

## HIV/AIDS in the UNDP Workplace

Dear Colleagues,

I am writing to update you about current initiatives on HIV/AIDS in the UNDP Workplace and to let you know what is expected from each office and unit in this regard during 2004-2005.

The We Care Initiative<sup>1</sup> was launched in 2002 with the main objective to support 22 selected countries<sup>2</sup> in achieving the following goals:

- ensuring the full implementation of the “UN Personnel Policy on HIV AIDS” and “ILO Code of Practice on HIV/AIDS and the World of Work”;
- ensuring that all staff members have at any given time 100 per cent access to anti-retroviral treatment;
- facilitating the access to adequate care, treatment and support for staff members;
- ensuring that all staff members have access to voluntary confidential counselling and testing (VCT);
- enhancing prevention through information, education and training;
- ensuring the protection of the rights of those affected by HIV/AIDS; *and*
- providing a supportive workplace environment free from discrimination and stigmatization.

These countries were assisted/visited by an HIV/AIDS Advisor who helped them in the situation analysis, design, implementation and monitoring of their We Care project.

The **Medunsa-Stellenbosch Initiative** was also launched in 2002 to strengthen the knowledge, competencies and skills of staff dealing with HIV/AIDS in the workplace. By the end of 2004, 24 HIV/AIDS in the Workplace focal points<sup>3</sup> [3] will have completed the one-year on-line postgraduate course in “Management of HIV/AIDS in the World of Work”.

Effective 1 January 2004, the administration of **Medical Insurance Plan (MIP)** claims has been outsourced to “La Garantie Médicale et Chirurgicale” GMC Services ( “**GMCS**”). I am confident that this will address the long-standing issue of the lack of confidentiality when processing HIV/AIDS-related and other claims. Furthermore, GMCS will be expanding their Global Healthcare Network (which includes hospitals and physicians, many with direct billing facilities and/or negotiated fees), taking into consideration the health providers most commonly used by UNDP MIP subscribers, including those specializing in HIV/AIDS prevention and treatment. Furthermore, recognized professional medical services and medications (including HIV/AIDS medication) are now reimbursed at 100 per cent once a staff member along with his/her family members have collectively incurred in out-of-pocket expenses equivalent to one month of his/her net base.

### Next Steps

I expect each CO to comply in full with the UN Personnel Policy on HIV/AIDS and ILO Code of Practice on HIV/AIDS and the World of Work, and to achieve and maintain the following corporate standards:

- every Office should have a comprehensive HIV/AIDS workplace programme with mechanisms for monitoring and accountability;<sup>4</sup> [4]
  - all staff members should participate in comprehensive HIV/AIDS learning sessions;
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- every Office should have a supportive workplace environment free from discrimination and stigmatization, which ensures the protection of the rights of those affected by HIV/AIDS;
- all staff members should have access to adequate care, treatment and support, including anti-retrovirals and voluntary counselling and testing (VCT); *and*
- every Office should promote UN system collaboration on HIV/AIDS-related issues.

With these goals in mind, I ask all managers to ensure that HIV/AIDS in the workplace is an integral part of each office's annual work plans; local staff associations are fully consulted and involved; and special attention is given to involving people living with HIV and AIDS.

To help COs and other units attain and sustain these corporate standards, Offices will have:

- support from a full time **HR Specialist** based in New York;
- remote technical support from **HIV/AIDS in the Workplace Advisors**, based in various parts of the world (Advisor fees will be covered by central funding sources rather than from Country Office/Unit budgets);
- Except for the 22 We Care countries and the 11 ACTION5 [5] countries, **each Country Office will have a one week visit** from their HIV/AIDS in the Workplace Advisor (these travel costs will also be covered by central funding sources); *and*
- **Resource tools and materials** developed by the HIV/AIDS Practice Group and OHR, or by UNAIDS or UN system agencies. This will include a **dashboard** for each CO to monitor its compliance towards achieving the above-mentioned corporate standards.

In addition, we will be offering the Medunsa-Stellenbosch Initiative to administrative staff of 18 additional selected country offices.

There is no more important issue facing the world today than HIV/AIDS. In order for us to help our programme country clients on this, we must first learn to “walk the walk” as well as “talk the talk”. So I hope and expect that you will join me in embracing the above initiatives to ensure that UNDP (and the wider UN system) truly becomes “an HIV/AIDS competent employer.”

Thanks, Mark

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(1)Details of this initiative have been posted at OHR 's website on HIV/AIDS in the workplace ([http://intra.undp.org/ohr/hiv\\_aids/](http://intra.undp.org/ohr/hiv_aids/))

[2] Argentina, Benin, Botswana, Cameroon, Central African Republic, China, Egypt, Ghana, Haiti, Honduras, Lesotho, Malaysia, Malawi, Mozambique, Namibia, Nepal, Republic of Congo, South Africa, Swaziland, Tajikistan, Trinidad and Tobago, and Ukraine

[3] From UNDP Angola, Botswana, Cameroon, Central African Republic, China, Fiji, Haiti, India, Kazakhstan, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, People's Republic of Congo, South Africa, Suriname, Swaziland, Trinidad and Tobago, Uganda, Ukraine, USA and Zimbabwe.

[4] Guidelines will be posted at OHR's website on HIV/AIDS in the Workplace ([http://intra.undp.org/ohr/hiv\\_aids/](http://intra.undp.org/ohr/hiv_aids/))

[5] “**ACTION**” (Access, Care, Treatment and Inter-Organizational Needs), a partnership among UN Medical Services, UNAIDS and WHO, covers Cambodia, Ethiopia, India, Côte d'Ivoire, Nigeria, Rwanda, Senegal, Tanzania, Uganda, Zambia and Zimbabwe.