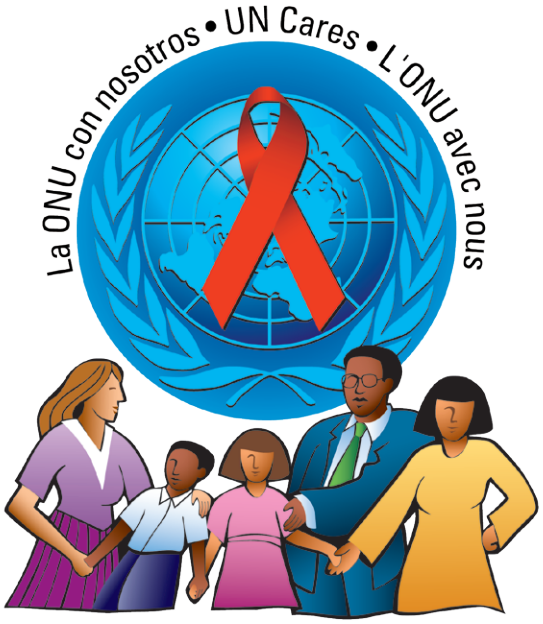

UN Cares in Action

The Case of Gambia 2012

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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' 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 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.

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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 learnt 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

The UN staff members looked forward to the awareness day and were eager to participate in the activities prepared for them. Additionally, on this same day, the "Stigma Fuels HIV" campaign was officially launched in Gambia.

Background and context

Gambia currently has a high HIV prevalence based on the United Nations Development Program's Human Development Index.[1] The first case of HIV in Gambia was diagnosed in May 1986, and by December 2011, the estimated number of people living with HIV in the country had reached approximately 29,190.[2] The prevalence for the 15 to 49 age group was 1.9 per cent, indicating a generalized epidemic.[3] Furthermore, according to the most recent National Sentinel Surveillance (NSS) study conducted in 2011 among 6,120 antenatal women in 12 health facilities (3 hospitals and 9 health centers), the prevalence of HIV–1 in this population is estimated at 1.65 per cent and HIV–2 at 0.07 per cent. Over the years, HIV-1 prevalence among antenatal women has fluctuated, from 1.4 per cent in 2002 and peaking at 2.8 per cent in 2006, to a sustained decline for the subsequent years 2007, 2008, and 2011. Heterosexual transmission continues to be the primary method of HIV transmission in Gambia.[4].

Leadership and advocacy for UN Cares

In this year's activities, the UNAIDS Country Office in Gambia and the UN Resident Coordinator's Office funded a workshop that targeted 400 people, approximately 110 of whom were UN staff and 290 of whom were family members of the staff. This year's activities were a great feat for the UN Cares Gambia team, as the last such event was in 2008. The UN staff members looked forward to the awareness day and were eager to participate in the activities prepared for them. Additionally, on this same day, the "Stigma Fuels HIV" campaign was officially launched in Gambia, adding to the goals of awareness and elimination of discrimination in the workplace.

Funding

The UNAIDS Regional Support Team provided US $13,000 to fund this year's UN Cares activities in Gambia. The funds were used to purchase advocacy materials, such as posters, banners and T-shirts for the 400 participants. The banners were displayed publicly at UN agencies across the country to provide awareness of the UN Cares campaign.

Implementation of Activities

The UN Cares Gambia team, which is comprised of representatives from the UN Country Team and from IMF, UNAIDS, UNDP, UNHCR, UNICEF, WFP, UNDSS, UN Dispensary, and the World Bank, among others, collaborated in the coordination and facilitation of this year's activities. All of these agencies were actively involved, and the Heads of Agencies for UNAIDS, UNICEF, WFP and the WHO were present during all activities. This level of involvement demonstrates a high level of commitment.

The participants were divided into three groups: UN staff and adult family members, adolescents, and children (up to 10 years old).

During the first session, the Regional Program Advisor UNAIDS Regional Office for West and Central Africa, Marie-Odile Emond; the Director of the National AIDS Secretariat in Gambia; and the Resident Coordinator of the UN system in Gambia presented an overview of UN Cares and the rationale for the "Stigma Fuels HIV" campaign to adult UN staff and family members. One of the important concepts discussed by the WHO Representative and HIV/AIDS Theme Group Chair was the relationship between TB and HIV and how TB increases the vulnerability of people living with HIV. The staff positively responded to this talk because they were unaware of the effects of the co-morbidity of both diseases. UNAIDS also presented a paper on HIV-related stigma and discrimination and its impact, thus launching the "Stigma Fuels HIV" campaign in Gambia. Staff members were enthusiastic about the campaign because it directly involves the current cultural setting in Gambia, which is characterized by discrimination and lack of information on how to prevent HIV transmission.

During the session for adolescents, UNAIDS staff discussed with teenagers the vulnerability of children and young people to HIV and AIDS. Program facilitators provided a trusting environment in which the adolescent participants were able to ask questions freely and discuss their perspectives. The UNAIDS facilitator challenged many of the teens' inaccurate ideas by breaking long-held myths of HIV and by explaining that teenagers could be infected even if they are not sexually active. HIV testing and counseling were provided to the group. The adolescents were enthusiastic about the knowledge they had gained, and they requested regular seminars.

The children were kept engaged with games and entertainment. They sang songs and created artwork that reflected their knowledge of and perspectives on HIV. Their drawings were presented to their parents, and the parents were encouraged to discuss with their children the content of the drawings. The children's group was lively and actively engaged in the activities.

Lessons learned

The UN Cares Gambia team reflected on the lessons learned from the 2008 and 2011 activities. Gaps in awareness and information were identified during this year's activity session. Therefore, the team decided to strengthen its funding sources to provide its staff with continuous training and to host

workshops at least on a quarterly basis.

The team realized that early planning and preparation is crucial to the success of any event. UN Cares in Gambia had earlier planned to launch the Stigma Fuels HIV campaign in June but realized that this was not possible at the time because it required a high-profile event, and most Heads of Agencies were not able to be present. As a result, the team decided to do a three-in-one event of launching both the UN Cares and the Stigma Fuels HIV campaigns, as well as organizing the annual HIV in the Workplace event for staff and dependents. Because of the magnitude of the combined events, the planning took more than four months; however, the extended planning time was very beneficial for staff involvement because all staff knew the date well in advance and planned their schedules around it.

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The support received from UNCT contributed to the success of the events, hence establishing the fact that leadership is critical to the design and implementation of HIV in the Workplace for UN staff and family. The second lesson learned was that unlike previous years, when one or two agencies had other events planned around the event, last year's event was well-coordinated. This resulted in an unprecedented high turnout of staff, their family, and Heads of Agencies. All agencies facilitated the movement of their staff and dependents, and 50 per cent of the resources for the event came from the Resident Coordinator budget.

Creating activities for the children and adolescents was very exciting and contributed to the success of the event. Even if their parents had wanted to leave, it would have been difficult because the children were so interested in the various sessions designed for them. An external facilitator with substantial experience in working with children also contributed to the success of the event. The facilitator, who is a child specialist and is familiar with the UN System, was supported by core UN staff in the design and implementation of the program for children.

The program was loaded with various thematic presentations designed to stretch the participants' time a bit. In the future, a few thematic areas will be identified to create adequate time for discussions and the sharing of personal experiences.

Footnotes

[1] UNDP, HDR 2011

[2] National AIDS Secretariat Global Fund PUDR December 2011

[3] National HIV Sentinel Surveillance Report 2011

[4] UNAIDS, Country Progress Report, Gambia, 2012: Retrieved online on July 10, 2012 at http://aidsinfo.unaids.org