



# UN Cares in Action

## The Case of Argentina 2011

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## Acronyms

ADB:	African Development Bank
AIDS:	Acquired Immunodeficiency Syndrome
DPKO:	Department of Peace-keeping Operations
ECLAC:	Economic Commission for Latin America and the Caribbean
FAO:	Food and Agriculture Organization
HIV:	Human Immunodeficiency Virus
ICAO:	International Civil Aviation Organization
IEC:	Information, Education and Communication
IFAD:	International Fund for Agricultural Development
ILO:	International Labour Organization
IMF:	International Monetary Fund
INSTRAW:	United Nations International Research & Training Institute for the Advancement of Women
IOM:	International Organization for Migration
OCHA:	Office for the Coordination of Humanitarian Affairs
NGO:	Non-governmental Organization
PAHO:	Pan-American Health Organization
PEP:	Post-Exposure Prophylaxis
UNAIDS:	United Nations Joint Programme on HIV/AIDS
UNCC:	United Nations Compensation Committee
UNDP:	United Nations Development Programme
UNDSS:	United Nations Department of Safety and Security
UNFPA:	United Nations Population Fund
UNGASS:	United Nations General Assembly Special Session on AIDS
UNHCR:	United Nations High Commission for Refugees
UNIDO:	United Nations Industrial Development Organization
UNESCAP:	United Nations Social and Economic Commission for Asia and the Pacific
UNESCO:	United Nations Educational, Scientific and Cultural Organization
UNIFEM:	United Nations Development Fund for Women
UNICEF:	United Nations Children's Fund
UNIC:	United Nations Information Centre
UNIDO:	United Nations Industrial Development Organization
UNJMS:	United Nations Joint Medical Services
UNODC:	United Nations Office on Drugs and Crime
UNON:	United Nations Office at Nairobi
UNOPS:	United Nations Office for Project Services
UN Plus:	United Nations System HIV Positive Staff Group
VCT:	Voluntary Counseling and Testing
WB:	World Bank
WFP:	World Food Programme
WHO:	World Health Organization

## Introduction

This document is part of a compendium of case studies documenting the experience of 16 countries in implementing UN Cares, the UN system-wide HIV workplace programme. The case studies highlight the successes and challenges of the UN Cares teams and their partners, and covers countries that have succeeded with varying degrees in implementing the UN Cares' Ten Minimum Standards.

The compendium of case studies is a third in a series about implementation of HIV learning in the UN workplace. The first was published in 2006 and documented the experience of 10 countries in different regions, and the second was published in 2007 and documented the experience of an additional 16 countries.

When HIV prevalence is 1 per cent or more in a country's general adult population, it is considered to be experiencing a generalized HIV epidemic by international health standards. Based on the 2007 Chief Executive Board Personnel statistics, the average prevalence of HIV among the global UN workforce in 2007 was estimated to be 1.4 per cent<sup>1</sup>. Applying this prevalence to the estimated number of fixed and short-term UN employees (n≈97,500), it is estimated that in total, about 1,400 UN employees could be infected with HIV. HIV prevalence among dependents is estimated to be about 1 per cent (2,450 of 243,570), assuming that UN staff have on average about 2.5 dependents and that 70 per cent of dependents will be at the same risk of infection as the staff member.

UN Cares was officially launched in 2008 as the UN system-wide workplace programme on HIV. Agency-specific programmes merged into the UN Cares harmonized workplace programme. Only two years into its implementation, UN Cares received the UN 21 Award in 2010, delivered by the UN Secretary General himself in a ceremony held in the UN Headquarters. The UN 21 Award was established in 1996 to recognize innovation, efficiency and excellence in delivering the UN's programmes and services.

The UN Cares is based on Ten Minimum Standards, which UN Teams in all countries are required to meet.

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### MINIMUM STANDARD

### NOTES

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<b>1</b> Information about UN Policies and Benefits	All personnel and their dependents in all locations have access to information about UN system policy, programmes, personnel rights, entitlements and benefits, and their own responsibilities regarding HIV and AIDS in the UN workplace and their associations are consulted about these measures.
<b>2</b> Information about Preventing Transmission of HIV and about Accessing Treatment and Care Service	All personnel and their dependents in all locations have sufficient and appropriate knowledge to make informed decisions to protect themselves from HIV and, those infected or affected by HIV, know where in their duty stations <sup>3</sup> to access good quality care, medical treatment, <sup>4</sup> and support services.
<b>3</b> Learning and training activities on stigma and discrimination	Measures are in place to combat stigma and discrimination, and to increase gender awareness, including learning activities for personnel and their families in all locations.
<b>4</b> Access to male and female condoms	All personnel and their families have access to male and female condoms. When high-quality condoms are not reliably and consistently available from the private sector, access should be simple and discreet at the UN workplace, either free or at low cost.
<b>5</b> Voluntary counseling and testing	All personnel and their families should have access to Voluntary Counseling and Testing (VCT).
<b>6</b> Insurance covering HIV-related expenses	All staff and recognized dependents, regardless of contract status or agency, have access to insurance coverage, allowing them to access the necessary services required for HIV prevention, treatment and care.
<b>7</b> Confidential handling of personal information	All UN system personnel with access to personal information about personnel maintain confidentiality in the management of personal information (such as HIV status or any other medical condition), including processing of a) all health insurance claims, b) agreements on accommodation in working arrangements, and any other circumstances in which personnel choose to disclose their status.
<b>8</b> First aid using standard precautions	All personnel have access to first aid assistance using standard precautions in UN system workplaces.
<b>9</b> Rapid access to PEP starter kits	All personnel and their family members have access within 72 hours to HIV emergency Post-Exposure Prophylaxis (PEP) starter kits and related medical care, counseling, and follow-up treatment in case of potential exposure to HIV because of sexual assault, or occupational accident.
<b>10</b> Managerial commitment	All managers assume leadership on the implementation of UN Cares, in consultation with staff representatives or Associations.

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The compendium of case studies, of which this document forms part, outlines how each UN Cares team attempted to meet the above Ten Minimum Standards. The case studies begin by explaining the national HIV context, and providing information on UN presence in the country. All case studies outline the challenges and successes they experienced in implementing UN Cares by addressing issues of funding, senior leadership, key implementers of UN Cares at country-level, efforts to include employee families and dependents, and how the issue of stigma and discrimination is addressed. Many case studies include information on reaching staff based outside the capital city, and references to UN Plus, the UN System HIV-Positive Employees Group.

The 16 case studies cover countries from all regions of the world with diverse HIV epidemics and different levels of UN presence. Despite the great variety in country settings, a key list of lessons learned can be discerned from the experience of the 16 countries. These are presented at the end of the document.

**The regions and countries featured in this document are:**

- From Latin America & the Caribbean: Argentina, Brazil, Dominican Republic, & Trinidad & Tobago
- From West Africa: Burkina Faso, Ghana and Sierra Leone
- From Asia and the Pacific: Fiji, Myanmar and Papua New Guinea
- From the Middle East and North Africa: Iran and the Occupied Palestinian Territories
- From East and Southern Africa: Kenya, Mozambique and Zambia
- From Headquarters: New York City

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

### Background and Context

By the end of December 2008, the estimated number of people living with HIV is 120,000 (Ministerio de Salud de la Nación). The overall HIV prevalence in Argentina remains below 1 per cent, but prevalence rates are above 5 per cent among several population groups: men who have sex with men, transgender people, male and female sex workers and people who use drugs.

Argentina is one of the original members of the United Nations and has played an active role in the organization since 1945. The UN's Argentina headquarters is based in the capital city of Buenos Aires. There are 13 resident agencies and three non-resident agencies. All offices are located in the capital city. There are 286 persons working under the auspices of the UN in Argentina.

### Leadership of and Advocacy for UN Cares

The UN Cares team in Argentina has enjoyed strong support and cooperation from the Resident Coordinator System, the HIV Thematic Group and the UN Joint Team on AIDS. The Resident Coordinator and the UN Joint Team on AIDS have been particularly instrumental in advocacy and awareness of UN Cares training sessions.

### UN Cares structure in Argentina

Many people come together to implement UN Cares in Argentina. One staff member, whose salary is supported by UNDP, is assigned part time as UN Cares Coordinator, liaising with the Resident Coordinator Office, and part-time learning managers' activities. The UN Cares team is composed of focal points from 16 agencies in Argentina: UNHCR, WB, ECLAC, UNIC, FAO, ILO, UNAIDS, PAHO/WHO, UNDP, UNDSS, UNFPA, UNICEF, UNIDO, UNIFEM, UNODC, UNOPS. There are no general meetings with all focal points. Rather, the UN Cares Coordinator meets in the offices of the specific focal points in order to organize upcoming activities for the office or to distribute or post information.

UN employees and private contractors facilitate the learning activities for UN Cares. Recent learning activities were facilitated by an HIV/AIDS specialist physician, two HIV/AIDS specialist psychologists from academia, and the government. Within the UN system, two HIV/AIDS specialist physicians working in UNFPA and UNAIDS contributed to preparations and facilitation of learning activities.

There is no local UN Plus chapter in Argentina.

### Funding

The Resident Coordinator and the UN Country Team have committed to directly and fully finance UN Cares at the local level. Operatively, the costs of UN Cares are assigned as part of the annual HIV Thematic Group workplan.

UN Cares in Argentina works with a total budget of US \$7,000 for biennium 2010/2011. This budget covers the costs of contracted facilitators, male condoms, and the printing of educational materials.

*In 2009, a baseline survey was completed by 201 out of 286 employees in order to tailor activities and identify in which areas people needed information*

## Current State of the 10 Minimum Standards

**Minimum Standards 1 (Information about UN Policies and Benefits), 2 (Information about Preventing Transmission of HIV and about Accessing Treatment and Care Service) and 3 (Learning and training activities on stigma and discrimination):**

- Distribution of “Living in a World With HIV/AIDS” pamphlet in Spanish. Read by 90 per cent of UN employees.
- Distribution of UN Cares brochure in Spanish.
- Mandatory learning day activity on HIV/AIDS transmission, prevention, and accessing related services attended by 90 per cent of UN employees.

**Minimum Standard 4 (Access to male and female condoms):**

- Male condoms dispensers in all offices in Argentina.
- Female condoms not readily available in dispensers but available upon request.
- Mandatory learning day activity with theme of condom use and with interactive male/female condom use demonstration. Attended by 90 per cent of UN employees

**Minimum Standard 5 (HIV testing and counselling):**

- 90 per cent of UN employees are aware of where and how to access VCT, and facilities for treatment and care.
- 22 per cent of UN employees aware of their HIV status.
- 16 offices (100 per cent of duty stations) have made available the information on local service providers for VCT.

**Minimum Standards 6 (Insurance covering HIV-related expenses), 7 (Confidential handling of personal information), and 8 (First aid using standard precautions):**

- 90 per cent of UN employees have insurance that covers HIV-related expenses.
- Among those with insurance that covers HIV-related expense, 96 per cent have coverage that covers dependents.
- 100 per cent of workers reported understanding, trust, and are committed to confidentiality measures.
- 92 per cent of UN vehicles are equipped with first aid kits using universal precautions.
- 12 out of 14 agencies have workers trained in first aid using universal precautions.
- 92 per cent of all official vehicles with first aid kits complying with relevant WHO standards (e.g., IV, syringes, etc.).
- 12 drivers (83 per cent of all drivers) trained in accident prevention and first aid provision using universal precautions.

### ***Minimum Standard 9 (Rapid access to PEP starter kits):***

- Mandatory learning activity with theme ‘Information on the HIV emergency post-exposure prophylaxis (PEP) starter kits. How to access them and when.’
- Three PEP kits stored at WHO to be used for all agencies.
- 100 per cent of workers report knowing how to access PEP kits and how to use them within 72 hours after exposures.

UN Cares team in Argentina is planning to include family members and friends in learning strategy activities. The courses were launched in the last interagency meeting that took place early in June 2010.

### **Monitoring, evaluation and documentation**

In 2009, a baseline survey was completed by 201 out of 286 employees in order to tailor activities and identify in which areas people needed information. Future surveys will be conducted for comparison to the baseline survey and will provide feedback about course content, the trainer and the training environment.

### **Lessons learned**

Contracting professionals as facilitators for the learning activities has given the UN Cares team in Argentina greater flexibility in scheduling and consequentially higher attendance rates.

UN Cares in Argentina hosts the learning activities in the same office where the participants work, making it more convenient for participants to attend and resulting in higher attendance rates.

The leadership of the Resident Coordinator and the UCC (presentations in monthly interagency meetings), have achieved of high attendance rates. Sending e-mails to the heads of offices announcing the launch of new learning activities has also helped.

### **Sources**

- Boletín sobre el VIH-sida en la Argentina – Año XII – Noviembre de 2009 – N° 26 – Ministerio de Salud de la Nación
- UNAIDS, 2008 Epidemiological Fact Sheet on HIV and AIDS: Argentina
- Argentina 2008 Progress Report for United Nations General Assembly Special Session on HIV/AIDS
- RC Annual workplan and report 2009

### **Footnotes**

<sup>1</sup> To estimate HIV prevalence among the global UN workforce, UNAIDS estimates of HIV prevalence by country for 2007 were applied to the number of staff of that nationality, regardless of duty station.