



Living

IN A WORLD WITH HIV
Information for UN system
personnel and their families

www.uncares.org

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Whatever our role in life,
wherever we may live,
in some way or another,
we all live with HIV.
We are all affected by it.
We need to take responsibility
for the response.

— United Nations Secretary-General
Ban Ki-moon (from his message
on World AIDS Day, 1 December 2007)

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● ABBREVIATIONS

AIDS Acquired immunodeficiency syndrome

HIV Human immunodeficiency virus

HPV Human papillomavirus

ILO International Labour Organization

TB Tuberculosis

UN United Nations

UNAIDS Joint United Nations Programme on HIV/AIDS

UNDP United Nations Development Programme

UNESCO United Nations Educational, Scientific and Cultural Organization

UNFPA United Nations Population Fund

UNHCR Office of the United Nations High Commissioner for Refugees

UNICEF United Nations Children's Fund

UNODC United Nations Office on Drugs and Crime

WB World Bank

WFP World Food Programme

WHO World Health Organization



UNAIDS is an innovative joint venture of the United Nations, bringing together the efforts and resources of the UNAIDS Secretariat and ten UN system organizations in the AIDS response.

The Secretariat headquarters is in Geneva, Switzerland—with staff on the ground in more than 80 countries.

The Cosponsors include UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the World Bank. Contributing to achieving global commitments to universal access to comprehensive interventions for HIV prevention, treatment, care and support is the number one priority for UNAIDS.

● FOREWORD

“Living in a world with HIV” is more than a booklet—it is a lifesaving tool that should be required reading for every single member of the United Nations family, from Headquarters to the remotest duty stations.

The information contained in these pages is detailed and clear. It confronts the many subjects—some of them very intimate—that must be discussed in any rational response to HIV. As such, it is a fine example of the unflinching approach the United Nations advocates in giving people the tools they need to make informed decisions on HIV while ensuring a fair, equitable and respectful workplace for colleagues living with the virus.

Raising awareness about HIV and how it is transmitted is essential. It helps to reduce stigma and discrimination in our own workplace. It enables us to move closer to realizing our goal of serving as a model of the very working environment the United Nations aims to create through its policies and programmes.

This updated edition of “Living in a world with HIV” will be translated into all six official UN languages and disseminated to all UN personnel throughout the world. Its publication is another positive step in the UN system’s work to fulfill global commitments on AIDS. But success lies with you, the reader. By following the key messages in this booklet, sharing it with your families and communities, and putting its recommendations into practice, you can be a driving force in advancing the cause. This is not only a noble pursuit—it is also one that can change lives.

BAN KI-MOON

United Nations Secretary-General



● INTRODUCTION

Knowledge is powerful. Because it is committed to a fair, equitable and respectful workplace, the UN system is committed to ensuring that all personnel are fully informed about issues that can affect the workplace, including HIV. We have a right to access and understand UN system policies on HIV.

UN Cares is the UN system-wide workplace programme on HIV that provides UN personnel and their families with access to information, learning opportunities, preventive commodities, post-exposure prophylaxis (treatment taken immediately after exposure to HIV in an effort to prevent infection) and a supportive and respectful work environment as established by the *UN Cares 10 Minimum Standards*.¹ The UN Cares web site and the UN Cares Services Directory on HIV (both found at www.uncares.org) provide more information. The *Minimum Standards*, the *UN HIV/AIDS Personnel Policy* and the *ILO Code of Practice on HIV/AIDS and the World of Work*² provide the framework for UN workplace programmes. The *ILO Code of Practice* is the internationally recognized benchmark for HIV-related workplace policies.

Many questions about HIV, UN Cares and UN system policies will be answered during the mandatory learning sessions on HIV. If you have not attended a learning session (or would like to do so again) or are in a remote area, contact the UN Cares/Learning Strategy Facilitators (www.uncares.org/facilitators) at your duty station.

We have learned a great deal about HIV since the UN system began responding to the epidemic in 1987. At that time, many important questions remained unanswered. What were the best means of preventing HIV infection? Could AIDS ever be cured? How might HIV best be handled in the workplace? Today, we have answers to many of these and other key questions.

HIV is an ever-changing epidemic that affects people worldwide. However, it is possible to avoid exposure to HIV by being aware of the latest information and taking the necessary precautions. This booklet provides vital information on HIV that is designed to help you and your family:

- **BE AWARE** of the essential facts about HIV and AIDS
- **PROTECT YOURSELF AND OTHERS** from HIV infection
- **LIVE** positively in response to HIV
- **CONTRIBUTE TO A UN THAT CARES** by committing to a fair, equitable and respectful workplace.

1 The Summary of the UN Cares 10 Minimum Standards is Annex 1 of this booklet.

2 The United Nations HIV/AIDS Personnel Policy is Annex 2 of this booklet and a summary of the 10 key principles of the ILO Code is Annex 3.

1 Be Aware

KNOW
THE FACTS
ABOUT
HIV AND AIDS





WE KNOW THAT:

- HIV is a virus that destroys the body's immune system
- HIV transmission can be prevented
- HIV can be passed from one person to another
- there is no cure for HIV infection, but treatment exists to help people live healthily with HIV for many years
- the UN is committed to providing us with the information and support we need to live and work in a world with HIV
- the UN is committed to ensuring that our workplace is one in which people living with HIV are treated fairly and with respect
- we all have rights and responsibilities concerning HIV

HIV
can be transmitted
from one person
to another.



HIV
infection
is preventable.

HIV attacks the body's immune system.

By weakening the body's defences
against disease, it becomes vulnerable
to a number of potentially life-
threatening infections and cancers.

What is HIV?

Human immunodeficiency virus, or HIV, is the virus that causes AIDS. It attacks the body's immune system. By weakening the body's defences against disease, HIV makes the body vulnerable to a number of potentially life-threatening infections and cancers. HIV is infectious, which means it can be transmitted from one person to another.

How is HIV transmitted?

HIV is transmitted through:

- **unprotected sexual contact**, primarily through unprotected vaginal or anal intercourse with someone living with HIV. Worldwide, sexual intercourse is the leading mode of HIV transmission. Oral sex is very unlikely to result in the transmission of HIV, but risk increases if the mouth or genitals have cuts and/or sores;
- **exposure to infected blood**. The most efficient means of HIV transmission is the introduction of HIV-infected blood into the bloodstream, particularly through transfusion of infected blood. Most blood-to-blood transmission now occurs as a result of multiple use of contaminated injection equipment during injecting drug use. Use of improperly sterilized syringes and other medical equipment in health-care settings can also result in HIV transmission. The UN Medical Services are required to take all the necessary precautions and use only new or sterilized equipment. We in the UN system are unlikely to become infected this way if using UN system medical facilities and facilities approved by the UN system. Extra precautions should be taken, however, when using medical facilities not approved by the UN, as the UN cannot ensure the safety of blood supplies or injection equipment obtained elsewhere. It is always a good idea to avoid direct exposure to another person's blood—to avoid not only HIV but also hepatitis and other blood-borne infections;
- **transmission from a mother living with HIV to her child**, during pregnancy, during delivery, or as a result of breastfeeding.

Are you sure that these are the only ways that HIV can be transmitted?

Yes. HIV is the most carefully studied virus in history. Overwhelming evidence indicates that *you cannot become infected or infect others in any of the following ways:*

- shaking hands, hugging or kissing
- coughing or sneezing
- coming into contact with saliva
- using a public telephone
- visiting a hospital
- opening a door
- sharing food or sharing eating or drinking utensils
- sharing toothbrushes
- using drinking fountains
- using toilets or showers
- using swimming pools
- being bitten by a mosquito or any other insect
- working, socializing or living side by side with people living with HIV.

Is HIV preventable?

Yes, HIV infection is preventable. As personnel of the UN system, we are entitled to information on HIV prevention, access to male and female condoms, and referrals to sources of counselling and testing. The next chapter of this booklet, 'Protect Yourself and Others', outlines how we can avoid exposure to HIV through any of the three modes of transmission, as well as how we can obtain HIV-prevention information in the workplace.



People living with HIV
look and act
just like people
without HIV infection.



Antiretroviral therapy
changes the natural course
of HIV infection,
significantly delaying the development
of symptoms.

If HIV infection is preventable, why is the HIV epidemic still progressing?

Changing sexual or other risk behaviours is not easy. Factors such as emotions, perceived risk, knowledge and attitudes, social influence, norms, power dynamics, religion, cultural practices and socioeconomic status all influence the individual's behaviour.

What is AIDS?

If left untreated, HIV will almost always deplete the immune system, leaving the body vulnerable to one or more life-threatening diseases that normally do not affect healthy people. This stage of HIV infection is called AIDS, or acquired immunodeficiency syndrome. The more the immune system has been damaged, the greater the risk of death from opportunistic infections (infections that take advantage of weaknesses in the immune defences).

Experts agreed on the term AIDS in the early 1980s, before the discovery of HIV, to describe the then new syndrome of profound immune suppression. Today, AIDS is understood as the latter stage along a continuum of HIV infection and disease.

Without treatment, HIV generally takes 8 to 10 years to progress to AIDS. A few weeks or months after infection a person may experience a 'flu-like illness' (seroconversion illness) and then feel well again. The interval between initial infection and the appearance of symptoms indicating advanced HIV-related disease (AIDS) varies, however, and appears to be shorter for persons infected through blood transfusion and for children.

What treatments exist for HIV infection and what are their impacts?

Several different types of medicines exist to treat HIV infection. These medicines attack various aspects of the process by which the virus replicates itself. Because HIV quickly mutates to become resistant to any single drug, patients must take a combination of medicines to achieve maximum suppression of HIV.

The combination of medicines is known as *antiretroviral therapy*; some people use the term ARV (antiretroviral) treatment. Antiretroviral medications or drugs are used to treat children and adults

infected with HIV, to prevent transmission of HIV from mother to child, and as a preventive therapy after exposure to HIV infection (also called post-exposure prophylaxis). Starting antiretroviral therapy early in the course of HIV infection in infants and children has also led to significant positive changes in the survival of children living with HIV.

Antiretroviral therapy changes the natural course of HIV infection, significantly extending the period between initial infection and the development of symptoms. To achieve this, it is important to diagnose HIV infection before AIDS symptoms develop, in order to initiate therapy at the most effective point before the immune system is damaged. However, patients who start on therapy even after being diagnosed with AIDS often receive major and long-lasting health benefits.

Although antiretroviral therapy is effective in slowing the progression of HIV-related disease and can prolong one's life to a normal life expectancy, it is not a cure, and a person may still develop AIDS one day. Antiretroviral therapy should not be disrupted and needs to be taken for life. Any exception to this should be carried out in consultation with a specialized medical doctor on a case-by-case basis. In addition to treatments for HIV infection itself, therapies exist to prevent and/or treat many HIV-related opportunistic infections.

As staff of the UN, we (and those in our families who are also covered by UN-related insurance) are entitled to appropriate medical care, including HIV-related care. Chapter 3 of this booklet, 'Live', provides detailed information about how you can protect your health, whether or not you are living with HIV. If you are living with HIV, please note that it is helpful to become aware of the variety of existing treatments before you get treatment. Each treatment needs to be adapted to your personal health situation. It is helpful for you to become an educated partner with your medical doctor when discussing what kind of antiretroviral therapy would be best for you.



My Life with HIV

Adaptation of a poem by a colleague living with HIV in the Economic Commission for Africa

*When I learned about my status,
When I had to come to terms face to face with my own self,
When I felt sad, hurt and lonely...*

*When the solid reality began to sink in, deeper and deeper,
Reality, which I can do nothing about.
Life began to feel worthless, useless, tasteless, meaningless and hopeless...*

*I am not going to let this bad feeling walk all over me,
Nor will I let it wholly possess me.
Because there is still tomorrow ahead of me,
Tomorrow, which is, after all, another day...*

*Encouraged to keep on going despite my burden.
The burden that is still around and lasting.
Helped to see the positive side in a negative situation.
Reminded now and then that I was better off than those before me.
And truly better off, believe me.
Helped to accept my status and go on from there.
Helped to make use of the resources on hand.
Helped to face my worst fear and fear no more.
Because now I know my status and where I stand...*

*Deep down I have regained my freedom
The freedom of getting it over with,
Freedom from the burden of unfulfilled responsibility.
The freedom of fearing no more,
Because now I know what not to do or do for sure.
So, my friend, learn from my story and ensure your own freedom.*



The global effect of antiretroviral therapy

Antiretroviral therapy generally leads to significant improvements in the health and well-being of people living with HIV. The number of people receiving antiretroviral drugs in low- and middle-income countries has increased tenfold in only five years, reaching almost four million people by the end of 2008. In addition, the number of AIDS-related deaths has started to decline, partly as a result of improved access to treatment.

The impact of antiretroviral drugs on the management of HIV has been startling. Improvements in health are significantly more marked and enduring than those that were anticipated when combination antiretroviral therapy first emerged in the mid-1990s.

The availability of antiretroviral therapy

Although UN staff members have access to HIV-related care through medical insurance, it is important to keep in mind that antiretroviral drugs are still expensive for most people. The majority of the world's infected individuals do not have access to medications and treatments for HIV. According to the most recent available data, from 2007, an estimated 9.7 million people living with HIV in low- and middle-income countries urgently need life-saving antiretroviral medication. Only three million of these people, however, were estimated to have access to the appropriate medicines, leaving 6.7 million without.

How do I know if I have HIV?

The only way to know if you are living with HIV is by being tested. Antibodies to HIV can be detected through a simple test that is available in most places around the world. UN Cares Minimum Standard number 5 specifies that such a test should be available to you, as a UN employee, and to your family.

What happens in the body when HIV infection occurs?

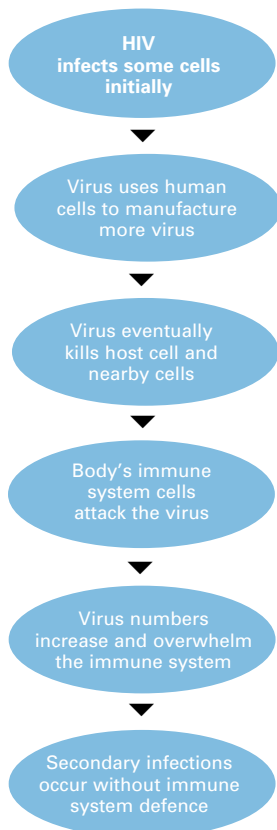
HIV infects white blood cells, which are part of the body's immune system. A strong immune system is needed to fight off a range of infections. When a person is infected with HIV, the virus infects cells and, over time, the immune system becomes progressively less able to fight off disease.

There are treatments that slow the progression of HIV infection and allow people living with the virus to remain healthy and productive for many years.



The only way to know if you are living with HIV is by being tested.

How HIV progresses



Soon after HIV infection occurs, the body's immune system mounts an attack against the virus by means of specialized killer cells and antibodies that usually succeed in temporarily lowering the amount of virus in the blood. But HIV still remains active, continuing to infect and kill vital cells of the immune system. HIV also establishes reservoirs within the body that cannot be destroyed by available antiretroviral medicines. Without treatment, viral activity significantly increases over time, eventually overwhelming the body's ability to fight off disease.

Is HIV infection always fatal?

HIV infection is not necessarily fatal. Today, there are treatments that can greatly slow the progression of HIV infection and allow people living with the virus to remain healthy and productive for many years. Without treatment, however, HIV infection almost invariably leads to AIDS, which almost always leads to death.

I hear that HIV is not visible and that you cannot feel it either. So how can I tell if I have HIV, or if someone else has it?

It is impossible to tell if someone has the virus just by looking at or talking to the person. The only way for someone to know his or her status is by getting tested 3–6 months after any possible exposure. Even if the test result is negative, if there has been a recent exposure it should be repeated three months later. Today, because tests are more precise, it is possible for some tests to detect the antibodies earlier on. It is important to get tested for your own well-being and the well-being of others, as well as to know the ways to prevent infection and to encourage others to do the same.

Are women more vulnerable to HIV infection than men?

Yes. Approximately half of the people living with HIV are women. The highest HIV prevalence found among women is in countries where the epidemic has become generalized; women living with HIV have mainly become infected in heterosexual relationships and often in a marriage context. A number of biological, social, cultural and economic factors contribute to women's vulnerability to HIV.

- **Biological factors:** the female genital tract has a greater exposed surface area than the male genital tract; therefore, women may be prone to greater risk of infection with every exposure. Younger women are even more vulnerable to HIV infection due to immaturity of the opening of the womb.
- **Economic disempowerment:** pressure to provide income for themselves or their families leads some women to engage in “transactional” sex with men who give them money, school fees or gifts in exchange for sex. In some regions this is particularly true for younger women who engage in sex with older men. Women who are economically dependant may not be able to insist on condom use.
- **Migrant husbands:** many women, especially those in rural areas, are infected by their husbands who work away from home for long periods, for example, as miners, truckers, or soldiers, and who engage in unprotected sex while away. These men may become infected with HIV and, upon returning home, can transmit it to their wives.
- **Child marriage:** it is still common in many parts of the world for young girls to marry before they are 18 years old. Most often, they marry older, sexually experienced men who may already be infected with HIV and transmit it to their young wives.
- **Violence:** one in three women worldwide will be raped, beaten, coerced into sex, or otherwise abused in her lifetime. Sexual violence increases the risk of infection as it can damage the vaginal wall, allowing infected semen to come into direct contact with underlying tissue. Coerced sex can also deny women the ability to insist on condom use.

Is HIV a serious problem in the region where I live and work?

Yes, HIV is a serious problem everywhere. Despite declines in new HIV infections in some countries and regions, the AIDS epidemic is far from over and the numbers of new HIV infections are rising in many countries. In sub-Saharan Africa, the most affected region, women account for up to 61% of infections and HIV remains the leading cause of death. Most of the epidemics in the Caribbean appear to have stabilized, while a few have declined in urban areas. In Asia, HIV prevalence is high-

Due to the combination of biological differences, gender inequalities, severe poverty and cultural factors, women are more susceptible to HIV infection than men.



As staff of the UN, we are entitled to HIV-related care if we are living with the virus.

It is perfectly safe
for those living with HIV
and those not living with HIV
to work and live together.



People living with HIV
should be treated with respect
and should not be
discriminated against
because of their HIV status.

est in South-East Asia, with wide variation in epidemic trends between countries. In the Eastern Europe, Central Asia, Middle East and North Africa regions, injecting drug use is a major means of HIV transmission. Latin America's epidemic remains generally stable but stigma and discrimination hamper the achievement of universal access to HIV prevention, treatment, care and support. Based on the most recent available information, AIDS-related illness is the sixth most common cause of death in the world.

Is it safe for an uninfected person to work with people who are living with HIV, and vice versa?

Yes. HIV cannot be transmitted as a result of casual contact. It is perfectly safe to work with people living with HIV or with people whose HIV has progressed to AIDS. UN personnel policies strictly prohibit discrimination against personnel living with HIV. The *United Nations HIV/AIDS Personnel Policy* (see Annex 2) ensures a safe workplace while protecting the dignity and human rights of all personnel. The importance of a fair, equitable and non-discriminatory workplace is addressed in greater depth in Chapter 4.

Is it safe to hire people living with HIV to work in homes or offices?

Yes. As HIV can only be transmitted through unprotected sex and blood transfusion or use of contaminated injection equipment or from mother to child, there is no reason why a person living with HIV should not be hired, just as there is no reason why a person living with HIV should feel that they are unemployable in someone's home. Remember that HIV cannot be transmitted through hugging, kissing, playing with your children, using a common toilet, sharing drinking or eating utensils, preparing food for your family or other household work.

UN policy is very clear that HIV should not be a factor in recruitment or determining employment. Screening for HIV is not mandatory for employment and no one living with HIV is required to disclose his or her status. The International Labour Organization (ILO) encourages this standard for all employers worldwide. UN personnel who hire people to work in their homes should also follow the same policy.

The UN recommends that all personnel working in UN staff members' homes have access to prevention, as well as care and treatment, services. If your home is also a workplace please make information about HIV readily available to employees that you hire either directly or through local organizations. You can share what you know with your household employees and encourage them to get tested and learn more about HIV.

How can I support colleagues who are living with HIV?

By treating all your colleagues, regardless of their HIV status, as you would want to be treated—with dignity, respect and professionalism. The last chapter of this booklet, entitled 'Contribute to a UN that Cares', provides guidance on how best to address HIV in the UN system workplace.

What might we expect for the future with regard to HIV research?

- **Vaccine:** at present an effective HIV vaccine is not available. Despite the fact that many research projects are underway and experts are working hard to develop a vaccine for HIV, it is likely to be a long time before one is available for widespread use. While there has been major progress in learning about possible approaches to a vaccine against HIV, developing an effective vaccine presents enormous challenges.
- **Microbicides:** also sometimes referred to as antiviral gels, microbicides are intended to protect against sexually transmitted infections, including HIV. Some products would be for vaginal sex and some for anal sex. Some products may be contraceptive, while others would not be. Some may include antiretroviral drugs, while others that are being tested do not. Different formulations such as gels, creams, films, vaginal rings or suppositories are being tested. At present, an effective microbicide is not available. It is important to support the development of microbicides in global HIV prevention research, as they represent a potential method of protection that does not require a partner's cooperation.

Each year,
UNAIDS provides updated
information on its web site
(www.unaids.org)
about HIV trends around the world.



This information includes
the annual AIDS Epidemic Update,
country fact sheets, and the biennial
Report on the Global AIDS Epidemic,
which includes extensive information
on each country.



3 The Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF), the World Food Programme (WFP), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Office on Drugs and Crime (UNODC), the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO), and the World Bank.

- **Pre-exposure prophylaxis (PrEP):** clinical trials are currently planned or under way to look at the safety and efficacy of pre-exposure prophylaxis, an unproven strategy in which HIV-negative people could take an antiretroviral medicine, or a combination of medicines, on a regular basis with the aim of reducing their risk of acquiring HIV. At present, an effective pre-exposure prophylaxis is not available.

In the meantime, male and female condom use, male circumcision, and other existing HIV prevention strategies (see Chapter 2) offer the only feasible measures for avoiding HIV transmission. There is no cure for AIDS in sight, but if people living with HIV seek professional care and appropriate treatment, they can enjoy improved health and well-being for many years.

UN efforts to respond to the AIDS epidemic

The UN system is actively engaged in the response to AIDS. UN system leadership on AIDS is spearheaded by the Joint United Nations Programme on HIV/AIDS (UNAIDS), which consists of a Secretariat and 10 cosponsoring agencies from within the system.³ Halting and beginning to reverse HIV is a Millennium Development Goal, and progress in responding to the epidemic will also be required to ensure achievement of other Millennium Development Goals.

The UN system monitors the epidemic to alert the world to the magnitude and nature of the situation, to detect important new trends, and to help countries determine whether their efforts are succeeding in bringing the epidemic under control. These activities have taken on particular importance following the 2001 global agreement at the UN General Assembly on the *Declaration of Commitment on HIV/AIDS* and the 2006 *Political Declaration on HIV/AIDS*, which require Member States to report periodically on progress made in the response to the epidemic. The 2008 High-level Meeting on AIDS reviewed progress made in implementing these declarations.

The UN system provides guidance on helping countries to achieve universal access to prevention, treatment, care and support for people living with or affected by HIV, a goal set in the 2006 Political Declaration. By collecting and disseminating best practices, the UN system helps to ensure that programmes and policies to achieve universal access to prevention, treatment, care and support are based

on the strongest available evidence of what is effective. The UN system encourages and often sponsors cutting-edge research to improve the ability of countries and communities to mount effective efforts to curb the epidemic. With respect to HIV in the workplace, for example, the *UN Cares 10 Minimum Standards* provide guidance for personnel in the UN system, and the *ILO Code of Practice on HIV/AIDS and the World of Work* provides guidance for employers throughout the world, including the UN system.

With a presence in almost all low- and middle-income countries, the UN system helps countries through joint programmes of support developed by Joint UN Teams on AIDS to develop and implement effective AIDS strategies. The UN system works with governments, civil society, including people living with HIV, the private sector, faith-based organizations and external donors to strengthen national responses under a framework called the “Three Ones”. The “Three Ones” is a set of principles that advise that all countries have ONE national AIDS coordinating authority, ONE agreed framework to address the epidemic, and ONE national monitoring and evaluation system. Above all, the UN system advocates an extraordinary response to the unprecedented challenge posed by AIDS.

In addition to this booklet, how will the UN system help me learn everything I should know about HIV?

Following a survey of more than 8000 UN system employees in 2002, a Learning Strategy was developed to ensure that all personnel have a basic understanding of HIV. Five years later, UN Cares, the UN system-wide workplace programme on HIV with 10 minimum standards, including standards related to learning about HIV, was agreed upon. UN Cares and the Learning Strategy require that all staff participate in HIV learning sessions at their duty stations. These sessions provide information on HIV, staff entitlements, locally available services, and all aspects of the *UN Cares 10 Minimum Standards*. The UN system is committed to ensuring that these learning sessions are culturally appropriate and, where possible, available in local languages and accessible to family members. In addition to learning sessions, UN country teams are encouraged to provide UN personnel with updated information and to organize annual events, for example, for World AIDS Day, commemorated each year on 1 December.

An effective common framework

“ Our common efforts would not have been as effective had it not been for the advocacy and convening work of UN Cares. This UN [system]-wide initiative serves as a model for the path towards UN reform. An incentive for the One UN ideal, the work of UN Cares demonstrates in a relatively easy way that we can work together on a common goal and through a common implementation framework. In its work, UN Cares helps to improve efficiency and coherence, building on existing workplace efforts of various agencies, and eliminating duplication of effort.”

— JAMES RAWLEY,
UN Resident Coordinator, Egypt

The UN Learning
Strategy on HIV/AIDS
and UN Cares aim to ensure
that all staff members
have a basic understanding
of HIV infection and its impact.



If you are living with HIV
you may wish to join UN Plus,
unplus@unaids.org

I still have questions about HIV in the workplace. Where can I go for more information?

There are HIV focal points in most agencies, and HIV Learning Facilitators have been trained for the UN system in most countries (a list can be found at www.uncares.org/facilitators). In addition, you may consult your human resources officer or UN system workplace focal point, both of whom are knowledgeable about the UN system's HIV policies. You may also direct medical questions about HIV to the UN Medical Services or to any UN-affiliated health-care provider. Refer to the UN Cares Services Directory on HIV (www.uncares.org) or to your own UN system workplace to find the names of and contact information for local service organizations.

A special web site on HIV in the UN workplace features the information contained in this booklet, as well as additional resources. The UN Cares web site is available in English, French and Spanish at www.uncares.org. You can also send in any questions you have through this website.

If you are living with HIV you may wish to join UN Plus, the UN System HIV-Positive Staff Group. Write to them in confidence at: unplus@unaids.org.

Knowing about HIV

What new facts did you learn about HIV?



What are the most common ways that HIV is transmitted?

What questions remain unanswered for you about HIV?

Who might you turn to within the UN system locally to learn more about HIV?

Who might you turn to outside the UN system in your country to learn more about HIV?

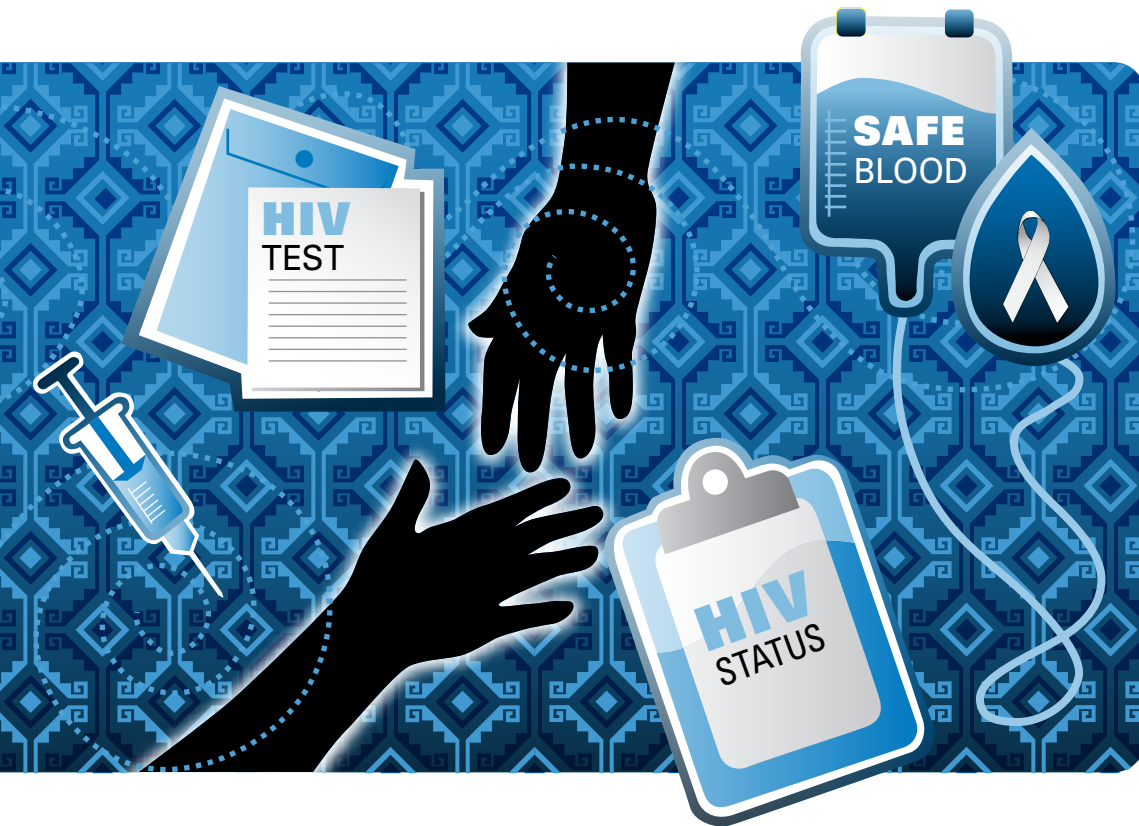
*What facts about HIV might you want to share with your partner(s), children,
other family members and friends?*



2 Protect Yourself and Others

MAKE HEALTHY
DECISIONS





**TO PROTECT YOURSELF,
YOUR FAMILY AND FRIENDS,
YOU SHOULD:**

- prepare in advance to protect yourself from HIV
- know your HIV status by going for voluntary counselling and testing
- seek treatment at once if you have a sexually transmitted infection
- avoid penetrative sex or use condoms correctly and consistently every time you have sex, unless you know for certain that you and your partner(s) are not infected with HIV
- use only new needles and syringes
- take the necessary precautions if you are living with HIV and want to have a baby
- talk about HIV prevention with your partner(s), children and colleagues

Isn't HIV prevention a simple matter of avoiding exposure to the virus, especially since there are only a limited number of ways that HIV can be transmitted?

It is true that HIV is not particularly easy to transmit and that infection can be averted. But the primary mode of HIV transmission—sexual intercourse—involves intimate and established personal behaviours that are often difficult to change and maintain in the long run.

Effective prevention relies on several proven principles.

Effective HIV prevention



- **Accurate information.** Avoiding acquiring the virus and avoiding transmitting it to others requires that all of us know how HIV is—and is not—transmitted. This booklet, along with information at www.uncares.org, provides the basic facts about HIV, as well as information about sources for more detailed information. In addition, as UN system personnel, you are required to participate in a learning session on HIV (if you have not already) in which you have the opportunity to get answers to any questions you might have.
- **Personal plan.** If you are not living with HIV, it is useful to think in advance about ways you might come into contact with the virus and how you can plan to avoid exposure to it. If you are living with HIV, your personal protection plan has two objectives: protect yourself and protect others, as a new infection can cause additional health issues you should avoid (see Chapter 3). Because everyone is unique, you will need to tailor your prevention plan to your own personal circumstances. For some of us, especially women in heterosexual relationships, our prevention plan may need to take account of interpersonal power dynamics that can sometimes make it difficult for us to protect ourselves. As this chapter explains, we all have the right as UN system personnel to essential means of prevention, including access to information, male and female condoms, first-aid kits, new syringes and sterilized equipment for medical care, and safe blood supplies.
- **Communication.** Because it takes at least two people for HIV transmission to occur sexually, it is important that we all talk about HIV prevention—with our partner(s), our families, our colleagues and our health-care providers. The UN system requires that all agencies offer opportunities for UN system employees to discuss HIV prevention and provide referrals to community-based HIV-related counselling.

- **Reinforcement.** HIV prevention involves more than just information. Because changing behaviours that increase the risk of HIV transmission and maintaining those positive changes over time can sometimes be difficult, we must be motivated to use effective HIV prevention methods and develop the skills needed to remain safe. The emergence in recent years of effective treatments for HIV has caused some people to become complacent about the risk of transmission. Because HIV prevention is a life-long undertaking, the *United Nations HIV/AIDS Personnel Policy* provides for ongoing HIV prevention efforts that allow for prevention messages to be reinforced over time.

● SEXUAL TRANSMISSION

How can I avoid sexual transmission of HIV?

- **Abstain from sex:** the safest way to avoid being exposed to HIV infection sexually is to abstain from having penetrative sex. This can mean delaying sexual initiation or, once sexually active, refraining from having penetrative sex.
- **Be faithful with another HIV-negative partner*:** some of us may be in a relationship where we can discuss the need either to be mutually faithful (*if both partners know they are HIV-negative) or to practise safer sex within or outside of the relationship (avoiding penetrative sex, and using male or female condoms consistently and correctly). This approach is not without risks. For example, a significant proportion of women living with HIV were infected by their husbands/partners, whom they trusted and to whom they were sexually faithful. To find specific information on condom negotiation and condom misconceptions, visit www.uncares.org.
- **Engage only in non-penetrative sex:** another prevention approach is to engage only in non-penetrative sex. Because such activities involve no vaginal or anal penetration, they present no risk of HIV transmission. Oral sex presents an extremely low risk of transmission, although the risk is likely to be greater if ejaculate is taken into the mouth during penile oral sex or if there are genital sores on the partner receiving oral sex, and if the mouth has cuts and/or sores.

Avoiding transmission
of the virus requires
that all of us know how HIV is—
and is not—transmitted.



The primary mode of HIV
transmission—sexual intercourse—
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It is important
that we talk about HIV
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Condoms
are highly effective
in preventing
transmission of HIV.

- **Use condoms:** Please refer to the next question, “How effective are condoms at preventing HIV transmission?”

How effective are condoms at preventing HIV transmission?

When correctly and consistently used, the female condom and the male latex condom are the most effective available tools to reduce the sexual transmission of HIV and other sexually transmitted infections (see table on pages 32 and 33) for people having sexual intercourse. At the same time condoms are a very safe means of contraception.

Condoms are most likely to fail when they are not used as directed. Opening a condom packet with your teeth, a knife or scissors, for example, can cause the condom to puncture or tear. It is important to use condoms from the beginning of a sexual act, rather than immediately before ejaculation, to prevent exposure to potentially infectious pre-ejaculate or vaginal fluids. The more often you use condoms, the easier it will be and the more comfortable it will feel for you and your partner. Because sexual intercourse is often unplanned, it is a good idea to always have a condom with you.

Condoms that are out of date, poorly manufactured, or inappropriately stored at high temperatures are especially susceptible to breakage. Oil-based products (such as hand lotion or petroleum jelly) will damage male latex condoms, so use only water-based lubricants with a latex condom. Condoms do occasionally slip or break.

If you have a steady partner, discuss how you as a couple intend to avoid the risk of HIV transmission. Ideally, a couple’s decision to use a male or female condom results from a process of negotiation. The couple discusses the benefits of using a condom, addresses any concerns or resistance, and agrees on a mutually satisfactory approach. Sometimes one member of the couple may lack the power to negotiate condom use. Many women, for example, report having difficulty asking their husbands or partners to use a condom. Therefore, it is important that men advocate for consistent condom use among their (male) peers, become proactive models for their sons, nephews, etc., and advocate for condom use in their community. Tips on condom negotiation can be found at www.uncares.org. As a member of the UN system that has in its mandate the reduction of HIV transmission, it is important that we act accordingly when it comes to our own lives and those we come into contact with professionally and socially.

How to use a male condom

- First, always check the expiry date on the package. Don't use an expired condom.
- Handle condoms gently. Open the package carefully, but never use scissors, a knife, or your teeth! **1**
- Remove the condom from the packet, being particularly careful if you are wearing rings and/or have long or jagged fingernails so as not to rip the condom. **1**
- Check that you have the condom with the correct side facing up, so that it can easily be rolled down. If you accidentally put the condom on upside down, you need to throw it away and use a new one to avoid transferring any pre-ejaculatory fluid (semen) to your partner.
- Pinch the air from the tip of the condom (this makes room for the semen and is key to avoiding breakage) and place the condom on the end of the penis. Some people like to put one or two drops of water-based lubricant inside the tip of the condom to increase sensitivity. **2**
- Carefully roll the condom down over the ERECT penis until it is completely unrolled and/or the entire penis is covered. Ensure that there is no air in the condom (the tip of the condom should be 'slack' or 'empty-looking'). If additional lubrication is desired, lubricate the outside of the condom using a water-based lubricant. **3**
- Put on the condom BEFORE any penile contact is made with the vagina or anus. (As far as infection is concerned, any unprotected penetration increases risk.)
- Wear the condom from the beginning of penetration through the climax to withdrawal after sexual relations, while the penis is still hard.
- Once the sexual act has ended, remove the condom by holding the base of the condom and sliding it off, being very careful not to allow the semen to leak onto your hands. **4**
- Wrap the used condom and dispose of it in an appropriate manner—for example, in a rubbish bin. Never flush a condom down the toilet, as it will block the plumbing system! Think of the '3 Bs': Bin, Burn or Bury. **5**
- Always use one condom per sexual act.

Using a male condom



1

2



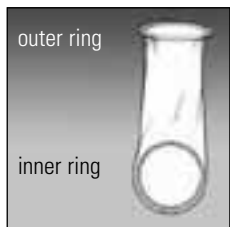
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4



5

Using a female condom



**Continued on
next page**

What is a female condom?

Whereas the male condom is placed on the penis, the female condom is positioned inside the vagina. The female condom is a loose-fitting sheath, made of either nitrile or polyurethane, with a flexible ring at either end. The inner ring at the closed end of the female condom is positioned inside the vagina, while the outer ring at the open end of the condom covers the area around the opening of the vagina. The female condom can be inserted up to eight hours before sex, including immediately before sex. Both oil-based and water-based lubricants can be used with the female condom.

The most commonly available female condom is the FC2 made of nitrile polymer, a synthetic latex. FC2 has the same physical design, specifications, safety and efficacy profile as the earlier female condom and was developed to make female condoms more available, as nitrile polymer is less expensive than polyurethane. The nitrile polymer is also a more comfortable material and more user-friendly. The female condom will not be damaged by high temperature or humidity, while the male condom can be. The use of a female condom is ideal for those allergic to latex. Note that the female condom is intended for vaginal intercourse and has not been clinically tested for use in anal intercourse.

Use of the female condom is increasing, with studies showing that it is acceptable to both male and female partners. Like the male condom, the female condom prevents HIV transmission by helping avoid exposure to semen or vaginal fluids. The female condom is more expensive than the male condom and is not as readily available for purchase in many parts of the world, although UN system organizations are encouraged to make them available to personnel at low or no cost.

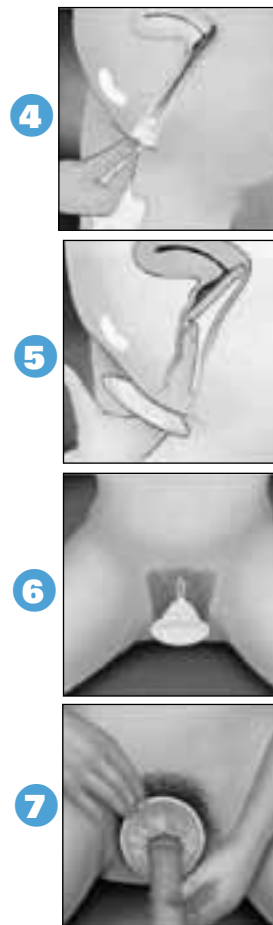
How to use a female condom

- Always check the expiry date on the packet; if the date marked has passed, the condom should not be used. The female condom comes pre-lubricated with a non-spermicidal silicone-based lubricant. While the female condom is still in the unopened packet, spread the lubrication around with your fingers by squeezing or rubbing the packet to ensure even coverage. Tear open the packet carefully with clean hands, and avoid the use of sharp objects. 1

- The female condom (pictured) has a ring at each end. Pinch the inner ring (at the closed end of the condom) with your thumb and middle finger so that it becomes long and narrow in order for you to insert it, a bit like one does with a diaphragm. **2 3**
- You should find a comfortable position for insertion, such as squatting or sitting with one leg raised or lying down. Next, insert the female condom into the vagina. The vaginal opening should be relaxed. **4**
- Then, place your finger inside the female condom and push the inner ring as far as it will go up into the vagina, ensuring that the pouch does not get twisted during insertion. The inner ring should be at the cervix, and the outer ring (at the open end of the condom) should remain on the outside of the vagina, covering part of the external genitalia. The female condom will line the inside of the vagina, whose natural shape, along with the inner ring which sits against the cervix when inserted properly, holds the condom in place. **5 6**
- It is now safe to have penetrative sex. Note that the man's penis need not be fully erect for penetration with use of the female condom. Be sure that the penis goes inside the female condom in order that the surface of the genitals of the male and the female are protected. You are not protected if the penis goes between the outside of the female condom and the wall of the vagina. **7**
- After sexual intercourse, squeeze and twist the outer ring and gently pull the condom out to remove (you don't have to remove it immediately after the act).
- Do this before standing up, to prevent ejaculate from leaking out. Like the male condom, the female condom is a one-time use only product; it should not be reused. Wrap the used condom in a tissue and dispose of it in a responsible and appropriate manner, remembering the '3 Bs': Bin, Burn or Bury. Never flush it down the toilet, as it will block the plumbing system.

Where can I get condoms and see a condom demonstration at my duty station?

Condom demonstrations are usually a part of the HIV learning sessions. Ask your agency focal point how you can attend one of these learning sessions. Condoms are available at many UN duty stations in discreet locations, such as the toilets. Some other places you may be able to get condoms are govern-



Be sure to use
exclusively a water-based
lubricant when using
latex condoms.



Condom demonstrations
are usually a part of
the HIV learning sessions.
Many UN duty stations
are making condoms available
in discreet locations.

ment clinics, the UN clinic, and some clinics run by nongovernmental organizations. UN Cares will work with the UN system in countries where condoms are not readily available to provide personnel with easy and discreet access to condoms within the workplace, either free or at low cost.

What about male circumcision?

In combination with safer sex practices, male circumcision reduces the possibility of transmission of HIV infection from female to male.

The evidence is compelling: a remarkably consistent, partially protective effect (approximately 60% reduction in risk of heterosexually acquired HIV infection for men) has been found across observational studies and in controlled trials conducted in diverse settings.

It is emphasized that male circumcision does not provide complete protection against HIV infection. It should never replace other known effective prevention methods but should be considered as part of a comprehensive prevention package, which includes abstaining from penetrative sex, correct and consistent use of male or female condoms, reduction in the number of sexual partners, delaying the onset of sexual relations, and HIV testing and counselling. Given that male circumcision partially reduces HIV risk for men, WHO, UNAIDS and their partners have developed specific policy recommendations for expanding and promoting male circumcision as a method of HIV prevention in countries with high HIV prevalence and low rates of male circumcision, along with operational guidance and tools.

Male circumcision is one of the oldest and most common surgical procedures known. It is undertaken for cultural, religious, social and medical reasons. For more information, please refer to www.uncares.org or www.malecircumcision.org.

Is it safe for my partner and I to have unprotected sex if we are both living with HIV?

No. It is possible that unprotected sex between two HIV-infected people will result in transmission of a more virulent or drug-resistant strain of the virus.

Are there other sexually transmitted infections that I should be concerned about?

Yes. In addition to HIV, there are more than a dozen other sexually transmitted infections. They are the main cause of infertility in women and, when left untreated, can lead to complications during pregnancy, for both the mother and the newborn child. (Mother-to-child transmission of HIV will be

discussed in the next chapter.) In addition, having an untreated sexually transmitted infection increases your vulnerability to HIV. The sexually transmissible human papillomavirus (HPV) can also cause penile and cervical cancer.

Condoms significantly reduce the risk of infection for most sexually transmitted infections. Some infections, however, especially those that cause genital ulcers, may not be prevented if the condom does not cover the infected area. It is therefore very important to be screened regularly for sexually transmitted infections if you have been at risk of acquiring one.

Signs of a sexually transmitted infection can include an unusual discharge from the penis or vagina, burning or pain during urination, and sores or blisters in or around the genitals or mouth. In women, sexually transmitted infections can also cause unusual bleeding (distinct from the menstrual cycle), as well as vaginal pain during sex.

Unlike HIV, which has no cure, most sexually transmitted infections can be cured with relatively simple treatments, which not only eliminate the disease but also ensure that the individual can no longer infect others. The fact that sexually transmitted infections significantly increase the risk of HIV transmission is an important additional reason why it is crucial to obtain immediate treatment for any kind of sexually transmitted infection.

In the event that you have a sexually transmitted infection, you might initially feel ashamed and want to avoid seeing a nurse or doctor. You might even be tempted to try dubious home remedies, take an over-the-counter medication that may not be correct for the infection you have, or even ask your friends for antibiotics. Do not take this approach. Improperly treated sexually transmitted infections will only worsen and may become resistant to available medication. Going for treatment when you have a sexually transmitted infection is not only a sign of self-respect, but also a reflection of your respect for your sexual partner(s). If you have a sexually transmitted infection, alert your partner and advise her/him to seek treatment.

Sexual partners
both living with HIV
should always have
protected sex.



Untreated sexually transmitted
infections significantly increase
the risk of HIV transmission.
If you think you may have
an infection, you should
be diagnosed and receive
immediate treatment.

Information on Common Sexually Transmitted Infections

	MALE SYMPTOMS	FEMALE SYMPTOMS	TREATMENT	PREVENTION	COMMENTS
GONORRHOEA	Burning sensation when urinating and yellowish white discharge from penis, rectum	Can occur without symptoms. Burning sensation when urinating and yellowish white discharge from vagina	Antibiotics	Safer sex including correct condom use	Can result in long-term complications such as infertility, urethral stricture, etc.
CHLAMYDIA	Can occur without symptoms. Discharge from the penis, burning sensation when urinating	Can occur without symptoms. Vaginal discharge, burning sensation when urinating, and lower abdominal pain	Antibiotics	Safer sex, including correct condom use, periodic screening	Can result in long-term complications such as infertility, etc.
SYPHILIS	Genital ulcer	Genital ulcer	Antibiotics	Safer sex, including correct condom use, screening during pregnancy	Can lead to second and third degree syphilis, which can damage other organs, such as the brain, heart, etc.
CHANCROID	Genital ulcer	Genital ulcer	Antibiotics	Safer sex, including correct condom use	Note that if ulcers are not fully covered by condoms transmission can still occur.

Symptoms of STIs

Ulcer, sore, rash or swelling around the vagina, penis or anus

Discharge from the vagina or penis

Pain or burning on passing urine

Pain or bleeding during or after sexual intercourse

Pain and swelling in the groin, testicles or lower abdomen

Information on Common Sexually Transmitted Infections

	MALE SYMPTOMS	FEMALE SYMPTOMS	TREATMENT	PREVENTION	COMMENTS
HERPES	Genital ulcer	Genital ulcer	Antiviral medicines	Safer sex, including correct condom use	Note that if ulcers are not fully covered by condoms transmission can still occur.
HUMAN PAPILLOMAVIRUS (HPV)	Genital wart	Genital wart, cervical cancer	Local treatment	Vaccination (for young women), safer sex including correct condom use	Note that if ulcers are not fully covered by condoms transmission can still occur.
TRICHOMONIASIS	Can occur without symptoms. Temporary irritation inside the penis, mild discharge, or slight burning after urination or ejaculation	Frothy, yellow-green vaginal discharge with strong odour; discomfort during intercourse/urination; and irritation/itching of the female genital area. Symptoms appear within 5 to 28 days of exposure.	Antibiotics	Safer sex, including correct condom use, screening during pregnancy	More common in women. The genital inflammation can increase a woman's susceptibility to HIV infection. May also increase the chance that an HIV-infected woman passes HIV to her sexual partner(s). May have babies who are born early or with low birth weight.



Common sexually transmitted infections and HIV transmission

There are several different kinds of sexually transmitted infections. Some, such as gonorrhoea, chlamydia and trichomoniasis are, like HIV, transmitted through semen or vaginal fluids, among other ways. Genital ulcer disease (such as syphilis, genital herpes and chancroid) and human papillomavirus, which is the main cause of cervical and penile cancer, are transmitted primarily through contact with infected genital skin, sores/ulcers, or membranous areas. A vaccine for the prevention of the four types of human papillomavirus that cause most cervical cancers and genital warts is currently available. If a family member is a female between the ages of 9 and 26, and has not yet received the human papillomavirus vaccine, the vaccine should be discussed with her doctor. Because some sexually transmitted infections can occur without causing symptoms, sexually active women should be periodically screened for infections by a nurse or doctor. Please visit www.uncares.org for more information.

● TALKING ABOUT HIV

How should I talk to my children about HIV?

In a world with HIV, young people need accurate information about the risks associated with sex. They need to be equipped with the values and skills, including negotiating safer sex, that prepare them to make healthy choices in difficult situations.

Contrary to the fears of many parents, studies show that sound sex education at home or at school does not cause young people to have sex at an earlier age or more frequently. When based on sound scientific evidence, comprehensive school-based education on human sexuality and HIV provides young people with potentially life-saving information and offers opportunities for them to clarify their values about sex. If you are the parent of a school-age child, you should ask about the sex-education policies at your child's school and work to ensure that the school offers a high-quality programme.

Parents should also talk to their children about HIV. Those of us who are parents may, in fact, be in the best position to counterbalance the misinformation or distorted images about sex that children may

glean from the media or their peers. The home is the best place to instil values of sexual responsibility and self-respect.

Discussing sex with our children is often a challenge. As a parent, if you are worried about your ability to raise the topic of sex with your child, you might seek advice from trusted friends, relatives, teachers or health workers. Getting tested for HIV gives you a chance to open a conversation at home with your partner and child, and to be a role model for both them and your community. Some service organizations specializing in issues related to HIV or family planning may offer education for children. The UN system also recommends that discussions be organized at the duty station among parents to discuss strategies for speaking to our children. In some countries, the UN system has organized special sessions for children to learn more about HIV. In whatever way you decide to address sexual issues with your child, be prepared to be frank, to admit to any uncertainties, and to respect your child's privacy.

How do I discuss protection from HIV with my partner?

There is no one 'correct' way to initiate a discussion with a partner about HIV prevention. How we approach this topic may depend on the nature of the relationship, as well as the personalities involved. Many people find it difficult to talk about sex. When we are discussing HIV prevention with a long-term partner, such as a spouse, a girlfriend, or a boyfriend, it can sometimes be hard to talk about protection, including condom use, without touching on sensitive topics such as commitment, trust and emotional intimacy.

Although it can be challenging to discuss mutual protection from HIV with a partner, it is important that we all talk about it. Avoiding the topic does not make HIV go away. You might want to think in advance about how you will raise the topic with your partner. If you are having difficulty deciding how you might do that, consider seeking counselling through a local organization specialized in HIV and/or family planning, or through a women's organization.

For long-term couples, going together for HIV counselling and testing is a good way to work through any HIV-related issues. The presence of an untreated sexually transmitted infection increases a person's vulnerability to HIV infection. For this reason, each partner should also be taking measures

A number of excellent resources on how to address sex and HIV with children and your partners are available at www.uncares.org.



It is important that we talk about HIV prevention with our partners. Avoiding the topic does not make HIV go away.

The UN Medical Services make every effort to ensure that safe blood supplies are available globally.

Nevertheless, in some parts of the world blood supplies are not always screened.



Because HIV cannot be transmitted through intact skin, our first defence is to avoid accidents that might lead to blood exposure.

to protect themselves from sexually transmitted infections and should seek immediate diagnosis and treatment if they think they may have one. Testing clarifies each partner's HIV status, which can help couples come up with their own informed HIV prevention plan. In addition, a trained counsellor can provide information, answer questions, and promote discussion about sex between partners.

● EXPOSURE TO BLOOD

How do I avoid receiving an HIV-infected blood transfusion?

Blood supplies in most parts of the world are now screened for HIV antibodies. Where blood screening takes place, units of blood infected with HIV are removed from the blood supply, virtually eliminating the risk of transmission. Blood that has not been obtained from appropriately selected donors and that has not been screened for transfusion-transmissible infectious agents such as HIV in accordance with national requirements should not be issued for transfusion, other than in the most exceptional life-threatening situations. As personnel of the UN system, we are entitled to information from UN Medical Services about local sources of safe blood. If we receive a blood transfusion through the UN Medical Services or from a UN-affiliated health-care provider, we can be confident that every effort has been made to ensure that the blood is safe.

Unfortunately, in some parts of the world blood is not always screened. In such places, especially when a blood transfusion is administered by a health-care provider not affiliated with the UN, there can be a risk of exposure to HIV or other blood-borne diseases. If you have any concerns relating to the safety of blood available at your duty station or country, please contact the designated UN Official for Security or check the UN Cares Service Directory on HIV at www.uncares.org.

How can I avoid being exposed to HIV-infected blood in the course of my work or in daily life?

Many people engage in activities that could conceivably lead to exposure to another person's blood. Accidents on the road, at home, or at work are not only health risks in their own right, but might conceivably result in blood exposures.

Because HIV cannot be transmitted through intact skin, our first defence is to avoid accidents that might lead to blood exposure. The *United Nations HIV/AIDS Personnel Policy* emphasizes prevention of road accidents. It is a requirement that all UN personnel and others in UN vehicles wear seat belts at all times. Those of us who are drivers or supervise drivers have an extra responsibility to make sure that seat belts are worn by passengers at all times—whether sitting in the front of the vehicle or in back seats. Outside of UN vehicles, it is recommended that all passengers wear seat belts at all times, regardless of whether or not it is the law.

When accidents do occur, the best approach is to follow what are known as standard precautions. This strategy assumes that everyone is potentially infectious—either with HIV or with another disease, such as hepatitis. Under the standard precautions approach, no blood exposure is regarded as safe. It is recommended that everyone—not only UN personnel—know and follow standard precautions during first aid and at other times of possible contact with blood.

Following standard precautions requires advance planning and preparation. Because accidents can occur at home as well as at work, be sure that you have ready access to first-aid kits in both locations. According to the standard UN recommendation for first-aid kits, all kits should include latex gloves, to be worn before touching another person's blood or open wound. To clean up spills of blood or other body fluids, use a solution of bleach mixed with water. Bleach is widely available in local markets.





Safe health care

In several regions, unsafe blood collection and transfusion practices, and the use of contaminated syringes, account for a small but significant share of new infections. When using UN-run or UN-designated facilities, you and your families are able to receive medical services in safe health-care settings where only sterile syringes and medical equipment are used, virtually eliminating any risk of HIV transmission as a result of health care. (The special circumstances involved when personnel are on mission or for some other reason may not have access to UN Medical Services are addressed in the next chapter.) We also have the right to be informed of sources of screened blood in case we ever need a blood transfusion; screening blood can virtually eliminate the risk of transmission as a result of a transfusion.

Standard precautions

Standard precautions are based on the assumption that all body fluids can carry blood-borne diseases; it is important to protect yourself against any infections via bacteria or viruses. Here are some rules everyone should follow:

- **Cover cuts.** If you have cuts or open sores on the skin, they should be covered with a plastic bandage.
- **Wash your hands.** Hands should be washed with soap and hot water after contact with blood or other body fluids, after going to the bathroom, before preparing or eating food, and after removing latex gloves.
- **Clean up.** Spills of blood or other body fluids should be cleaned up with a fresh mixture of household bleach (1 part) and water (9 parts). Paper towels should be used and disposed of in a plastic garbage bag. Remember to wear latex gloves when cleaning up.
- **Wear latex gloves.** Gloves should be worn once and disposed of in a plastic garbage bag. Small plastic bags may be used instead of gloves if necessary. While gloves are highly recommended, keep in mind that intact skin is an excellent barrier against HIV, as the virus cannot penetrate the

skin in the absence of an open wound. If the skin is exposed to blood, wash it as soon as possible with soap and hot water.

- **Wash clothes.** Soiled items should be stored in sealed plastic bags. Wash soiled clothing separately in hot soapy water and dry it in a hot dryer, or have it dry-cleaned.
- **Dispose of garbage.** Use caution when disposing of waste that may contain infected materials or used needles. Discard materials soiled with blood or other body fluids in a sealed plastic bag.

● IN THE EVENT OF POSSIBLE EXPOSURE TO HIV

What should I do if I may have been exposed to HIV?

In countries where you cannot be reasonably assured of the necessary emergency medication in emergency rooms of hospitals, the UN system, through the UN Cares programme, ensures that post-exposure prophylaxis (PEP) starter kits are available in UN system offices and are made available to all UN personnel and their family members.

Post-exposure prophylaxis starter kits comprise: the first five days of a 28-day emergency medical treatment of antiretroviral therapy that can be used for an HIV-negative person following an accidental exposure to HIV (continue reading for reasons the antiretroviral medication of the starter kit might be harmful for a person living with HIV); emergency contraception; a pregnancy test; instructions for use; and a consent form. Taking antiretroviral medicines as post-exposure prophylaxis should be viewed very seriously; antiretroviral medicines should not be considered as an alternative to practising safer sex.

If you believe you may have been exposed to HIV—for example in the event of a sexual assault; as the result of an accident, a criminal assault, or a security incident; or while giving first aid to an injured person who might be infected⁴—and you know you were HIV-negative before the incident, you should contact the post-exposure prophylaxis starter kit custodian at your duty station. If you don't know who has been appointed to this important task, here are ways you can find out:



The standard precautions approach assumes that any blood that a person may come into contact with is potentially infectious. For additional information on standard precautions, refer to www.uncares.org.

4 Staff members are expected to use all precautionary measures to avoid any possible exposure to HIV. Post-exposure prophylaxis starter kits are intended for use by HIV-negative persons in the event of an emergency such as a sexual assault, occupational exposure or where other methods of prevention have failed. Antiretroviral medications are a serious treatment taken under the supervision of a physician for an entire month and may cause various side-effects.



- Refer to the UN Cares Services Directory on HIV at www.uncares.org to find out the post-exposure prophylaxis starter kit manager and custodians for your country and duty station.
- Contact the local office of the UN Designated Official for Security (usually the Resident Coordinator's Office).
- Contact the UN Medical Services if one exists at your duty station.
- Contact your human resources officer.
- Ask one of the UN Cares/Learning Strategy Facilitators (find a list at www.uncares.org/facilitators).

The post-exposure prophylaxis starter kit comprises medication for five days, which should give you and the doctor treating you enough time to make sure that you get the necessary medication for the remaining 23 days.

If you are living with HIV you should not take the antiretroviral medication in the post-exposure prophylaxis starter kit, as it might harm you by increasing the risk of developing resistance towards these medications and thereby reduce future therapeutic options when you need them. If you were the victim of a sexual assault, you might want to follow the procedures for emergency contraception.

Ideally, prophylaxis (taking the antiretroviral medication) should be started within 1 to 2 hours—but certainly no later than 72 hours—after possible HIV exposure. Data suggest that the earlier the treatment is commenced, the greater the likelihood of success. It is a good idea to enquire how post-exposure prophylaxis starter kits may be accessed and to note the name of the starter kit holder/custodian before a potential exposure occurs. We suggest that you write the name of the custodian on the card inserted in this booklet and that you carry the card with you at all times. In some countries, such as in North America and parts of Europe, post-exposure prophylaxis is not available through the UN system, since it can be obtained in the emergency room of any hospital.

In some cases there is neither access to a post-exposure prophylaxis starter kit nor a facility to provide one within your particular country. The Designated Official for Security (usually the Resident Coordinator) is required to ensure the establishment of a Post-exposure Prophylaxis Emergency Protocol, which will identify the nearest regional medical evacuation centre where comprehensive follow-up can take place, including the quickest evacuation route(s) and method(s) for achieving this. Please contact your Designated Official if you find yourself in such a situation. If you do not know who your Designated Official or starter kit custodian is, you will find a listing in the UN Cares Services Directory on HIV at www.uncares.org.

To access the UN Cares Services Directory on HIV:

- visit www.uncares.org
- click “UN Cares Services Directory on HIV”
- log in by selecting your agency from the drop-down menu and entering your password (password is your continent in lower case, i.e. africa, asia, central america, eurasia, europe, north america or south america)
- click “Login”
- select the country you want to query from the drop-down menu above the banner
- access the information you need from the general or technical directory

To protect the contact information of the persons listed in it, use of the Services Directory on HIV is restricted to UN personnel and their families. For more information on the UN Cares Services Directory on HIV, contact servicesdirectory@uncares.org. For general information about UN Cares, contact info@uncares.org.

PEP (post-exposure prophylaxis treatment) must be administered within 72 hours.



If you are the victim of a sexual assault, you could possibly be exposed to HIV. As a UN employee, you are entitled to post-exposure prophylaxis treatment.



If you do not know who your Designated Official or starter kit custodian is, you may find a listing in the UN Cares Services Directory on HIV at www.uncares.org

What if I am in an accident?

Accidents can happen at any time, so always carry a card bearing your name and blood type, a contact name and phone number, and the phone number of your health insurance company. This card should also include the phone number of the UN security service. (An awareness card is included in this booklet. Detach it from the booklet, fill it out, and carry it with you at all times.) In case you need to call someone for help, always carry a mobile phone, a telephone card, or change for a public telephone.

What if I am sexually assaulted?

The risk of sexual assault is an unfortunate reality in every part of the world. If you are the victim of a sexual assault, you could possibly be exposed to HIV. You should be aware of the local protocol for the use of the post-exposure prophylaxis starter kit and should contact the custodian immediately in the event of a sexual assault, who will refer you for appropriate treatment, including emergency contraception. It is strongly advised that you seek medical attention and a physical examination in order to detect possible exposure to HIV or a sexually transmitted infection, and to obtain counselling to help you cope with trauma related to the assault.

Can I get infected with HIV while engaging in sports or other activities?

No cases of HIV being transmitted during sports activities have ever been documented. In the case of an open wound or bleeding, follow standard precautions, clean the wound, apply antiseptic, and cover the wound. When you, or any members of your family, choose to undergo non-medical procedures that will penetrate skin or membranes, such as body piercing and tattooing, ensure that the equipment used is sterile.

HIV is difficult to transmit, but instruments used in these procedures may pose some degree of risk if they are used on more than one person and not sterilized. For best protection, single-use needles should be used. The standard precautions can be found at www.uncares.org as well as on page 38 of this booklet.

● SAFE INJECTION PRACTICES

Is it safe for me to have an injection?

Nobody (including injecting drug users) should ever re-use a needle, syringe, or equipment used for injecting of any kind that has already been used by another person. If you receive medical care from the UN Medical Services or from a UN-affiliated health-care provider, you can be confident that every effort has been made to ensure that injecting devices have not been used before and will not expose you to HIV. If you need to give yourself an injection outside a UN health-care setting, only use single-use disposable needles and syringes. Since safe injection practices are not followed in all health-care settings and since it may not always be possible to purchase sterile injection devices, all medical kits given to travellers in all UN agencies include disposable syringes and needles.

How can injecting drug users protect themselves from HIV?

Unprotected sexual intercourse and the use of contaminated needles or syringes for the purpose of injecting drugs account for the top two sources of new HIV infections. Individuals who use drugs should take steps to prevent their exposure to HIV, in particular by ensuring that if drugs are injected a clean needle/ syringe is used every time. In many parts of the world where injecting drug use is known to be prevalent, needle/syringe-exchange programmes are available for injecting drug users to ensure access to sterile injecting equipment. Studies show that such programmes reduce the risk of HIV transmission without contributing to an increase in drug use.

Drug treatment is also an important means of reducing the harm associated with drug use. Opioid substitution therapy, with the use of prescribed methadone or buprenorphine, is available in many countries and has been shown to successfully reduce the harm caused by drug injecting, including the risk of becoming infected with HIV.

Undergoing a successful drug rehabilitation programme can also contribute to avoiding HIV infection through injecting drugs. UN medical insurance plans cover the costs of such treatment programmes. To find out about possible treatment plans, speak to the UN Medical Services or to a UN-affiliated health-care provider.



Can non-injected substances, such as alcohol or drugs that are inhaled, contribute to HIV transmission?

Yes. Although alcohol and non-injected drugs do not directly expose you to another person's blood, they can impair your judgement and cause you to take risks (especially during sex) that you might not otherwise take.

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Unprotected sexual intercourse and the use of contaminated needles or syringes for the purpose of injecting drugs account for the top two sources of new HIV infections.

OTHER TYPES OF PREVENTION

What about prevention for women specifically?

Women often experience the impact of HIV more severely than men, due to a combination of social, economic, and biological factors. Young women have a slightly higher risk of being infected with HIV because the opening of the womb (cervix) has not acquired sufficient maturity and thickness to act as an effective barrier. Women comprise about half of all people living with HIV worldwide.

If you are a woman, you should be aware of your right to protect yourself against HIV and know how to do so. Gender-based abuse and violence and discrimination against women make them more vulnerable to HIV. Gender norms in your country, for example, may dictate that as a woman you should be uninformed and passive about sex. This may leave you less able to negotiate safer sex or to access appropriate services. Many women are infected with HIV by their long-time trusted partners or husbands, so it is important to negotiate safer sex in an established relationship as well as with a new partner. To protect yourself against HIV, it is essential to learn the appropriate skills you need to negotiate safer sex if you choose to have sexual relations, to be able to access support services such as women's refuges in the event of gender-based violence and to be able to rely on police and justice processes to provide protection if necessary.

Reversing the underlying socioeconomic factors that contribute to women's increased HIV risk—gender inequality, poverty, lack of economic and educational opportunity, lack of legal and human rights protections—is critical. Each individual has a responsibility to protect themselves and others from exposure to HIV, especially men who have the social power to influence (other) men to protect themselves and their sexual partners.

● MOTHER-TO-CHILD TRANSMISSION

See the next chapter of this booklet for information on preventing mother-to-child transmission of HIV.



Women comprise about half
of all people living
with HIV worldwide
due to the effects
of gender inequality
and an increased
vulnerability to HIV infection
biologically and socially.



Protecting ourselves and others from HIV



How do you protect yourself and others from HIV?

*Where can you expect the UN to provide condom demonstrations—
for both male and female condoms?*

Where can you get condoms (both male and female) locally?

Who are the post-exposure prophylaxis starter kit custodians at your duty station?

What are some of your ideas for your personal HIV prevention plan?

How do you plan to communicate with your partner(s), children, other family members and friends about HIV and HIV prevention?



3 Live

STAY
HEALTHY





TO LIVE HEALTHILY WITH HIV, WE AND OUR FAMILIES SHOULD:

- seek help, information and support
- take care of our own health
- take care of our financial situation
- carefully adhere to our treatment schedule when treatment is needed
- plan for the future
- take care of people depending on us
- contribute to a safe, fair and productive workplace by talking openly about HIV and respecting the rights of all personnel, including ourselves and others who are living with HIV

We should all know
our HIV status.

Being tested can help to reduce
anxiety and allows us to create
a personal HIV prevention plan
with a trained counsellor.



“ To be honest,
if I hadn’t had the test,
if I didn’t know [my HIV status],
it wouldn’t make me negative;
it would just make me ignorant.”

Staff member living with HIV
(from DPKO DVD “Hidden Risk,
HIV and Peacekeeping.” 2007,
on having tested positive)

Should I get tested for HIV?

Yes. In a world with HIV, it is important to get tested, as this is the only way to know your status. If you test positive for HIV, you can take the necessary measures to adapt your lifestyle while your doctor monitors your health so that you begin therapy when it will be most effective. If you test negative, the result might help to reduce anxiety and provide an opportunity to personalize your own HIV prevention plan with a trained counsellor. Remember that HIV prevention is a life-long undertaking and that you should get tested regularly for HIV if there is any possibility you may have been exposed.

The UN system does not require you to be tested for HIV, although the UN Medical Services encourage all staff members to know their HIV status. It is highly recommended that all family members who are sexually active or who may have been exposed to HIV in other ways get tested as well. As UN system personnel, you are not required to disclose your HIV status to a supervisor or any other co-worker.

The online UN Cares Services Directory on HIV provides a list of reliable sources of HIV counselling and testing at your duty station; you might also ask the UN Medical Services or any UN designated physician at your duty station. Going to one of these recommended testing facilities will ensure that you receive the appropriate counselling and information. Self-testing is not recommended.

I really don’t think I’m at risk of being infected with HIV. If I’m not at risk, why should I get tested?

Only you can assess your risk of infection. Studies among people living with HIV, however, consistently show that a large share of people living with HIV were unaware of their risk prior to their diagnosis. Knowing your HIV status is an important way of protecting and maintaining your health.

I’m afraid to be tested for HIV. I know that if I test positive, I’ll be upset.

Getting tested for HIV can be scary. Whenever possible, choose a testing facility where a trained counsellor is available to provide you with support and to answer any questions before the test and when you receive your results.

We have learned a lot from UN colleagues who found out they are living with HIV. They say that when they were tested they were scared, and were upset upon learning that they had HIV. However,

they also tell us that they have learned to live with the results and are able to thrive, because now they have the information they need to protect their families and to care for themselves. It is often useful for couples to go to HIV counselling and testing together.

Depending on the level of your anxiety about receiving your test results, you might consider having a friend or loved one on standby to talk. While your post-test counsellor will be available to calm your fears and offer you relevant information, it also helps to have a support network to help you work through your emotions.

How long after possible exposure should I wait to be tested for HIV?

It is recommended that you get tested for HIV immediately after potential exposure. This first test will serve as a baseline. If you knew you were negative before the possible exposure, a positive result will be an indication that you have been exposed since your last test. If the test is negative, it does not mean that you have not been exposed. You will need to wait three months for a second test for HIV.

Although HIV antibody tests are very sensitive, there is a ‘window period’ of 3 to 12 weeks, which is the period between infection with HIV and the appearance of detectable antibodies to the virus. In the case of the most sensitive HIV tests currently recommended, the window period is about three weeks. This period may be longer if less-sensitive tests are used.

During the window period, people infected with HIV have no antibodies in their blood that can be detected by an HIV test. However, the person does have very high levels of HIV in body fluids such as blood, semen, vaginal fluids and breast milk. HIV can be passed on to another person much more readily during the window period even though an HIV test may not show that you are infected with HIV.

I’m afraid that if I test HIV-positive, I’ll be alone. Is that true?

No. None of us needs to be alone if we test HIV-positive. Millions of people throughout the world are living with HIV. HIV infection does, though, present some important challenges. If you test HIV-positive you should think about contacting a local AIDS service organization or the UN HIV focal point in your country to obtain information about a support group to join. You may also consider referring to the UN Cares Services Directory on HIV at www.uncares.org for information. An increasing





UN Plus: A Network of UN Employees Living with HIV

UN Plus is the UN System HIV-Positive Staff Group. It brings together HIV-positive staff working in the UN system from across the regions and agencies. Its mission statement is as follows: 'Uniting for solidarity, equality and acceptance for people living with HIV within the UN system through awareness raising, policy change and advocacy.' UN Plus provides peer advice, support and advice on issues related to HIV in the workplace to UN staff and external partners. If you would like more information, or to join, visit www.unplus.org.

number of workplaces have their own support groups. By sharing our experiences with other people living with the virus, we can reduce our anxieties, learn new strategies for coping with HIV infection, and build new friendships with people who are facing similar challenges. Information about UN Plus, the UN System HIV-Positive Staff Group, can be found online at www.unplus.org.

If you would like to speak confidentially to a UN HIV counsellor outside your duty station, you may contact the UN staff counsellor's office in New York at +1-212-963-4782 or send an email with your phone number to HIVadvice@uncares.org and a counsellor can call you back.

If I test positive for HIV, what should I do?

First of all, try to listen carefully to what the counsellor from the testing centre is telling you. He or she will provide you with important information about the next steps, where to get medical care and where to seek support. If you forget something or are simply overwhelmed, call and ask to talk to the counsellor again. Many people find it difficult to retain the information the first time around because they cannot concentrate.

See a medical doctor who specializes in HIV to obtain a second HIV test in order to confirm the result of the first and, if the result is confirmed positive, start your medical care plan. If you are worried that you may have exposed someone to HIV through unprotected sex, your counsellor or doctor can help you with approaches you may take to encourage them to get tested for HIV. You should always practise safer sex. If you familiarize yourself with various issues around HIV you will become a more competent partner to your medical doctor with regard to maintaining your health.

If I test HIV-positive, do I have to tell anyone at work? I'm afraid I might be discriminated against or mistreated. Who do I tell, and how?

No one living with HIV is required to disclose his or her status. For those of us living with HIV, it can be difficult to decide if, or when, to tell another person, especially a colleague or supervisor. It is natural to worry about being rejected by family, friends, neighbours or colleagues. Discrimination against people living with HIV remains all too common, so those of us who are HIV-positive should think about who we can trust with this information.

Although as personnel of the UN system we will never be made to disclose our HIV status, there may be advantages in sharing this information with a trusted supervisor or other colleagues, such as human resource professionals or the UN system physicians. There are also things that you should keep in mind as a UN employee, such as the fact that your contract and terms of employment should be the same as they would be if you were not living with HIV, and that you ought to have the same opportunities for advancement and mobility. Disclosing your status may make it easier to be open and honest about why you may need to take time off for medical care, or why you may need to work on a flexible schedule. Should you decide to disclose your status to your managers and/or colleagues, they will be better able to address the matter if it comes up. Some people find that in the long run keeping their HIV status a secret can cause stress and anxiety. In the end, though, whether or not you disclose your status is your decision.

Will the UN continue to allow me to work if I test HIV-positive?

Yes. UN staff members cannot be fired, demoted, or denied a promotion or assignment solely on the basis of HIV infection. Most people living with HIV are fully capable of continuing to work—whether within or outside the UN system. In the UN system, fitness to perform the required duties is the sole medical requirement for employment.

When you are placed in a new position in the UN or sent on mission, the UN Medical Services conduct a medical exam to determine your physical fitness for the assignment. Keep in mind that the UN Medical Services do not automatically test for HIV, either for medical clearance or for periodic medical check-ups. Depending on the nature of the assignment, its location, and the state of your own health, the UN Medical Services might decline to certify you as being fit for a particular job. In all such cases, qualified medical staff will make this determination only after an individualized assessment of your health situation; no blanket exclusion of people with HIV is allowed for jobs in the UN. It may be in your own interest to reveal your status to the medical services if you are being transferred to a duty station that may not have good medical services or a good supply of the medicines necessary for treating HIV. If a medical clearance is withheld for a new assignment, the UN Medical Services will not disclose to your supervisor or your colleagues the nature of any health condition revealed or detected during a medical examination, or reveal why you are not being cleared for a specific duty station or



Disclosure of HIV status...

can be one of the most difficult challenges a person living with HIV may face. If someone decides they trust you enough to share this information, offer your support and reassure the person that he or she can count on you to keep it to yourself. It is important that you treat the information confidentially, as you do with any other personal information someone entrusts you with.

The UN encourages
all personnel to take care
of their health,
but this is especially important
for those of us who are HIV-positive.



No staff member
who works in the UN system
can be fired, demoted, or denied
a promotion or assignment
solely on the basis
of being HIV-positive.

assignment. Should you decide to disclose your HIV status to them, the UN Medical Services will closely guard the confidentiality of this information, as it does all personal medical information.

If, at any time, you have difficulties in performing your job as a result of HIV infection, the UN system will work with you to adjust your work situation so that you can continue to be employed by the UN system as long as your health situation allows you to actively contribute to the organization's mandate.

If I test HIV-positive, does this mean that I'm going to get sick soon?

You will not necessarily get sick soon if you test HIV-positive. Even in the absence of treatment there is normally a long period after infection before any symptoms of HIV-related diseases appear. As a result of medical advances, people living with HIV are now able to live healthily and productively with the virus. In addition, an extraordinary amount of research is under way to identify treatments to build on those that already exist. HIV infection is a major medical condition that must be taken seriously, but it is not a death sentence.

What should I do to protect my health?

The UN encourages all personnel to take care of their health, but this is especially important for those of us who are HIV-positive. It would be good practice for everyone to follow the following principles of healthy living.

- **Nutrition:** eat appropriate amounts of food and consume healthy foods from the different food groups, which are:
 - Proteins—meat, fish, soya beans and nuts help to build and maintain muscles.
 - Carbohydrates—they supply energy and can be found in grains, cereals, vegetables and nuts.
 - Vitamins—found in fresh fruits and vegetables. Vitamins strengthen the immune system and help fight infections.
 - Fats—they should be consumed modestly. Put emphasis on monounsaturated fats found in nuts, seeds, vegetable oils and pulses while avoiding saturated fats, including butter and animal products such as lard and suet.

- **Clean water:** drink plenty of liquids. If you are not sure about the purity of your public water supply, boil your drinking water or, if possible, use bottled water.
- **Food hygiene**
 - Wash your hands carefully before food preparation.
 - Keep raw and cooked food separate.
 - Choose foods that are safe (avoid unpasteurized milk and wash fresh fruits and vegetables well).
 - Cook foods thoroughly.
 - Eat foods soon after they are cooked.
- **Stress and anxiety:** minimize stress and anxiety. Having a social support network helps. Get regular exercise and adequate sleep.
- **Avoid smoking:** smoking damages the lungs and other organs and increases susceptibility to infection.
- **Medical care:** have regular medical follow-ups.
- **Medicines:** avoid unnecessary medicines and if you are on other medications not related to HIV, discuss them with your physician.

If I test HIV-positive, does this mean that I need to start on medication immediately?

No, but you should immediately find a physician who is experienced in HIV for follow-up tests and consultation. *Your physician will monitor your health status regularly and will decide if and when you need to start taking antiretroviral/other medication, which will depend on various factors, including blood results.* He or she will evaluate your past medical history, check your clinical status, physically examine you and perform additional tests to assess the stage of your HIV infection.

One of the things your doctor will look at is your CD4 cell count. The immune system is made up of different white blood cells that protect us from diseases. When the immune system is functioning normally, the CD4 cells (also known as T-helper cells or T-cells) protect the body by recognizing and destroying viruses and bacteria. These are also the cells that HIV attacks and destroys. A high viral

I was diagnosed with HIV more [than] 22 years ago...

and almost immediately became involved in AIDS activism—firstly in the UK, where I was involved in setting up the first positive women’s organization—and then on an international basis through work with the international PLHIV [people living with HIV] conferences, the Global Network of PLHIV and the International Community of Women Living with HIV.

More than 20 years later, I am still alive and kicking and working with the UN, having survived when most of my peer group from the 80’s died long ago. Thanks to being born in a country with free health care I was able to access antiretroviral therapy, which became available when I needed it most. When I first began therapy I had a CD4 count in single figures and had [pretty] much resigned myself to not being around much longer. Strange though it may sound, although my physical recovery was remarkable, it took a while to adjust mentally to being healthy again and to actually having the luxury of being able to contemplate a future that stretches into years rather than months.

– KATE THOMSON, co-founder of UN Plus

Those who test HIV-positive should immediately find a physician who is experienced in HIV-related medicine for follow-up tests and consultation. Those of us who are living with HIV are now able to live healthily and productively.



Combination therapy achieves maximum impact and reduces the likelihood that drug resistance will develop.

load means that HIV has crippled a large number of CD4 cells, making the immune system weaker and more susceptible to diseases.

Ask for a referral or use the UN Cares Services Directory on HIV at www.uncares.org to find a physician in your area.

If I'm HIV-positive and my physician prescribes medication for my condition, can I begin antiretroviral treatment slowly—say, by taking only one pill at a time?

Because HIV is constantly mutating, it quickly becomes resistant to any single medicine. When resistance develops, the medicines are not as effective and the viral load level in the blood begins to rebound. To prevent or slow down the development of such resistance, your doctor will prescribe three different antiretroviral medicines (combination therapy), although many combination therapies are now available in a single pill. By attacking HIV in different ways, combination therapy achieves maximum impact and reduces the likelihood that drug resistance will develop.

Combination therapy sounds complicated. How can I make sure I am able to adhere and take my medication as prescribed?

Combination HIV therapy is not simple. However, with single pill dosing, incorporating as many as three medicines in a single pill, it is getting easier. Those of us who are HIV-positive and on therapy might need to take multiple drugs, especially if our HIV infection is advanced and we also need treatment for other opportunistic infections. Taking medication as prescribed is often referred to as 'treatment adherence'. Because treatment adherence is so critically important in the case of HIV, extra care must be taken to make sure that HIV medicines are taken exactly as prescribed. If you miss doses, fail to take them on time, or otherwise vary your treatment regimen, the medicines will not be as effective and resistance will develop more quickly. Depending on your regimen, you may have certain eating restrictions (such as the need to take medicines with food) and may have to refrigerate one or more of your medicines.

It is a good idea for those of us who are living with HIV and who are prescribed a combination medication regimen to create a personal treatment adherence plan. The nature of this plan will depend on your individual treatment regimen and on the dynamics of your life. Before you leave your doctor's

office with your new treatment regimen, discuss your treatment adherence plan with a doctor, nurse or counsellor in order to determine how you can make it work in your life.

The following are some ideas for treatment adherence.

- Create a daily calendar to work treatment into your daily routine.
- Use a daily or weekly planner to keep up with the treatment schedule.
- Use a beeper or alarm clock to remind you when it is time to take a dose.
- Count on friends, family members, or roommates to help you remember.

Developing a treatment adherence plan requires that you make a commitment and stick to it. It requires you to look at your life honestly and identify things that might interfere with your ability to take your medicines on time. Even if at times your life becomes disordered, as everybody's does, it is important to maintain some routine to keep to your treatment adherence goals. If you travel, be sure to make note of time differences so that you are able to maintain taking your medicines on time. If you forget to take a dose, take it as soon afterwards as you remember, unless it coincides with the next dose, in which case only take the one dose.

Those of us who are HIV-positive should remember that we are not the only ones facing these challenges, and that others can help. A lot of other people living with HIV or other chronic illnesses are in the same situation. It is important to believe that the treatment is of benefit rather than seeing it as a part of “being sick”. One HIV specialist has referred to antiretroviral therapy as “carrying around a million dollar check” because we know that when started at the right time, antiretroviral treatment does prolong people's lives and gives people living with HIV a chance at a normal life expectancy. Discussing treatment with other people facing similar situations may also be helpful, in order to share ideas and find workable solutions for treatment adherence and other issues.

I understand that having HIV can make you susceptible to other infections. If I'm HIV-positive, how can I protect myself from them?

For those of us who are living with HIV, we are most prone to infections once the virus has seriously damaged our immune system. For most individuals, combination HIV therapy significantly strength-





ens the immune system and reduces susceptibility to opportunistic infections. If you are living with HIV, regularly see a doctor qualified to treat HIV-related illness, so that your immune system can be monitored. Routine monitoring of your immune system will enable your doctor to prescribe treatments to prevent some of the opportunistic infections that can affect people living with HIV.

The susceptibility of people with HIV to opportunistic infections underscores the importance of knowing one's HIV status. Many people with HIV who delay testing only learn that they are positive when they experience a serious, sometimes life-threatening, illness. By knowing your HIV status, you can take better care of your health and ensure that you are monitored periodically. If you are living with HIV, your doctor can prescribe medication that can prevent opportunistic infections from developing.

Preventing, diagnosing and treating tuberculosis

Tuberculosis (TB) is a common and often deadly infectious disease that can affect us all. One third of the world's population is infected with the tuberculosis germ. Not everyone who is infected will develop tuberculosis (only about one in ten in their lifetime), but around 9 million people worldwide who have been infected develop tuberculosis each year.

People living with HIV are much more likely to develop tuberculosis once they are infected (about one in ten per year), even when taking appropriate treatment for HIV. In fact, tuberculosis is the most common cause of illness and death among people living with HIV in many parts of the world, despite being preventable and curable. In many countries, tuberculosis is often the first sign that someone is infected with HIV, as it occurs early in the course of HIV infection.

We must all be aware of the symptoms of tuberculosis and take prompt action if we suspect tuberculosis in ourselves or our colleagues, friends and family. Early diagnosis and treatment of tuberculosis improves the outcome and reduces the risk of spreading it to others. The most common symptoms of tuberculosis are a persistent cough for more than two to three weeks, unexplained weight loss, fever, and night sweats. If you think you might have tuberculosis, visit your nearest clinic immediately.

All of us who are living with HIV should be screened to see if we have been infected with tuberculosis, as this can be treated to prevent tuberculosis disease developing (isoniazid preventive therapy).

People living with HIV should also be screened regularly for tuberculosis disease each time they go to the clinic. Remember, tuberculosis is preventable and curable.

If I am living with HIV, what protection should I follow?

People living with HIV play an important role in health promotion, for themselves and their partners, families and communities. The concept of “Positive Health, Dignity and Prevention” emphasizes the role of positive people in all aspects of health promotion and HIV prevention.

If you are diagnosed with HIV, there are some prevention steps that you should follow. You should prevent:

- becoming infected with other sexually transmitted infections by having protected/safer sex;
- becoming infected with hepatitis B and hepatitis C by having protected/safer sex, using safe injection practices and getting appropriate vaccinations;
- complications of HIV by ensuring that you get good medical care;
- HIV resistance by adhering to your treatment protocol;
- transmitting HIV to your partner by:
 - disclosing your status to your partner
 - encouraging your partner to get tested for HIV
 - using male or female condoms during sex
 - using single-use sterile syringes (no reuse)
 - not sharing sex toys, etc.

If your partner is HIV-negative and is accidentally exposed to HIV, encourage him or her access post-exposure prophylaxis within 2 to 72 hours after the accident.

Take greater control of your life. You have the right to make healthy choices and you have the responsibility—personal, practical and ethical—to protect your partner.



“ Staff members do not have to feel sidelined or alone—there is a lot that they can achieve on their own and in partnership with others in similar situations to make sure their working environments are conducive. Each and every organization, no matter how small, can take small steps towards supporting this ‘movement.’ ”

– BHATUPE MHANGO,
UN Plus Coordinator



What about reproductive health and planning for the future?

If you are in a relationship and one of you is HIV-positive, it is possible for you to enjoy a healthy relationship and sex life. If one partner is HIV-negative and the other HIV-positive, it is important to use condoms correctly and consistently. If you are living with HIV, maintain a healthy lifestyle and follow all measures so as to not infect your partner. Discuss concerns and planning for the future with your partner. If you are considering having a child, talk with your doctor about whether this would be a healthy option. If you do decide to have a child, you may want to inquire about assisted reproductive health options such as insemination or checking to make sure that the viral load is undetectable and ensuring that unprotected sex occurs in the fertile period only. Lastly, know that if you are living with HIV you can enjoy the same quality of life, including your sex life, as any other person.

MOTHER-TO-CHILD TRANSMISSION

Is it okay for me to have a baby if I'm living with HIV?

For many HIV-positive people, deciding whether to have a child can be extremely difficult. An important first step is to consult your doctor to obtain the latest information and to get advice and counselling in order to make healthy decisions. If you are a male living with HIV, consider the potential impact on your female partner's health. If she is HIV-negative it is important that she remain HIV-free, because becoming infected during pregnancy increases the risk of HIV transmission to the foetus. If she is HIV-positive too, the baby could contract HIV during pregnancy, birth or breastfeeding.

Every year, hundreds of thousands of children become infected with HIV during pregnancy, delivery, or as a result of breastfeeding. Fortunately, some of the antiretroviral drugs that have proven so effective for the treatment of HIV infection itself are also effective in significantly reducing the risk of HIV transmission from mother to child.

Effective prevention of mother-to-child transmission includes several components. If you are pregnant, you should receive antenatal care from a qualified health-care provider. Most antenatal doctors

will offer you an HIV test; if yours does not, you should request one. If you test HIV-positive in the antenatal setting, you will be counselled about your reproductive options.

Reducing the risk of mother-to-child transmission

A pregnant woman who is HIV-positive can pass the virus on to her baby in the womb or during childbirth, or postnatally through breastfeeding. Studies in industrialized countries indicate that the entire prevention package—voluntary counselling and testing, comprehensive antenatal care and associated counselling, adequate antiretroviral therapy with the most effective regimen, and counselling on breastfeeding alternatives—can reduce the risk of mother-to-child transmission to a rare event. With these measures, the risk of mother-to-child transmission can be reduced to as low as 2%. When it comes to postnatal transmission, if possible a woman living with HIV should avoid breastfeeding and use only breast-milk replacements if these are safe and available. In no case—whether the woman is living with HIV or not—should a woman mix breastfeeding with formula feeding or other foods, as this can weaken the baby’s own ability to fight infections. If a woman living with HIV must breastfeed, she should do so exclusively for the first six months and then switch to replacement feeding.

Ultimately, only you can decide whether to have a child if you are living with HIV. This can be a particularly difficult choice if you are pregnant because you have been raped. If you receive care through a UN-affiliated medical provider, you can rest assured that you will receive the information, counselling and support you need to make an informed choice. Having children remains an option for people living with HIV. For many people, children provide great joy and a sense of purpose in their lives, and it is important that we support the right of people living with HIV to be parents.

It is important that we support
the right of people living with HIV
to be parents.



If you are living with HIV
and decide to have a child,
your doctor will provide you with
information about the most appropriate
treatment regimen that can
reduce your risk of passing the virus
on to your newborn.

Living in a world with HIV

Where can you go for voluntary counselling and testing for HIV?



What would be the possible 'pros' and 'cons' of disclosing your status to your supervisor, human resources officer and/or colleagues if you are HIV-positive? How might you do this?

How and where can HIV-positive staff members and their families obtain medication for treatment locally?



If you are living with HIV, where can you go for support services and medical care?

How can we all support colleagues who may be living with, or affected by, HIV?



4

Contribute to a UN that Cares

COMMIT TO
A FAIR, EQUITABLE
AND RESPECTFUL
WORKPLACE





WE KNOW THAT:

- people living with HIV deserve to be treated with respect and dignity
- the UN system prohibits discrimination against personnel living with HIV
- each of us has a role to play in ensuring that the UN workplace is fair, equitable and respectful.

I know that the response to AIDS plays a role in the official work of the UN system, but what does the workplace have to do with it?



The AIDS epidemic is so vast and complex that an effective response requires the participation of everyone. HIV is all around us, and neither governments nor health systems alone can address it. All of us—in workplaces, community organizations, faith-based groups, schools, and the full range of civil society—need to join together to promote an effective and humane response.

More than 90% of people living with HIV are adults of working age. As a result, the workplace is inevitably affected by the epidemic. Absences, illnesses and death due to HIV-related illnesses have profound implications for staff, their families and the UN. The workplace is an ideal setting for prevention, care and treatment, as well as for efforts to combat HIV-related stigma and discrimination. It is estimated that 1.4% of the UN workforce worldwide (approximately 1400 staff members) may be living with HIV.

A survey of UN employees in 2002 regarding their attitudes about HIV revealed some interesting findings. Of those who responded to the survey:

- 12% said they were afraid that they might be HIV-positive but did not want to know their HIV status
- 41% of respondents did not know their HIV status because they feared that seeking information would lead to negative judgements
- 32% said they feared that the UN would not keep their HIV test results confidential
- ninety-six employees (2%) of those responding said they were living with HIV but were afraid to reveal their status at work.

Despite these signs of the stigma associated with HIV, a resounding 95% of UN employees support the UN policy that people living with HIV should continue to work in the UN. A mid-term evaluation report of the UN Learning Strategy on HIV/AIDS indicates slow but steady progress regarding employee attitudes and learning about HIV. Eighty-one percent of survey respondents stated that providing opportunities to all UN employees to learn more about HIV was “very important.” In high-prevalence countries, more than 50% of staff knew their HIV status. Slightly more

than half, 54%, of respondents, stated that a UN colleague's work arrangements or contractual status would not be negatively affected if he or she were known to be living with HIV. Respondents were generally likely to believe that most colleagues would be supportive if a UN colleague decided to disclose his/her HIV-positive status to those at work. Over 75% of the respondents to the Facilitators' survey felt that the Learning Strategy had helped to reduce workplace stigma and discrimination related to HIV.

Although progress has been made, perception of stigma remains. There is a way to help to dissipate some of the fears about HIV, which is for all of us to talk openly about it—in learning sessions and privately with our colleagues. By talking about HIV, we can help make it less frightening. And when the infection is less frightening, those of us who are living with HIV will feel free to be more open about the issue.

UN system personnel come from all over the world. In a workplace environment as diverse as ours, we will inevitably encounter beliefs or behaviours with which we do not always agree. It is important that we accept, and try to learn from, our fellow UN personnel who have different personal and cultural backgrounds. By doing so, we will be better prepared to collectively carry out the important work of the UN system.

UN Cares

Since 1991, the UN has had a system-wide HIV workplace policy. The policy states that all staff and their dependents have access to prevention education, voluntary counselling and testing services, health insurance covering HIV-related expenses, and a workplace free of stigma and discrimination. Since the policy was enacted, some agencies have implemented workplace programmes. The UN Learning Strategy on HIV/AIDS has provided a structured programme of HIV education across the system. To eliminate any duplication in efforts and in order to be more cost efficient and effective, agency-specific programmes merged into one UN Cares harmonized work programme. UN Cares unifies HIV workplace programmes across the UN system, while “Delivering as One” a comprehensive range of HIV prevention, treatment, care and support services to all UN personnel and their families. The UN Cares Services Directory on HIV provides online resources, while a Global Coordinator in

A mid-term evaluation report of the UN Learning Strategy on HIV/AIDS indicates slow but steady progress regarding employee attitudes and learning about HIV.



Talking about HIV can help make it less frightening, so that those of us who are living with HIV will feel free to be more open about the issue.

The Secretary-General has made UN Cares a priority

...stating his determination “to make the UN a model of how the workplace should respond to HIV.” Success will depend on the leadership and action of all UN organizations and personnel.

“ In every country the UN system community has the potential, as individuals, families, leaders in our communities to be a powerful reinforcing force to the work we are mandated to do for society. In fact we have a special obligation to ‘practise what we preach.’... UN Cares... represents an important and even pioneering step emblematic of the type of initiative that helps propel our UN Reform process.”

— HENRY JACKELÉN,
UN Resident Coordinator, Paraguay

New York and five regional coordinators worldwide provide technical assistance to country offices and individuals, as needed.

UN Cares is designed to lessen the impact of HIV in the workplace by supporting “universal access” to a comprehensive range of benefits, including prevention, treatment, care and support, for all UN personnel and their families.

The core of UN Cares is the *UN Cares 10 Minimum Standards* (see Annex 1), which include voluntary counselling and testing, access to male and female condoms, and emergency prevention measures (post-exposure prophylaxis starter kits) in case of accidental exposure, among others. The *Minimum Standards* also support increased measures to tackle head-on the stigma and discrimination that are associated with HIV. In that spirit, UN Plus, the UN System HIV-Positive Staff Group, plays a supportive role for people living with HIV.

UN Cares, the UN Learning Strategy on HIV/AIDS, and UN Plus are three complementary initiatives. UN Plus will continue to serve as the advocacy and support network for UN system personnel living with HIV. The Learning Strategy will continue to build staff knowledge on HIV, both in the context of the UN system workplace as well as in our work to support national responses to the epidemic. UN Cares provides the system-wide implementation framework and overall coordination to deliver “universal access” to essential information and services to all UN personnel and their families.

UN Cares Services Directory on HIV

The UN Cares Services Directory on HIV is the online resource providing country-specific information on:

- HIV counselling and testing facilities
- support groups for people living with and affected by HIV
- UN and other medical and treatment centres
- availability of antiretroviral medicines
- HIV organizations and web sites

- UN contact for, and location of, post-exposure prophylaxis starter kits in case of accidental exposure to HIV
- country-level contact persons for UN Cares
- opportunistic diseases and malignancies
- access to male and female condoms at your duty station.

It's easy to access the Services Directory on HIV:

- visit www.uncares.org
- click “UN Cares Services Directory on HIV”
- log in by selecting your agency from the drop-down menu and entering your password (the password is your continent in lower case). Click “Login”
- select the country you want to query from the drop-down menu above the banner
- access the information you need from the general or technical directory.

To protect the contact information of the persons listed in it, use of the Services Directory on HIV is restricted to UN personnel and their families. For more information on the UN Cares Services Directory on HIV, contact servicesdirectory@uncares.org. For general information about UN Cares, contact info@uncares.org.

What is the UN system doing to promote a fair, equitable and respectful workplace?

First and foremost, the UN system has adopted a comprehensive workplace policy that expressly prohibits discrimination against personnel living with HIV. The UN system mandates that workplaces provide personnel with learning sessions on HIV and ensure that staff members have access to counselling and testing. This booklet is meant, in part, to underscore the UN system's commitment to fair, equitable and respectful treatment of all personnel, regardless of their HIV status.



Your password for
the Services Directory on HIV
is your continent in lower case:

africa
asia
central america
eurasia
europe
north america
south america



What are considered stigma and discrimination in the workplace?

Stigma is a mark of disgrace associated with a particular circumstance, quality or person. It is a form of prejudice that discredits or rejects an individual or group because they are seen, or perceived, to be different. When people act out their prejudice, stigma turns into discrimination. HIV discrimination is the unfair and unjust treatment of an individual based on his or her real or perceived HIV status or other characteristics. Stigmatizing people and discriminating against them breach their fundamental human rights.

Examples of discrimination in the workplace and how it affects us all

Read each of the following examples of discrimination and consider the impact that HIV is having in the workplace. What is the impact on the person living with HIV? What is the impact on that person's colleagues?

- Manuel is a person living with HIV who was hired to address UN Cares issues. While most colleagues have no problems working with him, the staff members who handle his reimbursements only speak to him through a glass window and use gloves when handling his requests.
- Yuan is also living with HIV, and addresses UN Cares issues. She has made great strides in instituting HIV programmes organization-wide, and her colleagues hold her accomplishments in high regard. However, her colleague sitting at the next desk disinfects their shared office equipment every morning.
- Christophe is a programme officer living with HIV. His contract has recently been renewed. Although he is in great health, a colleague complains to HR that since Christophe is “likely to die soon anyway”, he is not worth the resources. The same colleague has been advocating for Christophe's removal among other colleagues.

Each of these examples shows a lack of knowledge about HIV, how it can—and cannot—be transmitted, and of the fact that people living with HIV can lead healthy lives. The people being discriminated against are likely to feel depressed, angry, scared, undermined in their work, and have

decreased self-esteem and lowered morale, among other things. As a result, their relationships with their co-workers may be strained.

Other staff members cannot fail to notice how these individuals are being treated. These actions send a clear message to others that it is not acceptable to disclose their own HIV status, or even their concerns about HIV, in such an office environment. As a result, staff members may be hesitant to speak openly about HIV and to access HIV-related services.

The UN Cares efforts are being undermined by the stigmatizing actions of these co-workers. HIV-related stigma and discrimination impede prevention and care efforts. This can mean that people will not receive the information and services they need to protect and care for themselves—including getting essential and possibly life-saving treatment.

Creating a supportive workplace environment

David is a staff member who decides to reveal his HIV-positive status to his supervisor and colleagues. Consider the following reactions of his colleagues:

- Petra, David's supervisor, listens quietly yet angrily. She knows that David has had several girlfriends in addition to his wife, and judges him silently for ruining his wife's life. Petra tells David that he should probably not tell anyone else in the office that he is living with HIV, as they will treat him differently. Petra also expresses that she fears his HIV-positive status will affect his performance.
- Arturo, David's colleague, listens sympathetically. David has been missing a great deal of work due to recent illness and tells Arturo that he is afraid to submit his claims for health benefits because he fears that other staff will find out that he is HIV-positive. Arturo assures David that the UN system does not discriminate due to HIV status, and that numerous policies and programmes exist to protect him, his confidentiality, and his job status. He encourages David to utilize all of the health benefits available to him through the UN system. Arturo tells David that he can find out details about the UN policy and programme at www.uncares.org and about insurance by speaking to a human resources officer or to his insurance company directly.

Stigmatizing people
and discriminating against them
breach their fundamental
human rights.



It is important that we accept,
and try to learn from,
our fellow UN personnel
who have different personal
and cultural backgrounds.



“ I have discovered that all sorts of discrimination happens, everywhere and all the time, even within the United Nations, and this is why I think that UN Plus is an extremely valuable group that can really make a difference for its members, and hopefully also for others.”

- YANN SIEGENTHALER,
co-founder of the vision of UN Plus

Arturo offers David support and assistance, referrals and resources and assures him that he can work in a fair environment and have access to the services he will need to maintain his health. Petra, however, offers David no feeling of support and judges him. David may continue to fear submitting his health claims because Petra said that if others in the office find out his HIV status they would treat him differently. This could also lead to David seeking services outside the UN system and trying to handle the costs himself.

As a supervisor or manager, if one of your staff members comes to you and reveals their HIV-positive status, you should offer reasonable accommodations at work, along with support and confidentiality. If one of your colleagues reveals their HIV-positive status to you, how could you offer support?

If I experience discrimination in the workplace, what should I do?

Whether you experience discrimination due to your HIV status or something else, you should use the same means of recourse as you would for any other type of harassment or abuse of authority.

First, prepare yourself. Document what is happening in writing and try to put what you are experiencing into words. Second, seek solutions. Try to solve the situation and/or speak about it directly with the employee or manager who is discriminating against you. Third, seek help. If the situation does not change, look for a mediator (this can be an ombudsperson, a supervisor, or a colleague in human resources or another department). If the mediation fails, obtain the necessary and specific information for your organization on how to initiate a formal grievance procedure. You may obtain this from your human resources person, the staff association, or the office of the ombudsperson.

What is homophobia and how does it contribute to HIV-related stigma and discrimination?

Homophobia is the term used to describe a fear of, aversion to, or discrimination against homosexual people, who are often known as lesbians and gay men. In a number of countries, other terms are used, since not all people who have same-sex relationships self-identify as gay or lesbian. Many international organizations use the abbreviations MSM—men who have sex with men—or WSW—women who have sex with women.

Widespread homophobia is posing a critical challenge to the AIDS response in many countries around the world. In 2006 no fewer than 80 Member States of the United Nations criminalized consensual same-sex acts between adults, thus institutionally promoting a culture of hatred. Among these, seven had legal provisions with the death penalty as punishment. Where homosexual acts are illegal the law instigates widespread fear and shame, often forcing people to hide their sexuality, making them live in heterosexual partnerships and, especially in the case of men who fear prosecution, leading to their having unsafe sex in secret. Where people cannot live openly and disclose their sexuality, the risk of HIV infection may be greatly enhanced, as individuals are too afraid to access HIV prevention services for fear of the negative consequences that might result. Therefore, the decriminalization of same-sex relationships and the eradication of violence against sexual minorities have been underlined as fundamental steps that need to be taken for progress to be made within the AIDS response.

In addition, HIV is frequently misused as a pretext to discriminate against men who have sex with men, even though globally the main means of HIV infection is via unprotected heterosexual intercourse.

What can we, as personnel of the UN system, do to eliminate HIV-related stigma and discrimination in the workplace?

Stigma and discrimination threaten all of us. All UN system personnel, particularly managers, have a responsibility to stamp out stigma and discrimination. As outlined in Minimum Standard number 10, managerial commitment is imperative for the successful implementation of UN Cares. Not sure what you can do as a manager? Or as an employee? Make it a priority to focus on eliminating stigma and discrimination by doing three (or more) of the following:

- Attend an HIV learning session and suggest that colleagues do the same.
- Display your certificate of attendance at an HIV learning session in your workspace.
- Review the UN preferred terminology for HIV to make sure that you are not inadvertently contributing to stigma through your choice of words.
- Discuss HIV openly with as many people as possible.



“ I’ve noticed that, if I am in hospital or go to the dentist or anything, being HIV-positive, I am always, always the last in surgery... That’s one thing with this virus that’s really affected me, that [I’m] always last for all [my] appointments, being treated differently in the hospital... It feels like you have to educate them, rather than them being there to look after you.”



If you are a supervisor...

you should complete the supervisor's module in the e-course Building our Professional Capacity to Address HIV. You can get a CD-ROM copy of this e-course from your local UN Cares/Learning Facilitators. It is also available online at www.unaids.org/ecourse. A module for those working on human resource issues is available on the same CD-ROM and web site.

- Wear a red ribbon or a UN Cares or UN Plus pin.
- Display a red ribbon by your desk.
- Participate in events in response to AIDS.
- Go to an awareness event or make a contribution on World AIDS Day on 1 December.
- Volunteer at a local AIDS service organization.
- Keep informed about HIV and inform your friends and loved ones.

What impact does stigma and discrimination have on the spread of HIV?

Stigma and discrimination may mean that people who are HIV-positive decide not to access care, treatment or counselling services, or other entitlements, for fear of being ostracized. Stigma and discrimination may also increase physical, psychological and social stress and may sometimes cause depression.

For people who are HIV-negative, stigma and discrimination can affect their ability to protect themselves and their families from HIV transmission by discouraging them from seeking information, prevention services, or HIV testing. The stigma of HIV is especially strong for members of particular groups such as men who have sex with men, sex workers, and people who use drugs.

Of particular importance to the UN system, HIV-related stigma and discrimination violate fundamental human rights, such as the right to be free from discrimination, the right to privacy, the right to health, and the right to information and education. In short, all of us who are employed by the UN system have a stake in combating the stigma and discrimination associated with HIV—just as we all have a stake in fighting for other human rights.

If you hear a colleague make discriminatory statements or derogatory comments about someone thought to be living with HIV, intervene and explain why these comments are not acceptable. Some of us may not be aware that we are using stigmatizing language or that we are inadvertently contributing to stigma and discrimination. All staff members should avoid discriminatory language in their day-to-day lives, e.g. we should all avoid using the terms 'victim' or 'sufferer' to describe someone living with HIV. Make an effort to use and encourage suitable and accurate language and terminology—what you say and how you speak is critical to modelling appropriate behaviour in your community. Avoid negative terms. Instead of saying, for example, that someone is "an AIDS victim", say instead that he or

she is “living with HIV”. Make sure that your knowledge of HIV is based on facts rather than rumours. Be open to discussing HIV with your colleagues and be prepared to listen to the concerns of others. Do not be afraid to ask questions.

Make use of the structures already in place to help protect our rights and well-being at work. These include staff associations or unions, as well as health and safety committees or officers. Such bodies can provide leadership and set a positive example, in addition to working with management to ensure that all measures are in place to promote understanding, respect, and non-discrimination.

Despite an underlying assumption that we, in the UN system, are respectful of all people, we all function within certain parameters to define our worlds and our boundaries. It is critical that we consider how we perceive people living with HIV and make sure that we do not act in a way that strengthens stigma or discrimination. This becomes even more important when we live with HIV ourselves, as self-devaluation is very harmful for an individual’s well-being.

Here are a few questions for personal reflection:

- “How would I feel if my best friend were to disclose that he or she had HIV?”
- “How would I feel if I fell in love with a person who was living with HIV—would I still pursue the relationship?”
- “How would I feel if someone in my family, perhaps my own child, became involved with someone living with HIV—would I be supportive of his or her relationship?”

Regardless of HIV status, we as people all have the same needs and the same rights to love and relationships.

Each of us
has an important role
to play in eliminating HIV-related
stigma and discrimination
from the UN system workplace.



Regardless of HIV status,
we as people all have the same needs
and the same rights
to love and relationships.



“ They should continue this [UN Cares] programme, because as they enlighten us, we enlighten the societies around us.”

– SUSAN KIMWELE,
Staff Member, United Nations
Office at Nairobi

Working in a world with HIV

*What contributes to HIV-related stigma and discrimination in your country?
Do these factors spill over into the UN workplace?*

What are some things you can do to prevent HIV-related stigma and discrimination in your workplace?

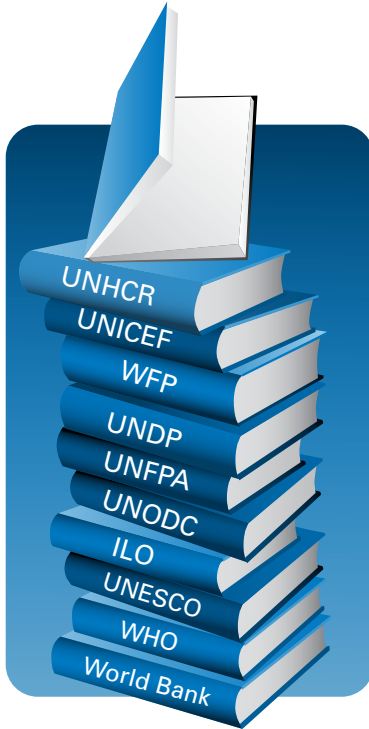
*Who is running the UN Cares programme at your duty station?
How can you contribute to its success?*

What is being done at your duty station to ensure supervisors and human resource personnel complete the e-course Building our Professional Capacity to Address HIV?

Where can you turn to for further advice and assistance about the UN system's policies, programmes and entitlements relating to HIV, both locally and outside your duty station?



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● ANNEX 1

Summary of the UN Cares 10 Minimum Standards

UN Cares is designed to reduce the impact of HIV in the UN workplace by supporting “universal access” to a comprehensive range of benefits for all personnel and their families. Known as the *UN Cares 10 Minimum Standards*, these benefits:

- help save lives and improve staff well-being, reduce stigma and discrimination, and sustain the UN’s capacity to do its core work;
 - establish a common implementation framework to realize the UN Personnel Policy on HIV/AIDS; and
 - serve as a model of the UN reform process by “Delivering as One” an HIV workplace programme that builds on existing workplace efforts of various UN agencies, while eliminating duplication of effort.
- 1. Information about UN policies and benefits related to HIV.** All personnel and their families have access to information about UN system policy, programmes, personnel rights, benefits, and their own responsibilities regarding HIV and AIDS.
 - 2. Information about preventing transmission of HIV and accessing services.** All personnel and their families have appropriate knowledge about how to protect themselves from HIV, and those living with or affected by HIV know where to access good quality care, treatment and support.
 - 3. Learning and training activities on stigma and discrimination.** Measures are in place to combat stigma and discrimination, and to increase gender awareness.





For a complete description
of the 10 Minimum Standards
and their measurable indicators, go to

www.uncares.org
or contact the UN Cares
Global Coordinator at
info@uncares.org.

- 4. 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 counselling and testing.** All personnel and their families are aware of where and how to access voluntary counselling and testing.
- 6. Insurance covering HIV-related expenses.** All staff and recognized dependents have access to insurance coverage that allows them to access services for HIV prevention, treatment and care.
- 7. Confidential handling of personal information.** All UN personnel with access to personal information maintain its confidentiality (such as HIV status or any other medical condition).
- 8. First aid using standard precautions.** All personnel have access to first aid using standard precautions including the use of gloves and sterilized equipment.
- 9. Rapid access to PEP starter kits.** All personnel and family members have access within 72 hours to HIV emergency post-exposure prophylaxis (PEP) starter kits and related care in case of possible exposure to HIV.
- 10. Managerial commitment.** All UN managers assume leadership on the implementation of UN Cares.

For a complete description of the 10 Minimum Standards and their measurable indicators, go to www.uncares.org or contact the UN Cares Global Coordinator at info@uncares.org.

● ANNEX 2

The United Nations HIV/AIDS Personnel Policy¹

A. Information, education and other preventive health measures

i. UN staff and their families should be provided with sufficient, updated information to enable them to protect themselves from HIV infection and to cope with the presence of AIDS.

To this end, all UN bodies are encouraged to develop and implement an active staff-education strategy for HIV/AIDS using the handbook on AIDS for UN employees and their families produced by UNAIDS and identifying in the field local sources experienced in HIV/AIDS counselling, to provide confidential follow-up.

The staff of the UN Medical Services should be fully involved in such staff education programmes. They should receive any additional professional education that may be required; and all pertinent information material on HIV/AIDS, supplied and updated by UNAIDS, should be available through them at all duty stations.

ii. All UN staff members and their families should be made aware of where safe blood may be obtained.

To accomplish this task, the WHO Blood Safety Unit, in cooperation with the UN Medical Service, should establish and regularly update a list of reliable and operational blood transfusion centres for circulation to UN headquarters, regional offices and duty stations. The UN Medical Services and local linked medical facilities should also make efforts to ensure that blood transfusions are performed only when absolutely necessary.



All pertinent information material on HIV/AIDS, supplied and updated by UNAIDS, should be available through staff of the UN Medical Services at all duty stations.

¹ ACC Decision 1991/10.



Voluntary testing
with pre- and post-counselling
and assured confidentiality
should be made available
to all UN staff members
and their families.

iii. UN Resident Coordinators must exercise their responsibility to adopt measures to reduce the frequency of motor vehicle accidents, not only because of their attendant high mortality and morbidity, but because they represent a particular risk of HIV infection in those localities lacking safe blood supplies.

UN Resident Coordinators are, therefore, encouraged to consider the following measures for reinforcement or for general adoption if not already applied, and to circulate them to all personnel at the duty station together with instructions on the use of public transport:

- the fitting of and compulsory use of seat belts in all UN vehicles;
- proper training in off-road use of 4-wheel-drive vehicles;
- prohibition against the personal use of vehicles when an official driver is available;
- compulsory use of helmets for all riders of motorbikes;
- prohibition against substance abuse by vehicle drivers;
- organization of first-aid training sessions;
- equipping UN vehicles with first-aid kits containing macromolecular solutions (plasma expanders).

iv. All UN staff members and their families should have access to disposable syringes and needles.

The UN Medical Services should provide disposable syringes and needles to staff on duty travel to areas where there is no guarantee of the proper sterilization of such materials. They should be accompanied by a certificate in all UN official languages explaining the reasons why they are being carried. Regional offices and other duty stations should stock disposable injection material for use by UN staff and their families. This stock should be available at UN dispensaries, where such exist, or at the WHO duty station in the country.

v. *All UN staff members and their families should have access to condoms.*

Condoms should be available through the United Nations Population Fund (UNFPA) and/or WHO at those duty stations where there is not a reliable and consistent supply of high-quality condoms from the private sector. Access should be free, simple and discreet.

B. Voluntary testing, counselling and confidentiality

Voluntary testing with pre- and post-counselling and assured confidentiality should be made available to all UN staff members and their families.

Adequate and confidential facilities for voluntary and confirmatory testing and counselling should be made available locally to UN staff members and their families, with UN bodies acting in close collaboration with the UN Medical Services and WHO. Specific procedures must be developed by UN bodies to maintain confidentiality with respect to negative as well as positive results from an HIV test, including whether such a test has been taken. Only the person tested has the right to release information concerning his/her HIV status.

C. Terms of appointment and service

Pre-recruitment and employment prospects

- The only medical criterion for recruitment is fitness to work.
- HIV infection does not, in itself, constitute a lack of fitness to work.
- There will be no HIV screening of candidates for recruitment.
- AIDS will be treated as any other medical condition when considering medical classification.
- HIV testing with the specific and informed consent of the candidate may be required if AIDS is clinically suspected.
- Nothing in the pre-employment examination should be considered as obliging any candidate to declare his or her HIV status.
- For any assignment in a country that requires HIV testing for residence, this requirement must appear in the vacancy notice.



HIV or AIDS should not be considered as a basis for termination of employment. If fitness to work is impaired by HIV-related illness, reasonable alternative working arrangements should be made.



Health insurance coverage should be available for all UN employees regardless of HIV status. There should be no pre- or post-employment testing for HIV infection.

Continuity of employment

- HIV infection or AIDS should not be considered as a basis for termination of employment.
- If fitness to work is impaired by HIV-related illness, reasonable alternative working arrangements should be made.
- UN staff members with AIDS should enjoy health and social protection in the same manner as other UN employees suffering from a serious illness.
- HIV/AIDS screening, whether direct (HIV testing), indirect (assessment of risky behaviours) or asking questions about tests already taken, should not be required.
- Confidentiality regarding all medical information, including HIV/AIDS status, must be maintained.
- There should be no obligation on the part of the employee to inform the employer regarding his or her HIV/AIDS status.
- Persons in the workplace affected by, or perceived to be affected by HIV/AIDS, must be protected from stigmatization and discrimination by coworkers, unions, employers or clients.
- HIV-infected employees and those with AIDS should not be discriminated against, including access to and receipt of benefits from statutory social security programmes and occupationally-related schemes.
- The administrative, personnel and financial implications of these principles under terms of appointment and service should be monitored and periodically reviewed.

D. Health insurance benefits programmes

i. Health insurance coverage should be available for all UN employees regardless of HIV status.

There should be no pre- or post-employment testing for HIV infection.

ii. Health insurance premiums for UN employees should not be affected by HIV status.

No testing for HIV infection should be permitted with respect to any health insurance scheme.

● ANNEX 3

Summary of the Key Principles of the ILO Code of Practice

The ILO *Code of Practice on HIV/AIDS and the World of Work* provides guidelines for the development of policies at national and enterprise levels and practical guidance for workplace programmes. The Code of Practice was developed in collaboration with representatives of governments, employers and workers from all regions.

The 10 key principles of the Code are:

- 1. Recognition of HIV/AIDS as a workplace issue** HIV/AIDS is a workplace issue, not only because it affects the workforce, but also because the workplace can play a vital role in limiting the spread and effects of the epidemic.
- 2. Non-discrimination** There should be no discrimination or stigmatization of workers on the basis of real or perceived HIV status.
- 3. Gender equality** Increased equal gender relations and the empowerment of women are vital to successfully preventing the spread of HIV infection and enabling women to cope with HIV/AIDS.
- 4. Healthy work environment** Work environments should be healthy and safe, and adapted to the state of health and capabilities of workers.
- 5. Social dialogue** Successful HIV/AIDS policies and programmes require cooperation and trust between employers, workers, and governments.
- 6. Screening for purposes of employment** HIV/AIDS screening should not be required of job applicants or persons in employment and testing for HIV should not be carried out at the workplace except as specified in this code.



The ILO Code of Practice provides guidelines for the development of policies at national and enterprise levels and practical guidance for workplace programmes.



The Code of Practice
was developed in collaboration
with representatives
of governments, employers
and workers from all regions.

- 7. Confidentiality** Access to personal data relating to a worker's HIV status should be bound by the rules of confidentiality consistent with existing ILO codes of practice.
- 8. Continuing the employment relationship** HIV infection is not a cause for termination of employment. Persons with HIV-related illnesses should be able to work for as long as medically fit in appropriate conditions.
- 9. Prevention** Local community partners are in a unique position to promote prevention efforts through information and education, and support changes in attitudes and behaviour.
- 10. Care and support** Solidarity, care and support should guide the response to AIDS in the workplace. All workers are entitled to affordable health services and to benefits from statutory and occupational schemes.

The full text of the Code is available on the ILO website: www.ilo.org

● JOINT SPONSORS

UNAIDS is an innovative joint venture of the United Nations, bringing together the efforts and resources of the UNAIDS Secretariat and ten UN system organizations in the AIDS response. The Secretariat headquarters is in Geneva, Switzerland—with staff on the ground in more than 80 countries. The Cosponsors include :

- the Office of the United Nations High Commissioner for Refugees (UNHCR),
- the United Nations Children's Fund (UNICEF),
- the World Food Programme (WFP),
- the United Nations Development Programme (UNDP),
- the United Nations Population Fund (UNFPA),
- the United Nations Office on Drugs and Crime (UNODC),
- the International Labour Organization (ILO),
- the United Nations Educational, Scientific and Cultural Organization (UNESCO),
- the World Health Organization (WHO),
- the World Bank.



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**This booklet is available in
Arabic, Chinese, English,
French, Portuguese, Russian,
Spanish and other languages on
the UN Cares website.**

HIV touches us all. With the right information, we can collectively respond to and eliminate it, thus improving our workplaces and our lives.

This booklet contains important information about HIV. It is provided to you, as UN personnel, and your families to educate you about HIV and to make you aware of the resources and services available to you. We encourage you to share the information herein with your loved ones. HIV affects us all, whether we are aware of it or not. One of the intentions of this booklet is to make you aware. It is our aim that all UN personnel know the ways that HIV is transmitted and prevented, and are knowledgeable of their own HIV status. We hope that all personnel become familiar with UN Cares and the UN agencies working together to deliver HIV-related knowledge, information, and other types of support. We also hope that personnel learn about the UN's workplace policy on HIV and AIDS, which is aimed at eliminating the HIV-related stigma and discrimination that are still all too common in our workplaces.

What can you find in this booklet?

Practical information that can make a positive difference in your lives and in the lives of your families:

- How to protect yourself and those you care about from HIV
- How you can talk about HIV with your partner and/or with your children
- Why you should be tested
- Where you can turn to, inside and outside the UN, for support and treatment if you are living with or affected by HIV
- What you can do to create a respectful workplace for all, including your colleagues living with, and affected by, HIV