



# UN Cares in Action

## The Case of Trinidad and Tobago 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 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.<sup>1</sup>

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.

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

*The Trinidad and Tobago Team of the United Nations system-wide workplace program on HIV (UN Cares) hosted a poster and essay competition for its staff and their families on World AIDS Day 2011.*

### **Background and context**

HIV is highly prevalent in Trinidad and Tobago. The UNAIDS and WHO Epidemiological Factsheet for Trinidad and Tobago estimates that the number of people living with HIV in 2009 was about 15,000, and the prevalence rate for the 15 to 49 age group was approximately 1.5 per cent.<sup>2</sup> By the end of 2010, the number of people living with HIV in Trinidad and Tobago had risen to 22,787.

Currently, HIV prevalence in Trinidad and Tobago is estimated to be greater than 5 percent in the most at-risk populations. The primary mode of HIV transmission is heterosexual contact. In 2010, 205 HIV-positive cases were reported among pregnant women. This number accounted for a seroprevalence of approximately 1.6 per cent among this sub-population. In the same year, 70 AIDS-related deaths were recorded. The most at-risk populations were identified as men who have sex with men, sex workers, substance users and the youth.<sup>3</sup>

Several policies were formulated in 2010 to address the continued spread of HIV, including the Prevention of Mother-to-Child Transmission Policy, the Post-Exposure Prophylaxis Policy, and the Health Sector Workplace Policy. The reporting period saw the strengthening of program areas, expansion of prevention services, and improvements in current services, including voluntary testing and counseling, as well as treatment adherence. Prevention efforts were substantially amplified in 2010 through increased access and geographic coverage to HIV testing and counseling services. The number of sites that provided HIV testing and counseling services increased from 28 in 2009 to 31 in 2010. Furthermore, a steady increase in the number of persons tested at the same sites on the same day was recorded from 2007 to 2010, with 39,032 persons tested in 2010.<sup>3</sup>

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

The Trinidad and Tobago Team of the United Nations system-wide workplace program on HIV (UN Cares) hosted a poster and essay competition for its staff and their families on World AIDS Day 2011. The theme was “Getting to Zero,” which is aligned with the UNAIDS vision of achieving zero new infections, zero discrimination, and zero AIDS-related deaths. The theme was particularly important for the Trinidad and Tobago team, as it promoted the UN Cares and UN Plus campaign against stigma and discrimination, both of which fuel HIV. The main goal was to translate ideas into action. Among the agencies that were invited to participate were ECLAC, ILO, PAHO, UNAIDS, UNDP, UNFPA and UNICEF.

The initiative sought to raise HIV awareness among staff and encourage discussions with their families. The Trinidad and Tobago team hoped that the awareness campaign would assist in the reduction of fear, stigma, and discrimination in the workplace, as well as assist staff in devising new ways that can make a difference in UN personnel’s life.

## Funding

UNAIDS provided funding of US \$6,000 for the 2011 activities. These funds were used to promote the activities and provide participant prizes and commemorative T-shirts.

## Implementation of UN Cares

The Trinidad and Tobago team, formed by members of ECLAC, UNAIDS, and UNICEF, among others, collaborated to facilitate the activities this year. Other agencies were also invited, such as ILO UNDP, UNFPA, and PAHO, but they had limited participation. A meeting to review the workplan was conducted in the spring of 2012 to involve these organizations more actively.

## Current State of Implementation of Activities

The theme for World AIDS Day 2011 was “Getting to Zero.” The goal of this program is that no new people will contract HIV, that all who are HIV-positive will be treated with respect and concern, and that no more people will die from AIDS-related illnesses. These are big dreams that entail a lot of work. The Trinidad and Tobago team designed an essay and poster competition to raise awareness on the theme and its meaning to the participants.

The weak response to the competition was unexpected: only a few chose to be involved. Ten people participated in total, with two of the participants aged 12 to 17 and two aged 18 and above; the rest were UN staff members. The essays and posters were exhibited in the ECLAC subregional headquarters conference room, and key individuals, such as a freelance newspaper editor, an art critic, and a cyclist, none of whom were related to the organizations involved, judged the contest on the basis of the following criteria: ideas and content, grammar, punctuation, creativity and style, and organization and voice.

The poster contest was separate from the essay contest and was judged independently of it. Persons had a choice of either entering one or both contests. Staff members were also asked to vote for the poster of their choice; these votes represented 10 per cent of the points awarded. The first-, second-, and third-place winners in each age group won prizes such as hampers donated by the corporate sector, Kindles, and vouchers for books, toys, or dinner. All participants were given T-shirts as commemorative items.

One of the highlights of the essay competition was a statement made by a UN staff member:

As a United Nations (UN) staff member living and working in the Caribbean, a region which is ranked very high for having reported cases in the world, I am extremely privileged to be working with an organization that is so proactive in dealing with the issues of this disease. Reading “Living in a World with HIV and AIDS,” I am sensitized by the issues such as discrimination and stigmatization an HIV-positive person can face. In fact, because of these issues, persons experience great difficulty in accessing HIV treatment and care.

## Lessons learned /Advice for others

From this year’s activity, the UN Cares Trinidad and Tobago team realized

the need to prepare early and ask for the assistance of other agencies. The activities must be enriched, and all agencies within the UN system should advocate for the UN Cares program. This can be achieved by agency heads signing a declaration of their commitment to the UN Cares program; by ensuring that some funds within their work plan budgets are allocated to UN Cares; by endorsing the UN Cares country workplan and through focal points participation in the activities; and by having UN Cares as an agenda item in managerial meetings and regular staff meetings.

One reason for the low participation was the timing of the activities. This year's activities were planned during the end of a biennium, and there were other planned activities for the same period. Additionally, the advertising of the activity in some agencies was limited. In addition to preparing early and advertising well, firm commitment in the program is needed for it to continue. The Trinidad and Tobago team has realized that when the heads of agencies and supervisors show interest in the program, the staff members are more receptive to it as well. According to those persons who participated, the marketing of the activities was extremely high, and fun reminders of them were issued on a weekly basis, such as via online postcards with HIV messages. Within UNAIDS, the chair herself walked around to her colleagues and had discussions on the two contests, in which she also participated. In Trinidad and Tobago, the staff members are committed; however, with additional support, the program can only get better.

The UN Cares team met with other agencies in the spring of 2012 to review the program's workplan and to start planning for this year's activities. A preliminary activity discussed for this year is a health fair that involves all related agencies and promotes the idea of wellness among UN personnel.

Among some of the advice for others is to plan well ahead, at least six months; increase promotion and marketing of the activities; send out challenges to teams and organizations to encourage them to participate; and achieve the full endorsement of agency heads to advocate for the program and to encourage their staff to participate in the activities.

### Footnotes

<sup>1</sup> 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.

<sup>2</sup> UNAIDS and WHO. Epidemiological Factsheet, Trinidad and Tobago, 2010: Retrieved online on July 10th, 2012 at <http://aidsinfo.unaids.org>

<sup>3</sup> UNAIDS, Country Progress Report, Trinidad and Tobago, 2012: Retrieved online on July 10th, 2012 at <http://aidsinfo.unaids.org>