



UN Cares in Action

The Case of Myanmar 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 cent¹. 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

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

The compendium of case studies, of which this document forms part, outlines how each UN Cares team attempted to meet the above 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

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Background and context

National adult HIV prevalence in Myanmar currently stands at 0.61 per cent.² The HIV epidemic in Myanmar is concentrated among the most-at-risk populations of infection, men who have sex with men, commercial sex workers, injecting drug users, and the sexual partners of these populations.

The UN Cares programme was launched in October 2008, with the support of all Heads of Agencies as an answer to this challenge. The UN Cares team has since trained more than 1,700 staff members in 35 duty stations and aims to fully meet all 10 minimum standards by the end of 2011.

There are 16 UN agencies, funds, and programmes present in Myanmar: UNOPS, UNDP, UNAIDS, WHO, UNICEF, UNODC, UNHCR, FAO, IOM, UNFPA, WFP, UNIAP, UN HABITAT, ILO, UNOCHA; and UNIC. As of the first quarter of 2010, there are 117 international staff and 2,203 national staff (total of 2,320), and 2,743 recognized dependents. At present, there are 18 UN offices in Yangon and 113 UN offices in the field in 66 locations, spread throughout the country.

Leadership of and advocacy for UN Cares

There has been good support provided by UN leadership for the UN Cares Programme in Myanmar. This is demonstrated in the close collaboration with the Resident Coordinator office that facilitates communication to all staff. UN Cares is a regular item on the agenda of the UN Theme Group on AIDS.

In addition, 25 UN staff were released from their normal duties to participate in a Training of Trainers (ToT) workshop and subsequent field trainings for a total of 15 days during 2008/2009. Heads of Agencies have also supported and facilitated participation of all UN staff in UN Cares trainings resulting in high coverage (80 per cent).

All UN agencies have contributed towards the pooled funding mechanism of UN Cares. UN Country Team members were present at the launch of UN Cares and many UN Country Team members and Deputies attended a special UN Cares learning session in 2009. Such sessions will be organized annually. The Resident Coordinator and other UN Country Team members regularly participate in UN Cares events, giving opening remarks at key events etc.

Structure of UN Cares in Myanmar

UN Cares was launched in Myanmar in October 2008 with the participation of the UN Country Team, Joint Team, UN Cares Team and staff association representatives.

For a number of years, UNAIDS has had an externally funded position of Programme Officer. Part of the terms of reference (ToRs) includes managing the UN workplace programme on HIV. This position now, functions as the Secretariat to the UN Cares Team. In addition, UN Cares Myanmar recruited consultants to help lead extensive training programmes.

The UN Cares Team has members from almost all UN agencies operating in Myanmar, with a deliberate mix of Joint Team members who hold

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technical HIV positions, Human Resources and administrative staff. Some larger agencies have two representatives on the UN Cares Team. Their Representative nominates team members, and UN Cares Team members elect a chair and a vice-chair internally.

Regionally, UN Cares trains facilitators, and four trained facilitators are currently part of the UN Cares Team in addition to the UNAIDS Programme Officer who acts as the Team's Secretariat.

The UN Cares Team meets every two months and has a bi-annual work plan of activities and members have a specific Terms of Reference. Most UN Cares Team members are evaluated on their work within their specific agencies.

The Chair of the UN Cares Team regularly updates the UN Joint Team on AIDS. The Resident Coordinator and UN Country Team are regularly briefed on UN Cares activities through UN Theme Group meetings. Urgent issues are brought to the UN Country Team, which meets every two weeks.

Funding

UN Cares activities do not have a regular budget line. Under the Resident Coordinator office, an interagency account was established. Sources for funding are mostly agency-specific. The UN Cares Team has undertaken several fundraising initiatives in 2009, including the production of promotional items for sale on UN Day and WAD. However, to date no profit has been made on this, though the activity has served to raise awareness about the programme since the items are sold on a daily basis and UN Cares IEC material is also distributed at the stalls.

The 2010-2011 UN Cares work plan has an estimated budget of \$65,500 to complete activities toward expected outcomes on each of the 10 Minimum Standards.

The UN Cares programme in Myanmar has systematically involved people living with HIV in program implementation and has seen positive effects in reducing stigma and discrimination in the workplace. Prior to the establishment of the UN Cares Programme, in 2006, the first round of trainings was contracted to the local NGO Myanmar Business Coalition on AIDS (MBCA). The results were good in terms of increased HIV knowledge but showed little impact on stigma reduction. Therefore, in an attempt to focus on the issue of stigma reduction, in the following round (2008/2009) it was decided to train UN staff as trainers together with people recruited from the community of people living with HIV. Indeed, as planned, this was very effective in terms of stigma reduction.

The UN Cares programme also supported former trainers from different people living with HIV Self Help Groups to conduct HIV in the workplace trainings for other NGOs as a way of generating income for their groups. These trainings were based on the Myanmar specific UN Cares curriculum, which was originally developed for UN personnel in 2008.

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Current state of implementation of the Minimum Standards

Minimum Standards 1 and 2 (Information about UN Policies & Benefits, and about Preventing Transmission of HIV & Accessing Treatment and Care Service): In December 2008, a Training of Trainers (ToT) course with UN staff and people living with HIV was held. Following the ToT workshop, a round of staff trainings was launched in January 2009, covering 1,700 staff (refresher trainings) and 700 staff (orientation sessions) over 4 months in 35 locations through 100 training sessions.

Trainings were designed based on a learning needs assessment conducted prior to the trainings. The global UN Cares resources were used, but other learning resources were also adapted specifically for the Myanmar context. A standard training curriculum developed for the Myanmar context was used during the trainings. Orientation sessions covered basic HIV information and prevention.

Refresher trainings focused on updates related to UN Cares, UN PLUS, and workplace policy as well as a thematic focus on stigma and discrimination. A special session was held for international staff members, feeding back key results from national staff trainings nationwide. Training sessions were held jointly by all agencies. All participants received a certificate upon completion of the training.

Awareness raising sessions were offered to family members of UN staff during the UN commemoration event for WAD 2009, through three “UN Cares Corners” for men, women and youth.

In addition, the UN Cares Team produced and distributed the following adapted awareness-raising material:

- Poster titled “Why UN Cares” including photos of managers and staff giving quotes related to different minimum standards.
- Regular e-newsletters distributed through the Resident Coordinator and Heads of Agencies to all staff (for field offices without regular Internet access, print copies for notice boards are made available).
- Myanmar version of the global 10 Minimum Standards poster
- HIV service directory (distributed in hard copy to all staff annually)
- Myanmar versions of the booklet “Living in a World with HIV”

Minimum Standard 3 (Learning and training activities on stigma and discrimination): Staff training sessions conducted in 2008-2009 contained a strong anti-stigma focus and it was felt that the good results mainly due to the extensive involvement of people living with HIV as trainers ought to be documented and shared with other UN Cares Teams in the Asia Pacific Region. As a result a documentary emphasizing the issue of stigma and discrimination and ways of reducing stigma in the UN workplace was produced and distributed to Regional and Global UN entities. The UN Cares team continues

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to integrate discussion of stigma and discrimination into all activities.

In 2009, the need for a support mechanism for HIV-positive UN personnel and their family members became apparent. Feedback from a series of HIV awareness trainings conducted for UN personnel, and an all-personnel survey carried out by the UN Cares programme, revealed the need to increase awareness among UN personnel and their family members of existing HIV related services in Myanmar. Entitlements and benefits as laid out in the UN personnel policy on HIV/AIDS for UN personnel serving under various contract types were also unclear to many staff members.

From this research, a new initiative to provide local, confidential support upon request to UN personnel and their family members living with HIV was launched on May 3, 2010. This 6-month pilot project is housed at UNAIDS in Yangon, and staffed part time (30 per cent) by a peer supporter. Initially, the peer supporter visited all UN agencies at staff meetings etc., informing staff about the initiative. Fliers were also developed and the contact details circulated through e-newsletter. This pilot project aims to provide services through the establishment of a hotline, operated by a person openly living with HIV recruited specifically for the project with an emphasis on providing support while maintaining strict confidentiality related to personal medical information. Although the hotline has only been operational for a few months, it has already provided support to a number of UN personnel and family members. Through close contact with the clients, the peer supporter has also been able to follow up on cases where service providers need to improve their practices and engaged service providers in discussions on how to strengthen their client orientation, through for example establishment of peer support groups.

Standard 4 (Access to condoms): UN Cares Myanmar has been providing male and female condoms to UN personnel since early 2008. Results from a staff satisfaction survey of condom availability, accessibility, and quality conducted in 2009 revealed that for a majority of respondents (74 per cent) condoms are consistently available at the workplace restrooms. The majority (68 per cent) of respondents are satisfied with the existing condoms distribution system (quantity, quality and availability).

The higher costs of female condoms and a limited budget for UN Cares continue to be a barrier to ensure a regular supply of female condoms. Male and female condom dispensers have been installed in all UN offices in the country, and condoms are freely available.

In late 2009, an agreement between UNAIDS and UNFPA was reached ensuring that condoms will be continuously procured by UNFPA for the UN workplace programme.

Male and female condom demonstrations were part of the training curriculum for the all staff training, reaching 1,700 staff.

Standard 5 (Access to Voluntary Counseling & Testing (VCT)): Although 62.3 per cent of respondents to a knowledge and attitude survey conducted in 2009 were aware of where and how to access VCT, only 46.2 per cent knew

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their current HIV status and 28.7 per cent had ever undergone an HIV test. As these numbers demonstrate, access to VCT remains a challenge nationally. UN Cares produces a service directory (listing available HIV related services including VCT in each state and division) that is distributed in hard copy to all staff annually. Sessions on the importance of VCT are included in the training curriculum.

Standard 6 (Insurance): A mapping of insurance coverage by agency and contract type was undertaken in early 2009. Results showed slight improvement from 2005, when a previous mapping was undertaken, but barriers to provide service contract holders with HIV related insurance coverage remained with 37 per cent of UN personnel not having HIV related insurance coverage. The UN Cares Team has consistently advocated for increasing insurance coverage to cover HIV and related illnesses for UN personnel - notably those holding service contracts. Negotiations with UN senior management and insurance providers to revise current packages have finally yielded results and as of July 2010, the insurance package for Service Contract holders now includes HIV on par with other diseases.

Standard 7 (Confidentiality): Confidentiality of HIV status and medical records remains a challenge in Myanmar. However, several initiatives are being developed to address confidentiality. The UN Cares Programme is supporting the UN Dispensary committee to ensure that UN examining physicians are aware of the UN policies and guidelines in place to ensure confidentiality.

Currently the UN Cares Programme Officer is working with the UN Cares regional coordinator on a concept note that will lead to the development of a training module(s) on confidentiality. A reference group will be part of this process, so exact timelines remain uncertain.

UN Cares Myanmar plans to implement a session for Human Resource personnel and others within the UN system entrusted with personal medical information during the later part of 2010/early 2011 based on this module.

Standard 8 (Access to first aid): In 2010, the UN Cares Team is focusing on addressing first aid training for UN personnel with a particular focus on drivers and field based personnel as well as first aid kit standardization among agencies. A recent mapping conducted by the UN Cares Team showed that in 10 of the UN organizations present in Myanmar, personnel had never been trained in basic first aid. In response to this need, a series of basic first aid trainings for UN personnel is now underway. The UN Cares Team through Myanmar Red Cross Society (MRCS) starting from April 2010 is organizing two-day trainings. All trainings are conducted on a cost-sharing basis among participating UN agencies. The first phase targeted Yangon-based personnel in April 2009. A total of 92 personnel (including 45 drivers) from 13 agencies participated in these sessions.

In the second phase, first aid trainings for field based personnel are being organized. To date, personnel from field four duty stations have participated in

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two-day training sessions.

Standard 9 (Access to PEP): The UN Cares Team in Myanmar has initiated several programmes to incorporate families, such as a service directory for UN personnel and their families, and the invitation of families to the WAD commemoration in December 2009. The family specific component of the event included ‘UN Cares Corners’ with quizzes developed specifically for men, women and youth.

The 2009 World AIDS Day commemoration was conducted in collaboration between UN Joint team on AIDS and UN Cares Team. A morning ‘walkathon’ was organized for staff (participants were presented with a UN Cares T-shirt upon registration) and an afternoon session opened up for families. A number of high-profile celebrities were invited and performed. People living with HIV self-help groups organized, prepared, and sold food in a central area in an effort to reduce stigma and discrimination further. They also sold souvenirs for fundraising. In addition, the UN Cares Team used this event as an opportunity for further awareness and fundraising and sold promotional items with the UN Cares logo that had been produced, including such items as mugs, T-shirts, ball pens, notebooks and bags.

The UN Cares Myanmar team also participated in the commemoration of UN Day in 2008 and 2009. The 2008 event focused on raising awareness about the new UN Cares programme and included a quiz for participating staff and family members. IEC materials and condoms also were distributed. The 2009 UN Day event focused on fundraising and included a UN Cares stall alongside other agency stalls, which sold promotional items with the UN Cares logo.

Reaching UN staff based outside the capital has been highlighted as a priority by the UN Cares Team in Myanmar since the program began. UN operations in Myanmar have a very decentralized structure. Therefore, UN Cares Myanmar has already conducted training in 35 out of the 60+ UN duty stations in Myanmar. Staff from remaining locations traveled to their nearest site to receive training. Other specific features of the UN Cares programme that ensures staff in remote locations are reached include: condom distribution to all sites, first aid training for field-based personnel, the establishment of a hotline that is accessible to the remote workforce, IEC distribution to all sites (including hard copy service directory and translated versions of “Living in a World with HIV” and e-newsletter), and the expansion of PEP sites from 5 to 22 with subsequent training of field-based PEP custodians and alternate custodians. These efforts are a testament to the strong focus on delivering services to a largely rural workforce, and exemplify how Myanmar has mainstreamed remote locations into UN Cares activities.

In Myanmar the e-learning course, “Building Our Professional Capacity to Address HIV” was distributed at the launch of the UN cares Programme in October 2008. It was also included as a special session during all staff trainings, with copies distributed to all field offices. Despite these efforts, the uptake of the e-course has been low. It is believed that this is because

the course has not been made mandatory among agencies (with some notable exceptions), therefore not included in performance evaluations, etc. and thus difficult to ensure relevant modules are completed. The e-course module will be promoted at the planned special training sessions for HR personnel on confidentiality. The increased promotion of the e-course on HIV for professional staff has also been prioritized globally in 2010.

Monitoring, evaluation, and documentation

In June 2009, following the completion of the HIV awareness training sessions, all trainers and supervisors met for a two-day training evaluation workshop. It was the first time a UN system-wide training on HIV awareness had been conducted using trainers internal to the UN as well as from the community of people living with HIV. The UN Cares Team asked all trainers (UN trainers, supervisors, and field trainers living with HIV) to comment on the model of the training, the content of the training sessions based on feedback from training participants, the methodology (experiential adult learning methodology in diverse groups focusing on experience sharing), as well as the practical aspects (logistics, travels, staff release and approvals). Some key findings from the evaluation workshop are listed below under recommendations.

Issue-specific surveys were conducted in 2009 (condoms, insurance coverage). The global UN Cares monitoring tool was launched in October 2009, and will replace other country-level monitoring tools. Country-specific results were made available in early 2010, and can be found online.

Successes

Overall, the UN Cares training programme managed to reach its objectives. It contributed to developing the capacity among personnel within the UN workplace to implement the HIV awareness-raising program, which is part of UN personnel policy and the UN Cares Programme. Buy-in and sustained support from the UN system at country level (Resident Coordinator, Heads of Agencies, UNAIDS Country Coordinator and agency focal points) was a major success. A network of trainers from different UN agencies and people living with HIV, with a high sense of responsibility and commitment has been created. Not only were a high number of UN personnel reached through the training program, but the participants gained greater understanding of HIV and increased their awareness on discrimination against people living with HIV. Participants have also begun to develop a more positive attitude towards people infected or affected by HIV. The acceptance of condoms and the reach of condom distribution expanded through the UN Cares programme. Importantly, UN staff have gained a better understanding of the UN Personnel Policy on HIV/AIDS, including their rights and obligations as they relate to HIV in the workplace, as well as being familiarized with UN Cares and UN Plus.

Challenges

Despite the numerous successes of the UN Cares programme in Myanmar, several challenges remain in reaching and maintaining the 10 Minimum Standards. The sustainability of the UN Cares programme and the coordinator

at country level for the future remains an issue post 2010. Logistics and coordination to implement the programme for a largely remote UN workforce remains challenging, but activities in 2008/2009 have shown it can be done with sufficient resources, especially in terms of staff time. Systems for confidential handling of personal information need improvement in response to the low levels of trust among UN personnel, and continued advocacy for improved insurance coverage is imperative.

Lessons Learned

A little money can go a long way and collaborative pooled funding also helped ensure buy-in.

Based on the observations of the training consultant, the pre- and post-test questionnaire results; the feedback provided by training participants and the information received from trainers and supervisors during the evaluation workshop specific, recommendations have been made.

The Myanmar UN Cares team has learned many lessons over the years as follows:

- Heads of Agencies must stress the mandatory nature of trainings.
- Staff's lack of confidence in the UN systems' handling of personal information should be addressed with a view to increase confidentiality and build trust.
- Heads of agencies need to maintain a budget for regular HIV awareness-raising sessions for staff.
- A system is needed for supporting countries to have a UN Cares coordinator (at least part time).
- The maximum number of agencies should be represented on the UN Cares Team.
- It is hard to build up a structure, so work with what is already in place to keep the programme running, and implement according to country level resources and capacity.
- Extend the training period to two days for all participants.
- Conduct HIV awareness trainings with regular intervals (minimum once every two years).
- The inter-agency nature of trainings should be maintained, while avoiding that trainers train staff from their own agency.
- To maximize experience gained by the trainers, each trainer will conduct a certain number of trainings.
- Capacity building of UN staff continued through involvement in training programmes.
- Sustained involvement of people living with HIV in training programmes and expanded collaboration with UN PLUS.

- A focus on stigma and discrimination as it relates to HIV in the workplace should be maintained.
- An increased focus on HIV treatment in training curriculum (ToT and field trainings).
- Strengthen focus on general facilitation skills in ToT.
- Maintain interactive and experiential methodology with the number of participants below 25 for maximum impact.
- Pre- and post-training questionnaires should be pilot tested prior to field training with a similar audience to ensure proper translation and understanding.

Footnotes

¹ 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.

² UNGASS Country Progress Report, Myanmar. National AIDS Programme. March 31, 2010. www.data.unaids.org/pub/Report/2010/myanmar_2010_country_progress_report_en.pdf