



UN Cares in Action

The Case of Occupied Palestinian Territories 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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Condoms in UN offices remain a sensitive topic and the UN Cares Team will need to develop appropriate dispensing methods ensuring easy, yet confidential, access and communication messages for condom promotion



Max Gaylard, Resident Coordinator for the occupied Palestinian territory, speaks at the UN Cares launch.

Background and context

The cumulative number of people living with HIV in the West Bank and Gaza reached 63 cases, with a projected estimate of 200-500 people living with HIV.² Social conservatism in the occupied Palestinian territory (oPt) may limit, to some degree, HIV sexual transmission. However, taboos surrounding the discourse on HIV and testing may be responsible for a higher, albeit undocumented, number of HIV infections. UN agencies also encounter challenges in raising awareness on HIV and AIDS due to low perceived risk for HIV in a low prevalence area.

The UN Cares initiative was introduced in the oPt in 2009 and built on the scaling up of HIV and AIDS programming under the Global Fund to fight HIV and AIDS, Tuberculosis and Malaria. The programme is jointly implemented by various UN agencies, namely UNICEF, UNFPA, UNODC, UNRWA, UNIFEM and WHO.

Leadership of and Advocacy for UN Cares

The launch of UN Cares in the OPT occurred in conjunction with the celebration of World AIDS Day 2009 in two locations, beginning with East

Jerusalem on December 2nd and continuing in Ramallah on December 8th. The UN Resident Coordinator and the UNDP Special Representative in the oPt launched the Jerusalem event. Due to the political context, it was not possible to launch UN Cares in the Gaza Strip and it is planned to do so in 2010.

The UN Cares launch events, unified by the slogan “Keep the promise... together we can overcome HIV and AIDS,” occurred within the context of the UN family’s comprehensive programme to improve HIV and AIDS related services in the occupied Palestinian territory. Specific initiatives included community-level workshops and training sessions with community leaders including religious, women’s centres, health facilities and others. Special attention was also given to raising HIV and AIDS awareness among schoolchildren and young people through events in youth centres, drawing competitions, audiovisual messaging and scouts marches.

As a member of the UN Theme Group on HIV and AIDS, chaired by UNFPA, UNDP was mandated to coordinate the launch, which was sponsored by the Resident Coordinator’s and UNDP’s budgets. Given the limited awareness on HIV and AIDS related issues in the oPt and the relative perceived low risk of HIV transmission, advocacy and mobilization of the UN family at large were a key step before introducing the UN Cares programme. Advocacy materials consisted of pamphlets available on the UN Cares website, the UN Cares ‘Frequently Asked Questions’ factsheet, and widely distributed red ribbons in Palestinian embroidery.

The team for the launch comprised UNDP staff members and volunteers from several UN agencies, the UN Stress Counsellor, members of the staff association and peer helpers.

Implementation of selected UN Cares activities started in 2010 but were mainly limited to UNDP. These include follow-up sessions for UNDP staff on basic HIV and AIDS facts; HIV and Gender (at the occasion of the International Women’s Day - 8 March 2010) and access to male condoms in office bathrooms (UNDP started with its offices in Jerusalem and in Ramallah in June 2010).

As a next step, the UN system in the oPt will formalize a UN Cares Learning Team for the oPt comprised of members of different UN agencies and with various staff functions (management, programme, administrative, operational, etc.). The oPt UN Cares Learning Team will support the implementation of the 2010 work plan to be implemented throughout the UN system in the oPt (3,000 UN Staff and 12,000 UNRWA staff). Resources (financial and human) will be mobilized from the Resident Coordinator’s Office and through agencies’ contributions.

Structure of UN Cares in the Occupied Palestinian Territories

UNDP and UNFPA attended the UN Cares Regional workshop for the MENA region in Tunis in July 2010. For administrative reasons it was not possible for UNRWA to attend. Following this workshop, UNDP and UNFPA took the lead in developing a draft workplan that will be submitted to the UN Theme

Group for HIV and AIDS and, subsequently, to the UN Country Team for endorsement. In order for UN Cares to become fully operational in the oPt, it will be crucial to get full ownership by a wide range of UN stakeholders in the oPt. UNDP and UNFPA (as chair of the UNTG) will facilitate the establishment of a UN Cares Learning Team and suggest to initially co-chair it. Future chairing arrangements will be discussed accordingly. Given the unique role of UNRWA within the sub-region and their significant number of national and international staff operating in the West Bank and Gaza, UNRWA is expected to assume a key role in rolling out UN Cares. Technical support may be sought from UNRWA HQ in Jordan.

Funding

UN Cares launch events in the occupied Palestinian territory in 2009 and 2010 have so far been funded through budgets of the Resident Coordinator's Office and UNDP. Scaling up activities to reach staff of all resident UN agencies will require financial and human resources contributions from all agencies.

Current state of implementation of 10 Minimum Standards

UNDP, on behalf of the UN family, coordinated the UN Cares launch, which also included some basic HIV and AIDS awareness-raising. With the imminent establishment of a UN Cares Learning Team in 2010, it is expected that the UN family in the oPt will be increasingly capable and equipped to ensure implementation of the minimum standards within their own offices.

Standards 1, 2 and 3 (relating to information on UN policies & benefits, and information on HIV basics and services) are currently indirectly touched upon as a natural extension of programmatic HIV work through the Global Fund (UNDP is the Principle Recipient). While UN staff hear more about HIV and AIDS related issues within their offices, they are also increasingly exposed to national campaigns.

As for Standard 5: Voluntary Counseling and Testing, services are slowly becoming available in the oPt through the Global Fund programming, and staff and families are encouraged to know their status and undertake HIV tests. However, there have not been specific activities for UN employees to date.

Implementation of Standard 4 (access to condoms) varies. Male condoms are available nationally and accepted in the context of family planning. UNDP has installed first aid cabinets with condoms in all restrooms of its Jerusalem and Ramallah offices. However, condoms in UN offices remain a sensitive topic and the UN Cares Team will need to develop appropriate dispensing methods ensuring easy, yet confidential, access and communication messages for condom promotion. Similarly, making condoms available in the UN Gaza office premises remains sensitive. Female condoms are not yet available in the oPt.

At this point, the overwhelming majority of UN employees in the oPt have not completed the e-course on "Building Our Professional Knowledge to Address HIV." This may partly be due to lack of knowledge about the existence of this course and the fact that this course is not mandatory. The UN Cares

Team will, therefore, share information about this course and advocate among UN agencies for personnel to complete this course as part of their personal learning plans.

Monitoring, evaluation and documentation

UN Cares advocacy and activities in the occupied Palestinian territory have been well-documented; although the UN Cares team is receptive to informal feedback, no formal monitoring or evaluation frameworks have been implemented yet.

Lessons Learned

Because UN Cares is a system-wide initiative, it also needs system-wide ownership and support in-country for it to be fully operational; senior UN support (UN Resident Coordinator and UN Heads of Agencies) must be a key requisite for in-country ownership and implementation;

Interagency coordination and cooperation is crucial to achieving success in the implementation of an HIV workplace programme; the establishment of a dedicated UN Cares Team comprised of various UN agencies and combining a representative mix of staff functions (managerial, programmatic, administrative) will be key for system-wide roll-out and ownership;

Given the various existing coordination fora * (UN Country Team, UN Theme Group on HIV and AIDS, Global Fund, UN Cares Team) the Terms of Reference with regard to UN Cares responsibilities, accountability and reporting lines will need to be clear;

Ongoing awareness-raising is needed to address sensitive topics of HIV and sexual behaviors, injecting drug use, etc.,

In a low prevalence region, many staff may not see the need for an HIV workplace programme. Therefore, emphasizing the importance of UN Cares is essential, especially with regard to the UN family setting the example for promotion of human rights and HIV prevention (keeping a low prevalence).

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 Palestinian Ministry of Health, 2008