



UN Cares in Action

The Case of Trinidad and Tobago 2011

Editor: Maha Aon

Contributors Melrose Kargbo, Aimee Miller, Bockari Samba,
Mulunesh Tennagashaw

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.

When HIV prevalence is 1% or more in a country's general adult population, it is considered to be experiencing a generalized HIV epidemic by international health standards.

4 UN Cares in Action

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

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

Background and context

The national adult HIV prevalence rate currently stood at 1.5 per cent at the end of 2009. Until 2007, new HIV infections among males far outstripped females. However, by the end of 2008, females accounted for 48.53 per cent of new HIV infections while men accounted for 42.59 per cent.²

In October 2008, a Caribbean-wide workshop was held in Trinidad & Tobago to train UN Cares Facilitators in the region. The facilitators trained have taken the lead at country level in implementing UN Cares.

There are nine UN agencies present in Trinidad & Tobago: UNDP, ECLAC, UNIC, ILO, FAO, PAHO, UNICEF, UNFPA, and UNAIDS (regional and country offices). There are 110 national and 84 international staff members (including UN volunteers) in Trinidad and Tobago. There are 128 dependents of international staff members, resulting in 450 total staff members and dependents. There are no UN offices outside the capital city.

While most of these agencies are based in the capital, Port of Spain, some UN employees are placed in rural areas and are included in UN Cares activities by their agency representative on the UN Cares Team. However, UNIC and ILO are not represented on the UN Cares Team and PAHO's representative has not been replaced since the last person left. A concerted effort needs to be made to encourage agencies that are not currently represented on the UN Cares Team to join.

Leadership of and advocacy for UN Cares

The UN Cares program in Trinidad & Tobago has been supported by the Resident Coordinator, the UN Country Team, the HIV Theme Group Chair and the UNAIDS Country Officer. Reporting on UN Cares meetings is a standard agenda at meetings of the Joint UN Team on AIDS, the HIV Theme Group, and the UN Country Team meetings. There has not been any resistance or non-compliance with UN Cares activities due to the support of the Heads of Agencies. The HOAs supported the process by endorsing attendance to the training sessions and gave opening and closing remarks at the training sessions. UN staff members, in addition to evaluating the trainings, were also given the opportunity to volunteer their services to the UN Cares Team, from this new members will be incorporated into the next round of training sessions.

Structure of UN Cares in Trinidad and Tobago
The UN Cares Team was formed following the regional training in October 2008. The Team functions as a working group of the UN Joint Team on AIDS. It meets for an hour immediately preceding the monthly meeting of the Joint UN Team on AIDS. The Chair of the UN Cares Team must be a sitting member of the Joint UN Team on AIDS, but the Vice Chair can be any other team member. Both the Chair and Vice Chair positions are rotated bi-annually to ensure learning and leadership across the UN system on UN Cares, increase capacity to deliver Joint UN Team on AIDS, ensure that all members take responsibility for implementing the Learning Strategy, and so as not to overburden any one member with the associated tasks. The workplan is the result of the

the UN Cares Team also engaged external facilitators living with HIV in the training sessions. The facilitators shared their personal stories of living with HIV and the impact of stigma and discrimination and HIV prevention methods

collaboration of every member of the Team who also play an important role in the planning and implementing of the training.

The UN Cares Team partners both with UN employees and other organizations. For the World AIDS Day activities focal points in each agency were given responsibility to advocate for participation of staff members in World AIDS Day activities. Volunteers were sourced from outside the UN Cares Team. A short video and photo album were produced, and the links were circulated via e-mail to all staff members.³ For the UN Family Day in 2010, a local NGO was asked to carry out HIV awareness activities. And the UN Cares Team also engaged external facilitators living with HIV in the training sessions. The facilitators shared their personal stories of living with HIV and the impact of stigma and discrimination and HIV prevention methods.

Funding The budget for the HIV Orientation Learning Sessions held on the 24th and 27th of July 2009, was \$2,988.21. These Orientation Sessions were initially budgeted at \$1,400, but overall expenses at the end of the exercise totaled \$2,988.21. The UN Cares Team budget was funded by UNAIDS.

UN PLUS involvement

Very few respondents to the UN Cares global monitoring survey, (5.7 per cent) were aware of UN PLUS and its role in supporting UN Staff members. This is an area that holds great potential for expansion in the coming years.

Current state of implementation of the Minimum Standards

Minimum Standards 1 (Information about UN Policies and Benefits), and 2 (Information about Preventing Transmission of HIV and about Accessing Treatment and Care Service) and 3 (Learning and training activities on stigma and discrimination): Basic HIV Orientation Sessions were held in August 2009, over a two-day period, and attended by approximately 101 UN Staff members from 9 agencies in Trinidad & Tobago. These sessions addressed basic HIV knowledge, how HIV is spread, HIV prevention, stigma and discrimination as well as the UN Cares 10 Minimum Standards among other areas. The initial demand from UN Staff for training has been overwhelming and the waiting list for the next training session is growing.

Minimum Standard 4 (Access to male and female condoms): An 18-month condom implementation plan was created for the UN system by UNFPA. UNFPA provided large stocks of male and female condoms, which are stored by the UNAIDS Country Office and distributed to different agencies resident at UN House and ECLAC. The FAO and ILO are not housed at either of the above premises and are without an appointed UN Cares Team member. These two agencies therefore have yet to come on board with the condom initiative. It should be noted, however, that the ILO received (at their request) World AIDS Day materials including male and female condoms for an internal World AIDS Day 2009 activity conducted at ILO.

In commemoration of World AIDS Day 2009, the UN Cares Team in Trinidad & Tobago organized HIV awareness and outreach activities for both the UN staff members and the general public.

Minimum Standard 5 (Voluntary counseling and testing): All staff who participated in the July 2009 Orientation sessions were given pamphlets listing local VCT sites.

Minimum Standard 6 (Insurance covering HIV-related expenses): The Team is currently investigating UN employees' access to insurance covering HIV-related expenses.

Minimum Standard 7 (Confidential handling of personal information): Issues surrounding confidentiality of medical records and HIV status are handled by Human Resource personnel, and the UN Cares team has not implemented activities in this area.

Minimum Standards 8 (First aid using standard precautions): To date, it is unknown whether all UN premises have access to first aid. However, this is available at UNAIDS and UNDP.

Minimum Standard 9 (Rapid access to PEP starter kits): The UN Cares programme in Trinidad & Tobago has taken several steps to facilitate the achievement of Minimum Standard 9, access to PEP in the workplace. However, there is a limited number of PEP kits entrusted to the PEP kit custodian at PAHO. The custodian releases the kit to either of the two trained UN doctors in the event of an emergency and the doctor will make an assessment as to whether PEP needs to be administered.

More than half of field-based respondents were aware of how to access PEP starter kits in their duty station within 72 hours, but only 11 per cent of duty stations reported having valid PEP starter kits at the time of the reporting. Another problem is that only 19 per cent of dependents of field-based respondents reported to be aware of how to access the PEP starter kit within 72 hours.

In commemoration of World AIDS Day 2009, the UN Cares Team in Trinidad & Tobago organized HIV awareness and outreach activities for both the UN staff members and the general public. On December 1st, many staff members participated in the "Wear something red" campaign in support of World AIDS Day. The first activity targeted motorists along the streets surrounding the UN House. Volunteers for this activity took to the streets in the vicinity of the UN House, handing out to motorists World AIDS Day postcards affixed with a red ribbon pin. The outreach activity was carried out during both the morning and afternoon periods. Inside the UN House, two colourful World AIDS Day displays were set up with HIV-related materials ranging from basic information booklets to male and female condoms. The highlight of the day was the simultaneous noon screening of a movie for UN staff from five agencies at UN House and ECLAC. The feature movie, "Tribes," is a recently launched local film on HIV, produced by the MTV Staying Alive campaign in conjunction with the UNICEF Trinidad & Tobago Office. Following the movie, discussions took place about the issues highlighted in the feature and how they

could use the movie as a conversation starter on the topic of HIV with their children. Altogether, the activities were successfully carried out, with high rates of participation and appreciation by the UN family and beyond, and many finished the day anxiously awaiting the next activity.

The e-course DVD was received by 12 of the 19 UN staff representatives for shared use within their respective agencies. However, only 6 of the 19 completed the e-course.

Monitoring, evaluation, documentation

A report on the July 2009 Orientation sessions is about to be finalized.

Lessons Learned

- It is important to expand membership of the UN Cares Team in order to reduce the workload of current members. Gaining the buy-in of Senior Management is critical.
- Recognition of Team members' efforts is also important to ensure sustained interest and commitment.
- It may be more strategic to focus on small but visible and easily achievable events in order to maintain the momentum within the UN Cares Team.

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, Trinidad & Tobago. March 31, 2010. http://data.unaids.org/pub/Report/2010/trinidadandtobago_2010_country_progress_report_en.pdf

³ Photo album: <http://picasaweb.google.com/guyfromtrinidad/UNWorldAIDSDayObservations2009#Video>: http://animoto.com/play/YxGwKpNq1OnK6jIq9MFIfA?utm_source=project_complete_email&utm_medium=email