



# UN Cares in Action

## The Case of New York City 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*

*The overwhelming success of UN Cares in New York City can be attributed to strong advocacy and mobilization as well as a dedicated UN Cares team with a strong workplan*



UN Cares orientation session, 2009

### Background and Context

New York City, the epicenter of the HIV epidemic in the United States, has the highest national AIDS case rate and more than 100,000 residents living with HIV. HIV is the third leading cause of death in residents under age 65; and disparities in transmission are clearly manifest. Eighty percent of AIDS mortality is among African Americans and Hispanics.

New York City hosts headquarters of the largest agencies, namely UN Secretariat, UNDP, UNICEF and UNFPA, as well as additional headquarters with smaller offices (UNOPS, UNIFEM, UNAIDS). The UN presence in New York City is estimated at 7,000. The table below indicates the impressive number of persons trained for HIV in the workplace since 2005 in New York City (NYC); in 2009 this figure was over 3,000.

**Table 1. Total UN Cares attendance by agency in New York since 2005:**

<b>Agency</b>	<b>2005-2008</b>	<b>2009</b>	<b>Total</b>
UN Sec		2,376	
UN DPKO/DFS		364	
UNJSPF		112	
UN Secretariat	1,806	2,852	4,658
UNDP	945	93	1,038
UNICEF	617	86	703



UN DSG with UN Cares facilitators after his participation in a UN Cares training session, 2009

UNFPA	433	54	487
UNOPS	114	28	142
UNIFEM	15	13	28
UNAIDS	6	7	13
Others	16	24	40
Total	3,952	3,157	7,109

### Leadership of and Advocacy for UN Cares

The overwhelming success of UN Cares in New York City can be attributed to strong advocacy and mobilization as well as a dedicated UN Cares team with a strong workplan. Advocacy efforts made headway in large part because of a strong champion. For the 2009 launch, Catherine Pollard, the Assistant Secretary General of Human Resources in the UN Secretariat, acted as the champion for UN Cares. This role was essential to garner support from senior leaders and managers and personnel at-large. Specific roles of the champion in 2009 included:

- Writing to all Heads of Agencies in NY and Heads of Human Resources in NY to announce the UN Cares effort and asking for their support, the first show of which was attending the Soft Launch.

*The Soft Launch of UN Cares in NYC included two-hour special sessions for Under Secretary General, Assistant Secretary General, Senior Management staff (15 attended) as well as special sessions for staff from each agency who later acted as Ambassadors*

*In NYC, where more than 3,000 UN personnel were trained, there was largely no budget and trainers worked on a volunteer basis.*



Alan Silverman, Senior Learning Adviser and a key driving force of UN Cares at the orientation session, 2009

- Giving a brief speech (recorded and then circulated via e-mail) to all UN personnel based in NY to encourage participation in the orientation sessions.
- Launching the orientation sessions by participating in one of the first sessions.
- Reminding all UN Secretariat personnel to fulfill the Secretary-General's expectation of mandatory training sessions. This was done via periodic messages and advocacy with UN Secretariat offices and divisions in New York.

The following agencies were represented on the UN Cares team in NYC: UN Secretariat, DPKO, UNDP, UNFPA, UNICEF and UNAIDS. Each agency appointed UN Cares focal points who attended monthly planning meetings along with the Senior Learning Strategy Advisor, the UN Cares Global Coordinator and the UN Cares Programme Officer. The workplan, which was proposed by the UN Cares Programme Officer, provided meeting structure and helped to push the project forward.

The Soft Launch of UN Cares in NYC included two-hour special sessions for Under Secretary General/Assistant Secretary General/Senior Management staff (15 attended) as well as special sessions for staff from each agency who later acted as Ambassadors. Each agency regularly announced the sessions and registration procedures through either broadcast e-mails (UNDP, UNICEF, UNFPA) or on the UN Secretariat Intranet I-Seek, which is also accessible

for all other agencies in NYC. These announcements had a great impact on registration. The video of the champion Catherine Pollard was used in the announcements.

### **UN Cares Structure in New York**

Forty-four UN and 34 non-UN volunteers were trained for NYC UN Cares (78 in total). UN facilitators were recruited through announcements by each agency and prospective facilitators went through a subsequent application process. Three universities in New York – Columbia, New York University, and City University of New York (CUNY) – were tapped for recruiting non-UN volunteers. Several additional volunteers, such as spouses, learned of the application process through word of mouth. Volunteers committed to facilitate 10 half-day sessions between March 2009 and January 2010; most fulfilled their commitment. Volunteers continue to facilitate sessions as the UN Cares programme continues on a smaller scale in NYC. Most volunteers enjoy facilitating the sessions, which aids in sustainability. Regarding the training of trainers, the Head of the UN Medical Services in the UN Secretariat attended two Training of Trainers and was part of a panel discussion about UN personnel policies and technical information about HIV and AIDS.

Throughout the programme, four interns worked closely with the UN Cares Coordinator in NYC. Interns helped with setting up the programme and later ran registration of participants. A colleague from UNICEF provided assistance to the UN Cares Coordinator in addition to her job.

### **Funding**

Funding was provided mostly in-kind and included rooms, materials and logistical support due to challenges in obtaining direct funding. UNFPA fully funded the UN Cares Programme Officer as a Junior Programme Officer. UNDP largely funded materials, hired a consultant to support the UN Cares Programme Officer with Training of Trainers and implementation of Orientation Sessions, financed Training of Trainers (food, material) and financed the farewell reception at the end of the project.

### **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):*** Workplace Orientation Sessions of four hours length focused on the first three Minimum Standards, using the booklet “Living in a World With HIV” as guidance. UN personnel were informed about the UN policies and their rights. They learned the basics of HIV is and how it can be transmitted, focusing on prevention of sexual transmission and correct condom use. Available services in the UN, in NYC and neighboring states about VCT, PEP and care were shared. One whole session is about stigma and discrimination with practical tips on what everyone can contribute to a workplace free of stigma and discrimination.

**Minimum Standard 4 (Access to male and female condoms):** UNFPA, UNDP and UNICEF offer free condoms, supported for free by the City of New York, for UN personnel in the bathrooms. Other agencies rely on the availability of free condoms in the city.

**Minimum Standard 5 (Voluntary counseling and testing):** Information about VCT is shared during the Orientation Sessions. In addition, free VCT is offered on UN premises around National Testing Day in June and World AIDS Day in December. VCT is conducted by external NGOs.

**Minimum Standards 6 (Insurance covering HIV-related expenses):** Insurances available to NY-based UN staff cover HIV-related expenses.

**Minimum Standards 7 (Confidential handling of personal information):** All personnel (including medical and human resources personnel) who have access to personal information about others are obliged to keep it confidential. This was highlighted in the Orientation Sessions that covered the topic of UN Personnel Policies on HIV and AIDS.

**Minimum Standard 9 (Rapid access to PEP starter kits):** The UN Cares team relies on the health care system in NYC, which has 24/7 access to PEP at health centres. In addition, a PEP hotline is available for UN staff.

**Minimum Standard 10 (Managerial commitment):** All UN managers assume leadership on the implementation of UN Cares.

The 2009 UN Cares trainings in NYC did not include spouses/partners or children; this was a decision in the planning process to first train UN personnel and to train dependents at a later date, given available resources. As detailed above, several spouses did participate as trainers.

Several NYC UN personnel have completed the e-course on Building Our Professional Knowledge to Address HIV. However, the number of staff who have completed the e-course has not been recorded at this point.

### **Monitoring and Evaluation**

Each participant at the Orientation Sessions completed an online survey after attending in order to receive their certificate for attendance. Based on survey results from 3,067 participants, the following overwhelmingly positive feedback emerged:

- 86 per cent of all participants rated the training as excellent or good.
- Approximately 90 per cent found it very useful or useful to learn facts about HIV and the United Nations Personnel Policies on HIV.
- 90 per cent of participants reported information on the importance of people knowing their status to be useful or very useful.
- 87 per cent found information on reducing stigma and discrimination to be useful or very useful.

- 95 per cent reported knowledge of where to access HIV services including VCT and condoms.

Additional evaluations were completed by participants from three of the Training of Trainers sessions; these results were fairly positive as well. The best reflection of the Training of Trainers sessions is probably reflected in the low Trainer attrition rate throughout the year.

### Lessons learned

**Success:** Having a strong champion. Catherine Pollard, the Assistant Secretary General of Human Resources for the UN Secretariat, acted as the champion for launching UN Cares in NYC. This support, and her role in advocacy, was crucial in mobilizing UN Cares. Advocacy efforts included letters to all the heads of agencies and heads of Human Resources in NYC asking for support.

**Success:** Strong workplan and meeting participation from the UN Cares team, which met monthly from October 2008 to February 2010. The champion and structure/dedication of the UN Cares team made it possible to train more than 3,000 staff in 2009.

**Challenge:** Funding. Most donations were in kind, and it was difficult to obtain direct funding for the UN Cares work.

**Success:** Having one full-time dedicated coordinator for UN Cares. Partly because one Junior Professional Officer dedicated 1.5 years full-time work to UN Cares in NYC, the programme was able to succeed even without a large budget. Moving forward, there should also be a dedicated UN Cares focal point in each agency.

**Key to Success:** Continuity. In order to ensure that UN Cares gets on the radar of all staff, UN Cares must keep offering orientations and keep up awareness of the programme.

In NYC, where more than 3,000 UN personnel were trained, there was largely no budget and trainers worked on a volunteer basis. Yet NYC was an incredible success for UN Cares in 2009. Having the following is much more important than a large budget for UN Cares to succeed:

- A dedicated team whose passion for their work is contagious;
- A champion, coordinator, and workplan that is taken seriously;
- And, leverage to book rooms for training.

### 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.