UN Cares in Action

The Case of El Salvador 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 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' Ten 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 1000 and 1450 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, the estimate is that between 3,800 and 5,200 people could be infected with HIV. [1]

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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 which 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.

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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

The framework of El Salvador's high HIV incidence among adolescents

El Salvador is classified as a mid HIV-prevalence country, according to UNDP's Human Development Index (HDI).[2] The UNAIDS and WHO Epidemiological Factsheet for El Salvador estimated the number of people living with HIV in 2009 to be about 33,800 and the prevalence for 15- to 49-year-olds at approximately 0.8 percent.[3]

At the end of 2011, a cumulative total of 27,697 people had become aware of their diagnosis since the first case was diagnosed in October 1984. El Salvador's epidemic is concentrated by gender: 62.5 per cent are men and 37.5 per cent are women, the man-to-woman ratio is 1.66:1, and the prevalence varies by age. Among adolescents, the man-to-woman ratio is 1:2, and in adults it is 3:1.4 An increase in the incidence of HIV has been noticed in women and adolescents5. The most common means of transmission is among those who are at risk of being infected. These are sex workers (5.7 per cent), men who have sex with men (10.8 per cent), and the transsexual population (23.1 per cent).[4]

The country has good HIV service coverage for women, young people, and other vulnerable or most-at-risk groups. Great success has been achieved in preventing new infections among children and keeping their mothers alive. A reduction of nearly 85 per cent of the cases has been reported by the Ministry of Health (MoH). The coverage of prenatal care is about 90 per cent of the total number of pregnant women in the country.[4,5]

The preliminary data presented by the MoH in 2009 on antiretroviral treatment (ART) showed that 81 per cent of the total PLHIV population in need of treatment had access to it. Only 1,846 people living with HIV remained without treatment[5].

Leadership and advocacy for UN Cares

The coordination of activities and the joint planning process have given the Joint United Nations Team on AIDS in El Salvador, the UNAIDS El Salvador task force, and the UN Cares El Salvador a more coherent view of the contribution to activities to support the country's response. It is hoped that through the implementation of the team's joint workplan, specifically the actions related to the UN Cares program, which aims to provide information on HIV and AIDS to UN staff and their families, with emphasis on knowing the essential facts about HIV, how UN staff can protect themselves and their families from HIV infection, how to live positively with HIV, and how to contribute to a respectful workplace, equity, and solidarity in the United Nations system, the families were reached to convey UN Cares' messages.

UN Cares El Salvador, in line with to the Joint Team Work plan, brought to all officials of the United Nations, including their families (when applicable) the possibility of making informed decisions to protect themselves from HIV and, if already living with the virus, to ensure that they know where to turn for assistance and care. Sexual Education and Human Rights are the basic topics developed in these meetings.

On World AIDS Day 2011, the Joint Team in El Salvador planned and implemented a camp aimed at 200 adolescents, sons and daughters of United

Nations employees, in order to provide tools to obtain and apply knowledge for the prevention of HIV transmission through the experience of healthy relationships and knowledge of the forms of infection and prevention. The objectives were to:

- Increase the capacity of the attendees to identify themselves as leaders. They will then educate other young people about preventing HIV transmission.
- Identify risk factors for HIV infection that affect young people living in unhealthy relationships.
- Identify ways to prevent the risks associated with sexually transmitted infections (STIs), including HIV, and how these can affect one's personal life.

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Funding

The Resident Coordinator's office plus other contributions from UNFPA, PAHO/WHO, UNDP and UNAIDS secretariat has been putting aside USD $5,000 annually to support UN Cares work. The Global Fund has also been a major contributor to the program. The expense to the program for each adolescent to participate in the workshop is USD $25 adding up to the total budget of USD $5,000. This is the amount that is necessary to continue the camp activities each year per participant.

Who is involved in implementing these UN Cares activities?

In this year's activities, the Joint United Nations Team on AIDS El Salvador, formed by members of UNAIDS El Salvador, UNDP, UNFPA, UNICEF, and WFP, collaborated with the non-governmental organization Fundacion Huellas to facilitate the day camp activities. Fundacion Huellas was selected based upon previous experiences with youth and also based on their relief work with people in shelters during emergencies. The organization specializes in a didactic learning approach to aid and promote the adolescent camp: healthy relationships free of HIV.

Current state of implementation of these activities[6]

In order to promote the theme of this year's camp (healthy relationships free of HIV), the camp, which works simultaneously with two groups, trained a total of 158 children aged between 6 and 12 years old and adolescents 13 to 24 years old. Participants were both female and male and participated actively.

All participants received their training during the eight hours the methodology of the day camp was planned. The themes targeted throughout the day were healthy and unhealthy relationships; how to prevent HIV transmission; declaration zero—zero new infections, zero AIDS-related deaths and zero discrimination; and life skills such as decision-making, responsibility, assertiveness, problem-solving, and, most importantly, leadership. The camp was completely dynamic, involving constant movement and participation throughout the day. Attendance was good, and the young people learned interactively.

The methodology used for the camp was experiential. It was intended that through the methodological techniques of playful participation, the following objectives would be met: increase the capacity of the attendees to identify themselves as leaders, to enable them to educate other young people in preventing HIV transmission; to identify risk factors for HIV infection that surround young people living in unhealthy relationships; and to identify ways to prevent the risks associated with STIs, including HIV, and how these can affect one's personal life.

With playful types of activity and seeking integration of the participants, the groups were divided into 10 subgroups of adolescents and three subgroups of children. Each group was assigned a facilitator who guided them while designing an individual program for each person who attended during the day. Each group was asked to invent a name and a shout they would use for each activity, and also to paint a banner identifying them as a group. This banner involved placing the various "buttons" (incentives) that they got from performing as a team in each of the challenges of the day. These buttons had different messages aimed at reducing stigma and discrimination against people living with HIV.

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All content was based on the adolescent's reality or experience. The tone of communication was very respectful and appropriate for their age, as the facilitator respected their ideas and knowledge, positively reinforcing their contributions. The adolescents knew their own experience the best, making it interesting to see how self-help was developed, through giving them ideas that came from personal experience and that could help them easily contribute as facilitators and leaders. Female and male adolescents expressed ideas spontaneously.

The main activity was conducted based on the concept of healthy relationships free from violence and free of STIs, including HIV. It proposed a new vision of the adolescents' ability to decide and make decisions in an assertive way. Adolescents within each team were separated into pairs using a didactic play technique. These couples were tied together, and together they faced obstacles to find the "layers of relationships." Once collected, all the layers were returned to the group, and the images were used to form the adolescents' own ideas about healthy and unhealthy dating.

With children, the methodology was similar, but the facilitators strengthened another issue, which was about healthy and unhealthy friendships. Among some of the contents addressed were those of leadership, friendship, solidarity, gender equity and teambuilding. Both girls and boys were very participatory and expressed their ideas without fear.

Lessons learned/Advice for others

The UN Cares El Salvador Joint Team (UN Cares El Salvador), is integrated by the same groups of focal points of UNAIDS, plans to incorporate parents into the activities of the day. In past camps, there was an attempt to involve parents. However, the parents were uneasy about the concepts learned by the

adolescents, as they did not participate in the activities themselves and felt uncomfortable with the subjects their children had learned. This worry has disappeared, due to the methodology used during this year's activities, to share and discuss the themes of healthy relationships free from violence and free of STIs, including HIV. It is the hope of El Salvador's Joint Team that by structuring activities and integrating the parents, the UN personnel and their sons and daughters will be provided with an atmosphere that is more conducive to openly sharing the concepts of healthy relationships and how to prevent STIs, including HIV transmission, and to reducing stigma for those who are currently living with HIV.

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, El Salvador, 2010: Retrieved online on July 10, 2012, at http://aidsinfo.unaids.org.

[4] Informe Nacional de Progreso en la Lucha Contra el Sida, El Salvador, March, 2012. Retrieved online on July 10, 2012, at http://www.unaids.org/en/regionscountries/countries/elsalvador/.

[5] UNAIDS, Country Situation, El Salvador, 2009. Retrieved online on July 10, 2012, at http://www.unaids.org/en/regionscountries/countries/elsalvador/.

[6] UNAIDS, Terminos de Referencia Capacitacion Campamentos, El Salvador, 2011.