

UN Cares Minimum Standards with Indicators

1. The proposed UN Cares Minimum Standards are introduced with a Preamble and Core Principles.

Preamble:

2. In keeping with United Nations system efforts to move towards “universal access” in matters of HIV programming, the UN Cares programme aims to ensure that all United Nations system personnel¹ and their families benefit from an agreed package of measures, from information to insurance coverage. UN Cares aims to be as inclusive as possible, including through consultation with staff associations and networks of people living with HIV, especially UN+.
3. At this point in time, there may be some instances where the benefits listed below are contingent on a person’s contractual status, for example, with regard to health insurance. This programme aspires to a time where all minimum standards are available to all UN system personnel. Until this is the case, for items which can be provided to personnel and families regardless of contractual status, all personnel and their families should be included, for example, in terms of access to information, learning opportunities, preventive commodities, Post-Exposure Prophylaxis, confidentiality, and a supportive and caring work environment, and should be confident that their basic human and labour rights will be respected, as established in the *United Nations HIV/AIDS Personnel Policy* and the *ILO Code of Practice on HIV/AIDS and the world of work*.
4. Social dialogue is central to the development and the implementation of organizational responses on HIV, and in particular fosters a climate of trust and ‘zero tolerance’ for stigma and discrimination. Those involved should be the workplace partners – managers, staff and their representatives – working through existing structures such as occupational health services or HIV-specific committees.

Core Principles

5. All personnel in all United Nations system workplaces², regardless of their organization, category (national or international), grade (General Services or Professional), contractual status (regular budget or project budget) and location (headquarters or field), have the same right to:
 - i. Equal treatment and respect for their dignity and rights;
 - ii. Non-discrimination based on their actual or perceived HIV status, to fair and equal opportunity for appointment, development and promotion, and to equal protection and right of recourse against stigma and discrimination; this includes continuation of employment regardless of HIV status, as long as fit for work, and the assurance that no HIV screening is required pre-employment or for renewal of contracts;

¹ For the purpose of the UN Cares programme, “personnel” is taken to mean all individuals with a direct contract with a UN system organization for full-time service of one month or more.

² For the purpose of the UN Cares programme, “workplace” is taken to mean any location where UN system personnel may be traveling to undertake work for the organization. In such cases of work-related mobility, the organization is obliged to ensure access to those materials provided under the UN Cares programme, specifically, access to Post-Exposure Prophylaxis, First Aid Kits enabling care using universal precautions, and condoms (to be provided in personal travel kits, where available).

- iii. Gender-sensitive information related to prevention of HIV transmission; to treatment, care and support for themselves and their families; and information on policies and programmes related to HIV and AIDS in the UN system workplace;
 - iv. Access to the necessary commodities and services to allow them to protect themselves from HIV, to be tested and counseled on HIV and AIDS, to receive emergency prophylaxis if potentially exposed to HIV through sexual assault or occupational accident and to receive treatment, care, and support if living with HIV;
 - v. Just and favourable conditions of work which ensure a safe and healthy workplace for all, offering flexible working arrangements for those personnel infected or affected by HIV;
 - vi. A minimum standard of living to ensure the health and well being for themselves and family members, bearing in mind local conditions and available facilities;
 - vii. Confidentiality in the management of personal information, including HIV status, especially with regard to the processing of all health insurance claims and the results of medical examinations;
- All United Nations system personnel have the responsibility to:
- viii. Acquire basic knowledge of:
 - HIV prevention, treatment, care, and support and ensure their family members do also;
 - UN system policies and programmes on HIV and AIDS in the UN system workplace;
 - Extent and effects of HIV and AIDS in our world, including the gender dimensions of the epidemic;
 - ix. Know how to access available resources in prevention, treatment, and care, in their location(s) of service;
 - x. Contribute to a supportive and empowering UN system workplace, free of stigma and discrimination;

MINIMUM STANDARDS

	Minimum Standards	Minimum Indicators
1.	<p>Information about UN Policies and Benefits All personnel and their dependents in all locations have access to information about UN system policy, programmes, personnel rights, entitlements and benefits, and their own responsibilities regarding HIV and AIDS in the UN workplace and their associations are consulted about these measures.</p>	<ul style="list-style-type: none"> • Number and % of personnel aware of the United Nations HIV/AIDS Personnel Policy,³ the booklet 'Living in a World with HIV and AIDS,' the related website, and the UN Cares programme and their own related responsibilities.
2.	<p>Information about Preventing Transmission of HIV and about Accessing Treatment and Care Service All personnel and their dependents in all locations have sufficient and appropriate knowledge to make informed decisions to protect themselves from HIV and, those infected or affected by HIV, know where in their duty stations⁴ to access good quality care, medical treatment,⁵ and support services.</p>	<ul style="list-style-type: none"> • Number and % of personnel who have attended an orientation session. • Number and % of personnel who have read the booklet 'Living in a World with HIV and AIDS'. • Number and % of UN duty stations organizing at least one awareness-raising event per year for UN personnel and families. • Number and % of personnel aware of how to access the global database with information on HIV-related prevention, treatment, care, and support services in all UN duty stations. • Number and % of staff aware of where and how to access service providers.
3.	<p>Learning and Training Activities⁶ on Stigma and Discrimination Measures are in place to combat stigma and discrimination, and to increase gender awareness, including learning activities for personnel and their families in all locations.</p>	<ul style="list-style-type: none"> • Number and % of all personnel who have attended at least one annual activity to address the elimination of HIV-related stigma and discrimination in all UN system workplaces (minimum 1 hour activity that is gender- and culturally sensitive). • Number and % of all personnel who are aware that the UN has zero tolerance for discrimination on the basis of actual or perceived HIV status. • Number and % of all personnel who know of the procedures for reporting cases of discrimination and where to go for support, including the role of UN +.

³ ACC Decision 1991/10

⁴ In duty stations where access to medical treatment, quality care, and support services is not locally available, if necessary, a system should be established to enable UN personnel to obtain these services by other means. The system should be consistent with policy governing other chronic diseases. Under exceptional circumstances, medical evacuation of local staff and recognized dependents may be authorized to the closest location where adequate medical facilities are available.

⁵ Medical treatment, quality care and support services should be confidential; these should include Anti-Retrovirals (ARV) and therapy for the prevention of parent-to-child transmission (PPTCT).

⁶ In efforts to monitor and evaluate the programme, the minimum standards developed for the United Nations Learning Strategy on HIV/AIDS will also be referenced, to ensure coordination and reduce duplication of efforts.

	Minimum Standards	Minimum Indicators
4.	<p>Access to Male and Female Condoms All personnel and their families have access to male and female condoms. When high-quality condoms are not reliably and consistently available from the private sector, access should be simple and discreet at the UN Workplace, either free or at low cost.</p>	<ul style="list-style-type: none"> • Number and % of UN workplace locations where male and female condoms are available in those duty stations where they are not available through the private sector. • Number and % of UN personnel aware of their location(s). • Number and % of duty stations in which male and female condoms are provided on an inter-agency basis.
5.	<p>Voluntary Counseling and Testing All personnel and their families should have access to Voluntary Counseling and Testing (VCT).</p>	<ul style="list-style-type: none"> • Number and % of UN system personnel aware of where and how to access VCT, and facilities for treatment and care. • Number and % UN system personnel aware of their HIV status. • Number and % of duty stations which make available the information on local service providers for VCT.
6.	<p>Insurance covering HIV-related expenses All staff and recognized dependents, regardless of contract status or agency, have access to insurance coverage, allowing them to access the necessary services required for HIV prevention, treatment, and care.</p>	<ul style="list-style-type: none"> • Number and % of UN system personnel by contract type with health insurance coverage including HIV-related services. • Number and % of recognized dependents medically covered for each agency yearly for treatment and care.
7.	<p>Confidential Handling of Personal Information All UN system personnel with access to personal information about personnel maintain confidentiality in the management of personal information (such as HIV status or any other medical condition), including processing of a) all health insurance claims, b) agreements on accommodation in working arrangements, and any other circumstances in which personnel choose to disclose their status.</p>	<ul style="list-style-type: none"> • Number and % of all personnel trusting the confidentiality procedures of the UN system organization for which they work.
8.	<p>First Aid Using Universal Precautions All personnel have access to first aid assistance using universal precautions in UN system workplaces.</p>	<ul style="list-style-type: none"> • Number and % of all official vehicles with First Aid Kits complying with relevant WHO standards (e.g., IV, syringes, etc.). • Number and % of all drivers trained in accident prevention and First Aid provision using universal precautions.

	Minimum Standards	Minimum Indicators
9.	<p>Rapid Access to PEP All personnel and their family members have access within 72 hours to HIV emergency Post-Exposure Prophylaxis (PEP)⁷ starter kits and related medical care, counseling, and follow-up treatment in case of potential exposure to HIV because of sexual assault, or occupational accident.</p>	<ul style="list-style-type: none"> • Number and % of all UN system duty stations with valid PEP kits. • Number and % personnel aware of PEP kit custodian and how to access it within 72 hours.⁸ • Number and % custodians indicating clarity about their task and ability to carry it out with confidence. • Number and % of dependents aware of PEP kit custodian and how to access it within 72 hours.
10.	<p>Managerial Commitment All managers assume leadership on the implementation of UN Cares , in consultation with staff representatives or associations.</p>	<p>Number and % of UN system managers:</p> <ul style="list-style-type: none"> • Leveraging financial and human resources in a sustainable way for the implementation of UN Cares. • Monitoring the progress and reporting back through their management structure. • Actively modeling leadership through participation in workplace programmes on HIV and AIDS.

⁷ Post-Exposure Prophylaxis is an emergency medical response that can be used to protect individuals exposed to HIV.

⁸ Medical evidence shows that while PEP may be used up to 72 hours after potential exposure to HIV, prevention rates are better the sooner PEP is started and ensuring access sooner than 72 hours after potential exposure is strongly encouraged.