



# UN Cares in Action

## The Case of Brazil 2011

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## Acronyms

|          |   |
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| 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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## 4 UN Cares in Action

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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*



National PLHIV group meeting with UN employees during a UN Cares learning activity.

*Individuals and groups outside of the UN System have been asked to collaborate with Learning Day activities*

### **Background and Context**

As of 2007, it is estimated that 0.6 per cent of Brazilians aged 15-49 are infected with HIV (UNAIDS 2008). Among most at-risk populations, prevalence is estimated at 5.9 per cent among injecting-drug users, 12.6 per cent among men who have sex with men, and 4.9 per cent among female sex workers (UNGASS 2010). There is great geographic diversity in the distribution of cases among the macro regions of Brazil.

As a founding member of the United Nations, Brazil has played an active role in the organization since 1945. Today there are 19 UN bodies, including agencies, funds, programs and regional commissions, with offices in Brazil. The majority of workers are concentrated in the capital city of Brasília, but there are offices in eight other major Brazilian cities. Further, there are 13 non-resident UN bodies with projects in Brazil.

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

Nine entities are represented on the Brazil UN Cares team: ILO, UNODC, UNAIDS, UNDP, PAHO, UNIFEM, UNESCO, UNFPA, and the Resident Coordinator's office, which has been responsible for the financial support since the beginning of the group activities. UN Cares in Brazil receives support from the Resident Coordinator, UN Country Team and the HIV Theme Group.

The Resident Coordinator has played an integral role in advocacy and awareness through direct contact with respective representatives, stressing that they disperse information within the agency and encourage workers to participate.

### **UN Cares Structure in Brazil**

Facilitators and trainers at UN Cares events vary, depending on their particular expertise and availability. Usually, members of the UN Cares team, workers in the National Department of STDs, AIDS, and Hepatitis, and/or contracted consultants act as trainers or facilitators. In the past, individuals and groups outside of the UN System have been asked to collaborate with Learning Day activities. In 2009, women from the civil society group, Positive Women Citizen National Movement, participated in a roundtable discussion with UN employees. At the 2008 Learning Day, workers from the Brasília Secretary of

Health facilitated sessions on safe sex. The Chief of Police Station specialized in violence against women also participated with a lecture making the link between violence and HIV/AIDS vulnerability. In addition, the UN Cares Team responds to ad hoc requests from different agencies to conduct in-house learning activities.

While UN Plus does not formally work with UN Cares, one participant of the UN Cares Team is a member of UN Plus.

## **Funding**

Although approximately US \$40,000 is budgeted for the 2010 UN Cares workplan, mobilization of the funds continues to be a problem because a specific budget line has not been designated for UN Cares.

## **Current State of Implementation of the 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):***

- Information on HIV/AIDS in the UN workplace and the ILO Code of Practice on HIV/AIDS translated into Portuguese.
- Distribution of UN and Brazilian Government HIV/AIDS material in Portuguese about transmission of HIV.
- Presentation of a play that highlighted stigma and discrimination against people living with HIV/AIDS.
- Distribution of Portuguese version of ‘Living in a World With HIV/AIDS’ booklet.
- Capacity-building workshops/interventions on a regular basis on safe sex, AIDS issues, stigma and discrimination, sexuality, and other related issues “Upon Request” done by the agencies.
- Elaboration of a short film sharing the experiences of a UN staff employee who lives with HIV.
- In process – elaboration of a survey on knowledge and needs of staff members on HIV/AIDS.

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

- Currently developing a strategy of condom distribution for UN agencies in Brazil.
- Currently developing awareness training for workers, representatives, coordinators and managers.

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

- Information about the VCT services in the public health system, as well as treatment and care.

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

- PEP system developed in 2009.
- 30 PEP kits distributed through 9 offices.
- PEP Starter Kit Guide translated into Portuguese, adapted to Brazilian context in cooperation with the Ministry of Health & distributed to all custodians.
- Information developed in Portuguese with basic information about PEP and contact information, and distributed to workers in all agencies.
- Pencil holders distributed to workers in all agencies with custodian contact information.
- In process of translating Custodian Training Guide into Portuguese.
- In process of developing a training event for the custodians based around the Custodian Training Guide.

In addition, a communication strategy was developed to ensure dissemination of information to all employees and their dependents. A folder containing basic information on PEP Kit (what it is, when to use it, how to access it, etc.) was designed, printed and distributed.

UN staff and families have been invited to all Learning Day activities. Being that all UN offices in Brazil are in large cities, rural areas have not been included in trainings. A special event is planned for World AIDS Day in December 2010.

Each representative has spread information about the e-course and encouraged participation within their respective agencies. There is no interagency plan regarding the e-courses.

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

The UN Cares Team is planning to create a formal monitoring and evaluation mechanism. The group's efforts are guided by feedback received from employees.

### **Lessons Learnt**

- Incorporating the greatest number of agencies possible and ensuring interagency planning of activities has been a key to success for the UN Cares team in Brazil.
- Diversifying the participants, trainers, and facilitators has allowed sharing many perspectives through which people view HIV and AIDS.

- The importance of having UN Cares championed by the UN Country Team to ensure its sustainability in the form of political, technical and financial support from UN agencies.

### Sources

- UNAIDS, 2008 Epidemiological Fact Sheet on HIV and AIDS: Brazil
- Brazil 2008-2009 Progress Report for United Nations General Assembly Special Session on HIV/AIDS

### 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.



Female Condom demonstration in Brazil training



PEP Kit in Portuguese as developed by the Brazil UN Cares Team