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Results from learning needs assessment on HIV/AIDS in the UN workplace

A survey on HIV/AIDS in the UN workplace covered almost 8000 individual staff members, 182 officers responsible for human resources and 60 learning facilitators from all regions of the world. Low percentages of staff indicate participation in HIV/AIDS-related learning activities and knowledge levels vary on some important topics, with low overall knowledge of UN policies on HIV/AIDS in the workplace. Based on the findings, there are clear implications for learning content, materials and approaches as well as implications for the learners and organization of learning. Read more below!

At the end of 2002, as a first step towards improving knowledge about HIV/AIDS in the UN workplace, an interagency team developed a series of online surveys to tap the perspectives of individual staff members, officers responsible for human resources and HIV/AIDS facilitators. UN Development Group Chair Mark Malloch Brown invited all UN country teams to get involved. Survey results were compiled and released in 2003.

The surveys were designed with several purposes: as a learning exercise for those completing them; to allow individual country teams and agencies to learn what UN staff know about HIV/AIDS; to help design the UN HIV/AIDS Learning Strategy; to permit UN teams to see if the UN's policies on HIV/AIDS in the workplace are being implemented; and to contribute to global and regional understanding of HIV/AIDS learning needs for UN staff.

1) Individual staff member results. Nearly 8,000 people responded – about 10 % of the entire UN system – from 82 country and headquarters locations. About a third was International Professionals, a third General Service, and a fifth National Professionals. In the field, 89% of respondents were based in capital cities and 11% in other locations.

The survey asked questions on what people know about HIV/AIDS and UN policies. It probed for information on how staff learn about HIV/AIDS, and drew out reflections on attitudes and behaviours. The general conclusions: low percentages of staff have received UN information or training on HIV/AIDS, nearly three quarters say that they are unfamiliar with relevant personnel policies, and just about half feel they would know how to live and work with HIV-positive people.

80% or more say they understand at least some basics of prevention, including use of male condoms – although keep in mind that this is self-reported knowledge and real knowledge levels are likely lower. Knowledge of the female condom was limited – only a third of staff are familiar with it.

17% noted that they aren't clear on what HIV is – a high figure since the UN system plays an international role in stemming the HIV/AIDS epidemic. Only 26% say that they understand the basics of treatment, and only 25% said they had ever been tested for HIV, either inside or outside the UN.

5% reported knowing that they are HIV-positive but are unwilling to reveal this at

work because they fear losing their job or being treated differently. Alarming, 41% said they didn't know their HIV status, but worried that seeking this information might be perceived negatively.

Nearly half said they have never received information on HIV/AIDS from the UN, despite wide distribution of the UNAIDS booklet targeting staff on the subject. The vast majority noted that their main source of information about HIV/AIDS is the media, a source that may provide accurate information, but may also provide incomplete or biased and discriminatory information.

Overall, 95% agree that people with HIV should be allowed to work at the UN, although numbers varied by agency and by job category, with as many as 11% of some categories disagreeing, a worrying figure.

There was occasional unsupportive language, with responses noting issues of "immorality" and false assumptions about personal invulnerability to HIV.

In offering suggestions, 40% wanted more opportunities to learn about HIV, with some pointing out that they had not been allowed to participate in past activities. Frequent suggestions to include people living with HIV as resource people in learning activities were noted and to involve staff associations regularly. Providing learning opportunities in local languages was noted as essential. It was suggested that the UN adapt learning to local situations and cultures and hold separate trainings for different groups of staff. Use of peer educators was requested. Many requested inclusion of families, including children, in learning activities.

2) Human resource officers' results. The human resources survey, which encompassed 182 officers from 57 countries, concluded that participatory approaches to learning, including presentations by HIV-positive

people, are more successful than other options, but are not used very often. Only 35% report using such interactive approaches. 66% have not used the orientation package on HIV/AIDS produced by the UN. 48% report that UN policies have only minimally been covered or not covered at all in learning activities. Almost two-thirds say less than half their staff have taken part in HIV/AIDS learning activities.

3) Facilitator's results. The survey included 60 responses from those who have actually facilitated HIV/AIDS learning activities in 21 countries. Staff orientations and awareness campaigns have been organized by just over half of the facilitators. Respondents reported much higher rates of training on HIV basics (80%) than on the UN's policies (50%) or services (40%). They said that the most challenging issues they face in implementing HIV/AIDS learning activities relate to how to cover attitudes and prejudices, sexual orientation, gender, and culture and religion.

4) Future directions and challenges. The surveys pointed towards future directions that UNAIDS partners have already agreed to pursue in the UN's HIV/AIDS Learning Strategy. These include implementing minimum standards for staff participation in HIV/AIDS orientation sessions, including condom demonstrations; reducing stigma and discrimination; ensuring that people know where to go for counselling, testing and HIV services; and requiring senior managers to take more proactive roles. Additional standards to work towards include involving people living with and affected by HIV in learning programmes, establishing an interagency network of peer educators and including family members in learning activities.

Want a full copy of the needs assessment results?

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