asia and the Pacific: Fiji
- From East and Southern Africa: Kenya and Malawi
- From Middle East and North Africa: Djibouti and Iran

Background and context

Costa Rica is classified as a low HIV-prevalence country, according to the United Nations Development Program's (UNDP) Human Development Index (HDI)[2] and epidemiological criteria. The Joint United Nations Program on HIV/AIDS (UNAIDS) and the World Health Organization (WHO) Epidemiological Factsheet for Costa Rica estimated the number of people living with HIV in 2009 to be about 9,800, and the prevalence rate for people between the ages of 15 to 49 years to be approximately 0.3 per cent.[3] This is an underestimate, as the registering of new HIV cases has been a limitation for Costa Rica.

The number of people living with HIV in the period 2002-2010 was 2,620 (74.9 per cent men and 25.1 per cent women), while 1,937 people were living with AIDS in the same period (83.4 per cent male, 16.6 per cent women). In the same group, HIV prevalence among men who had sex with men was 10.9 per cent.

With respect to sexual practices, according to the latest National Survey of Sexual and Reproductive Health (ENSSR 2010)[4], among people aged 15 to 44 years who reported age at first intercourse, 22 per cent of men and 11.2 per cent of women had sex before the age of 15. Of those who had had sex before the age of 18, 67.9 per cent were male, and 51.4 per cent were female. The main mode of transmission for the population aged 20-49 was unprotected sex (84.2 per cent of cases). Twenty per cent of annual births were from teenage mothers, revealing the deficiencies of gender and sexual education programs[5]. Costa Rica currently does not have an implemented sexual education program within the education system. With respect to the use of condoms among young people, the ENSSR 2010 shows that only 43.7 per cent of women and 66.1 per cent of men aged 15-19 years used a condom during their last sexual encounter.

In the last three years, less than one case of HIV mother-to-child transmission has been reported, furthering the country's goal of eliminating mother-to-child transmission by 2015.

In 2010, while 100 per cent of pregnant women were advised to be tested, only 75.8 per cent of women attending antenatal care had an HIV test (PMTCT Study 2010 Report draft).

Although the country has shown significant progress in preventing new infections in children and keeping their mothers alive, indicators show that there are still some challenges, particularly with regard to promoting the importance of getting tested early and the process of counseling.

Leadership and advocacy for UN Cares

In 2010, the UN Cares Costa Rica team also planned an activity with adolescents; in fact, many of the adolescents who participated in the 2011 activity had also been part of the 2010 activities. The idea of the 2010 activities originated several years ago, when the Costa Rica team planned a family activity each year for the UN staff. However, the team noticed that the UN staff members were only bringing their young children, since the activities planned focused more on this population. Because the adolescent population is a very important group to target given the concentrated HIV prevalence within this age group, the Costa Rica team became concerned for those families with adolescents whom the team was not reaching. Thus, the Costa Rica team started to plan appealing ways of reaching the adolescent population and subsequently devised a flash mob in 2010 as a first activity.

Compared to the 2010 activities, this year's activities reached many agencies and UN staff more effectively. Because the flash mob activities were performed in public places, participants could not ensure that UN staff would be present for these performances. Alternatively, the 2011 activities involved touring around all the UN agencies within Costa Rica, thereby exposing more staff to the message of why it is important to talk to teens about sexuality. The management received the idea with great openness and even applauded the Costa Rica team for their innovation and creativity.

The process of bridging the gap among the different populations was much more complicated and required a lot more work than the traditional planning of family days that the Costa Rica team had developed in previous years. This was especially true regarding the call for the participants, but also because the process required the group of adolescents, with the Costa Rica team's support, to meet every Sunday for about two months.

In 2010, the call for participants was made through the United Nations staff. The Costa Rica team instructed the staff to invite only family members between 13 and 20 years of age. However, the Costa Rica team realized that this technique was not the most effective way to recruit participants. Consequently, for 2011, the adolescents who had previously participated in the 2010 activities proposed a snowball recruitment process. The Costa Rica team asked UN staff members who have adolescent sons or daughters to

The process of bridging the gap among the different populations was much more complicated and required a lot more work than the traditional planning of family days that the Costa Rica team had developed in previous years.

provide their youngsters' name and phone number. With that list, the teenagers who participated in the 2010 activity and who helped plan the 2011 activities distributed the information provided by the UN staff and called the sons and daughters of the personnel in order to solicit participation from a new cohort of adolescents. This is how the Costa Rica team achieved an initial call of about 25 participants. However, at the first session, the team explained to the adolescents in more detail the theater-themed activity; at that point, a significant percentage of adolescents decided not to continue because they were not particularly interested in this type of activity. In spite of this, when compared to the 2010 activities, the snowball strategy allowed the Costa Rica team to recruit adolescents from a wider range of UN agencies.

The coordination of activities and the lessons learned from previous advocacy activities gave Grupo de Estrategias de Aprendizaje en VIH y sida (GEAV) of Costa Rica, better known to be the UN Cares Costa Rica team, a more coherent overview of the requirements for gaining the required attention for their campaign. Through the implementation of the teams' joint work plan and with the lessons learned from previous years' activities, the GEAV Costa Rica Team hoped to work effectively with the UN Costa Rica personnel by engaging them directly regarding "How to talk to your teen about sexuality."

The approach used was that of a "slumber party" play prepared by the UN personnel's adolescents two months in advance. The activity entailed a dialogue between the adolescents and UN personnel in the workplace, enabling discussion regarding some of the myths and realities about how to talk about sexuality with teens. GEAV staff Andrea Vasquez states, "The purpose of the activity was to be more of an opportunity to expose adolescents' beliefs about sexuality to their parents, rather than a recipe for how to talk to teens about sexuality; it was meant to be a process of reflection that aided in developing a sense of trust among teens and their parents." Among the agencies where the showcase toured were the ILO, IOM, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, the office of the Minister of Health, Universidad para la Paz, and it was also performed at PAHO on World AIDS Day.

Using this creative approach, the Costa Rica team actively targeted the actions referred to in the UN Cares program, which aims to provide information on HIV and AIDS to UN staff and their families. The core emphasis of the program was to disseminate knowledge regarding the essential facts about HIV and AIDS, how UN staff can protect themselves and their families from HIV infection, how to live positively with HIV, and how to introduce tolerance into the workplace, in line with the United Nations' policy of equity and solidarity.

Funding

The UNHCR provided the US$3,000 needed to fund this year's GEAV Costa Rica activities. UNAIDS was also a contributor, providing funds for the snacks, pajamas, and mattress used in the play. The director of the play and facilitator of the activity were also paid with these funds.

Who is involved in implementing these activities?

In this year's activities, the GEAV Costa Rica team, formed by members of ILO, IOM, UNAIDS Costa Rica, UNDP, UNESCO, UNFPA, UNHCR, UNICEF and WFP among others, collaborated with the director, Arturo Meoño, to facilitate the activities of the day. The teenagers, sons and daughters of the UN Costa Rica personnel, practiced for two months prior to showcasing their play to the different agencies.

Current state of implementation of these activities

A recruitment process was conducted, in which the sons, daughters, and adolescents close to the UN personnel were given the opportunity to spread the word about GEAV's idea for the pajama play to promote the message about how to talk to teens about sexuality. Three meetings were held for the purpose of selection of key participants and to give the adolescents an idea of what the program entailed. Ultimately, eight adolescents were selected to participate in the play, and they practiced weekly for two and a half months. In these three meetings, the adolescents: first, participated in a Q&A session; in the second, the participants were shown audiovisual material while discussing their experiences regarding relationships and their notions about sexuality; and in the final session, the adolescents started to rehearse their stories using stand-up comedy as the main technique. One of the quotes of the script that illustrates the feeling of shame and guilt when talking about sexuality is exemplified below:

Education about sexuality is something that young people receive, with or without the input and participation of their parents

> ***Daniela:*** *When it comes to extreme discomfort and also the true story of someone's mother in this group, who told her daughter, who is here ... :*
>
> *The day you have sex, I'll know because I will notice it on your face .*
>
> *And when that day came, rather that night, the daughter went into the house and ... (head down)*
>
> ***Nikol:*** *(raises head) How did it go Dani?*
>
> ***Daniela:*** *(Head down) Well. I'm going to lay ... I mean to say I'm going to sleep.*
>
> *The next day at breakfast:*
>
> ***Nikol:*** *Are you okay? You seem sad or ashamed.*
>
> ***Daniela:*** *(Head down) Yeah, yeah, I am very well ... I mean well.*
>
> ***Nikol:*** *But ... why do you have your head like that?*
>
> ***Daniela:*** *It hurts ... it hurts ... the ... the ... ne-ne... "neck."*
>
> *Now, you can imagine what happened all week with a sore "neck" ... and a guilty concious...*

Among the key highlights for the adolescents was that they were able to create and edit their own script, giving them the freedom to vocalize some of their needs when it came to discussing sex with their parents. The director, Arturo Meoño, guided and supported the students throughout their rehearsals.

A trusting environment was developed among the teenagers, who consequently felt free to showcase and challenge, in a comical and respectful way, some of the myths and realities of their parents' perspective with respect to talking to their teens about sexuality

The adolescents then performed the play as a tour around the Costa Rican UN agencies, including the ILO, PAHO, UNESCO, UNHCR, UNFPA, UNDP, UNICEF, the Minister of Health office, and Universidad para la Paz. A video of the performance can be seen on Facebook[6] on the GEAV Costa Rica page (GEAVCR).

Among the specific questions addressed in the play was: why talk to your teens about sexuality? The play answers this question creatively:

- Education about sexuality is something that young people receive, with or without the input and participation of their parents. In addition, there is often little regard for whether the information they receive, or how it is presented, is correct or not. They just receive the information.
- Parents cannot control how their children receive sex education. This information is conveyed via many sources such as their friends, teachers, the Internet, and television, among others. What parents can do is to decide whether or not they wish to be a part of that education.
- The latest National Survey of Sexual and Reproductive Health4 stated that 65 per cent of girls and boys say they wish they could talk to their mothers about sexuality, and 40.1 per cent of them said that they wanted to do the same with their dads. This is an opportunity parents must seize. It is therefore not true that adolescents don't want to talk to their parents about sex and sexuality.
- Sometimes parents think that their children are too young and already have too much information about sex, and therefore more is not needed. However, the fact is that young people have received a lot of information but not all of it is correct. They may in fact have a lot of misinformation.

> Therefore, the biggest challenge in sex education is to teach young people to distinguish between what information is correct and what is not, and how to know what constitutes reliable information or sources. Finally, to discuss healthy safe and responsible sexuality, for young people is not enough. It is also necessary for adolescents to have access to sexual and reproductive health facilities and products, including access to methods of protection such as condoms. For this, the trust of their parents is essential.

Lessons learned/advice for others

The UN Cares GEAV Costa Rica team reflected on the "flash mob" activity of 2010 and realized that some of the activities may have been ambiguous and did not target the UN personnel specifically, since performances were done in public spaces such as malls and parks. In this year's activities, the Costa Rica team focused their creativity in order to target UN personnel specifically by conducting a tour of the play at the agency offices, thus engaging a larger UN audience. Simultaneously, a trusting environment was developed among the teenagers, who consequently felt free to showcase and challenge, in a comical and respectful way, some of the myths and realities of their parents' perspective with respect to talking to their teens about sexuality. One of the limitations the Costa Rica team faced was how to keep the teenagers engaged with only a small budget for tokens or prizes.

Through their experience, the Costa Rica team learned that several factors influence adolescents' motivation to participate in the activities. These include having had a previous positive experience connected with their parents' work; having an interest in communicating about sexuality and HIV-related risks; having an interest in theatrical activities; and having friends who participate in the activities. Some of the participants were not direct family members of the UN staff, but rather were friends of the sons and daughters of the UN personnel. Allowing the adolescents of UN staff to bring a friend is crucial to the youngsters' participation. It provides a sense of security in front of a new group and promotes consistent attendance to the rehearsal process, as the friends support each other's engagement. Logistically, it is also a helpful technique because they can travel together to meetings and coordinate activities more easily.

To maintain adolescents' motivation, the Costa Rica team realized that it is essential to have a pleasant place to meet. In Costa Rica's case, they chose the UNHCR offices because the building was formerly a house; it is thus very comfortable and has a backyard with green areas large enough to accommodate rehearsals, and the adolescents liked its atmosphere. In addition, snacks should always be provided, and one further essential factor for motivation involved the distribution of tokens, such as T-shirts or any other promotional material that reinforce the participants' group identity.

Footnotes

[1] In order to obtain estimates of the total number of staff living with HIV and HIV prevalence among the global UN workforce, UNAIDS estimates of HIV prevalence by country for 2010 were applied to the number of staff of that nationality, regardless of duty station.

[2] UNDP, HDR 2011

[3] UNAIDS and WHO. Epidemiological Factsheet, Costa Rica, 2010: Retrieved online on July 10, 2012 at http://aidsinfo.unaids.org

[4] ENSSR 2010

[5] UNAIDS, Country Situation Analysis, Costa Rica, 2009: Retrieved online on July 10, 2012 at http://aidsinfo.unaids.org

[6] http://www.facebook.com/GEAVCR