



**Guidance Note for the United Nations Resident Coordinator System:
on HIV/AIDS in the UN Workplace**

This Guidance Note has been prepared in response to a request of the United Nations Administrative Committee on Coordination (ACC) meeting held in April 2000. Noting with concern the increasing number of staff and their dependants affected by HIV/AIDS, especially at the country level, the UN Secretary-General, in his role as Chair of the ACC, requested the commitment of all UN system organizations in addressing all aspects of HIV-related care for UN staff, regardless of category. Specifically, the ACC meeting requested the Consultative Committee on Administrative Questions (Personnel) to present proposals in this regard and further requested the Consultative Committee on Programme and Operational Questions (CCPOQ) to prepare a Guidance Note for UN Resident Coordinators on HIV/AIDS in the UN Workplace, urging that measures be put in place by the end of the year and that CCPOQ report on the status of the implementation to the ACC at its Spring 2001 session.

HIV/AIDS in the UN Workplace

The United Nations Resident Coordinator, together with the UN System Country Team, is urged to implement the following actions at the earliest:

Information sharing, awareness raising and prevention

1. UN systemwide distribution of the booklet "AIDS and HIV Infection. Information for United Nations Employees and Their Families" (available on the UNAIDS website in English/French/Spanish and Chinese), and use of the orientation training package developed by the UNDG Sub-Group on Training and Personnel (see annex III).
2. Awareness raising on prevention and discrimination issues to be undertaken for all UN system staff, including training in working and local languages for staff members and families, with the involvement of the staff associations. The coverage of all staff, international and local, should be ensured and the training repeated periodically; it is advised that costs of such activities be shared between participating agencies.
3. Circulating and keeping up-to-date a list of websites. Information on workplace issues may be found on the following websites: UNAIDS, <http://www.unaids.org>; AIDES Federation National (in French) <http://www.aides.org>; AEGIS, <http://www.aegis.com>; HIV/AIDS Treatment Information Service, <http://www.hivatis.org>; Swiss information and exchange site on HIV/AIDS by the Fondation du Présent, <http://www.hivnet.ch/>; HIV/AIDS information network for Central and West Africa in French, safco@hivnet.ch. Where access to the Internet is limited, relevant reference materials should be provided in hard copy.
4. Ensuring the availability of condoms (male and female) through UN system offices for all staff. Access (through UNFPA and/or WHO) at those duty stations where there is no reliable and consistent supply of high quality condoms from the private sector should be free, simple and discreet.
5. Informing staff on where safe blood supplies can be obtained. Ensuring availability of First Aid kits in UN vehicles/offices and training of drivers and other staff in First Aid.
6. Advising staff on duty travel of safety precautions, including information on travel/entry requirements and clearances and on travel kits.

Stigma and discrimination

7. Providing leadership in establishing a climate of trust and understanding free of fear for stigma, discrimination and loss of employment for all UN staff. In this context, referring to the responsibility of UN system organizations regarding their employees in the context of HIV/AIDS, as reflected in the UN Committee on Economic, Social and Cultural Rights General Comment on the Right to the Highest Attainable Standard of Health (Article 42).

Voluntary counselling and testing, and access to care

8. Providing staff with up-to-date information on confidential counselling and reliable testing, and within-country psychosocial support services.
9. Informing staff about services available through UN Medical Dispensaries and through the UN Examining Physicians. As confidentiality of medical information may sometimes be an issue, attached in annex IV is a note entitled "Proposals for improving confidential management of medical information".
10. Informing staff on the necessity for prompt treatment of opportunistic infections. Distributing up-to-date information on medical facilities/institutions experienced in handling HIV-related care.
11. Describing the availability of antiretroviral treatment in the country and sources for access to reliable healthcare facilities/professionals who can assist and advise on use of drugs and provide ongoing physical monitoring and psycho-social support.

Occupational safety

12. Informing staff on the availability and use of Post Exposure Treatment/ Prophylaxis (PET/PEP) kits at country level.
13. Reinforcing and keeping up-to-date, following inter-agency consultation, a country PET/PEP emergency protocol to ensure the efficient and effective response to any incident involving potential exposure to the HIV virus.
14. Providing briefings on security prevention of sexual assault both for men and women, entitlements/benefits, etc.

Information on staff entitlement

15. Providing advice on recruitment and continuation of employment for staff living with HIV/AIDS.
16. Disseminating other information on health insurance entitlements, and information on financial, legal and educational support available to staff and their families, including procedures to manage confidential information concerning staff.

Focal Point

17. The UN Resident Coordinator may wish to nominate a Focal Point to coordinate implementation and follow-up on the above-noted activities related to HIV/AIDS in the UN workplace. It is suggested that this individual be from the Administration/Personnel section of a country office and that s/he work closely with the UN Theme Groups on HIV/AIDS.

Annexes:

- I. Principles and Strategies regarding the Impact of HIV/AIDS on United Nations Personnel and Operational Policy (ACC decision 1991/10).
- II. Booklet on "AIDS and HIV Infection Information for United Nations Employees and Their Families" (also available in French/Spanish/Chinese on the UNAIDS website:
<http://www.unaids.org/publications/documents/sectors/workplace/unstaff.pdf>).
- III. "AIDS and HIV Infection: Information for United Nations Employees and Their Families" Orientation session (developed by the UNDG Sub-Group on Training and Personnel).
- IV. Proposal for improving confidential management of medical information.

Principles and Strategies regarding the Impact of HIV/AIDS on United Nations Personnel and Operational Policy (Decision 1991/10)

The Administrative Committee on Coordination decided to adopt the following Principles and Strategies regarding the Impact of HIV/AIDS on United Nations Personnel and Operational Policy.

Impact of HIV/AIDS on United Nations Personnel and Operational Policy

1. Information, education and other preventive health measure

(a) United Nations staff members and their families should be provided with appropriate, updated information to enable them to protect themselves from HIV infection and to cope with the presence of AIDS. To this end, all United Nations bodies are encouraged to develop and implement an active staff education strategy for HIV/AIDS, utilizing, *inter alia*, the handbook on AIDS for United Nations employees and their families produced by WHO and identifying in the field local sources experience in HIV/AIDS counselling, to provide confidential follow-up. The staff of the United Nations Medical Service should be fully informed and involved, as appropriate, in such staff education programmes. They should receive any additional professional education that may be required and all pertinent information material on HIV and AIDS, supplied and updated by WHO, should be available through them at all duty stations;

(b) All United Nations staff members and their families should be made aware of where safe blood may be obtained. To accomplish this task, the WHO Global Blood Safety Initiative, in cooperation with the United Nations Medical Service, should establish and regularly update a list of reliable and operational blood transfusion centres for circulation to United Nations Headquarters, regional offices and duty stations. The United Nations Medical Service should also make efforts to ensure that blood transfusions are performed only when absolutely necessary;

(c) United Nations Resident Coordinators should, as far as possible, seek to minimize injury from motor vehicle accidents in the United Nations community, not only because of their attendant high mortality and morbidity, but because they present a particular risk for HIV infection in those localities lacking safe blood supplies. United Nations Resident Coordinators are, therefore, encouraged to consider the following measures for reinforcement or for general adoption, if not already applied; and to circulate them to all personnel at the duty station, together with instructions on the use of public transport:

- (i) The fitting of and compulsory use of seat belts in all United Nations vehicles;
- (ii) Proper training in on- and off-road use of four-wheel drive vehicles by all professional staff and official drivers;
- (iii) Prohibition against staff members driving official vehicles on duty when an official driver is available;

- (iv) Provision of and compulsory use of helmets for all riders of motorbikes;
- (v) Prohibition against alcohol and drug abuse by vehicle drivers;
- (vi) Organization of first-aid training sessions;
- (vii) Equipping United Nations vehicles with first-aid kits;

(d) All United Nations staff members and their families should have access to disposable syringes and needles. The United Nations Medical Service should provide disposable syringes and needles to staff on duty travel to areas where there is no guarantee of the proper sterilization of such materials. They should be accompanied by a certificate in all United Nations official languages explaining the reasons why they are being carried. Regional offices and other duty stations should stock disposable injection material for the use of United Nations staff and their families. This stock should be available at United Nations dispensaries, where such exist, or at the WHO duty station in the country;

(e) All United Nations staff members and their families should have access to condoms. Condoms should be available through UNFPA and/or WHO at those duty stations where there is not a reliable and consistent supply of high quality condoms from the private sector. Access should be free, simple and discreet.

2. Voluntary testing, counselling and confidentiality

Voluntary testing with pre- and post-counselling and assured confidentiality should be made available to all United Nations staff members and their families. Adequate and confidential facilities for voluntary and confirmatory testing and counselling should be made available locally to United Nations staff members and their families, with United Nations bodies acting in close collaboration with the United Nations Medical Service and WHO. Specific procedures must be developed by United Nations bodies to maintain confidentiality with respect to negative as well as positive results from an HIV test, including whether such a test has been taken. Only the person tested has the right to release information concerning his/her HIV status. .

3. Terms of appointment and service

(a) Pre-recruitment and employment prospects

- (i) The only medical criterion for recruitment is fitness to work;
- (ii) HIV infection does not, in itself, constitute a lack of fitness to work;
- (iii) There will be no HIV screening of candidates for recruitment;
- (iv) AIDS will be treated as any other medical condition in considering medical classification;

- (v) HIV testing with the specific and informed consent of the candidate may be requested, if clinically indicated;
 - (vi) Nothing in the pre-employment examination or in the relevant application or health forms should be considered as obliging any candidate to declare his or her HIV status;
 - (vii) For a country that requires HIV testing for an assignment, this requirement must appear in the vacancy notice.
- (b) Continuity of employment
- (i) HIV infection or AIDS should not, of itself, be considered a basis for termination of employment. If fitness to work is impaired by HIV-related illnesses then reasonable alternative working arrangements should be made;
 - (ii) United Nations staff members with HIV or AIDS should enjoy health and social protection in the same manner as other United Nations employees suffering from serious illness. HIV/AIDS screening, whether direct (HIV testing), indirect (assessment of risk behaviours) or asking questions about tests already taken, should not be required. Confidentiality regarding all medical information, including HIV/AIDS status, must be maintained. There should be no obligation on the part of the employee to inform the employer regarding his or her HIV/AIDS status. Persons in the workplace affected by, or perceived to be affected by HIV/AIDS, must be protected from stigmatization and discrimination by co-workers, unions, employers or clients. HIV-infected employees and those with AIDS should not be discriminated against, including access to and receipt of benefits from statutory social security programmes and occupationally-related, schemes;
 - (iii) The administrative, personnel and financial implications of these principles under terms of appointment and service should be monitored and periodically reviewed.

4. Health insurance benefits programmes

(a) Health insurance coverage should be available for all United Nations employees regardless of HIV status. There should be no pre- or post-coverage testing for HIV infection;

(b) Health insurance premiums for United Nations employees should not be affected by HIV status. No testing for HIV infection should be permitted with respect to any health insurance scheme.