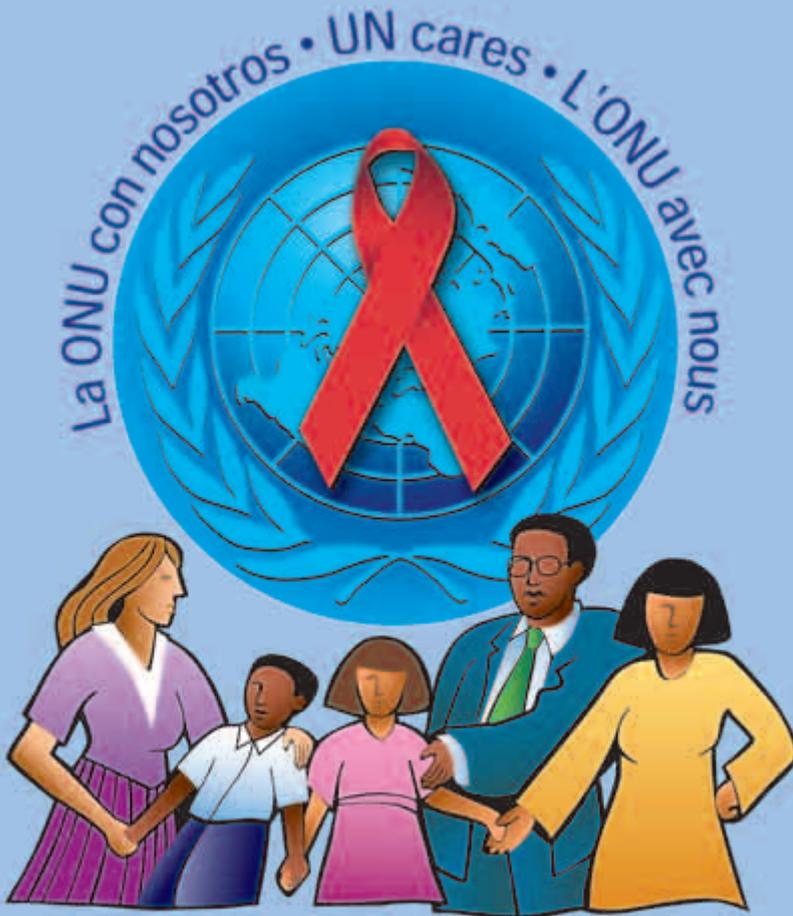


Living

IN A WORLD WITH HIV AND AIDS



Information for employees
of the UN system and their families

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*Care for us and accept us.
We are all human beings.
We are normal.
We have hands.
We have feet.
We can walk, we can talk.
We have needs just like everyone else.
Don't be afraid of us.
We are all the same!*

—the late Nkosi Johnson,
a 12-year-old South African AIDS activist

(from his speech at the opening ceremony of the
13th International AIDS Conference in Durban)

Living

in a world with HIV and AIDS

Information for employees
of the UN system and their families

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ACRONYMS

ACTION	Access, Care, Treatment and Inter-Organizational Needs (a project of the UN-system medical services)
AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral therapy
HIV	Human immunodeficiency virus
HPV	Human papillomavirus
ILO	The International Labour Organization
MDG	Millennium Development Goal
PEP	Post-exposure prophylaxis
STI	Sexually transmitted infection
TB	Tuberculosis
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNDP	The United Nations Development Programme
UNESCO	The United Nations Educational, Scientific and Cultural Organization
UNFPA	The United Nations Population Fund
UNICEF	The United Nations Children's Fund
UNODC	The United Nations Office on Drugs and Crime
WFP	The World Food Programme
WHO	The World Health Organization

FOREWORD

AIDS is one of the great global challenges of our time. More than 38 million people are living with HIV, and millions more become infected each year. The epidemic is reversing gains in development that took decades to achieve. It is hurting households, slowing economic growth, and robbing countries of invaluable human talent and ingenuity.

Yet there is cause for hope. HIV infection is preventable. And medications now exist that can provide highly effective treatment.

Helping countries implement effective strategies to respond to AIDS is a fundamental part of the work of the United Nations. But HIV not only affects our work—it also affects our workplace. Many of our colleagues are living with HIV, or have family members who are. As with all other illnesses, they deserve high-quality medical care and a supportive workplace. And all our colleagues deserve information about how to prevent HIV infection. That means stamping out any stigma and discrimination associated with HIV, and speaking openly about HIV transmission.

This booklet explains what we are doing to achieve that. It reinforces our commitment to creating a fair, safe and compassionate working environment.

HIV is not a death sentence. But silence about HIV and AIDS can be one. So let us speak up about HIV and AIDS. It is a priority for the whole UN family—not only in our work, but in our lives.

Kofi A. Annan

United Nations Secretary-General

INTRODUCTION

Knowledge can be powerful. Because it is committed to a fair, safe and compassionate workplace, the UN system wants us to be fully informed about issues that can affect the workplace, including HIV and AIDS. Our right to understand UN-system policies on HIV and AIDS extends to all employees, including those who are and are not HIV-infected.

The UN-system personnel policy on HIV/AIDS and the ILO *Code of Practice on HIV/AIDS and the world of work* are the two frameworks available for UN workplace programmes. The ILO *Code* is the internationally recognized benchmark for HIV-related workplace policies. The UN-system personnel policy on HIV/AIDS is Annex 1 of this booklet and a summary of the 10 key principles of the ILO *Code* is Annex 2.

We have learned a great deal about HIV/AIDS since the UN system began responding to it in 1987. At that time, many important questions remained unanswered. What were the best means of preventing infection? Could AIDS ever be treated? How might HIV best be handled in the workplace? Today, we have clear answers to these and many other key questions about HIV and AIDS.

This booklet provides information on HIV/AIDS that we and our families may need. Specifically, it is designed to help us:

- **KNOW** the essential facts about HIV/AIDS;
- **PROTECT** ourselves and our families from HIV infection;
- **LIVE POSITIVELY** with HIV; and
- **LET LIVE** by contributing to a tolerant, equitable and compassionate UN-system workplace.

1

CHAPTER ONE



WE KNOW THAT:

- *HIV is a virus that destroys the body's immune system*
- *HIV can be passed from one person to another*
- *HIV transmission can be prevented*
- *there is no cure for HIV infection, but treatments exist to help people live healthily with HIV for many years*
- *the UN is committed to ensuring that our workplace is one in which people living with HIV are treated fairly and with compassion*
- *the UN is committed to providing us with the information and support we need to live and work in a world with AIDS*
- *we all have rights and responsibilities concerning HIV and AIDS*

Be Aware

KNOW THE FACTS ABOUT **HIV AND AIDS**

What is HIV?

The human immunodeficiency virus, or HIV, attacks the body's immune system. By weakening the body's defences against disease, HIV makes the body vulnerable to a number of potentially life-threatening infections and cancers. HIV is infectious, which means it can be transmitted from one person to another.

How is HIV transmitted?

We and our family members can be exposed to HIV in the following three ways:

- **Unprotected sexual contact**, primarily through unprotected vaginal or anal intercourse with an infected partner. Worldwide, sexual intercourse is the leading mode of HIV transmission. Oral sex is much less likely than vaginal or anal intercourse to result in the transmission of HIV. Women are more likely to contract HIV from men than vice versa. Among females, the risk is greatest for adolescent girls and young women, whose developing reproductive systems make them more likely to become infected if exposed to sexually transmitted infections (STIs), including HIV.
- **Exposure to infected blood.** The most efficient means of HIV transmission is the introduction of HIV-infected blood into the bloodstream, particularly through transfusion of infected blood. Most blood-to-blood transmission now occurs as a result of the use of contaminated injection equipment during injecting drug use. Use of improperly sterilized syringes and other medical equipment in health-care settings can also result in HIV transmission. We in the UN system are unlikely to become infected this way since the UN-system medical services take all the necessary precautions and use only new or sterilized equipment. Extra precautions should be taken, however, when on travel away from UN-approved medical facilities, as the UN cannot ensure the safety of blood supplies or injection equipment obtained elsewhere. It is always a good idea to avoid direct exposure to another person's blood—to avoid not only HIV but also hepatitis and other bloodborne infections.
- **Transmission from a mother with HIV infection to her child**, during pregnancy, during delivery or as a result of breastfeeding.



HIV can be transmitted from one person to another

Are you sure that these are the only ways that HIV can be transmitted?

Yes. HIV/AIDS is the most carefully studied disease in history.

Overwhelming evidence indicates that you **cannot** become infected in any of the following ways:

- Shaking hands, hugging or kissing
- Coughing or sneezing

- Using a public phone
- Visiting a hospital
- Opening a door
- Sharing food, eating or drinking utensils
- Using drinking fountains
- Using toilets or showers
- Using public swimming pools
- Getting a mosquito or insect bite
- Working, socializing, or living side by side with HIV-positive people



*HIV
infection is
entirely
preventable*

How can I avoid becoming infected?

HIV infection is entirely preventable. As employees of the UN system, we are entitled to information on HIV prevention, access to condoms, and referrals to sources of more intensive counselling. The next chapter of this booklet, 'Protect yourself', outlines in some detail how we can avoid exposure to HIV through any of the three main modes of transmission, as well as how we can obtain HIV-prevention information in the workplace.

What happens in the body when HIV infection occurs?

HIV infects cells that are part of the body's immune system. As more cells are infected by the virus, the immune system becomes less able to fight off disease.

To productively infect a cell, HIV must introduce its genetic material into the interior of the cell. This process begins with attachment and entry of the virus, uncoating of the virus membrane and integration of the virus genes into the human gene. The human cell is hijacked to manufacture viral building blocks for multiple copies that are subsequently assembled, eventually breaking out of the infected cell in search of other cells to infect. The virus kills the cells it infects and also kills uninfected bystander cells. The virus ensures that the human cell survives until its own multiplication is completed. Even more damaging, HIV establishes stable dormant forms that are reservoirs of infection that cannot be reached by currently available drugs. These reservoirs make complete eradication—and a cure for AIDS—a challenge.

Soon after HIV infection occurs, the body's immune system mounts an attack against the virus by means of specialized killer cells and soluble proteins called antibodies that usually succeed in temporarily lowering the amount of virus in the blood. HIV still remains active, though, continuing to infect and kill vital cells of the immune system. Over time, viral activity significantly increases, eventually overwhelming the body's ability to fight off disease.

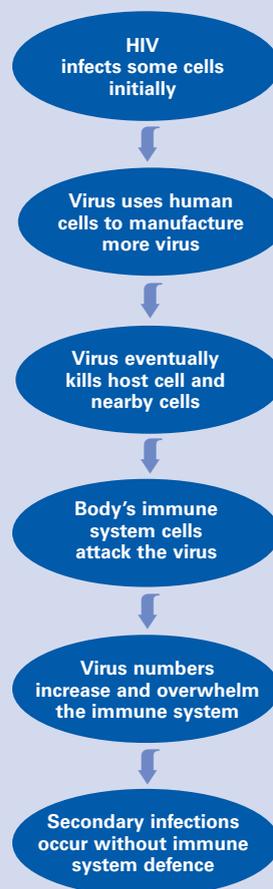
What is AIDS?

If left untreated, HIV will almost always deplete the immune system. This leaves the body vulnerable to one or more life-threatening diseases that normally do not affect healthy people. This stage of HIV infection is called AIDS, or acquired immunodeficiency syndrome. The more the immune system has been damaged, the greater the risk of death from opportunistic infections.

Experts agreed on the term 'AIDS' in the early 1980s, before the discovery of HIV, to describe the then-new syndrome of profound immune suppression. Today, AIDS is understood as the latter stage along a continuum of HIV infection and disease.

In the absence of treatment, HIV generally takes 8 to 10 years to progress to AIDS. The interval between initial infection and the appearance of symptoms, however, varies and appears to be shorter for persons infected through blood transfusion and for paediatric patients. Factors that alter the natural history of HIV infection are termed 'cofactors' for disease progression. Many potential cofactors have been investigated, including genetic factors, age, gender, route of infection, smoking, nutrition, and other infectious diseases. There is strong evidence that the disease progresses faster if HIV infection occurs at a later age.

How HIV progresses



People with HIV look and act just like people without HIV infection

How can I tell if someone has HIV?

You cannot. Worldwide, most people living with HIV have yet to develop AIDS. A fraction of people infected with HIV develop symptoms early in the course of infection, while others remain without symptoms for 15 or more years after they become infected. Because most people with HIV do not appear sick, it is impossible to tell if a person has the virus just by looking at, or talking to, him or her. People with HIV look and act just like people without HIV infection.

Is HIV infection always fatal?

Not necessarily. Without treatment, HIV infection almost invariably leads to AIDS, which almost invariably leads to death. Today, however, there are treatments that slow the progression of HIV infection and allow people infected with the virus to live healthily and productively for many years.

What treatments exist for HIV/AIDS?

Several different types of drugs exist to treat HIV infection. These drugs attack various aspects of the process used by the virus to replicate itself. Because HIV quickly mutates to become resistant to any single drug, patients must take a combination of drugs to achieve maximum suppression of HIV.

Combination anti-HIV therapy is known as antiretroviral therapy, or ART. ART changes the natural course of HIV infection, significantly extending the period between initial infection and the development of symptoms. To achieve these results, it is important to initiate therapy before AIDS symptoms develop, although even patients who start on therapy after being diagnosed with AIDS often receive major and long-lasting health benefits. Although effective in slowing the progression of HIV-related disease, ART is not a cure.

In addition to treatments for HIV infection itself, therapies exist to prevent and/or treat many HIV-related opportunistic infections.

As employees of the UN, we (and those in our families who are also covered by UN insurance) are entitled to appropriate medical care, including HIV-related care, if we are infected with the virus. Chapter 3 of this booklet, 'Live', provides much more detailed information about how people living with HIV can protect their health.



There are treatments that slow the progression of HIV infection and allow people infected with the virus to live healthily and productively for many years

The impact of antiretroviral therapy

In both developing and industrialized countries, ART generally leads to significant improvement in the health and well-being of people living with HIV. In Brazil, approximately 125 000 people received ART between 1997 and 2002. Officials estimate that access to treatment averted 90 000 deaths that would have occurred during this period had treatment not been available. In the United States of America, where ART has been widely available since the mid-1990s, AIDS mortality declined by 66% between 1995 and 2002.





As employees of the UN, we are entitled to HIV/AIDS-related care if we are infected with the virus

How do I know if I have HIV?

By being tested. Detectable antibodies to HIV appear within days or weeks of initial exposure to the virus. These can be detected by a simple test that is available to you as a UN employee and to your family. Currently available tests can pick up 99.9% of infections and detect antibodies within about 3–4 weeks of infection. This ‘window period’ during which recent infections can be missed may be shortened by looking for portions of the virus (using antigen tests) and viral genetic material (nucleic acid-detection methods). Positive tests are normally repeated once to protect against laboratory error. Since the HIV antibody test can miss very recent infections, it is recommended that an initial negative test be followed by another antibody test within 3–6 months if possible exposure to the virus was very recent.

Is HIV a serious problem in the region where I live and work?

Yes. HIV infection is now found worldwide and is the world’s leading cause of death by infection. In sub-Saharan Africa, AIDS is the leading cause of death in general.

Sub-Saharan Africa has been hit hardest by the epidemic, followed by the Caribbean. By the end of 2003, HIV was spreading most rapidly in Eastern Europe and Central Asia. The epidemic is also expanding in Asia; although the percentage of the population living with HIV in most Asian countries is still comparatively low, the numbers of people infected are quite high due to the large populations of many Asian countries. In the Middle East and North Africa, rates of HIV infection are also comparatively low, although they have rapidly increased in recent years. In industrialized countries, the rate of new infections has begun to increase after many years of decline.



It is perfectly safe for an uninfected person to work with people living with HIV

Is it safe to work with people who are infected with HIV?

Yes. Because HIV cannot be transmitted as a result of casual contact, it is perfectly safe for an uninfected person to work with people living with HIV and with those who have progressed to AIDS. UN personnel policies strictly prohibit discrimination against employees living with HIV or AIDS. The *United Nations HIV/AIDS Personnel Policy* (see Annex 1) ensures a safe workplace while protecting the dignity and human rights of all employees. The importance of a fair, equitable and non-discriminatory workplace is addressed in greater depth in Chapter 3 of this booklet.

The shape of the epidemic

Although it is common to speak of the global AIDS epidemic, disease patterns differ substantially between and within regions. Heterosexual transmission is the primary source of infection in sub-Saharan Africa and in the Caribbean, while men who have sex with men represent the largest share of cases in Latin America and in many industrialized countries. In Eastern Europe, Central Asia, the Middle East, North Africa, and parts of South Asia and Latin America, injecting drug use is the primary source of new HIV infections.

Specific modes of transmission predominate in each region, but new infections are occurring in all regions through all modes of HIV transmission. In several regions, unsafe blood collection and transfusion practices and the use of contaminated syringes account for a notable share of new infections. Because we are UN employees, we and our families are able to receive medical services in safe health-care settings, where only sterile syringes and medical equipment are used, eliminating any risk to you of HIV transmission as a result of health care. (The special circumstances involved when employees are on mission and may not have access to UN-system medical services are addressed in the next chapter of the booklet.) We also have the right to be informed of sources of screened blood in case we ever need a blood transfusion; screening blood can virtually eliminate the risk of transmission as a result of a transfusion.

Each year, UNAIDS provides updated information on HIV and AIDS trends around the world. This information, available on the UNAIDS website (www.unaids.org), includes the annual *AIDS Epidemic Update*, country fact sheets, and the biennial *Report on the Global AIDS Epidemic*, which includes extensive information on each country.

The screenshot shows the UNAIDS website interface. At the top, it features the UNAIDS logo and a navigation menu with options like 'Home', 'About UNAIDS', 'Geography of HIV', 'Resources', 'Media', and 'Events'. Below the navigation is a world map and a 'Highlights' section. The highlights section includes several news items:

- 1 April 2010**: World Bank (press release) - Delivering on the promise of a new era of growth in Africa.
- 22 March 2010**: Health Affairs (press release) - A landmark HIV epidemic ends the AIDS pandemic in the United States.
- 11 March 2010**: UN News release - UN Women at green field in...

Below the highlights, there are four columns of text:

- TR and HIV**: ...collaboration is needed to train the growing fleet of TB and HIV care coordinators at several sites in KwaZulu-Natal, led by New Delhi, on 22 March.
- HIV/AIDS among adolescents**: ...press signs a historic agreement, setting a growing list of countries committed to addressing HIV/AIDS among adolescents.
- Examining national HIV responses**: ...What are the three most? These guiding principles for all independent members, the standards for HIV/AIDS in country work.
- U.N. SPECIAL ENVOY**: ...U.N. Assistant Secretary-General (Special Envoy) ... World AIDS Day 2009 ... World AIDS Campaign 2010 ... 4000 Donations for the Purple Heart to Fight AIDS: Tuberculosis in Malawi.

UNAIDS provides updated information on its website (www.unaids.org) about HIV and AIDS trends around the world

Is it safe to hire people who are HIV-positive to work in our homes?

Yes. Many of us in the UN have people working in our homes as cleaners, nannies, cooks, gardeners, security guards and drivers. We want to make sure that these people are not only well qualified to carry out their tasks, but that they present no health or other threat to our families, especially our children. When it comes to HIV, some of us may fear that employing people living with HIV may present a risk to our families. After all, they spend a lot of time with us, cook for us and care for us. UN policy is very clear that HIV should not be a factor in determining whether we employ someone or not. Testing for HIV is not mandatory for employment and no one living with HIV is required to disclose her or his status. While this is the UN system employment policy, it would certainly be appropriate for UN staff members to follow the same policy in hiring household help, since this is also the standard encouraged by ILO for all employers worldwide. While we certainly encourage voluntary confidential counselling and testing for all who may be affected, whether inside or outside the UN, the choice should be a personal one and not one imposed by any employer. And even if someone tests negative today, there is no guarantee that they will test negative in the future.



We must not condone HIV-related stigma or discrimination in our professional or personal lives

We recommend screening (but not HIV-testing) potential household employees to make sure that they are the most qualified and caring people possible. Once they are on the job, we need to be very clear about what we expect and then monitor their performance, just as we would inside the UN system. When it comes to our children, for example, we should make it very clear to a nanny that breastfeeding is not permitted, and give clear instructions about what to do in case of an emergency. It is also a good idea to either give HIV and AIDS information and education directly to our household help or to find out where this can be done locally and encourage our employees to learn about HIV and AIDS.

It is important to bear in mind that HIV is not easily transmitted. In the case of household employees, we assume that they will not be having sex with our family members, will not be sharing needles with them or giving them blood and will not be breastfeeding our children. These are the primary ways that HIV can be transmitted. Having our help around us, preparing our food, and hugging, kissing, feeding and playing with our children are perfectly safe.

We in the UN system should be setting an example of tolerance. We must not condone HIV-related stigma or discrimination in our professional or personal lives.

How can I support fellow employees who are HIV-positive?

The most important thing is to treat all your fellow employees, regardless of their HIV status, as you would want to be treated—with dignity and professionalism. The last chapter of this booklet, entitled ‘Let Live’, provides guidance on how best to address HIV and AIDS in the UN system workplace.

When will there be a vaccine?

Although experts believe it will be possible to develop a vaccine for HIV, it is likely to be several years—perhaps 10 years or more—before one is available for widespread use. Until a vaccine is available, male and female condom use and other existing appropriate prevention strategies (see Chapter 2) offer the only feasible measures for avoiding HIV transmission. No cure for AIDS is in sight.

Hopes for a vaccine

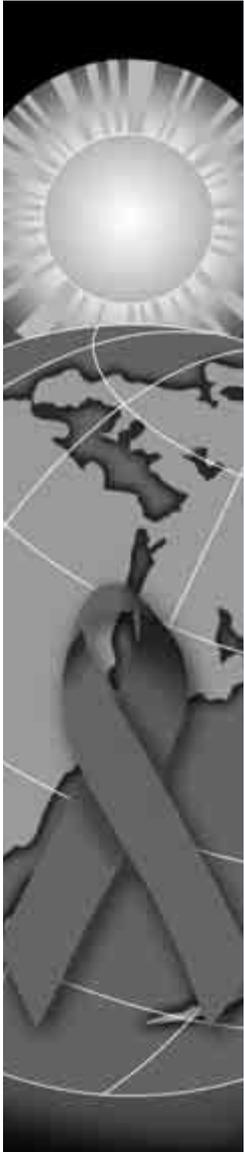
By the end of 2003, a record number of vaccine candidates were in human trials on six continents, involving more than 10 000 uninfected human volunteers, and the first-ever large-scale efficacy trial of an AIDS vaccine had been completed. While there has been major progress in learning about possible approaches to an HIV vaccine, efforts to develop a vaccine face a number of scientific and practical obstacles. For more information about the global search for a preventive vaccine, consult the UNAIDS website at www.unaids.org.



How is the UN system helping to strengthen the global response to AIDS?

The UN system is actively engaged in the response to AIDS and currently aligns its HIV-related activities under a single five-year UN System Strategic Plan on HIV/AIDS. UN system leadership on HIV and AIDS is spearheaded by the Joint United Nations Programme on HIV/AIDS (UNAIDS), which consists of a Secretariat and nine cosponsoring agencies from within the UN system¹. Halting and beginning to reverse HIV is a Millennium Development Goal (MDG), and progress in combating the epidemic will be required to ensure achievement of other MDGs, as well.

¹ The United Nations Children’s Fund (UNICEF), the World Food Programme (WFP), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Office on Drugs and Crime (UNODC), the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO), and the World Bank.



UN efforts to fight HIV/AIDS

The UN system monitors the epidemic to alert the world to the magnitude and nature of the crisis, detect important new trends, and help countries determine whether their efforts are succeeding in bringing the epidemic under control. These activities have taken on particular importance following global agreement on the *Declaration of Commitment on HIV/AIDS*, which requires the UN system to report periodically on progress in the fight against the epidemic.

The UN system provides guidance on an effective response. By collecting and disseminating best practices, the UN system helps ensure that programmes and policies are based on the strongest available evidence of what is effective. The UN system encourages and often sponsors cutting-edge research to improve the ability of countries and communities to mount effective efforts to curb the epidemic. With respect to HIV and AIDS in the workplace, for example, the *ILO Code of Practice on HIV/AIDS and the world of work* provides guidance to employers throughout the world, including the UN system.

With a presence in almost all developing countries and countries in transition, the UN system helps countries develop and implement effective AIDS strategies. The UN system works with governments, the private sector, civil society, external donors, and people living with HIV/AIDS to strengthen national responses. UN system agencies provide essential technical assistance, working with countries to build the human capacity that is needed to sustain effective efforts against AIDS.

Above all, the UN system advocates an extraordinary response to the unprecedented challenge posed by HIV and AIDS. The UN system is the leading global advocate for effective measures to prevent HIV transmission. Recently, the UN system has taken a leading role in advocating a dramatic expansion of access to HIV/AIDS treatment in resource-limited settings.

In addition to this booklet, how will the UN system help me learn everything I should know about HIV and AIDS?

Following a survey of over 8000 UN system employees in 2002, an HIV/AIDS learning strategy was developed to ensure that all staff members have a basic understanding of HIV and AIDS. The strategy requires that all staff participate in HIV and AIDS orientation sessions at their duty station. These sessions provide information on HIV/AIDS, staff entitlements, locally available services, and all aspects of the United Nations *HIV/AIDS Personnel Policy*. The UN system is committed to ensuring that these

learning sessions are culturally appropriate and, where possible, available in local languages and accessible to family members. In some countries, the UN system is also developing a network of peer educators across various UN-system agencies to promote accurate understanding of HIV and AIDS.

I still have questions about HIV and AIDS in the UN workplace. Where can I go for more information?

A special website on HIV and AIDS in the UN workplace has been developed (see <http://unworkplace.unaids.org/>), and it features the information contained in this booklet, as well as global statistics and many additional resources on HIV/AIDS.

The website of the ILO's Programme on HIV/AIDS and the world of work contains the ILO *Code of Practice* in multiple languages (see <http://www.ilo.org/public/english/protection/trav/aids/code/languages/index.htm>). The website also includes an education and training manual and other guidelines on implementing workplace policies and programmes on HIV/AIDS.

There are also HIV/AIDS focal points in most agencies, and HIV/AIDS learning facilitators are being trained for the UN system in most countries. In addition, you may consult your human resource officer or UN system workplace focal point, who is also knowledgeable about the UN system's HIV/AIDS policies. You may also direct medical questions about HIV/AIDS to the UN system medical services or to any UN-affiliated health-care provider. Your own UN system workplace can provide you with the names and contact information for local AIDS service organizations.

A wealth of information on HIV/AIDS can also be obtained from magazines, newspapers and television. Although these are often excellent sources of information on HIV/AIDS, the UN system cannot vouch for the accuracy of information from such sources.



The UN HIV/AIDS Learning Strategy aims to ensure that all staff members have a basic understanding of HIV and AIDS



A special website on HIV and AIDS in the UN workplace has been developed (see <http://unworkplace.unaids.org/>)



Knowing about HIV and AIDS

- Having read this chapter of the booklet, what new facts did you learn about HIV and AIDS?

- What is/are the most common way(s) that HIV is transmitted in your country?

- What questions remain unanswered for you about HIV and AIDS?

- Who might you turn to within the UN system locally to learn more about HIV and AIDS?

- Who might you turn to outside the UN system in your country to learn more about HIV and AIDS?

2

CHAPTER TWO



**TO PROTECT OUR FAMILIES, OUR FRIENDS
AND OURSELVES, WE SHOULD:**

- *learn our HIV status by going for voluntary counselling and testing*
- *avoid penetrative sex or use condoms correctly and consistently every time we have sex, unless we know for certain that we and our partner(s) are HIV-negative*
- *seek treatment at once if we have a sexually transmitted infection*
- *use only new or sterilized needles and syringes*
- *talk about HIV prevention with our partner(s), children and colleagues*
- *prepare in advance to protect ourselves from HIV*

Protect Yourself

MAKING HEALTHY DECISIONS

Because there are only a limited number of ways that HIV can be transmitted, isn't HIV prevention a simple matter of avoiding exposure to the virus?

It is true that HIV is not particularly easy to transmit and that infection can be averted. But the primary mode of HIV transmission—sexual intercourse—involves intimate and highly-valued personal behaviours that can often be difficult to change, especially over the long term.

Effective prevention relies on several proven principles:

- **Accurate information.** Avoiding transmission of the virus requires that all of us know how HIV is—and is not—transmitted. This booklet is intended to provide us and our families with the basic facts about HIV and AIDS, as well as information about sources for more detailed information. In addition, as UN system employees, we have the right to participate in an orientation session on HIV and AIDS in which we have the opportunity to get answers to any questions we might have.
- **Personal plan.** Given what you now know about HIV and AIDS, you should think in advance about ways you might come into contact with the virus and how you can plan to avoid transmission. Because every person is unique, you will need to tailor your prevention plan to your own personal circumstances. For some of us, especially women and girls, our prevention plan may need to take account of interpersonal power dynamics that can sometimes make it difficult for us to protect ourselves. As this chapter explains, we all have the right as UN system employees to essential prevention tools, including access to condoms, first-aid kits, new syringes and sterilized equipment for medical care, and safe blood supplies.
- **Communication.** Because it takes at least two people for HIV transmission to occur, it is important that we all talk about HIV prevention—with our partner(s), our families, our colleagues, and our health-care providers. The UN system requires that all agencies offer opportunities for UN system employees to discuss HIV prevention and to provide referrals to community-based HIV-related counselling.
- **Reinforcement.** HIV prevention involves more than just information. Because changing behaviour to avoid transmission can sometimes be difficult, we must be motivated to use effective HIV-prevention methods and develop the skills needed to remain safe. In addition, some of us may effectively initiate safer behaviour but then have problems sustaining that behaviour over the long term. The emergence in recent years of effective treatments for AIDS has caused some people to become complacent about the risk of transmission. Because HIV prevention is a life-long undertaking, the UN System *HIV/AIDS Personnel Policy* provides for ongoing HIV-prevention efforts that allow for prevention messages to be reinforced over time.



Avoiding transmission of the virus requires that all of us know how HIV is—and is not—transmitted

SEXUAL TRANSMISSION

How can I avoid sexual transmission of HIV?

Technically, the best way to avoid being exposed to HIV infection through sexual intercourse is to abstain from having sex. This can mean delaying the onset of sexual debut (initiation) or, once sexually active, refraining from having sex.

Some of us may be in a position to completely trust our partner within a relationship founded on love and affection. If both partners are HIV-negative, HIV prevention may consist of an express agreement to remain absolutely faithful to each other. For some people, this approach is not without risks. Many people, especially women, have become infected in relationships in which they loved and trusted their partner.

For other sexually-active individuals who engage in penetrative sex, the male latex condom and the female condom offer the most effective and accessible means of preventing HIV transmission. As UN employees, we all have the right to have ready access to condoms.



It is important that we all talk about HIV prevention —with our partner(s), our families, our colleagues and our health-care providers

How to use a male condom



- First, always check the expiry date on the package. If the date marked has already passed, the condom should not be used. Open the package carefully, but never use a scissors or a knife! Remove the condom from the packet, being particularly careful if you are wearing rings and/or have long or jagged fingernails so as not to rip the condom.



- Pinch the air from the tip of the condom (this is key to avoiding breakage) and place the condom on the end of the penis. Some people like to put one or two drops of water-based lubricant in the tip of the condom to increase sensitivity.



- Carefully roll the condom down over the ERECT penis until it is completely unrolled and/or the entire penis is covered. Ensure that there is no air in the condom (the tip of the condom should be 'slack' or 'empty-looking'). Lubricate the outside of the condom, using a water-based lubricant.



- Once the sexual act has ended (remember, you need one condom per act), remove the condom by holding the base of the condom and sliding it off, being very careful not to allow the sperm onto your hands.



- Tie the end of the condom in a knot and dispose of the used condom in an appropriate manner—for example, in a rubbish bin. Never flush a condom down the toilet, as it will block the plumbing system! Think of the '3 Bs': bin, burn or bury.

Another prevention approach is to engage only in non-penetrative sex, such as petting, caressing, massaging and mutual masturbation. Because such activities involve no vaginal or anal penetration, they present no risk of HIV transmission. Oral sex presents an extremely low risk of transmission, although the risk is likely increased if ejaculate is taken into the mouth and the mouth has cuts or sores.

What is a female condom?

Whereas the male condom is placed on the penis, the female condom is positioned inside the vagina. The condom can be inserted into the vagina several hours before sex, and both oil-based and water-based lubricants can be used. By removing the inner ring in the female condom, one may also use the product for anal intercourse.

How to use a female condom



- This is a female condom. It has a ring at each end.



- The first step is to pinch the 'inner' ring so that you can insert it, a bit like one does with a diaphragm.



- Next, insert the female condom into the vagina (or anus, minus the inner ring). Once again, this is done much in the same way that a woman might use a tampon or diaphragm.



- Push the female condom up into the vagina so that the inner ring is at the cervix. The natural shape of the vagina generally holds it in place. Remember that the female condom can be inserted up to 8 hours before you have sex.



- It is now safe to have penetrative sex. Be sure that the penis goes inside the female condom and not between the outside of the female condom and the wall of the vagina. In this way, the surface of the genitals of the male and the female are protected.



- After sexual intercourse, twist the female condom and then pull to remove. Dispose of it in a responsible and appropriate manner, remembering the '3 Bs': bin, burn or bury. Never flush it down the toilet, as it will block the plumbing system.

The female condom is a relatively recent development. It is a loose-fitting polyurethane sheath, with a flexible ring at either end that is positioned inside the vagina. Use of the female condom is increasing, with studies showing that the female condom is acceptable to both male and female partners. Like the male condom, the female condom prevents HIV transmission by helping avoid exposure to semen or vaginal fluids. It is usually more expensive than the male condom and is not as readily available for purchase in many parts of the world, although UN system agencies are encouraged to make them available to employees.

Choosing condoms

If you obtain condoms through your UN system workplace, you can be assured that every effort is made to ensure that the condoms are of the highest quality. If you purchase condoms, however, you should be aware that condoms vary in quality. You should check the expiration date and buy them in retail outlets or pharmacies where the turnover seems high. You should also avoid storing condoms in places where they will be exposed to heat, such as in a car glove compartment. When opening the condom, make sure the package is intact and has no sign of external dampness.

In many parts of the world, male condoms are sold either with or without added lubrication. Either is acceptable, although you should plan on adding plenty of lubricant to reduce the risk that the condom will slip or break. In recent years, many condom manufacturers have added Nonoxynol-9 (N-9) as a lubricant in the belief that the spermicidal properties of N-9 provided added protection against HIV transmission. Although studies have shown that N-9 provides no additional protection against HIV transmission and may sometimes even increase the risk by causing irritation of the vagina or anus, N-9 can still sometimes be found in prepackaged condoms or in commercial lubricants. When purchasing either condoms or lubricant, you should check the label to make sure the product does not contain N-9.

In many parts of the world, it is possible to purchase male condoms made of polyurethane instead of latex. Polyurethane condoms (male and female) are as effective as latex condoms in preventing STI/HIV, and are particularly useful for those who are allergic to latex condoms. They can be used with oil-based lubricants.





Be sure to use the appropriate lubricant when using condoms

How effective are condoms in preventing HIV transmission?

An overwhelming body of evidence demonstrates that condoms are highly effective in preventing transmission of HIV. Correct and consistent condom use should give you a high degree of confidence in your ability to prevent HIV transmission.

The effectiveness of condoms

At least four different types of evidence demonstrate the effectiveness of condoms in preventing HIV transmission. **Laboratory studies** have shown that the virus cannot pass through latex or polyurethane. There is also a **theoretical basis** for effectiveness: condoms prevent exposure to semen or vaginal fluids that may carry the virus. **Epidemiological studies**, which compare infection rates among condom users and non-users, have found that condoms offer significant protection against HIV infection. Finally, in many countries that have significantly reduced HIV infection rates (such as Brazil, Thailand and the USA), **reduced rates of transmission** have been strongly associated with increased condom use.

Few prevention methods are 100% effective. Condoms do occasionally slip or break, although fortunately this rarely happens. Condoms that are outdated, poorly manufactured, or inappropriately stored are especially susceptible to breakage. Oil-based products (such as hand lotion or petroleum jelly) can also damage male latex condoms, so only water-based lubricants should be used during sexual intercourse with a male condom.

In general, condoms are most likely to fail when they are not used as directed. Opening a condom packet with your teeth, a knife or scissors, for example, can inadvertently cause the condom to tear. It is important to use condoms from the beginning of a sexual act, rather than just before ejaculation, to prevent exposure to potentially infectious pre-ejaculate or vaginal fluids. Studies suggest that the frequency of condom failure declines as individuals become more accustomed to using condoms. That is one reason why effective HIV prevention includes both accurate information on condoms and measures to increase individual skill in using condoms correctly. As employees of the UN system, we are entitled to a facilitated demonstration of the use of both male and female condoms.

In reality, condoms are extremely effective in preventing HIV transmission when they are used. Because sexual intercourse is often unplanned, it is a good idea to always carry a condom in case you need one. If you have



Condoms are highly effective in preventing transmission of HIV

a steady partner, you should also discuss how you as a couple intend to reduce the risk of HIV transmission.

Ideally, a couple's decision to use a condom results from a process of negotiation. The couple discusses the benefits of using a condom, addresses any concerns or resistance, and agrees on a mutually satisfactory approach. Sometimes, though, one member of the couple may lack the power to negotiate condom use. Many women, for example, report having difficulty asking their husband or partner to use a condom.

How do I discuss HIV prevention with my partner?

There is no one 'correct' way to initiate a discussion with a partner about HIV prevention. How we approach this topic may depend on the nature of the relationship, as well as the personalities involved.

Many people find it difficult to talk about sex. When we are discussing HIV prevention with a long-term partner, such as a spouse, a girlfriend, or a boyfriend, it can sometimes be hard to talk about prevention, including condom use, without touching on sensitive topics such as commitment, trust and emotional intimacy.

Although it can be challenging to discuss HIV prevention with a partner, it is important that we all talk about it. Avoiding the topic does not make HIV go away. You might want to think in advance about how you will raise the topic with your partner. If you are having difficulty deciding how you might do that, you might consider seeking counselling through a UN-affiliated health-care provider or through a local AIDS organization.

For long-term couples, going together for HIV counselling and testing is a good way to work through any HIV-related issues. Testing clarifies each partner's HIV status, which can help couples come up with their own informed HIV-prevention plan. In addition, a trained counsellor can also provide information, answer questions, and promote discussion about sex between partners.

If I am HIV-positive, is it safe for me to have unprotected sex with another HIV-positive person?

No. We now know that it is possible for an HIV-positive person to become infected with another strain of HIV. Contracting a more virulent strain of the virus or a strain that is resistant to one or more available drugs may complicate effective treatment and cause HIV disease to progress faster than it otherwise would. As a result, HIV-positive individuals should always use a condom during sex to protect themselves and their partner.

It is important that we talk about HIV prevention with our partner; avoiding the topic does not make HIV go away



Testing clarifies each partner's HIV status, which can help couples come up with their own informed HIV-prevention plan

Aren't there other sexually transmitted infections that I should be concerned about?

Yes. In addition to HIV, there are more than a dozen other STIs, which can cause much more than discomfort. They are the main cause of infertility in women and, when left untreated, can lead to complications during pregnancy and for the newborn. The sexually transmissible human papillomavirus (HPV) can also cause cervical cancer.

Common sexually transmitted infections

There are several different kinds of STIs. Several, such as gonorrhoea and *Chlamydia*, are, like HIV, transmitted through semen or vaginal fluids. Other STIs, such as syphilis, genital herpes and chancroid, cause genital ulcers and can be transmitted through 'skin-to-skin' contact. HPV transmission can occur through contact with infected genital skin or mucosal areas. Some STIs can occur without causing symptoms. This is especially true for women and girls, who should, if sexually active, be periodically screened for STIs by a nurse or doctor.

Condoms significantly reduce the risk of infection for most STIs. Some STIs, however, especially those that cause genital ulcers, may not be prevented if the condom does not cover the infected area.

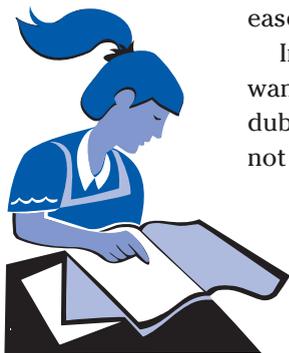
Signs of an STI can include an unusual discharge from the penis or vagina, burning or pain when you urinate, and sores or blisters in or around your genitals or mouth. In women, STIs can also cause unusual bleeding (distinct from the menstrual cycle), as well as vaginal pain during sex.

If you think you may have an STI, you should be diagnosed and receive immediate treatment. Unlike HIV, which has no cure, most STIs can be cured with relatively simple treatments, which not only eliminate the disease but also ensure that the individual can no longer infect others.

In the event that you have an STI, you might initially feel ashamed and want to avoid seeing a nurse or doctor. You might even be tempted to try dubious home remedies, take some over-the-counter medication that may not be correct for the STI you have, or even ask your friends for antibiotics. You should definitely not take this approach. Improperly-treated STIs will only worsen and may become resistant to available medication. Going for treatment when you have an STI is not only a sign of self-respect, but a reflection of your respect for your sexual partner(s). If you have an STI, you should alert your partner and advise him or her to seek treatment.

There is another, extremely important, reason why we should all receive immediate treatment for any STI, untreated STIs significantly increase the risk of HIV transmission.

A number of excellent resources on how to address sex and HIV/AIDS with children are available on the UNAIDS website (<http://unworkplace.unaids.org/>)



STIs and HIV transmission

Evidence indicates that untreated STIs increase the likelihood that uninfected individuals will acquire HIV infection and that HIV-infected individuals will pass the virus to others. Studies indicate that the presence of an untreated STI makes HIV transmission several times more likely to occur. Swift and effective treatment of STIs therefore represents an essential component of HIV prevention.



Untreated STIs significantly increase the risk of HIV transmission. If you think you may have an STI, you should be diagnosed and receive immediate treatment

How should I talk to my children about HIV and AIDS?

Children's education about sexuality begins at an early age. Toddlers' comparisons of their sexual organs reflect a natural curiosity about sex. In most countries, as children grow up in today's world, they are bombarded with sexual images and information—on television, in films, over the Internet, and from their peers.

In a world with AIDS, young people need accurate information about the risks associated with sex. They need to be equipped with values and skills that prepare them to make healthy choices in difficult situations.

When based on sound scientific evidence, comprehensive school-based education on human sexuality and HIV provides young people with potentially life-saving information and offers opportunities for them to clarify their values about sex. Contrary to the fears of many parents, studies show that sound sex education in schools does not cause young people to have sex at an earlier age or more frequently. If you are the parent of a school-age child, you should ask about the sex-education policies at your child's school and work to ensure that the school offers a high-quality programme.

Parents should also talk to their children about HIV and AIDS. Those of us who are parents may, in fact, be in the best position to counterbalance the misinformation or distorted images about sex that children may glean from the media or their peers. The home is also the best place to instill values of sexual responsibility and self-respect.

Discussing sex with our children is often a challenge. If you are worried about your ability to raise the topic of sex with your children, you might seek advice from teachers, trusted friends, relatives or health workers. Some AIDS service organizations may offer AIDS education for children. The UN system also recommends that agencies organize discussions among parents to discuss strategies for speaking to our children. In some countries, the UN system has even organized special sessions for teenagers to learn more about HIV/AIDS. However you decide to address sexual



Young people need accurate information about the risks associated with sex. Parents should talk to their children about HIV and AIDS

issues with your children, you should be prepared to be frank, to admit any uncertainties, and to respect your children's privacy.

A number of excellent resources on how to address sex and HIV and AIDS with children are available on the UNAIDS website (<http://unworkplace.unaids.org/>).

EXPOSURE TO BLOOD

How do I avoid receiving an HIV-infected blood transfusion?

Blood supplies in most (but not all) parts of the world are now screened for HIV antibodies. Where blood screening takes place, units of blood that are found to be infected with HIV are removed from the blood supply, virtually eliminating the risk of transmission. As employees of the UN system, we are entitled to information from UN system medical services about local sources of safe blood. If we receive a blood transfusion while obtaining care through the UN system medical services or from a UN-affiliated health-care provider, we can be confident that every effort has been made to ensure that the blood is safe.

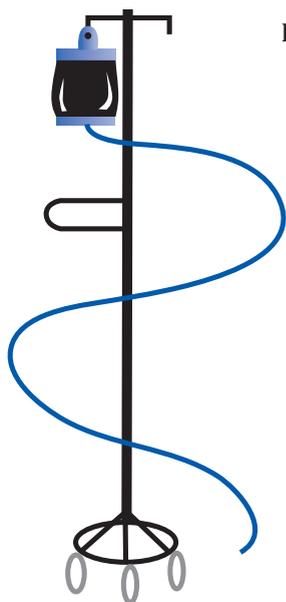
Unfortunately, in some parts of the world, blood is not always screened. Especially when you receive a blood transfusion administered by a health-care provider who is not affiliated with the UN, there can be a risk of exposure to HIV or other bloodborne diseases.

How can I avoid being exposed to HIV-infected blood in the course of my work as a UN employee?

UN employees engage in many activities that could conceivably lead to exposure to another person's blood. Accidents on the road, at home, or at work are not only health risks themselves, but might conceivably result in blood exposures.

Fortunately, we know from more than 20 years' experience with HIV that the virus is hard to transmit. Because HIV cannot be transmitted through intact skin, our first defence is to avoid accidents that might lead to blood exposure. The UN System *Personnel Policy*, for example, emphasizes prevention of road accidents. It is a requirement, of course, that all UN staff members and others in UN official vehicles wear seat belts at all times.

When accidents do occur, the best approach is to follow what are known as universal precautions. This strategy assumes that everyone is potentially infectious—either with HIV or with another bloodborne disease, such as hepatitis. With universal precautions, no blood exposure is regarded as safe.



UN-system medical services make every effort to ensure that the blood received is safe. In some parts of the world, blood is not always screened

Following universal precautions requires advance planning and preparation. UN first-aid kits, which must be available in all UN workplaces and in all UN cars, include gloves, which should be worn before you touch another person's blood or open wound. The first-aid kits also include bleach, which can be mixed with water to clean up spills of blood or other body fluids. Because accidents can occur at home as well as at work, you should have a readily accessible first-aid kit in the home, as well.

Universal precautions

Universal precautions are based on the assumption that all body fluids can carry HIV or other bloodborne diseases. Here are some rules we should follow when taking universal precautions:

- **Cover cuts.** If we have cuts or open sores on the skin, they should be covered with a plastic bandage.
- **Wash your hands.** Hands should be washed with soap and hot water after contact with blood or other body fluids, after going to the bathroom, before preparing or eating food, and after removing latex gloves.
- **Clean up.** Spills of blood or other body fluids should be cleaned up with a fresh mixture of household bleach (1 part) and water (9 parts). Paper towels should be used and disposed of in a plastic garbage bag. Remember to wear latex gloves when cleaning up.
- **Wear gloves.** Gloves should be worn once and disposed of in a plastic garbage bag. Small plastic bags may be used instead of gloves, if necessary. While gloves are highly recommended, all of us should also keep in mind that intact skin is an excellent barrier against HIV, as the virus cannot penetrate the skin in the absence of an open wound. If the skin is exposed to blood, we should wash it as soon as possible with soap and hot water.
- **Wash clothes.** Soiled items should be stored in sealed plastic bags. We should wash soiled clothing separately in hot soapy water and dry it in a hot dryer, or have it dry-cleaned.
- **Dispose of garbage.** Use caution when disposing of waste that may contain infected materials or used needles. Discard materials soiled with blood or other body fluids in a sealed plastic bag.



The universal precautions strategy assumes that everyone is potentially infectious

Accidents

Accidents can happen at any time, so we should always carry a card bearing our name and blood type, a contact name and phone number, and the phone number of our health insurance company. This card should also include the phone number of the UN security service. (An awareness card is included in the booklet. Detach it from the booklet, fill it out correctly, and carry it with you at all times.) In case you need to call someone for help, you should carry a mobile phone, a telephone card, or change for a public telephone.

What if I am sexually assaulted?

The risk of sexual assault is an unfortunate reality in every part of the world. If you are the victim of a sexual assault, you could possibly be exposed to HIV.

What should I do if I believe I may have been exposed to HIV while working?

If you believe you may have been exposed to HIV—as a result of an occupational accident or sexual assault—you should contact the UN system medical services immediately. Post-

exposure prophylaxis (PEP) kits have been supplied by the UN medical services to all countries with a UN presence and are available to UN employees and their families either through the UN dispensary physician or security officer. PEP is an emergency medical treatment that can be used following an accidental exposure to HIV, either as a result of an occupational accident or following sexual assault. Ideally, it

should be started within 1–2 hours—and preferably no

later than 48–72 hours—of possible HIV exposure. The limited data available suggest that the earlier the treatment is commenced, the greater the efficacy. It is a good idea in every workplace to enquire how PEP kits may be accessed before a potential exposure occurs.



If you are the victim of a sexual assault, you could possibly be exposed to HIV.

As a UN employee, you are entitled to PEP treatment

Can I get infected with HIV while engaging in sports or other activities?

No cases of HIV being transmitted during sports activities have ever been documented. In the case of an open wound or bleeding, we should follow universal precautions, clean the wound, apply antiseptic, and cover the wound. When we, or younger members of our families, choose to undergo non-medical procedures which will penetrate skin or mucosa, such as body-piercing and tattooing, we should ensure that the equipment used is

sterile. HIV is difficult to transmit, but instruments used in these procedures may pose some degree of risk if they are used on more than one person and not sterilised. Ideally single-use needles should be used.

SAFE INJECTION PRACTICES

Is it safe for me to have an injection?

None of us should ever share with another person a needle, syringe or equipment used for injection. If we receive medical care from the UN system medical services or from a UN-affiliated health-care provider, we can be confident that every effort has been made to ensure that injecting devices used to administer a shot are sterile and will not expose us to HIV. If we need to give ourselves a shot outside a UN health-care setting, we should only use disposable needles and syringes and we should use them only once. Because safe injection practices are not followed in all health-care settings and it may not always be possible to purchase sterile injection devices, the WHO medical kit that is made available to all UN agencies includes disposable syringes and needles.

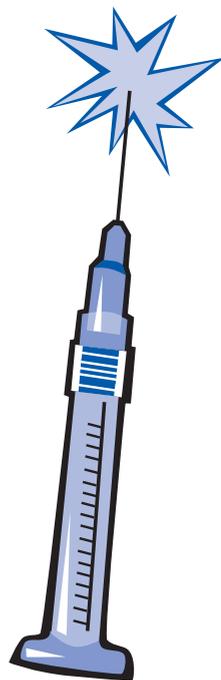
If no other access to sterile injecting devices exists, we can reduce the risk of being exposed to HIV from previously-used syringes and needles by boiling them or by washing them repeatedly, at least three times, with full strength household bleach, followed by thorough rinsing three times with water (ideally sterile). Studies indicate that such measures may not be 100% effective so they should only be used as a last resort.

How can injecting drug users protect themselves from HIV?

While unprotected sexual intercourse accounts for most new HIV infections, the second-most important source of transmission is the use of contaminated needles or syringes during injecting drug use.

Undergoing a successful drug rehabilitation programme represents the most effective long-term strategy for avoiding HIV infection through injecting drug use. UN medical insurance plans cover costs relating to such treatment programmes. We recommend that you speak to the UN system medical services or to a UN-affiliated health-care provider to find out about possible treatment plans.

Until drug rehabilitation is successfully completed and recovery is sustained, individuals who use drugs should take steps to prevent their exposure to HIV. In many parts of the world where injecting drug use is known to be prevalent, there are needle/syringe-exchange programmes for injecting drug users, to ensure that they can use only sterile injecting equipment. Studies show that such programmes reduce the risk of HIV transmission without contributing to an increase in drug use.



The second-most important source of transmission is the use of contaminated needles or syringes during injecting drug use

Can non-injected substances, such as alcohol or drugs that are inhaled, contribute to HIV transmission?

Yes. Although alcohol and non-injected drugs do not directly expose you to another person's blood, they can definitely impair your judgement and cause you to take risks (especially during sex) that you might not otherwise take.

MOTHER-TO-CHILD TRANSMISSION

Please see the next chapter of this booklet for information on preventing mother-to-child transmission of HIV.



Protecting ourselves from HIV

- Having read this chapter of the booklet, what did you learn about how to protect yourself from HIV?

- When can you expect the UN to provide condom demonstrations—for both male and female condoms?

- Where can you get condoms (both male and female) locally?

3

CHAPTER THREE



**TO LIVE HEALTHILY WITH HIV,
WE AND OUR FAMILIES SHOULD:**

- *seek help, information and support*
- *take care of our own health*
- *take care of our financial situation*
- *carefully adhere to our treatment schedule when treatment is needed*
- *plan for the future*
- *take special care of children*
- *contribute to a fair, safe and productive workplace by talking openly about HIV/AIDS and respecting the rights of all employees, including those who are living with HIV*

Live

LIVE POSITIVELY WITH **HIV**

Should I be tested for HIV?

In a world with HIV/AIDS, we should all know our HIV status. For those of us who are HIV-infected, it is important to be tested as early as possible, so that our doctor can monitor our health and begin therapy when it will be most effective. For those of us who are not HIV-infected, being tested can help reduce anxiety and provide an opportunity to personalize our own HIV-prevention plan with a trained counsellor.

Our test results will be kept confidential. The UN system will never require us to be tested for HIV, although it is highly recommended that all employees and their families do so voluntarily. Nor will we be required to disclose our HIV status to a supervisor or any other co-worker.

The UN-system medical services can provide a list of reliable sources of HIV counselling and testing.

Until recently, taking the HIV test required a wait of several days for test results. In many medical settings and testing sites, health-care providers now use what is known as the 'rapid test', which yields highly accurate results in a matter of minutes.



We should all know our HIV status. Being tested can help reduce anxiety and allows us to create a personal HIV-prevention plan with a trained counsellor

But I really don't think I'm at risk of being infected with HIV. If I'm not at risk, why should I be tested?

Only you, of course, can assess your risk of infection. Studies among people living with HIV, however, consistently show that a large share of people living with HIV were unaware of their risk prior to their diagnosis. We should think of our HIV status as we would our blood pressure or cholesterol; knowing our HIV status is simply another way of protecting our health.

I'm afraid to be tested for HIV. I know that if I test positive, I'll be upset.

If any of us is thinking about being tested, we can take comfort in knowing that we are not the first. Getting tested for HIV can be a little scary. Each of us should know that a trained counsellor will be available to provide us with support and to answer any questions both before the test and when we receive our results.

It is worth reminding ourselves that we can live with any result we get from the HIV test. Unlike earlier in the epidemic, when the prognosis was dire for a person who tested HIV-positive, it is possible today to live with the infection.

Depending on the level of your anxiety about receiving your test result, you might consider having a friend or loved one on standby to talk with you after you get your results. While your post-test counsellor will be available to calm your fears and offer you extensive information, it also helps to have a support network to help you work through your fears.

I'm afraid that if I test HIV-positive, I'll be alone. Is that true?

None of us need to be alone if we test HIV-positive. Millions of people throughout the world are living with HIV. HIV infection does, though, present important life challenges. Any of us who test HIV-positive should think about contacting a local AIDS service organization or the UN HIV/AIDS focal point in our country to obtain information about a support group to join. An increasing number of workplaces have their own support groups. By sharing our experiences with other people living with the disease, we can reduce our anxieties, learn new strategies for coping with HIV infection, and build new friendships with people who are facing similar challenges.

If you would like to speak confidentially to a UN HIV/AIDS counsellor outside your duty station, you may contact the UN staff counsellor's office in New York at +1-212-963-4782.

If I test HIV-positive, might I be discriminated against or mistreated? Can I keep my HIV status confidential?

For those of us who are HIV-positive, it can be difficult to decide if, or when, to tell another person about our HIV status. It is only natural to worry about being rejected by family, friends, neighbours, or co-workers. Unfortunately, discrimination against people living with HIV remains all too common, so those of us who are HIV-positive should definitely give some thought to whom we feel we can trust with this information.

In general, most people with HIV find it helpful to disclose their HIV status to trusted friends and loved ones. An AIDS service organization can help us think about how best to disclose our status. By disclosing, those of us who are HIV-positive can benefit from the love, support and advice of people we trust. Having a strong social network is important to living positively with HIV.

Although, as employees of the UN system, we will never be made to disclose our HIV status to a supervisor or co-worker, there may be advantages to sharing this information with a trusted supervisor or other colleagues, such as human resource professionals. Disclosing our status may make it easier to be open and honest about why we may need to take time off for medical care, or why we need to work on a more flexible schedule. In the long run, keeping our HIV status a secret may cause stress and anxiety. In the end, though, whether or not we disclose our status is our decision alone.



Knowing our HIV status is simply another way of protecting our health

None of us who work in the UN system can be fired, demoted, or denied a promotion or assignment solely on the basis of HIV infection



The UN-system medical services will closely guard the confidentiality of all personal medical information, including your HIV status, should you decide to disclose it to them

Will the UN continue to allow me to work if I test HIV-positive?

None of us who work in the UN system can be fired, demoted, or denied a promotion or assignment solely on the basis of HIV infection. Most people with HIV are fully capable of continuing to contribute through work—whether within or outside the UN system. In the UN system, fitness to perform the required duties is the sole medical requirement for employment.

When we are placed in a new position in the UN or sent on mission, UN system medical services conduct a medical exam to determine our physical fitness for the assignment. Keep in mind that the UN system medical services will not test you for HIV without your consent. Depending on the nature of the assignment, its location, and the state of our own health, the

UN system medical services might decline to certify us as being fit for a particular job. In all such cases, qualified medical staff will make

this determination only after an individualized assessment of our health situation; no blanket exclusion of people with HIV is allowed for jobs in the UN. If a medical clearance is withheld for a new assignment, the UN system medical services will not disclose to your supervisor or your colleagues the nature of any health condition revealed or detected during a medical examination. The UN system medical services will, in all cases, closely guard the confidentiality of all personal medical information, including your HIV status, should you decide to disclose it to

them.

If, at any time, you become unable to perform your job as a result of HIV infection, the UN system will work with you to adjust your work situation so that you can continue to be employed by the UN system.

If I test HIV-positive, does this mean that I'm going to get sick soon?

As a result of medical advances, those of us who are infected with HIV are now able to live with the disease, healthily and productively. In addition, an extraordinary amount of research is under way to identify even better treatments to build on those that already exist. HIV infection is a major medical condition that must be taken seriously, but it is not necessarily a death sentence.

If I test HIV-positive, what should I do to protect my health?

The UN encourages all its employees to take care of their health, but this is especially important for people who are HIV-positive.

If you are living with HIV, you should take care to eat more and focus on consuming healthy foods. Proteins, such as meat, fish, beans, nuts and seeds, help build and maintain muscle. Energy is supplied by carbohy-

drates, which come from grains, cereals, vegetables and fruits. You should consume a modest amount of fat, with emphasis on the ‘monosaturated’ fats found in nuts, seeds, certain vegetable oils, and fish. Avoid as much as possible the harmful fats found in butter and animal products.

Those of us who are HIV-positive should take extra care in the preparation of foods. Wash your hands before making meals, and carefully wash all fruits and vegetables. Avoid raw or undercooked eggs or meat, refrigerate leftovers and eat them within three days, and do not purchase or prepare food beyond its expiry date.

If you are HIV-positive, you should also drink plenty of liquids. Minimize your intake of tea, coffee, colas, chocolate or alcohol, as these fluids can actually cause you to lose body fluid. If you are not sure that your public water supply is completely pure, you should boil your water or drink bottled water.

You should also exercise regularly, try to sleep at least eight hours a night, rest when you are tired, and try to minimize stress and anxiety. Having a social support network often helps, so you should reach out to trusted family and friends for support. Joining a support group for people living with HIV is often a good way to make friends, reduce feelings of isolation, and obtain useful ideas for coping with your infection.

If you smoke, you should stop smoking if you test HIV-positive. Smoking damages the lungs and other parts of the body and increases the body’s vulnerability to infections.

It is a good idea to avoid unnecessary medicines. They can have unpleasant side-effects and can interfere with good nutrition. If you are on other medications not related to HIV, you should discuss this with your physician.

Although these suggestions are particularly important for people living with HIV, they are actually good guidelines for all of us to follow, regardless of our HIV status.

If I test HIV-positive, does this mean that I need to start on medication immediately?

Those of us who test HIV-positive should immediately find a physician who is experienced in HIV/AIDS for follow-up tests and consultation. If you test HIV-positive, you should be referred immediately to a physician. Otherwise, ask for a referral. Usually, the physician will want to perform a second HIV test to confirm the positive diagnosis.

You should talk to your physician about next steps. The physician should draw additional blood to perform other tests to assess the state of the immune system. These tests will include a CD4 count and a viral load measurement. The CD4 count tells us how many immune system cells are



Those who test HIV-positive should immediately find a physician who is experienced in AIDS for follow-up tests and consultation

Those of us who are infected with HIV are now able to live with the disease, healthily and productively



Combination therapy achieves maximum impact and reduces the likelihood that drug resistance will develop

at work in the blood. When our CD4 count is depressed, it tells us that something has impaired our immune system.

The viral load test measures how much HIV is circulating in the blood. A lot of virus in the blood indicates that HIV is actively making copies of itself and infecting and killing new cells. The more HIV in the blood, the quicker the disease will progress.

Although the drugs to fight HIV are extremely effective, they can also have side-effects. As physicians and nurses have gained more experience in managing HIV-related diseases, they have come to recognize that the drugs may be more effective if they are used somewhat later in the course of infection than initially thought. By monitoring your blood on a regular basis, and by tracking whether your body is beginning to feel the effects of HIV infection, your physician will be able to advise when it is time to begin treatment.

If I'm HIV-positive and my physician prescribes medication for my condition, can I begin anti-HIV treatment slowly—say, by taking only one pill at a time?

Because HIV is constantly mutating, it quickly becomes resistant to any single drug. When resistance develops, the drugs are not as effective and the virus begins to rebound. To prevent or slow down the development of such resistance, your doctor will prescribe at least three different anti-HIV drugs. By attacking HIV from different angles, combination therapy achieves maximum impact and reduces the likelihood that drug resistance will develop.

Isn't taking three drugs at once complicated?

Combination HIV therapy is not simple. Those of us who are HIV-positive and on therapy will need to take multiple drugs at least twice a day. Depending on our regimen, we may have certain eating restrictions (such as the need to take drugs with food) and may have to refrigerate one or more of our drugs.

For those of us who are HIV-positive, it is essential that we take our drugs exactly as our physician prescribes them. If we miss doses, fail to take them on time, or otherwise vary our treatment regimen, the drugs will not be as effective as they should be and resistance will develop more quickly.

If I'm HIV-positive, how can I make sure that I'm able to take my medication as prescribed?

Taking medication as prescribed is often referred to as 'treatment adherence'. Studies show that most people do not adhere well to therapy, regardless of their medical condition, level of education, or annual income. Because treatment adherence is so critically important in the case of HIV/AIDS, extra care must be taken to make sure that HIV drugs are taken

exactly as prescribed.

Once those of us who are HIV-positive are prescribed a combination medication regimen, it is a good idea for us to make a personal treatment-adherence plan. The nature of this plan will depend on our own individual treatment regimen and on the dynamics of our individual lives. For some people, creating a daily calendar is a useful way to work treatment into their daily routines. For others, it is helpful to use a daily or weekly planner to keep up with the treatment schedule. Some people use a beeper or alarm clock to remind them when it is time to take a dose, while others rely on friends, family members, or roommates to help them remember. Before you leave your doctor's office with your new treatment regimen, it is a good idea to discuss your treatment-adherence plan with a doctor, nurse or counsellor.

Developing a treatment-adherence plan requires that we honestly look at our lives and identify things that might interfere with our ability to take our drugs on time. If we tend to become absent-minded after drinking a little too much alcohol in the evening, for example, it might be wise to avoid situations in which we are likely to drink to excess. If we find it difficult to keep to a schedule because our lives are sometimes chaotic, it might be useful to try to stick to a more standard routine, such as having meals at particular times so that we are more likely to remember to take our drugs. If we forget to take a dose, we should take it as soon afterwards as we remember, unless it coincides with the next dose, in which case we should only take the one dose.

Above all, it is important for those of us who are HIV-positive to remember that we are not the only ones facing these challenges. A lot of other people with HIV are in the same situation. Getting together with them to share our experiences and learn from theirs (with respect to adherence and a lot of other issues) can be an extremely healthy way to cope with HIV infection and to learn new strategies for protecting our health.

I understand that having HIV can make you susceptible to other infections. If I'm HIV-positive, how will I protect myself from those?

For those of us who are HIV-positive, we are most prone to infections once the virus has seriously damaged our immune system. For most individuals, combination HIV therapy significantly strengthens the immune system and reduces susceptibility to opportunistic infections. If you are HIV-positive, you should regularly see a doctor qualified to treat AIDS so that your

It is essential that we take our drugs exactly as our physician prescribes them



If we are HIV-positive, our doctor can prescribe medication that can prevent opportunistic infections from developing

immune system can be monitored on an ongoing basis. Routine monitoring of your immune system will enable your doctor to prescribe treatments to prevent some of the opportunistic infections that can strike people living with HIV.

The susceptibility of people with HIV to opportunistic infections underscores the importance of knowing one's HIV status. Many people with HIV who delay testing only learn they are positive when they experience a serious, sometimes life-threatening, illness. By knowing our HIV status, we can take better care of our health and ensure that we are monitored periodically; if we are HIV-positive, our doctors can prescribe medication that can prevent opportunistic infections from developing.



Treating TB

One potential opportunistic illness that requires particular attention is tuberculosis (TB). TB is the leading cause of death among people living with HIV and is common in many parts of the world. Most people who have been infected with TB never develop the active disease because their immune systems fight off the infection. However, HIV infection significantly increases the odds that latent TB infection will turn into active TB. All of us who are HIV-positive should be screened to see if we have been exposed to TB, for which there are preventive therapies.

If I'm an HIV-positive woman, is it okay for me to have a baby?

Every year, hundreds of thousands of children become infected with HIV during pregnancy or delivery, or as a result of breastfeeding. Fortunately, some of the antiretroviral drugs that have proven so effective for the treatment of HIV infection itself are also effective in significantly reducing the risk of HIV transmission from mother to child. These drugs, however, cannot eliminate the risk of transmission. There are also indications that some drugs used for prevention of mother-to-child transmission may cause drug resistance to develop, reducing the long-term effectiveness of HIV treatment for the mothers. At the moment, preventive strategies are evolving for the prevention of mother-to-child transmission.

For many HIV-positive women, deciding whether to become pregnant can be an extremely difficult decision. An important first step is to consult your doctor to obtain the very latest information and to get advice and counselling.

Effective prevention of mother-to-child transmission includes several components. If you are pregnant, you should receive antenatal care from a

qualified health-care provider. Most antenatal doctors will offer you an HIV test; if yours does not, you should request one. If you test HIV-positive in the antenatal setting, you will be counselled about your reproductive options.

If you are HIV-positive and decide to have a child, your doctor will provide you with information about treatment regimens that can reduce your risk of passing the virus on to your newborn. The first (and most effective) regimen requires you to take oral antiretroviral medication from 28 weeks of pregnancy and intravenously during labour and delivery and that your newborn receive the medication orally after birth. The second regimen involves a combination of zidovudine (AZT) from 28 weeks of pregnancy, followed by a single dose of nevirapine at the onset of labour for the mother and a single dose of nevirapine and a week of zidovudine to the newborn after birth.

Because breastfeeding can also result in HIV transmission to the newborn, you will also be counselled about infant-feeding options. Ideally, you will be able to feed your newborn with baby formula, thereby avoiding the risk of transmitting HIV through breastfeeding.

Reducing risk of mother-to-child transmission

Studies in industrialized countries indicate that the entire prevention package—voluntary confidential counselling and testing, comprehensive antenatal care and associated counselling, antiretroviral therapy with the most effective regimen, and counselling on breastfeeding alternatives—can reduce the risk of mother-to-child transmission to rare event. Even with the less effective antiretroviral regimen, the risk of mother-to-child transmission can be as low as 2% if breastfeeding is avoided.



Ultimately, only you can decide whether to have a child if you are living with HIV. If you receive care through a UN-affiliated medical provider, you can rest assured that you will receive the information, counselling and support you need to make an informed choice.



Living in a world with HIV

- How can we all support colleagues who may be living with, or affected by, HIV?

- Where can you go for voluntary confidential counselling and testing for HIV?

- What would be the possible 'pros' and 'cons' of disclosing your status to your supervisor, human resources officer and/or colleagues if you are HIV- positive? How might you do this?

- How and where can HIV-positive staff members and their families obtain medication for treatment locally?

- If you are HIV-positive, where can you go for support services and medical care?

4

CHAPTER FOUR



WE KNOW THAT:

- *people living with HIV deserve to be treated with respect and dignity*
- *the UN system prohibits discrimination against employees living with HIV*
- *each of us has a role to play in ensuring that the UN workplace is safe, fair, compassionate and productive*

Let Live

CONTRIBUTING TO A SAFE,
FAIR AND COMPASSIONATE WORKPLACE

I know that the response to AIDS plays a role in the official work of the UN system, but what does the workplace have to do with it?

The AIDS epidemic is so vast and complex that an effective response requires the participation of everyone. HIV is all around us, and neither government nor health systems alone can address it. All of us—faith-based groups, schools, workplaces, community organizations, and the full range of civil society—need to join together to promote an effective and humane response.

More than 90% of people living with HIV are adults of working age. As a result, the workplace is inevitably affected by the epidemic. In addition, the

workplace is an ideal setting for prevention, care and treatment, as well as for efforts to combat HIV-related stigma and discrimination.

It is estimated that as many as 5% of UN employees worldwide may be living with HIV. For several UN-system agencies,

AIDS is the leading cause of death among employees. If the UN system as a whole were a country, we would rank in the top 30 countries affected by the epidemic. Although AIDS might at first seem an odd topic of conversation at work, it is important that all of us talk openly about the issue.

A 2002 survey of UN employees regarding their attitudes about HIV and AIDS revealed some interesting findings. Twelve per cent of those who responded to the survey said they were afraid that they might be HIV-positive but did not want to know their HIV status. Forty-one per cent of respondents did not know their HIV status because they feared that seeking information would lead to negative judgements, and 32% said they feared that the UN would not keep their HIV test results confidential. Two per cent of those responding (96 employees) said they were living with HIV but were afraid to reveal their serostatus at work.

Despite these signs of the stigma associated with HIV, a resounding 95% of UN employees say that people living with HIV should be allowed to continue to work in the UN. In an environment of silence, the fears associated with HIV can sometimes seem more compelling than the acceptance of the UN workforce.

There is a way to alter this situation and to help dissipate some of the fears about AIDS. And that is for all of us to talk openly about HIV and AIDS—in orientation sessions and privately with our fellow workers. By talking about HIV and AIDS, we can help make it less frightening. And when the disease is less frightening, those of us who are living with HIV will feel free



Talking about HIV and AIDS can help make it less frightening, so that those of us who are living with HIV will feel free to be more open about the issue

to be more open about the issue.

UN-system employees come from all over the world. In a workplace environment as diverse as ours, we will inevitably encounter in the workplace beliefs or behaviours among our fellow workers with which we do not always agree. It is important, however, that we accept, and try to learn from, our fellow UN-employees who have different personal and cultural backgrounds. By doing so, we will be better prepared to collectively carry out the important work of the UN system.

What is the UN system doing to promote a safe, fair and compassionate workplace?

First and foremost, the UN system has adopted a comprehensive workplace policy on HIV/AIDS that expressly prohibits discrimination against employees living with HIV. The UN system mandates that workplaces provide employees with orientations on HIV and AIDS and make counselling available. This booklet (an update of an earlier booklet provided to UN-system employees) is meant, in part, to underscore the UN system's commitment to fair, equitable and compassionate treatment of all employees, regardless of their HIV status.

In addition, several UN-system agencies have created specific initiatives to promote sound HIV-related workplace policies and overall staff well-being (see box on next page).

What can we, as employees of the UN system, do to eliminate HIV-related stigma and discrimination in the workplace?

Stigma and discrimination threaten all of us. If we are HIV-positive, we may decide not to access care, treatment or counselling services or other entitlements for fear of being ostracized. Stigma and discrimination may also affect the health of those of us who are HIV-positive, increasing our physical, psychological and social stress and sometimes causing us to be depressed.

For those of us who are HIV-negative, stigma and discrimination may affect our ability to protect ourselves and our families from HIV transmission by discouraging us from seeking information, prevention services, or HIV testing. The stigma of HIV and AIDS is especially strong for members of particular groups, such as men who have sex with men, sexually active unmarried people, people in non-faithful relationships, and people with substance-abuse problems.

Of particular importance to the UN system, HIV-related stigma and discrimination violate fundamental human rights, such as the right to be free from discrimination, the right to privacy, the right to health, and the right to information and education. In short, all of us who are employed by the UN system have a stake in combating the stigma and discrimination associated with HIV and AIDS—just as we all have a stake in fighting for other human rights.

Each of us has an important role to play in eliminating HIV-related



It is important that we accept, and try to learn from, our fellow UN employees who have different personal and cultural backgrounds

UN initiatives

Caring for Us is a UNICEF-initiated programme that now includes UNFPA. *Caring for Us* promotes a caring environment for people living with, or affected by, HIV, as well as for staff members affected by other health and personal issues. Measures to help staff members and their families cope with illness or death are complemented by learning opportunities on related topics, such as access to ART.

With its initiative *HIV/AIDS in the Workplace*, WFP is strongly committed to accepting and supporting colleagues living with HIV and AIDS in a tolerant, just and compassionate work environment. The initiative is designed to ensure that WFP's personnel policies on HIV and AIDS meet and exceed the international standards set within the UN, extend to all WFP staff training on effective AIDS awareness in the workplace, and support the development of AIDS workplace programmes in all regions. WFP works in 22 of the 25 countries most affected by AIDS, and building awareness of the epidemic is high on its agenda.

UNDP's *We Care* initiative supports the implementation of the UN system's workplace policy on HIV/AIDS, ensures protection of the rights of those living with HIV, and promotes a supportive work environment. *We Care* enhances AIDS awareness among UNDP and other UN-system staff members and facilitates a workplace environment free of discrimination and stigma.

Launched in 2002, ACTION (Access, Care, Treatment and Inter-Organizational Needs) is a project of the UN system medical services. In 10 pilot countries (Cambodia, Ethiopia, India, Nigeria, Rwanda, Senegal, Uganda, the United Republic of Tanzania, Zambia and Zimbabwe), ACTION is mapping locally available resources for care and support, enhancing local capacity to address HIV prevention and AIDS care, and improving interagency coordination on workplace issues. Benefiting from the technical expertise of WHO, ACTION facilitates treatment initiatives that are appropriate to individual countries. For example, ACTION has established a revolving fund to purchase a constant and reliable supply of high-quality ART drugs to ensure a continuous supply for UN employees and dependants who need them. In addition, ACTION undertakes workplace initiatives to foster a compassionate and supportive work environment for people living with HIV. It is hoped that ACTION will eventually extend beyond the initial 10 target countries.

To intensify the fight against HIV and AIDS in the workplace, the World Bank has appointed internal focal points (Task Team Leaders) in all its offices worldwide. These individuals are responsible for increasing awareness among staff and their dependents, promoting access to the free voluntary counselling and testing services provided by the World Bank, and ensuring access to PEP kits for those who need them. The World Bank guarantees confidentiality in the processing of medical claims through its Health Services Department in Washington and facilitates the supply of antiretroviral drugs to its HIV-positive staff and dependents.

In several countries, the UN system has moved beyond agency-specific initiatives to promote a fair and non-discriminatory workplace. The consolidation of all of its HIV and AIDS-related workplace efforts has enabled the UN system to target all staff members working in these countries.

stigma and discrimination from the UN system workplace. We each have an obligation to make it known that the United Nations *HIV/AIDS Personnel Policy* does not tolerate HIV-related stigma and discrimination in UN-system workplaces. If we hear a colleague make discriminatory statements or derogatory comments about someone thought to be living with HIV, we should immediately respond. We should avoid discriminatory language in our own day-to-day lives and make sure that our knowledge of HIV and AIDS is based on fact rather than rumours. We should be open to discussing HIV and AIDS with our colleagues and be prepared to listen to the concerns of others. Above all, we should be aware that all of us live in a world in which AIDS is an unavoidable reality and that all of us are vulnerable to the disease.

We should make use of the structures already in place to help protect our rights and well-being at work. These include staff associations or unions, as well as health and safety committees or officers. Such bodies can provide leadership and set a positive example, as well as working with management to ensure that all measures are in place to promote understanding, compassion, and non-discrimination.



Each of us has an important role to play in eliminating HIV-related stigma and discrimination from the UN system workplace

Working in a world of HIV and AIDS



- What contributes to HIV-related stigma and discrimination in your country? Do these factors spill over into the UN workplace?

- What are some things you can do to fight HIV-related stigma and discrimination in your workplace?

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United Nations HIV/AIDS Personnel Policy¹

A. Information, education and other preventive health measures

i. UN staff and their families should be provided with sufficient, updated information to enable them to protect themselves from HIV infection and to cope with the presence of AIDS.

To this end, all UN bodies are encouraged to develop and implement an active staff-education strategy for HIV/AIDS using the handbook on AIDS for UN employees and their families produced by UNAIDS and identifying in the field local sources experienced in HIV/AIDS counselling, to provide confidential follow-up.

The staff of the UN Medical Services should be fully involved in such staff education programmes. They should receive any additional professional education that may be required; and all pertinent information material on HIV/AIDS, supplied and updated by UNAIDS, should be available through them at all duty stations.

ii. All UN staff members and their families should be made aware of where safe blood may be obtained.

To accomplish this task, the WHO Blood Safety Unit, in cooperation with the UN Medical Service, should establish and regularly update a list of reliable and operational blood transfusion centres for circulation to UN headquarters, regional offices and duty stations. The UN Medical Services and local linked medical facilities should also make efforts to ensure that blood transfusions are performed only when absolutely necessary.

iii. UN Resident Coordinators must exercise their responsibility to adopt measures to reduce the frequency of motor vehicle accidents, not only because of their attendant high mortality and morbidity, but because they represent a particular risk of HIV infection in those localities lacking safe blood supplies.

UN 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:

- the fitting of and compulsory use of seat belts in all UN vehicles;
- proper training in off-road use of 4-wheel-drive vehicles;
- prohibition against the personal use of vehicles when an official driver is available;

¹ ACC Decision 1991/10.

- compulsory use of helmets for all riders of motorbikes;
- prohibition against substance abuse by vehicle drivers;
- organization of first-aid training sessions; and
- equipping UN vehicles with first-aid kits containing macromolecular solutions (plasma expanders).

iv. All UN staff members and their families should have access to disposable syringes and needles.

The UN Medical Services 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 UN official languages explaining the reasons why they are being carried. Regional offices and other duty stations should stock disposable injection material for use by UN staff and their families. This stock should be available at UN dispensaries, where such exist, or at the WHO duty station in the country.

v. All UN staff members and their families should have access to condoms.

Condoms should be available through the United Nations Population Fund (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.

B. Voluntary testing, counselling and confidentiality

Voluntary testing with pre- and post-counselling and assured confidentiality should be made available to all UN staff members and their families.

Adequate and confidential facilities for voluntary and confirmatory testing and counselling should be made available locally to UN staff members and their families, with UN bodies acting in close collaboration with the UN Medical Service and WHO. Specific procedures must be developed by UN 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.

C. Terms of appointment and service

Pre-recruitment and employment prospects

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

ANNEX 1

- HIV testing with the specific and informed consent of the candidate may be required if AIDS is clinically suspected.
- Nothing in the pre-employment examination should be considered as obliging any candidate to declare his or her HIV status.
- For any assignment in a country that requires HIV testing for residence, this requirement must appear in the vacancy notice.

Continuity of employment

- HIV infection or AIDS should not be considered as a basis for termination of employment.
- If fitness to work is impaired by HIV-related illness, reasonable alternative working arrangements should be made.
- UN staff members with AIDS should enjoy health and social protection in the same manner as other UN employees suffering from a serious illness.
- HIV/AIDS screening, whether direct (HIV testing), indirect (assessment of risky 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.
- The administrative, personnel and financial implications of these principles under terms of appointment and service should be monitored and periodically reviewed.

D. Health insurance benefits programmes

i. Health insurance coverage should be available for all UN employees regardless of HIV status.

There should be no pre- or post-employment testing for HIV infection.

ii. Health insurance premiums for UN employees should not be affected by HIV status.

No testing for HIV infection should be permitted with respect to any health insurance scheme.

Summary of the Key Principles of the ILO Code of Practice

The ILO *Code of Practice on HIV/AIDS and the world of work* provides guidelines for the development of policies at national and enterprise levels and practical guidance for workplace programmes.

The *Code of Practice* was developed in collaboration with representatives of governments, employers and workers from all regions.

The 10 key principles of the Code are:

- 1. Recognition of HIV/AIDS as a workplace issue** HIV/AIDS is a workplace issue, not only because it affects the workforce, but also because the workplace can play a vital role in limiting the spread and effects of the epidemic.
 - 2. Non-discrimination** There should be no discrimination or stigmatization of workers on the basis of real or perceived HIV status.
 - 3. Gender equality** Increased equal gender relations and the empowerment of women are vital to successfully preventing the spread of HIV infection and enabling women to cope with HIV/AIDS.
 - 4. Healthy work environment** Work environments should be healthy and safe, and adapted to the state of health and capabilities of workers.
 - 5. Social dialogue** Successful HIV/AIDS policies and programmes require cooperation and trust between employers, workers, and governments.
 - 6. Screening for purposes of employment** HIV/AIDS screening should not be required of job applicants or persons in employment and testing for HIV should not be carried out at the workplace except as specified in this code.
 - 7. Confidentiality** Access to personal data relating to a worker's HIV status should be bound by the rules of confidentiality consistent with existing ILO codes of practice.
 - 8. Continuing the employment relationship** HIV infection is not a cause for termination of employment. Persons with HIV-related illnesses should be able to work for as long as medically fit in appropriate conditions.
 - 9. Prevention** Local community partners are in a unique position to promote prevention efforts through information and education, and support changes in attitudes and behaviour.
 - 10. Care and support** Solidarity care and support should guide the response to AIDS in the workplace. All workers are entitled to affordable health services and to benefits from statutory and occupational schemes
- The full text of the *Code* is available on the ILO website: www.ilo.org

The Joint United Nations Programme on HIV/AIDS (UNAIDS) brings together nine UN agencies in a common effort to respond to the AIDS epidemic: the United Nations Children's Fund (UNICEF), the World Food Programme (WFP), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Office on Drugs and Crime (UNODC), the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO), and the World Bank.

UNAIDS, as a cosponsored programme, unites the responses to the epidemic of its nine cosponsoring organizations and supplements these efforts with special initiatives. Its purpose is to lead and assist an expansion of the international response to AIDS on all fronts. UNAIDS works with a broad range of partners—governmental and nongovernmental, business, scientific and lay—to share knowledge, skills and best practices across boundaries.

UNAIDS welcomes your feedback on this handbook. Please send your comments to:

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This booklet is for you and your families. It is designed to provide you with important information about HIV and AIDS and to make you aware of the resources and services available to you. Too many UN employees do not really know how HIV is transmitted or prevented, or even if they themselves have been infected with the virus. And too many employees are unfamiliar with the UN's workplace policy on HIV and AIDS, which is aimed at eliminating the HIV-related stigma and discrimination that are still all too common in our workplaces. In this booklet, we try to answer real questions that can make a positive difference in your lives and in the lives of your families: How can you protect yourself and those you love from HIV? How can you talk about HIV and AIDS with your partner or with your children? Why should you be tested? If you are living with HIV, where can you turn, inside and outside the UN, for support and treatment? And what can you do to create a compassionate workplace for all, including your colleagues living with, and affected by, HIV?

HIV touches us all. With the right information, we can collectively fight and eliminate it.



Joint United Nations Programme on HIV/AIDS

UNAIDS

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