UN Cares in Action

The Case of Fiji
2012

Editor: Portia Reddy
Contributors: Asaeli Sinusetaki

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 nine 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' 10 Minimum Standards.

The compendium of case studies is the fourth in a series about implementation of HIV learning in the UN workplace. The first was published in 2006 and documented the experiences of 10 countries in different regions, and the second was published in 2007 and documented the experiences 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. The average prevalence of HIV among the global UN workforce in 2010 was estimated to be 1.4 per cent with an uncertainty range between 1.2 per cent and 1.7 per cent. Applying this prevalence to the total UN staff numbers, it is estimated that between 1,000 and 1,450 fixed term and permanent staff members could be infected with HIV. Assuming that the contingency workforce adds an additional 30 per cent to the total staff numbers (n≈113,000), it is estimated that in total between 1,400 and 1,900 UN personnel could be infected with HIV. HIV prevalence among dependents is estimated to be about 1 per cent (uncertainty range 0.8 per cent - 1.2 per cent), 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. Of an estimated 283,000 dependents (of fixed term, permanent and contingency workforce), a total of between 2,400 and 3,300 could be infected with HIV. Of all UN staff members (fixed and contingency staff) and their dependents, the estimate is that between 3,800 and 5,200 people could be infected with HIV.[1]

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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.

UN Cares is based on 10 Minimum Standards which UN offices in all countries are required to meet.

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 stations3 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 ecause 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 10 Minimum Standards with reference to a particular audience or approach. These are: reaching families, in particular young people; and, using a gender-responsive approach to carrying out learning activities. 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 nine 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 learnt can be discerned from the experience of the nine countries. These are presented at the end of the document.

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

The regions and countries featured in this document are:

- From Latin America: Costa Rica and El Salvador
- From the Caribbean: Trinidad
- From West Africa: Gambia
- From Asia and the Pacific: Fiji
- From East and Southern Africa: Kenya and Malawi
- From Middle East and North Africa: Djibouti and Iran

Background and context

Fiji is classified as a low HIV prevalence country. The UNAIDS and WHO Epidemiological Factsheet for Fiji estimated the number of people living with HIV in 2009 to be about 500, and the prevalence for 15 – 49 year olds at approximately 0.12 per cent.[2] There have been no epidemiological HIV sero-surveys of the general population conducted, but the number of HIV infections detected among the many thousands of HIV tests undertaken each year supports the estimated prevalence of 0.12 per cent. The most common means of transmission is heterosexual intercourse.[3]

At the end of 2011, a cumulative total of 420 confirmed HIV cases had been reported in the country since the first case was diagnosed in January 1989. Prevention has been the major priority within the national response to the HIV epidemic. Fiji's approach to prevention is a good example of what UNAIDS describes as "Combination Prevention."

Programs have often linked provision of information in community settings with chances for community members to receive condoms, meet people living with HIV, and talk about behavior change with peer educators or community leaders.[3]

There has been an increasing focus on preventing new infections in children and keeping their mothers alive, with the provision of HIV testing to pregnant women attending antenatal clinics (ANCs). The collaboration between the Ministry of Health and Pacific Counseling and Social Services (PCSS), an NGO specializing in counseling and social support, to provide this service at ANCs ensures that the HIV test is accompanied by pre- and post-test counseling and informed consent. All HIV+ women receive anti-retroviral prophylaxis as do the newborn infants.[3]

Leadership and advocacy for UN Cares

While the Joint United Nations Team on AIDS supervises the work of the UN Cares Team, the chairmanship role is taken on by the UN Resident Coordinator's office while UNAIDS provides the secretariat support. The Resident Coordinator's (RC) office has solely been responsible in putting the ideas of the program together and then seeks the team's endorsement, which is then presented to the Joint United Nations Team on AIDS and also reported to the heads of agencies for their support. The advocacy and promotion of UN Cares' activities have been the joint responsibility of the RC's office and UNAIDS.

Resident Coordinator Knut Ostby encourages colleagues to display UN Cares and "Stigma Fuels HIV" campaign posters in their offices as well as utilize the wallpaper for their computers. Staff are encouraged to share the information they learn at work with their families and friends to increase the community dialogue about HIV and AIDS and stigma and discrimination.[4]

> *"Affected people should be treated with respect, and we can also foster openness so they are not segregated." - Knut Ostby, UN Resident Coordinator Fiji*[5]

Structure of UN Cares in Fiji

The UN Cares Team consists of seven team members whose work is overseen by the Joint United Nations Team on AIDS who relay information to the UN Country Team on the activities and programs implemented.

Funding

The Resident Coordinator's office has been putting aside US $5,000 annually to support UN Cares' work. In 2012, the team will partner with WHO and ILO to support the Healthy Office Program (addressing non-communicable diseases [NCDs] in the workplace) and the SCREAM Program (a children's program that is targeted at addressing child labor).

Current state of implementation of the Minimum Standards

Many believe the best tool against stigma and discrimination against people living with Human Immunodeficiency Virus (HIV) is acquiring proper orientation and information about the virus in the community. On June 8, 2011, the UN launched a system-wide anti-stigma campaign, "Stigma Fuels HIV." The campaign, which uses a multimedia campaign strategy, aims at the UN system workplace worldwide, and seeks to create awareness about the negative impact of HIV-associated stigma, while providing information about Human Immuno-deficiency Virus (HIV) in general. A two-minute campaign video was created by the UN Cares Fiji team and played for staff before the launch and shown again on June 8. The video hopes to create awareness on stigma, particularly pointing out daily conversations that sometimes, unintentionally stigmatize people within the cultural context of the UN.

UN Cares Fiji hosted a stigma learning day centered on children and

adolescents, with activities designed to facilitate conversations about stigma and discrimination while also educating youth on the means of transmission and preventative strategies for HIV. The activities made the local Fiji news, showing children creating drawings that read "STOP HIV" and "STOP DISCRIMINATION," and the adolescents were shown having group discussions.

> *"If we tolerate stigma and discrimination, infected people will hesitate to come forward and be tested or they will be reluctant to reveal their status to anyone." — Knut Ostby, UN Resident Coordinator Fiji*

Another video created during the learning segment was of 10-year-old children singing an HIV-related song they put together, "*…HIV, HIV, stops with me, stops with me…*[6]" Stigma learning for adolescents is divided into two age groups, 13-17 and 18-25. The groups are structured similarly, but the group activities are adjusted slightly. Both groups start with introductions, an ice-breaker activity, instructions of group rules followed by group discussions of stigma and discrimination along with group work activities where participants were divided into groups of five and given scenarios to discuss and identify which scenarios contain discrimination and the effects stigma and discrimination have on those presented in the scenarios.

For the 13- to 17-year-old age group, there is a group discussion focused on the effects of stigma and discrimination on people living with HIV and what the participants as young people do to minimize and eliminate stigma against people living with HIV (PLHIV). There is a group quiz competition in which the five groups compete against one another, racing to answer 13 questions that recap the information covered during the session. All questions are based on how participants can contribute toward eliminating stigma and discrimination.

For the 18- to 25-year-old-age group, there are three discussion group sessions. The first looks at Identifying Stigma and Discrimination and

participants were given case studies of which they identified the root cause of stigma and discrimination and how can they address it if they were confronted with the same situation. A second group discussion focuses on Addressing Stigma and Discrimination with Peers. Participants brainstorm with their group's methods of addressing stigma and discrimination and the best way to fight it. The third discussion group focuses on Committing to Fight Stigma and Discrimination and asks participants to write their commitment to fighting stigma and discrimination.

In total, there were between 30 and 35 participants, with an equal representation of males and females. The methods used during the presentation were case studies and problem solving, group discussions and presentations and group quizzes. Overall participants were very responsive during the session. There was a general consensus among the facilitators based on observations and responses to group work that all participants could understand the definitions of stigma and discrimination and their differences, identify situations where there were stigma and discrimination involved, suggest possible solutions as to how they as young people can contribute to eliminating stigma and discrimination against PLHIV in their own social circles: family, school, communities. The room size, ventilation, and privacy as well as the stationeries provided were sufficient for the facilitators to effectively deliver the session.

Each year, World AIDS Day is commemorated with a set of activities such as a communication campaign, free HIV testing and counseling services, or community outreach activities to assist those affected by HIV. In 2011, a report was issued by UNDP titled "Me, My Intimate Partner and HIV: Fijian Self-assessment of Transmission Risk." This report provides a multidimensional perspective on couples' individual thoughts and beliefs as well as their assessment of HIV risk, how they express this risk and how they connect their actions to their HIV risk.[7]

In addition to the Stigma Fuels HIV campaign, Life Skills and Leadership training was provided, Healthy Office Program Initiative and SCREAM program were implemented, and UN Cares is part of the orientation package for new staff at the country and agency level. UN Cares Life Skills and Leadership training program is designed to teach children 8 to 12 years old leadership skills, and children 12 to 19 years old life skills. Children of UN staff members are nominated to attend the five-week leadership and life skills program, which is facilitated by staff from UN agencies and Adventist Relief Agency (ADRA), a faith-based organization in Fiji trained through the UNICEF life skills curriculum. The Transformational Leadership Development program provided additional staff and program material. During the four-hour sessions over a period of five Saturdays, the children focused on: what is happiness; taking care of themselves, which included a session on HIV; honoring and helping parents; setting a good example; being temperate, and helping children.

> *"...We are better able to protect ourselves, keep ourselves safe and will try to be temperate, and we can share these life skills with others by setting good examples." — N.Fatiaki, 12 years old*

Lessons learned/Advice for others

It is believed that one of the ways to address increased participation of International Staff would be to partner with UN LESA (Local Expatriate Spouse Association). So far, only the heads of agencies and a few international staff have been involved. Though the UN Cares Team in Fiji is doing tremendous work, it is believed that agencies are still reluctant to spend money on this program. To counter this, UN Fiji staff believes its best to partner UN Cares programming with activities that lie within other UN offices' mandates. WHO and ILO have been willing to do this in 2012.

Footnotes

[1] In order to obtain estimates of the total number of staff living with HIV and HIV prevalence among the global UN workforce, UNAIDS estimates of HIV prevalence by country for 2010 were applied to the number of staff of that nationality, regardless of duty station.

[2] UNAIDS and WHO. Epidemiological Factsheet, Fiji, 2010: accessed online on 26th March 2012 at http://aidsinfo.unaids.org

[3] Global AIDS Progress Report, covering Jan 2010- Dec. 2011; March 31, 2012

[4] Fiji 1 News cast, Stigma and Discrimination Learning Fiji Television News. wmv; http://youtu.be/UC_g2DM8h2Y

[5] Fiji Times July 17, 2011 http://www.fijitimes.com/story.aspx?id=175305 accessed July 3, 2012

[6] UN Cares- Fiji Children's HIV Song- Stigma Fuels HIV 2011 Launch, http://youtu.be/58W6TbSEvX0

[7] UNDP Pacific Centre Press Release World AIDS Day-Suva civic entre Dec. 1, 2011 http://www.undppc.org.fj/pages.cfm/newsroom/speeches/2011-1/un-resident-coordinator-knut-ostbys-opening-address-launch-of-undp-report-titled-me-my-intimate-partner-hiv-fijian-self-assessment-of-transmissio-n-risks.html